# THE SOCIAL AND CULTURAL CONSTRUCTION OF SEXUAL RISK BY YOUTH IN BOTSWANA

BY

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A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

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Winnipeg, Manitoba

ISBN 0-612-16084-X

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# THE SOCIAL AND CULTURAL CONSTRUCTION OF SEXUAL RISK BY YOUTH IN BOTSWANA

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A Thesis/Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements for the degree of

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## ABSTRACT

### THE SOCIAL AND CULTURAL CONSTRUCTION OF SEXUAL RISK BY YOUTH IN BOTSWANA

Current epidemiological data indicates that adolescents are a increasingly at risk of contracting the human immunodeficiency virus (HIV). In Botswana, youth pregnancy and sexually transmitted disease rates remain high despite ready access to protection and teaching about contraception, STDs, and HIV/AIDS. The lack of success in influencing youth behaviours may be due to a failure to understand how adolescents define risk within their social and cultural milieu. By placing the young person within a larger societal context, the forces which influence health perceptions and decisions may be considered. Using a multi-method qualitative approach (focus groups, story telling, role play, in-depth interviews, ranking exercises), the factors which influence how youth in Botswana define risk and sexual risk are examined. Ninety-five young people participated: 43 school-going youth and 53 school drop-outs; 49 females and 46 males. Differences exist between these groups in how they perceive sexual relationships, expectations of boyfriends and girlfriends, sexual relationships, and partner types. Fertility is highly valued and contraception is used sporadically. Issues of trust, intimacy, pleasure and security are closely tied to the use of condoms. Girls fear being forced to have sex against their will, but refusing sex or negotiating condom use with a partner is difficult. The reality of STDs force youth to choose a treatment (modern or traditional) which they perceive as effective. Although youth acknowledge the presence of AIDS, it remains an unpersonalized threat. Young people are caught between the expectations of both traditional and modern life and their decisions about sexual relationships are influenced by their surroundings. Perceived risks of sexual involvement are modified by the benefits, including physical gratification, provision of economic needs, and a complex array of emotional rewards from partners, peers and community. Risk taking is defined from within the social and cultural context of the adolescent and this must be considered if relevant and appropriate interventions are to be developed.

# ACKNOWLEDGEMENTS

This dissertation is well travelled and it has the finger-prints of many people on it. It started in Winnipeg (Manitoba), then travelled to Gaborone (Botswana), Palapye (Botswana), Waterloo (Ontario), and back to Winnipeg. All along the way colleagues and friends offered tremendous encouragement and support.

Starting and ending in Winnipeg: Thanks to my supervisor, Dr Pat Kaufert, and committee of Dr Linda Garro and Dr Allan Ronald. Dr David Fish made the initial connections with the link program between the Universities of Manitoba and Botswana - a truly beneficial affiliation which gave me access to fine academics. Andrea Klymasz kept me up-to-date on departmental news and policies while I was "on location". Moses Agbanyo encouraged me to dream big and to go after big dreams.

Gaborone, Botswana: Thanks to the Government of Botswana for research permission. At the University of Botswana, I was received warmly by Dr Sheila Tlou and the Department of Nursing Education. In the Department of Sociology, Dr Thabo Fako and Dr Erasmus Monu generously shared their expertise and good advice. Dave Macdonald (bless his soul) engaged in hours of discussion and I owe much to him for bringing in fresh ideas and large doses of encouragement. Colleagues at NIR shared ideas (Nana Kgosidintsi) and facilitated presentations (Dr Ben Acquah). Visiting researchers Anita Garey and Nick Townsend passed along practical advice. Visits to the AIDS/STD Unit were informative and helpful (thanks Allan Greig). The finger-prints of Susan Hamilton on this dissertation is in memory of a fine woman whom we have lost to an act of senseless violence. From AIDS Action Trust (ACT), Mary Myaya and Penny Bardsley generously offered their hard-learned lessons from working in the field. Their perspectives were always unique, inciteful and helpful. Dr Evelyn Acheson - researcher and travelling companion extraordinaire - has discussed this research with me in no less than seven countries - and she was always consistent! Thanks to my friend Bob. Long standing friendships with Keba Mokgotle Laletsang and Wame Boitumelo alleviated any fears of being stranded - I knew they wouldn't abandon me. For great camaraderie - Tenego Kereemang, Marieke van Twillert, Jennifer Patterson and Tama Cross.

Palapye, Botswana: The cooperation and assistance of so many people in Palapye - especially the youth - are the main reasons why this research was completed. Sincere thanks to Dr Sherif and colleagues at Palapye Primary Hospital, Dr Sarpong, Lamech Myengwa, Charles Amos, the principals and deputies at the secondary schools (Mma Moampe, Mr Makiwa, Mr Mhuriro, Mr Mosime) for allowing me access to their students, to the VDC for the use of the community hall, and to the many other people who participated. Four TSPs were my research assistants and I owe them many thanks - Lesego Molefe, Tsholofelo Monowe, Peter Tlhowe and Ernest Gaotope. James Kologano from UB also assisted in interviewing. Christina Wegs - for better or more interesting company I could not ask. Deepest thanks to Margie and Frank Bucher for sharing Nicholas, fabulous Wednesday dinners and conversation, and for saving my sanity! Finally, words fail me in trying to thank the Morake family for welcoming and including me in their lives and home. I will always be grateful for their unending generosity and care.

Waterloo (Ontario): The process of writing has been affected by the quirky turns of life but friends and family have been most supportive. For volunteering to edit and for just "being there", thanks Keir. John FitzSimons - great advice, great company. To the two most

intellectually curious "eighty-ish" year old women - Evangeline and Arlene - thanks for always "being on my side" and interested in my work. To Carla for her e-mail account! For a better family - nuclear and extended - I could not ask. In the best manner, they have always been there for me. My sister Jennifer has participated in the day-to-day pain and joy of thesis writing, and "I can hardly wait until it's your turn"!!

Finally, I have been unusually blessed with the company of many strong women (lots of them in my family) and it is to them, and to my parents, Harold and Pat Ball, who have more courage than I can ever hope for, that I dedicate this thesis.

This project was made possible by funding through a Young Canadian Researcher's Award from the International Development Research Centre (IDRC) and the National Health Research and Development Program (NHRDP).

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# CHAPTER ONE

## CONCEPTS OF RISK

> Boy: I love you baby! Don't you want to go out with me?
> Girl: But I already have another boyfriend ...
> Boy: Baby, don't you know you can have two pots on the stove? (role play by two 15 year old boys)

> "As observers, we tend to think that culture prescribes or determines attitudes to life and death. What I try to do is to ask how it looks from the position of engaged participants" Wikan, 1990:169

This thesis is about young people in one village in Botswana and how they formulate their ideas concerning sexual risk. It is set against a backdrop of alarmingly high rates of HIV infection, high rates of sexually transmitted diseases and teen pregnancy. In considering how young people formulate their ideas and make choices about their health vis-à-vis sexual relationships, it is argued that these decisions are "inextricably linked to social structures and cultural norms" (Scott and Mercer 1994:81). Until we are able to understand how young people define sexual risk within the overall context of their lives, it is inappropriate to focus solely on issues of individual sexual risk, as defined by epidemiology, biomedicine or the social sciences. To broaden our view and understanding of risk and sexual risk, we are forced to consider more than just the individual context. We must consider the interpersonal context, the socio-cultural and the structural context, for they all influence the individual health decisions of the youth (Rhodes 1995).

In this introductory chapter I present the concepts of risk, 'rationality' and the emphasis on the individual with regard to understanding sexual decision making. The situation of AIDS in Botswana is reviewed and questions are raised concerning the approach to communicating and researching 'risk'. An alternative approach to 'risk' is described which concentrates on

understanding context and culture in order to understand people's lived concerns. The connections between adolescent sexuality, risk-taking, and health consequences are introduced before I outline the structure of the thesis and the content of the chapters which follow.

## 1.1 Situations of Risk in Botswana

Without doubt, one of the most pressing health concerns in Botswana is the spread of HIV throughout the population. The first AIDS case in Botswana was identified in December 1985; screening for HIV began in November 1986. In March 1987, while the HIV/AIDS rates were low, the Botswana Ministry of Health initiated an AIDS awareness campaign which raised the general level of awareness in the population. However, many Batswana[1] have not seen or experienced the effects of the AIDS epidemic like their northern neighbours (Ingstad 1990). This is not to say that AIDS deaths have not occurred, rather it is that many Batswana are not conscious of the fact that the deaths are AIDS related.

Table 1.1 illustrates the yearly and cumulative totals of reported HIV and AIDS cases since 1986. It can be seen that while there has been a steady increase from 1986, there was a significant increase between 1989 and 1990.

Seroprevalence data from the HIV sentinel surveillance study in 1993 indicated that amongst pregnant women in Gaborone, HIV seroprevalence was 19.2 percent, or one in five women are HIV positive (AIDS/STD Unit 1993a). In Francistown, a border town to Zimbabwe, the rate is higher at 34.2 percent or one in three women. Other locations yielded rates which varied from 9.5 percent (rural) to 19.9 percent (rural/urban mix). Men attending clinic for treatment of a sexually transmitted disease were also tested for HIV. It was found that among

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[1] Botswana refers to the country; Batswana, the people of Botswana; and Setswana the language

these men, in Francistown and Kasane (at the border of Zimbabwe and Zambia), one of every two men with an STD were also HIV infected. In other locations, the rates ranged from one of every seven to one in three who were HIV positive. Testing was also conducted amongst those patients who were recently diagnosed with tuberculosis (TB), the most important opportunistic infection. In this population, between one in four and one in three patients were HIV positive.

Table 1.1 HIV Related and AIDS Cases by Year (AIDS/STD Unit 1994)

| YEAR | HIV Related Cases | | AIDS Cases | |
|---|---|---|---|---|
| | Number | Cumulative | Number | Cumulative |
| 1986 | 4 | 4 | 0 | 0 |
| 1987 | 9 | 13 | 3 | 3 |
| 1988 | 61 | 74 | 18 | 21 |
| 1989 | 67 | 141 | 14 | 35 |
| 1990 | 372 | 513 | 133 | 168 |
| 1991 | 919 | 1432 | 320 | 488 |
| 1992 | 1921 | 3353 | 590 | 1078 |
| 1993 | 2621 | 5974 | 870 | 1948 |

Table 1.2 shows the distribution of HIV and AIDS in the different age groups by March 30, 1994. Based on these figures, it was estimated that in 1993, there were 92,000 HIV infected individuals in Botswana - approximately seven percent of the total population (15 percent of the sexually active population (15-49 years)) (AIDS/STD Unit 1993a). It can be seen that, as a result of vertical transmission from mother to child, the rates for children below four years are higher than for children between the ages of five and fourteen years. From age 15 the number of cases increases among women, then peaks between ages 20 to 24 years. Among men, it usually peaks approximately ten years later. The female to male ratio of HIV cases is 1.3 to one. It should

be noted that the actual number of HIV and AIDS cases is higher than the reported number and this is due to under-reporting, under-diagnosis and delays in reporting (AIDS/STD Unit 1993b).

Table 1.2 HIV Related and AIDS Cases by Sex and Age, 1986 - March 1994 (AIDS/STD Unit 1994)

| | HIV - Related Cases | | AIDS Cases | |
|---|---|---|---|---|
| Age Group | Males | Females | Males | Females |
| 0 - 4 | 293 | 265 | 45 | 41 |
| 5 - 9 | 14 | 12 | 3 | 0 |
| 10 - 14 | 2 | 11 | 2 | 2 |
| 15 - 19 | 38 | 283 | 9 | 88 |
| 20 - 24 | 330 | 875 | 88 | 279 |
| 25 - 29 | 515 | 705 | 166 | 264 |
| 30 - 34 | 458 | 482 | 174 | 206 |
| 35 - 39 | 334 | 247 | 122 | 107 |
| 40 - 44 | 210 | 125 | 79 | 60 |
| 45 - 49 | 114 | 48 | 43 | 24 |
| 50 - 54 | 61 | 29 | 23 | 13 |
| 55+ | 59 | 37 | 23 | 18 |
| Age NK* | 220 | 211 | 42 | 51 |
| TOTAL | 2648 | 3300 | 819 | 1153 |
| Age/Sex NK* | 146 | | 39 | |

NK - Not Known

The Botswana Government, through the AIDS/STD Unit (ASU), has engaged in 'risk communication' in order to raise the level of awareness, educate and influence peoples' behaviour through a AIDS health education campaign. Their goal is to inform and influence individuals to

practice 'safer sex'. The campaign and risk messages are built on the premise that if citizens of Botswana are aware of the dangers of having unprotected sex, they will alter their behaviour to protect themselves against HIV. To mark and track their 'success' in raising awareness and changing behaviour, the Ministry of Health has undertaken annual sentinel surveillance and youth sexual behaviour studies. These studies indicate that there is a high level of awareness, but there is little evidence to suggest that there has been a corresponding change in behaviour. This is borne out in the high STD rates. From 1988 to 1991, the number of STD attendances for treatment at clinics increased 26 percent from 128,000 to 161,000 (Central Statistics Office 1993a, 1993b). In 1991, STDs accounted for 4.9 percent nationally of all outpatient attendances. While it is still perhaps premature to expect major changes in the HIV seroprevalence rates, the implication of the STD statistics is that these rates are probably increasing.

## 1.2 Risk, Rationality and Decision-Making

To understand the 'risk' which HIV/AIDS poses to individuals in Botswana, it is beneficial to consider a theoretical and conceptual framework which builds on the collective experience of a larger community. This framework includes a discussion of 'risk', decision making by individuals, and the concept of rationality.

The public has most often been exposed to the concept of 'risk' as applied to technology and the associated potential health hazards (e.g. chemical spills, nuclear or natural disaster, pesticides, pharmaceutical products or food additives) (Morgan et al. 1992). Risk is evaluated through a technical approach which measures mortality and morbidity, estimates the probability of a hazardous event, the consequence to human health and the likelihood of these consequences (Nelkin 1989). As such, "risk is determined by an objective measurement of the factors contributing to a potential risk" (Connors 1992:591). In helping the public to accept

technological choices (and associated risks), risk analysts calculate costs and benefits, and compare the risks of different choices using quantitative measures. Nelkin (1989:100) observes that

> "the underlying premise ... is that risk is fundamentally a technical issue that can be accurately assessed and communicated to serve as a guide for effective public decisions".

The problem in calculating risk is that "nonquantifiable, fragile values - the emotional distress and disruption of social relationships that may be associated with risk ..." are ignored (Nelkin 1989:100; Connors 1992). Furthermore, although risk is often viewed within a 'health and safety' framework, it is much broader because social, cultural and political factors affect risk perception - "risk perceptions are embodied in complex systems of beliefs, values and ideals that constitute a culture" (Nelkin 1989:100).

In reaction to the failure of the technical model of risk assessment to account for the different contexts (e.g. social, cultural), other approaches to risk assessment have been developed mainly by social scientists. Initially the studies of risk perception focused on the individual and attempted to quantify the "determination of risk acceptance" through examining how characteristics of the risk affect the individual (Nelkin 1989:101). Once again, however, this "failed to account for variations in the perception of risk in different social, cultural, or international contexts" (Nelkin 1989:101). Consequently, another conceptual framework was developed focusing on risk as a cultural and social concept. This theoretical approach developed by Mary Douglas considers the political, economic or cultural aspects of risk (Douglas and Wildavsky 1982). Yet, as Nelkin (1989) notes, "evaluations of risk in many social situations are controversial" because people view risk differently and not all choices are made voluntarily. The "web of social and political issues associated with risk in different social, cultural, or national contexts" must be considered in the research about risk perception (Nelkin 1989:101).

Risk assessments about HIV and AIDS have gone through a similar process of change

where initially risk was associated with four "high risk groups", which popularly became known as the "Four-H Group" - Haitians, haemophiliacs, homosexuals and heroin (drug) users (Centers for Disease Control 1983; Farmer 1992a:211). These groups were considered high risk because they deviated "in practices and life-style from the behaviours and values of the general population" (Glick Schiller 1992:238) and it was viewed as a result of the "cultural" group. As this classification was shown to be erroneous and discriminatory, eventually risk became associated with certain behaviours, rather than groups of people. The public, first educated about risk groups, has been bombarded with information about high, medium, low and no risk behaviours. Risk studies concentrating on measurements of attitudes and knowledge along with assessments of behavioural changes abound in the literature. They originate in numerous fields - epidemiology, biomedicine, public health, sociology, anthropology, psychology. The word 'risk' is common to all, yet each discipline understands 'risk' in a different way. Connors (1992:591) states that risk "is referred to with such frequency that it has rapidly developed into a term used without reflection".

Initial research into HIV/AIDS risk assessment focused on individual decision-making. The approach followed the normative decision making theories which view "choice-makers as rational beings who evaluate alternatives in a systematic fashion and ultimately select the best or optimal alternative for a given choice situation" (Garro 1987:176). Mathematical models are developed and used to predict behaviour. Several models for HIV/AIDS risk assessment are built on the premise of individual rationality - that the individual is responsible for their own behaviour. For example, the Health Belief Model (Rosenstock 1974; Fitzpatrick et al. 1989) postulates that individuals will arrive at a health decision when they have considered factors such as the severity of the condition, perceived susceptibility, costs and benefits of alternatives, and the presence of cues to action (Ingham et al. 1992). The theories of Reasoned Action (Fishbein

and Azjen 1975; Azjen and Fishbein 1980) and Planned Behaviour (Azjen 1988) suggest that beliefs and knowledge about the behaviour in question will influence the individual's intentions, and intentions are good predictors of behaviour. The AIDS Risk Reduction Model (Catania et al. 1990; Boyer and Kegeles 1991) and stages of change model (Prochaska et al. 1992) postulate that an individual passes through several stages as they seek to reduce their sexual risk. They must identify and label their activities as 'risky', make a commitment to change by considering the costs and benefits, and take action by seeking help and following through with their decision. Within these models, the individual must take responsibility for any personal deficiencies (such as a lack of knowledge, inappropriate beliefs or attitudes, lack of self efficacy, and the inability to put intentions into action) which might interfere with "rational" behaviour (Davies 1992).

Based on these theories, many researchers would like to believe that once a person is informed, they will make a rational decision based on available epidemiological data and the information on how various infections are transmitted (Pinkerton and Abramson 1992). Realistically, however, this is a process which is very complex. Garro (1987:177) states that "models of the normative type are not psychologically realistic, as they attribute unrealistic information-processing capabilities to the decision maker". It is difficult to assess the utility and probability of infection. Indeed, the rational decision making model is faulty because people do not have perfect knowledge. Sobo (1994:33) states,

> "most people are incapable of correctly calculating probabilities in their heads because of the complex mathematics involved. In the case of HIV/AIDS, numerous considerations must be factored in; accurate perceptions of HIV/AIDS risk are beyond our cognitive capabilities".

In contrast, descriptive decision theory argues that individuals "work with subjective probabilities" and use idiosyncratic ways to assess the various components of the model (Davies 1992:137). People make "inferences based on what they remember hearing or observing about the risk in question ... These judgemental rules, known as heuristics, are employed to reduce

difficult mental tasks to simpler ones" (Slovic et al. 1982:464; Tversky and Kahneman 1974). Although some cues are more valid and robust than others, even the inappropriate and rather erroneous cues such as looks, attitudes, or willingness to have sex are used as the basis for some decisions (Davies 1992:139; Slovic et al. 1982:464). Thus, rationality is best defined within the framework of individuals' lives.

Davies (1992:136) argues that the concept of 'rationality' is "used in a contradictory and confusing manner" which inhibits our understanding. He suggests that the term rationality should be used to refer to the process of decision-making rather than the decision itself. A decision is rational if the available evidence has been thoroughly considered. Conversely, an irrational decision is one which ignores or dismisses the available information. Regardless of whether a decision concerning sexual behaviour agrees with epidemiological evidence, "the rationality of the decision process is independent of the rightness of the outcome" (Davies 1992:136). Thus a person may come to a "right" decision rationally or irrationally and they may also come to a "wrong" decision rationally or irrationally.

## 1.3 A Move Towards Wholeness

So where is one to go from here? Ingham and colleagues call for a new theoretical approach which shifts away

> "from an obsession with individual knowledge or attitude scores on questionnaires towards the elucidation of meanings, powers, liabilities and constraints, from simple concepts of illness avoidance towards an acknowledgment of the importance of social reputations, and from crude frequencies towards the dynamic processes involved in reacting and maintaining identities" (Ingham et al. 1992:171).

The link between knowledge and behavioural change is too simplistic as many other factors come into play (Ewart 1995; Friedman and Wypijewska 1995). I would suggest that instead of the intense concentration on the individual, we need to broaden our view to examine "the role of

context and culture in shaping perceptions and experience of risk" (Connors 1992:592). Communities, culture and context, in addition to individuals, are critical to a full understanding of the meaning of 'risk' in general, and 'sexual risk', in particular. "Elimination of the HIV/AIDS epidemic, or even the slowing of its spread, will not result solely from any biomedical development such as a vaccine. HIV/AIDS is intricately interwoven with individual behaviour and social context" (Institute of Medicine 1995:3).

Herdt (1992) eloquently argues the need for an appreciation of context in studying AIDS. He states that "epidemiologists often fail to understand how social and cultural processes influence and even predict disease spread" (1992:12). Farmer convincingly persuades us that to understand the meaning and impact of AIDS in Haiti, we must understand history and the political economy which has created conditions which have allowed HIV to "run along the fault lines of economic structures long in the making" (Farmer 1992a:9). Schoepf (1988:639) writing about AIDS in Zaire makes a similar observation that we must "understand how the macro-level political economies affect the socio-cultural dynamics at the micro-level - including the spread of disease and social response to epidemics". Reflecting this, Schoepf has stated that "AIDS in Central Africa is a *disease of development* ... and of underdevelopment" (Schoepf 1992:260, emphasis in the original). Scheper-Hughes (1992) and Parker (1992) make similar arguments for Brazil - that "behaviours must be situated within a more qualitative context - within the social and cultural systems that give these practices meaning for specific social actors" (Parker 1992:226). Romero-Daza (1994) has shown that the spread of AIDS in Lesotho is clearly tied into the historical labour migration which developed to provide a constant supply of labour for the mines in South Africa. An understanding of the impact of this history on the formation of relationships between men and women is critical for the development of an appropriate intervention.

In seeking wholeness or "a holistic perspective on people's practice", an understanding

is gained of what Connors (1992:591) terms "lived risks", which is an attempt to understand the context in which people "take risks and negotiate to avoid risk" (Connors 1992:591). Wikan in her study of how Balinese 'manage' their lives, states that "we must attend to whole contexts to capture the particulars of people's 'lived in worlds of compelling significance'" (Wikan 1990:37). With this perspective, "meanings are ... always evoked by actual life and events", not by abstract notions of culture (1990:14). For this reason, it is difficult to come to a full understanding of people's 'everyday practice' unless, within the research, they 'occupy centre stage'.

By following an individual through time and space, we will be able to "make sense of the lived predicaments people face, of what is at stake for them in their daily lives" (Wikan 1990:12). Wikan (1990:17-18) states that

> "to understand what meanings people attribute to the acts of others, and what is at stake for themselves in everyday life, the total realm in which they move must thus be explored. We should follow people across domains to discover what are the meaningful connections they perceive and the distinctions that they draw. Lives inevitably have some kind of unity ... It is this wholeness we need to grasp in order to understand what is at stake...".

Following this approach marks a departure from the more classical models of risk and from the more epidemiological and biomedical fields. It acknowledges that "risk perception is not a unified phenomenon, but one that is conditional on social status, social rules and rewards within particular contexts" (Gifford 1986:216).

The way in which risk is conceptualized in epidemiology, medicine, psychology, or anthropology is often different from how an individual views risk from within the context of their own life. The individual tries to make sense of the information which is available and to contextualize it within the wholeness of their own life. Connors' (1992) work with drug users showed that "the risk of contracting HIV is seen in relation to and ranked accordingly with other risks encountered in procuring, and using hard drugs". Gifford (1986) "shows how epidemiological and clinical models of statistical risk for breast cancer differ(s) substantially from

women's personal experience of risk as a state of being". Kaufert and O'Neil (1993) in discussing childbirth argue that Inuit women's perceptions of risk are rooted in their lives where risk is inherent in a traditional way of living. Kielmann's work with prostitutes in Thika, Kenya illustrates that "such concepts as sexuality, sexual identity, and risk ... are not fixed and universal notions, but ones that vary with the social context and the subjective content of individual lives and self-perceptions" (Kielmann 1993:27).

## 1.4 Youth, Health and Sexuality

Adolescence, a concept which is relatively new, particularly in Africa and other developing nations (Senderowitz 1995; Balmer 1994), has been defined by the World Health Organization (WHO) as

> "a period of sexual development from the initial appearance of secondary sex characteristics to sexual maturity, psychological development from child to adult identification, and socio-economic development from dependence to relative independence" (WHO 1975).

It is the transition period between childhood and adulthood when significant physical, psychosocial, and cognitive changes occur. Although the length of this period varies among cultures and individuals, the WHO definition includes young people between the ages of 10 to 24 years (WHO 1986). In this thesis, the terms 'youth', 'adolescent' and 'teenager' are used interchangeably to refer to the same group of people.

Much of the literature about adolescence and adolescent sexuality is particularly focused on western societies such as North America, Europe, Australia and New Zealand. While adolescents all go through the same physical changes, not all societies and cultures view adolescence in the same way. Research and literature about adolescence in western societies are not necessarily transferable to other societies because the role and expectations of adolescents differ. In reference to African societies, Balmer (1994:3) states that

> "the phenomenon of adolescence has largely been a consequence of the adoption of western patterns of economic and social organisation, but because customary law has not legitimised this social phenomenon there is confusion concerning its definition and role".

Delayed marriage and increased education, along with other biological, technological and socio-economic changes, have changed the passage from childhood to adulthood such that it has become a period of time (years) rather than a 'ritual movement' (Senderowitz 1995).

The most obvious indication of adolescence are the physical changes which mark the onset of puberty and which indicate reproductive capability of a young person. There is a growth spurt in which body size and shape change. The differences between boys and girls become more distinct as the production of androgens and estrogens increase, leading to pubertal changes. Hormone levels are responsible for changes in sexual and emotional behaviour.

Developing a sense of identity, the chief task of adolescence (Eriksen 1963), includes an increased separation from family, developing more intense relationships with peers, and making major life decisions (Friedman 1989). Differences with parents (or care-giving adults) often arise over subjects such as style of dress or music. As youth move away from their families, association with a peer group is very important for identity, and the strength of the peer group increases with age. There is a gradual movement from same sex groups to involvement in mixed sex groups and romantic interests may develop. Shared intimacy outside of the family is also important. This may include physical and sexual intimacy, and teens learn about 'commitment' (Grant and Demetriou 1988).

At a cognitive level, adolescence is "marked by a movement from concrete to abstract thinking" (Friedman 1989:310). Language is used to "manipulate ideas and conceptualize the ideal" (Friedman 1989:310). Consequences to actions are increasingly considered and adolescents learn to think of alternative courses of action. When youth engage in concrete thinking or when the abstract thinking process is incomplete, they believe "they are omnipotent and infallible" and

that bad things happen to other people. This often results in "excessive risk taking" (Grant and Demetriou 1988:1279).

Adolescent sexuality has been the focus of much attention because, while sexuality is not unique to this period, the complex physical, cognitive and psychosocial changes affect the way in which sexuality is expressed (Grant and Demetriou 1988). Grant and Demetriou (1988:1271) comment that

> "physical maturity and the ability to engage in sexual activity does not necessarily imply sufficient cognitive maturity to understand and anticipate undesirable consequences such as pregnancy and sexually transmitted disease".

Consequently adolescence is often characterised as a period during which individuals engage in both sexual and non sexual 'risk-taking' behaviours.

Adolescents may define risk differently to adults within the same society. Alexander (1990:560) states that "it is not clear whether behaviours defined by adults as "risky" carry the same connotation for young people". Risk taking may best be defined within the adolescent's own social context (Boyer and Kegeles 1991). In a sexual relationship, perceived risks may be modified by the benefits including physical gratification (underestimated if not overlooked), provision of economic (food and shelter) needs and a complex array of emotional rewards from partners, peers and community. Since sexual behaviour takes place within the context of a broader society whose values and perceptions of 'risk' are known if not accepted, the explicit rejection of these values and risks may be part of the benefits (Hajcak and Garwood 1988; Pinkerton and Abramson 1992).

Friedman (1989) contends that many of the health problems of adolescents are linked to social behaviour. Because youth are passing through a developmental stage, they are likely to engage in risk-taking behaviours. The consequences may be immediate or they may lead to health problems later in life (Millstein et al. 1992). Senderowitz (1995:5) comments that young

people's

> "experimenting with new activities (including sexual ones), testing of newly acquired freedoms, and efforts to establish an identity increase their exposures to risks - too early pregnancy and childbearing, sexually transmitted diseases, sexual abuse and exploitation, substance abuse, accidents, suicide, and violence".

With respect to HIV and other sexually transmitted infections, young people are at particular risk because of their "psychological and cognitive unpreparedness" and the existence of incurable STDs (Fisher 1991:287). A young person's environment "of home, community, school, work and leisure" can provide opportunities for healthy development (Friedman 1989:309). However, in many societies, the environment has changed radically because of "mass media, migration, urbanization and a diminution of the extended family", and the young person is faced with not only their personal development and change from child to adult but also with the changes in their environment (Friedman 1989:309).

The vast majority of youth are in good health and, as a result, they are a low priority issue for policy makers and health professionals (Serrano 1990, Friedman 1990; Blum 1991; Millstein et al. 1992; Senderowitz 1995). Amongst adults "there is a general lack of understanding of adolescent development and the problems facing youth and a failure to appreciate the long-term health consequences of adolescent behaviour..." (Senderowitz 1995:6). The life concerns of youth are often perceived differently by adults and health professionals than by the youth themselves (Klerman 1989; Blum 1991; Senderowitz 1995). Indeed, a body of literature has developed focusing on youths' view of their own lives and health concerns, and it indicates that youth are generally worried about both traditionally medical concerns and psychosocial concerns such as relationships with family, friends and peers, school, stress, and feelings of loneliness or depression (Blum 1991:2717-8). At WHO workshops, youth highlighted the problems which concerned them the most: "crises of identity and sexuality, lack of self-confidence, competitive pressures at school and work, and fears associated with dependence and

independence" (Senderowitz 1995:6).

Applied to Botswana, I argue that a young person's sexual life should be viewed within the context of their life in general. The young person should be situated within a larger context of home, village and nation, and researchers must be willing to 'follow' that young person as they move through these different contexts. It is imperative that the adolescent culture is understood because it is a culture which creates a separate identity for the members and has distinct values (Yao 1990). The types of activities which youth regard as "risky", whether they engage in them and for what reasons are influenced by social, cultural, political and economic factors. The challenge which exists, then, is to bring together Batswana youths' view of sexual risk with what is known about behaviours which put a person at risk of contracting HIV. Combining these two elements within an appropriate context may provide a clue concerning an entry point by which discussion can be generated on how best young people can be encouraged, taught and empowered to protect their own lives.

## 1.5 Outline of Thesis

In this chapter I have documented the situation of HIV/AIDS in Botswana, and presented a conceptual framework through which concepts of risk can be understood. An approach which emphasizes the "lived risk" of the individual is chosen as one to follow in understanding the factors which influence how youth perceive sexual risk. The second chapter describes the methodology which was used in this study and the rationale for using multiple qualitative methods. In Chapter Three, I describe in some detail the country of Botswana and the village of Palapye. The youth culture and changes in traditional Tswana society and culture are described in Chapter Four. I attempt to specify the impact of these changes on the current youth population particularly as applied to sexuality and male-female relationships. Current youth

attitudes and views of sexuality and boyfriend/girlfriend relationships are explored in Chapter Five. Chapter Six focuses on sexually transmitted diseases including HIV and AIDS. In Chapter Seven I return to the discussion about risk to identify some of the elements influenced by the individual, interpersonal, social, cultural and structural contexts which contribute to the vulnerability of youth vis-à-vis HIV. The applicability of this research to other groups of youth is explored in the last chapter, and why this information is important for HIV/AIDS prevention activities in Botswana and other countries (including Canada) is addressed. Ways in which youth can be helped in identifying what is at stake, factors to taken into consideration when developing interventions and areas for further research are discussed.

# CHAPTER TWO

## RESEARCH METHODOLOGY

> "Lives inevitably have some kind of unity - even when compartmentalized into roles and positions and partitioned by physical structures. It is this wholeness we need to grasp in order to understand what is at stake ..." Wikan 1990:17-18

The purpose of this study was to gather emic data (i.e. "data that arise in the natural or indigenous form" (Stewart and Shamdasani 1990)) from adolescents concerning a sensitive subject - sexuality. Finding a methodology which takes into account the delicate nature of the subject and is receptive to the difference between adults and youth is critical. Since adolescents often use language and terminology to which they attach a different meaning than adults, hearing their own words is very important. Balmer (1994:8) states,

> "There is a need to increase our understanding of adolescent behaviour and to increase our ability to guide adolescents into safe behaviours. This will depend upon the ability to communicate using the common sense knowledge that adolescents use".

By allowing adolescents to use their own words, explanations, categorizations and associations about sexual risk, a more realistic understanding is gained. A methodology which is responsive to the characteristics of such a target group and to a sensitive topic is most likely to use qualitative methods of data collection.

The aim of this research was to take one village in Botswana and construct a picture of what life was like for youth growing up there. It was felt that by understanding the life context and risks of the youth in the village, a better understanding of sexual risk would be gained. This was accomplished through the use of triangulated qualitative research methods, the heart of which were focus group discussions and in-depth interviews with youth. This core research was placed within an overall context of what village life is like for youth because, as Görgen et al.

(1993:284) state, the young person's "reality cannot be understood without taking their social environment into consideration". The context was constructed through interviews with community, youth and church leaders, health and education personnel, parents and other prominent community leaders. Secondary data describing other aspects of the community and observation by the researcher, both as an active participant and non-participant provided another perspective.

In this chapter there is a discussion concerning the issues surrounding research about sensitive topics such as sexuality and AIDS. Culturally appropriate research methods are explored with suggestions concerning suitable approaches to data collection. The design of the study, the specific activities, and details of the field research process including language, research assistants, ethics and limitations are described in the latter parts of the chapter.

## 2.1 Research on Sensitive Topics

Research about sexuality and sexual behaviour, taboo and private subjects, has always required tact and respect. In many societies, issues of sexuality are potentially embarrassing to discuss; they are considered to be delicate topics which often precipitate feelings of discomfort. Cultural taboos are powerful controls which often dictate that it is not acceptable to talk about sexuality openly - especially adolescent and child sexuality (Brooks-Gunn and Furstenburg 1989:249; Raffaelli 1993:661). In many societies, sexuality is not discussed across age groups for fear of insulting the other person (Tlou 1990:45). These difficulties which have been encountered in sexuality research have often impeded research efforts. However, now in light of the AIDS epidemic, the need for sensitive and culturally appropriate research has become even more vital. An understanding of sexuality and AIDS is needed which has "an inside perspective" rather than an outside "investigative framework" imposed upon it (Scrimshaw et al. 1991:113).

In research about sexual behaviours and HIV/AIDS, there has been a growing sense of dissatisfaction with the data being generated through Knowledge Attitude Practice (KAP) surveys. KAP survey data may help in identifying behavioural patterns and their frequency, but it does not necessarily provide any information about "the ideas, beliefs, values and principles of action of the community's members" since this is non-material information which exists in peoples' minds (Goodenough 1964:11). Scott and Mercer (1994:85) comment that

> "KAP surveys often point out how people react to the menace of AIDS, but do not uncover the underlying logic of their reactions. The challenge is to make that hidden logic explicit, then find ways to work with or around it".

Bleek (1987) believes that as a topic, sex is too sensitive and delicate to be addressed through a survey. Mukondwa (1988, quoted in Ankrah 1989:270) states that surveys are "unlikely to engender honest self-reporting of sexual practices given the sensitive nature of the research questions ...". He goes further to comment that the selection of respondents and interaction between the interviewer and respondent takes place in a "highly contrived social situation" and this leads to deep-seated suspicion where information is ultimately withheld. Green (quoted in Ankrah 1989:270) contends that "not enough is known about AIDS-related knowledge, beliefs and behaviour patterns to attempt to measure these dimensions". While KAP surveys may attempt to profile the overall behaviour of a community, at an individual level it is not satisfactory (Schopper et al 1993:411).

At an individual level, qualitative methods may be more successful in showing "how an individual's beliefs and actions are interwoven with collective norms and structures" (Scott and Mercer 1994:83). Havanon et al. (1993) used in-depth interviews that were flexible, open-ended and conversational in nature, to gather information from men about their multiple sexual partners. The researchers experienced that with sensitive topics, mutual trust must evolve in conversation

before the respondent will freely give information. Studies which gathered data through a structured, closed ended approach found that this did not allow time for the interviewer and respondent to develop adequate rapport so that frank and complete responses could be obtained. A more open ended approach was necessary (Havanon et al. 1993:3).

Balmer (1994) used peer focus groups with young people in Kenya in a longitudinal study about adolescence. For teenagers searching for a coherent identity, the peer group is an important reference group because they provide information, and reinforce values and behaviours. The interaction between participants resulted in numerous sensitive issues (some unanticipated) being raised. In Zimbabwe, focus groups have also been a favoured method of data collection with youth because they also allow researchers and practitioners to move one step further into developing interventions and AIDS education messages with a more complete understanding of the social and cultural context (Munodawafa 1993; Bassett and Sherman 1994; Vos 1992). In a study about the sexual culture of street youth in Brazil (Raffaelli et al. 1993), focus groups were used successfully in combination with other qualitative and quantitative methods to describe the intricacies of a very complex situation. Helitzer-Allen et al. (1994) and Seboni (1993) combined focus groups with interviews and a survey, respectively, in their studies about teenage sexuality of girls in Malawi and Botswana. Görgen and colleagues (1993) used focus groups in combination with other methods while investigating schoolgirl pregnancies in Burkina Faso.

In the best of circumstances, research about sexuality is fraught with difficulties. It requires perceptiveness and awareness of the subject and to the respondent. Self disclosure about such a personal topic requires trust and confidence for both respondent and researcher. If the methodology is not responsive to cultural taboos and does not work with and around them in a tactful manner, the usefulness of the research is questionable. While designing research which is harmonious to the culture is expected with any given topic, with issues of sexuality it is critical

that the researcher make every effort to work within the cultural structures so that feelings of discomfort are not aggravated.

There are elements in Tswana culture which can be used to design a methodology which is "comfortable" and which will facilitate research about sensitive issues. Molutsi (1987:1) argues that researchers in Botswana should "move away from the 'traditional' research methodology of questionnaire interviews and such related data collection techniques and adopt more flexible, adaptable, in-depth research techniques". In his view, conventional research methods have not accomplished their goals in Botswana and innovative techniques other than surveys are needed which allow the semi-literate and illiterate population a chance to express their views. People are bored with survey techniques and, in addition to high rates of non-response, there is a tendency for people to give superficial responses (Molutsi 1987:2). Kann and Quarmby (1987:4) explain:

> "In an oral society like Botswana's, the collection of data through questionnaires, either filled by the respondent (if he or she is literate) or by the researcher, causes many problems. People are used to giving lengthy explanations. To answer just 'Yes' or 'No' to a question is plainly rude."

One of the forums which has traditionally been used in Botswana provides the foundation for some qualitative methodologies such as focus groups. The *kgotla* is the traditional meeting place and court which the chief (*kgosi*) uses to call the people of the village together. In this traditional decision-making and consultation process the people are not asked to vote, but rather to discuss the issue at length so that consensus can be gained and the chief can make a decision which is based upon the views of the people (Kann and Quarmby 1987; Tlou and Campbell 1984). While limitations of the *kgotla* forum do exist (Molutsi 1987:3), its presence has encouraged the tradition of public debate and discussion in Tswana society. This tradition has not been lost, despite modernisation. The ability and tradition of people to express their opinions in a group setting paves the way for the use of group interviews or focus groups. Historically,

the peoples of Botswana have practised communal decision making and public debate - a tradition which underlies the current democratic system of government. Botswana also has an oral tradition which is kept alive in the young people. Research methods which tap into these traditions generate rich and detailed information which is needed to understand the complexity of human behaviour.

## 2.2 Methodological Rationale

The methodological design of the this study was influenced heavily by my previous research experience in Botswana (Ball 1989). At that time, a survey, focus groups and ethnographic type interviews were used with the youth to provide an understanding about teen pregnancy. Not surprisingly, each research method yielded different data - sometimes seemingly contradictory - but illuminating in terms of the type and quality of data generated. The survey was relatively simple to administer but it produced superficial data as compared to the focus groups which were more difficult to manage. The ethnographic interviews provided detail about individual experiences while the focus groups contributed to an understanding of group norms.

Two national demographic and health surveys conducted by the Family Health Division (Ministry of Health) have addressed issues of sexual behaviour, family planning and population (Manyaneng et al. 1985; Lesetedi et al. 1989). The National Institute of Research has conducted national KAP surveys about teen pregnancy, men and family planning, and adolescent girls and risk for HIV (NIR 1988; Kgosidintsi and Mugabe 1994; Kgosidintsi, in progress). The YWCA (YWCA and WHO 1993) and Seboni (1993) conducted large HIV/AIDS and sexuality surveys amongst youth. This survey research provides a strong base from which to start and highlights some of the gaps in knowledge. However, since very little new information about sexual behaviour has been learned through these surveys, there is a need to explore and probe for deeper

understandings. Information gathered through qualitative methodologies can augment what is known through survey data.

As with any methodology, the researcher must chose the tool(s) that will best answer the research question. Focus groups combine elements of both individual interviews and participant observation. They cannot substitute for the type of research which these two methods do so well but focus groups are able to provide access to other forms of data which would not be easily obtained through the other methods (Morgan 1988:15). For data on attitudes and cognition, Morgan (1988:16) suggests that focus groups are well suited for the task. Kitzinger (1994:109) states that "focus groups 'reach the parts that other methods cannot reach' - revealing dimensions of understanding that often remain untapped ...".

While researchers cite the comparatively low cost and short time frame of focus groups (Ramirez and Shepperd 1988; Helitzer-Allen et al. 1994), the advantages to focus groups extend further. It is an opportunity to directly observe the group process thus highlighting "the respondents' attitudes, priorities, language and framework of understanding" (Kitzinger 1994:116). Through interaction between participants, group norms can be identified and examined. Speech patterns, questions and arguments between participants can be explored to "reveal underlying assumptions and theoretical frameworks" (Kitzinger 1994:116).

The group setting is not always ideal for encouraging free expression - especially of alternate views to the dominant group. The group may censor the deviations and the fear of stigma does exist. Also, group interaction has implications for consensus. As information is shared and discussed amongst participants, opinions may change, thus masking the individual response. As such, focus groups are limited in their ability to collect information about individuals. In addition to the influence that participants have on each other, the impact of the facilitator on the group must also be considered (Ramirez and Shepperd 1988:84,85). In

situations where translation is necessary, error due to interpretation is increased (Khan et al. 1991; Helitzer-Allen et al. 1994; Ramirez and Shepperd 1988; Swenson et al. 1992). Questions of generalisability of the results are sometimes raised because the samples are small and typically purposively selected (Khan and Manderson 1992:63; Ramirez and Shepperd 1988:83; Swenson et al. 1992:461), however, since different types of data are being collected, the small sample size should not be an obstacle.

Focus groups are not usually used as the sole method of data collection (Helitzer-Allen 1994:75; Khan and Manderson 1992:63) and considerable debate has occurred over the quality and "honesty" of the data in relation to data from other methods. It is critical to understand that there will be differences in data which are collected through different methods. Much of the discomfort about focus groups comes as a result of not understanding that what people say in a group may be different than what they say in an interview. Dahlgren (1988:292) explains that "all talk through which people generate meaning is contextual, and ... the contexts will inevitably somewhat colour the meaning". Each situation has characteristics to which an individual will react and respond. Consequently, a person may respond differently on a one-to-one basis than in a group. It is not that some data is more 'honest' than other data, it is that the context evokes a different response.

Possibly the most direct way of gaining an understanding of a situation or experience is by asking people to describe it. Interviewing taps into the expertise and experience of individuals and it allows both parties, interviewer and interviewee, the opportunity to explore the meaning of both the questions and the answers (Brenner et al. 1985:3). Merton et al. (1956) comment that "one of the principal reasons for the use of interviews ... is to uncover a diversity of relevant responses whether or not these have been anticipated by the inquirer". The respondent is given the opportunity to express themselves about matters which are of importance and significance to

them rather than issues that are important to the researcher (Merton et al. 1956). The intent is to allow for all possible responses and thus to eventually understand how individuals arrive at the attitudes to which they hold (Whyte 1990; Steckler et al. 1991:17).

The advantages of using interviews is that they allow the interviewer flexibility in asking questions and pursuing topics. They allow for probing, clarifying and follow up if necessary and they facilitate the collection of large amounts of data in a relatively short period of time. With more than one informant, information about a wide range of information on many subjects can be sought (Marshall and Rossman 1989:82; Bauman and Greenberg Adair 1992:13).

Interviews rely heavily on a high degree of rapport between the interviewer and respondent (Marshall and Rossman 1989:83). For the interview to be successful, the respondent must be willing to trust the interviewer and thus engage in self disclosure (Bauman and Greenberg Adair 1992:13). The interviewer's skills must be well developed in framing questions and active listening otherwise they may ask unsuitable questions or use inappropriate terminology. While care must be taken to guard against introducing bias, the range of responses through interviews provides a richness which can rarely be matched by other data collection methods; they are a useful tool for providing an in-depth understanding of a situation or experience.

Based on previous research experience in Botswana, it was clear that for this present study a combination of qualitative methods would be necessary to gain an understanding of how youth formulate their ideas of sexual risk. Focus groups and in-depth interviews, which built on the information collected in surveys on sexual behaviour, were used to with the youth. Peer-age research assistants conducted interviews and focus groups, and acted as translators (English and Setswana). In-depth interviews with community members, and observation further developed the overall picture and context for understanding youth behaviours and attitudes. The multiple research methods facilitated a comparison of data from different sources for purposes of validity

and confirmation (Glik et al. 1987:298; Steckler et al. 1992:4).

## 2.3 Study Population

The target population of this study was Batswana youth between the ages of 15 and 25 years, inclusively, living in the village of Palapye. Youth between 10 and 14 years were not included because previous experience showed that younger youth were often unable to talk about sexuality because they were not sexually experienced. If a young person has not reached puberty (especially the girls), culturally information about sexuality is usually withheld until they are older. The inclusion of both sexes and both in-school and out-of-school youth was considered critical to developing a well rounded understanding of the social and cultural context of sexuality and sexual decision making.

Palapye was chosen after consultation with representatives in the AIDS/STD Unit, Ministry of Health and the research community. It was chosen because it was an educational centre and a good example of a location where the pressures of modern and traditional life exist side-by-side. There are both rural traditional and modern Batswana who live in the village. Rural youth come for school and they are confronted with pressures associated with "modern life". While no village could be considered representative of all of Botswana, Palapye was a good example of the mix of tradition and modern life.

A high proportion of youth attend school for some period of time because education is free. National examinations occur at the end of the ninth year (Form Two) when there is competition for places in senior secondary school. Voluntary withdrawal may occur at any time in the first nine years, however, most youth who leave, do so after either Grade Seven or Form Two when exams are written. Palapye has three community junior secondary schools (CJSSs) which draw in Forms One and Two students from a large rural catchment area. The senior

secondary school (Forms Three, Four and Five) has an even larger catchment area and the number of places for senior students is limited.

Contacting in-school youth was relatively simple as the principals of the schools were accommodating in providing access to the students and the class registers. Participants were drawn from the senior secondary school and two of the junior secondary schools. In the senior school, Form Three students were omitted because they started their school term later than the others. Thus, from the classes of Forms One, Two, Four and Five, names were randomly selected from class registers, the ages verified and the young person asked to participate in the research. If they agreed, basic demographic information was collected prior to the first meeting. Since they were from the same schools, the six to ten participants in each single sex group were known to each other although they were not necessarily friends.

Difficulties were encountered in finding study participants from the senior secondary school. This was due, in part, to a recent student uprising/strike concerning food and regulations for boarding students. Damage was caused to school property and to teachers, so the student population was sent home. Students were told that there would be investigations by the police to identify the ring leaders. When the research team arrived two weeks later, the students were back in class. They had been informed by the administration about the research but rumours were started that the research team was conducting an undercover investigation into the strike. Form Four boys uniformly refused to participate and eventually the team had to ask for volunteer participants. Some senior girls also refused but not in the same numbers as the boys.

Data indicates that out-of-school youth are at an increased risk of contracting HIV (SIAPAC 1994) and their numbers are increasingly rapidly. For this reason, the participation of the out-of-school youth was considered important in the research. It was labour intensive and time consuming to contact these youth as they have no common meeting place. Many of them

live with their families and provide labour around the family compound, at the cattle post or the agricultural lands. They often travel between these three places and since they do not have regular jobs, they do not necessarily stay in the village for long periods of time. A convenience sample was taken and effort was made to contact naturally occurring groups of youth. This was accomplished through contacts who were known by the research assistants.

Informed verbal consent was required of each young person who agreed to participate in either a focus group or an interview. Basic demographic data was gathered prior to the first meeting or at the time of the interview. Youth who took part in the study were given a gift of appreciation.

## 2.4 Design

During the first phase of data collection, focus groups were held with nine groups of in-school and out-of-school young people. This was followed by a second phase of in-depth interviews with 42 youth including first time and focus group participants. Community interviews with adults and participant observation were on-going throughout the data collection period.

In my previous research with Batswana youth, I observed that the youth were more comfortable talking about sex in a group. They drew courage from each other because although it was culturally difficult to talk to an older person (such as myself), they were being provided with an opportunity to discuss a topic in which they were very interested. They did not have the same amount of sexual experience to draw upon as adults so it was easier (and less embarrassing) to pool their knowledge and experience. With a modest attempt to build rapport, the youth were willing to disclose details about their sexuality that adults would never consider. Youth were given the opportunity to clarify their opinions so that they did not feel misunderstood - a

possibility which exists in a survey situation where the answers are predetermined. The focus groups, rather than being a time of consensus, revealed a broad range of responses and set the stage for a more focused and informed inquiry into individual experiences

An important reason for arranging the interviews to follow focus groups is the concern with building rapport with the youth - especially considering that sexuality and sexual behaviour are taboo and sensitive topics. A key element to the success of youth being willing to disclose personal information about a sensitive issue is a sense of confidence and trust in the researcher. As trust is built, youth are willing to disclose more and deeper information. This is a process that requires time and exposure to each other in a non-threatening atmosphere. Table 2.1 summarizes the data collection methods and the number of participants.

Table 2.1: Summary of Data Collection

| | TOTAL | In School | | Out of School | |
|---|---|---|---|---|---|
| | | Male | Female | Male | Female |
| Focus Groups - groups | 9 | 2 | 2 | 2 | 3 |
| individuals | 69 | 15 | 17 | 19 | 18 |
| Youth Interviews | 42 | 12 | 11 | 9 | 10 |
| - interview only | 29 | 6 | 5 | 9 | 9 |
| - interview & group | 13 | 6 | 6 | 0 | 1 |
| Community Interviews | 23 | - | - | - | - |

**a) Focus Groups**

A series of four group meetings were designed to be held with each group of youth over a maximum period of two weeks (see Appendix 1). The meetings revolved around an imaginary or hypothetical adolescent who lived in the village and whose age and sex closely matched that

of the group. Using story telling, projective techniques and role play, the youth were taken through a series of questions which allowed them to build a story about the life of this imaginary young person. The techniques were chosen to capitalize on the strengths of the youth who are known for their superb story telling and drama skills. Sessions were designed to be enjoyable in order to hold their attention and gain a commitment to attend all four sessions.

In the first session, the youth were "introduced" to the imaginary youth (Kgabo - male; Twindie - female) and were told some basic information about them. They were then asked to describe what life would be like for this young person - their pleasures, responsibilities, fears and plans for the future. The purpose of this session was to introduce the youth to the research, to build a sense of rapport and confidence, and to encourage the young people to talk about their lives without directly divulging personal information.

The second meeting used a series of eight black and white drawings which depicted a boy and girl with their friends, meeting and getting to know each other in a village setting. There was no obvious sequence to the pictures nor was the story obvious. The young people were divided into pairs, given a set of these drawings and requested to create a story using some or all of the pictures. In order to provide continuity to the sessions, the group was told that either the girl or the boy in the story was the same one from the first session (i.e. Twindie or Kgabo). After 15 minutes preparation, each pair was requested to tell the larger group the story which they had designed. After each story, the facilitator asked questions to clarify any misunderstandings or to request further information about certain aspects of the story. The stories provided a sense of how boys and girls meet and how they negotiate a relationship.

At the beginning of the third meeting, the youth were again divided into pairs and given five minutes to do a role play of a guy "picking up" a girl. Again, the hypothetical young person (Kgabo, Twindie) was represented in the role plays. These role plays were done in front of the

larger group. A discussion then ensued concerning some of the situations that the youth would face once they had decided to embark on a sexual relationship. Thus, discussion revolved around possibility of pregnancy and the consequences, contracting STDs, AIDS, the use of protection and where young people seek help for health problems.

In the final session, youth were requested to write the things that they might enjoy and the things that might worry them about having a boyfriend or girlfriend. The facilitator summarized the papers and posted generalised statements on the wall about the enjoyable and worrisome things of a relationship. The group was asked to sort the statements into categories of "very enjoyable" and "less enjoyable" for the things they liked about a relationship, and "very worrisome" and "not so worrisome" for the things that worried them about having a relationship. If the group could not agree on the placement of a statement it was put in the middle. The facilitator reviewed each statement and its placement. If someone wanted it changed, they were asked to give a reason for their decision. With the "in between" statements, both opinions were requested so that the full debate could be heard. To close the session, the group members were given the opportunity to ask their own questions. If interest had been expressed in knowing more about AIDS and STD prevention, a condom demonstration was conducted and condoms given to those who wanted them.

As focus groups were being arranged for the out-of-school youth, it was realized that it would be very difficult to follow the same four-meeting format as the in-school youth. Maintaining a sense of continuity would be impossible if the same individuals did not come to the meetings. For this reason, the format was changed in order to facilitate their participation. Using a one-meeting format, the out-of-school youth were led through a series of questions, in Setswana, which addressed many of the same issues as the in-school youth. The imaginary young person (Kgabo or Twindie) was introduced and the questions focused on them. A life context

for an out-of-school youth was constructed, then questions followed about relationships, fertility, contraception, STDs and AIDS. The story telling, role play and ranking were eliminated. Appendix 2 provides the outline for the out-of-school focus group discussion which was held with five groups of young people.

With the out-of-school youth the group formation more closely followed the lines of "natural clusterings" where participants often knew each other. Two focus groups were held with youth whom the research assistants had met through other activities. The community development office then announced a meeting of out-of-school youth for the purpose of arranging community activities. The one hundred out-of-school young people (75 females, 25 males) who attended the meeting were given the opportunity to voice their concerns and frustrations about their lives and their futures. Afterwards, two more focus groups were held with volunteers from the larger group. This frank discussion of how out-of-school youth view their lives was beneficial for the research and also for the youth officers working with them.

A final group included in this phase of the research was teen girls who were either pregnant or who had recently given birth. While with other youth it was unknown whether they were sexually active or if they had ever experienced unprotected sex, by virtue of being pregnant it was known that this group of girls were sexually active and had experienced unprotected sex. It was expected that they would provide an augmented perspective due to their experience. A convenience sample was taken since the girls were contacted through the antenatal clinic at the hospital. The one meeting format used with the out-of-school youth was modified for this group. A second group of exclusively pregnant girls or mothers was not arranged because this group did not provide noticeably different information from the other groups. Also it was discovered that in the other female out-of-school groups, there were a substantial number of teen mothers who were willing to speak from their own experience.

In summary, focus group meetings were arranged in three secondary schools. The focus group activities and questions were pre-tested and adjusted prior to use. Each set of four meetings took between four days to two weeks to complete, depending on the academic schedule of the students. When these were completed, focus groups were arranged with the out-of-school youth. By this time, it was recognized that the out-of-school youth would not be able to meet four times so the format of the focus group was adjusted to fit one session. Four groups (two male and two female) were arranged. A final focus group of teen mothers was arranged through the local hospital. Thus, in total, nine focus groups were held over a thirteen week period. Four of the groups met four times; five of the groups met once.

**b) Adolescent Interviews**

In the second phase of data collection, a preliminary analysis of the focus group data was completed in order to develop the interview guide. By following this format it was possible to use data about peer group norms to inquire into individual differences. The interviews were focused around two rank ordering exercises which then acted as a springboard for open-ended questions. The items for the ranking exercises were obtained through the constrained listing task completed in the fourth focus group session with in-school youth. The most commonly named items were used in the ranking exercise. Since the listing task was not conducted with the out-of-school youth, the ranking set may have been incomplete. However, based on the other focus group data, the core items were adequately represented. The rankings provided an anchor for the questions in the interview. Depending on how the cards were arranged, the sequence of questions would vary, as would the interview focus since each individual perceived things differently.

In-depth interviews were held with 42 young people in Palapye: 19 out-of-school and 23

in-school youth. Approximately half of the in-school focus group participants were asked to participate. First time participants were also recruited for interviews by asking for volunteers from the various classrooms. With the out-of-school youth, the intention was to follow the same sampling format (i.e. interview some focus group participants and some first time participants). However, due to problems of contacting the youth, it was not possible to find the same young person twice. This difficulty necessitated using only first time volunteers for the interviews[2]. Youth were recruited through personal contacts, through the Social and Community Development office and informal study groups. In-depth interviews commenced at the beginning of the second school term. Interviews were held over an six week period - first with girls (both in-school and out-of-school) then with boys.

The teenager was initially asked conversational open-ended questions about relationships with friends, status and desirable (or undesirable) characteristics of a boyfriend or girlfriend. The first ranking consisted of seven cards with statements about things which teenagers had said were nice about having a boyfriend or girlfriend. Six of the cards were common to both males and females, however, there were two gender specific statements as reflected in the focus groups. For example, girls in the focus groups said that "making future plans" were important, while boys mentioned that the partner's "good behaviour" was important to them. The second ranking exercise consisted of eight cards each for males and females. Five of these cards were common to both sexes and there were three gender specific cards.

In the first ranking, the young person was asked to rank the activities from 'most enjoyable' to 'least enjoyable' for them. If an activity was not considered enjoyable or important, the youth was allowed to put the card aside and rank the remaining cards. The youth was asked

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[2] Effort was made to help the first time volunteers to feel at ease since this was their first interaction with the research team. They were not as comfortable talking about sexuality as the other participants.

to explain why some cards were put first or last or why they were considered not to be important. This first ranking provided a opening to explore the attitudes of young people towards sexual relationships since youth were asked to rank "having sex" as an aspect of a relationship. The follow up questions were open-ended. In the second ranking exercise youth ranked the statements from 'most worrisome' to 'least worrisome'. Open-ended questions about the 'worrisome' items were followed by questions about definitions of common sexual terms and expressions used in Botswana. The purpose was to explore individual differences in definitions and to assess whether there was a common understanding of these terms. Appendix 2 provides the outline for the interviews including the statements for the ranking.

### c) Community Interviews

While the aim of this study was to understand how youth formulate their ideas of sexual risk and the influences which affect them, it was recognized that youth do not live in isolation. They live within a community and take their example from the adults around them. To fully understand the behaviour and attitudes of the youth, one must also examine the larger community. One way to accomplish this, apart from a full and separate study, is to conduct qualitative interviews within the community. The purpose was to tap into the expertise and knowledge of certain individuals who are chosen because of their influential position in the community. Key informants were asked to provide their perspective on the overall situation, based on their area of expertise. Open ended questions provided an opportunity for them to explain and elaborate on issues which they thought were important.

In an effort to gain as complete a picture as possible about the situation of youth in Palapye, a full range of individuals were contacted to provide their perspective as key informants. These people were selected because their expertise was viewed as relevant to the research.

Broadly this expertise fell into three areas: knowledge about youth, knowledge about health, and knowledge about the community and the culture. People who were included were: teachers, principals, community youth workers, health education personnel, district and senior medical officers, nurses, physicians, traditional healers, religious leaders, bar owners, parents, magistrate, police, and political leaders. Each person was able to provide a unique view of their understanding of the problems which youth face. Interviews were unstructured, open ended and focused in the area of the key informant's expertise. Appendix 3 outlines the areas of inquiry and a list of interviewees based on their specific perspective.

**d) Observation**

Being present in the village over the course of several months granted me time to verify data which had been collected through interviews and focus group discussions. The time element and study focus distinguishes this project from others which might rely on similar data collection tools but use them in a considerably shorter time frame (Herdt 1992:14). I lived with a Motswana family in the community for six months. During that time, my involvement ranged on the continuum from participant observer to non-participant observer, depending on the activity.

Since the family was well established and respected as leaders and business people, this facilitated my acceptance into community life. During that time, many community events were attended such as youth meetings, church meetings, community celebrations, weddings, funerals and recreational events. Living in the heart of the village beside the *kgotla* provided many opportunities to interact with young people and with families in both a formal and informal manner. Living on the family compound were several young people who either attended school or who were school drop-outs and were working for the family. The day-to-day interaction

enabled me to build rapport with them, to participate in their lives, and to consistently observe behaviour over a period of time.

On the week-ends and month end, when people had been paid, I made an effort to find where the young people were socializing. Frequent visits were made to the junction, where the road to the village met the main north-south road. With a mall, several bars, a hotel and numerous shops located there, it was a popular meeting place for people to socialize - whether they were staying in the village or passing through. Long distance lorry drivers, a group of people who are often blamed for the spread of HIV throughout the African continent (see Conover 1993), frequently made stops in Palapye at the junction. The main village shopping area was also a favourite meeting place of youth, while the bars and hotels attracted different groups of individuals.

Detailed observations of people, places and events were recorded systematically. The family members and research assistants were frequently consulted for verification of observations.

**e) Secondary Data**

The use of secondary data to provide an initial context of some of the sexual "risks" (as defined in an epidemiological sense) which youth face was very important. This included a review of teen pregnancy rates and current HIV and AIDS statistics. National surveys of youth sexual behaviour completed by the Ministry of Health were used as the basis for a comparison of this village with other villages and urban areas. It also provided a good measure of the youths' knowledge about AIDS and ways in which to protect themselves (SIAPAC 1992, 1993, 1994). Local statistics were gathered through the Primary Health Hospital, the District Health Team, the police, the magistrate and the schools. This data was much more specific to Palapye and clarification of the information was often requested.

## 2.5 Field Research Process

### a) Language and Translation

Botswana uses two languages: English and Setswana. Children are taught in Setswana in primary school but take English as a subject. In secondary school they are taught all their subjects in English. The competency of the individual depends on their level of schooling - younger teens struggle more with English than do the older ones. Out-of-school youth rarely use English in conversation unless there is a personal motivation. Thus the language used in the research varied depending on the person and the situation.

The in-school youth were asked which language they preferred for the focus group. They unanimously agreed to use English although this presented a problem for some of the youth in the junior secondary schools. Language was less of an issue for the senior secondary school youth. However, a translator was always present in the focus groups and the youth were encouraged to use Setswana when they did not know an equivalent English word. Focus group discussions with out-of-school youth were conducted in Setswana entirely.

In-depth interviews were conducted in a similar manner. Each young person was given the option of answering in Setswana or English. If the question was unclear in English, it was translated into Setswana. All out-of-school youth were interviewed in Setswana with the help of a translator.

Focus group and interview guides were translated into Setswana and back-translated to check on the accuracy. They were pretested and the translation adjusted as required. Focus groups and interviews were audio taped and each tape was listened to immediately after completion so further details could be added to the notes. The translation of interviews conducted in Setswana was verified by a person external to the research.

**b) Research Assistants**

For the first phase of data collection (focus groups), four young people (two male, two female) were recruited as research assistants. They had been trained as Peer AIDS Educators by the AIDS/STD Unit as a special project of the mandatory national service (Tirelo Sechaba). The advantage of having them as research assistants was that they were not originally from Palapye although they had spent enough time there to build relationships and be accepted into the community. They had also undergone training about AIDS and STDs, were comfortable using sexual terminology in both English and Setswana, and they were able to relate with a wide range of people (age and education).

The research assistants were trained to lead focus groups and to conduct key informant interviews. Since the focus groups were single sex groups, the leaders worked in same sex pairs to lead the appropriate groups. In the English speaking groups they were responsible for note-taking and translation when needed. With the Setswana groups, one person was designated as the facilitator while the other was responsible for note-taking. After the meeting, they were required to write the summary notes together.

A male and female research assistant were also needed for the second phase of interviews with the youth. The female interviewer was one of the previous research assistants while the male assistant was a social work student from the University of Botswana doing a work internship in Palapye. Each of these young people were taught basic research skills and an effort was made to integrate this experience with their previous work and their career goals.

**c) Ethics and Confidentiality**

The Government of Botswana has established certain guidelines which researchers are expected to follow. A summary of these guidelines is provided in Appendix 4. The proposed

research project was also submitted to the Human Ethics Committee in the Faculty of Medicine at the University of Manitoba. This committee gave their approval for the research.

In contrast to Canada, obtaining formal permission from parents is problematic for several reasons. Due to traditional arrangements, parents often live in the rural areas while the children are sent to the village, either to a formal boarding school or to an informal boarding arrangement. Thus many children do not live with their parents while attending school. Compounding the problem of remoteness and distance is the low literacy rate among many of the rural parents which precludes the possibility of sending a written explanation. However, an attitude of collective responsibility (versus individual parental responsibility) for children of the village exists in Botswana. For this reason every effort was made to consult with each level of government and community leaders considered to be influential. By obtaining permission through both the traditional and government channels, the standards set by the Government were fulfilled.

All data collected in the study were regarded and treated as confidential material. Participants were identified by number rather than name, and any identifying information was kept separate from the data and in a secure environment. Research assistants were requested to sign a promise of confidentiality which stated that they agreed to keep all data confidential and that a breach of this promise would result in their withdrawal from the research project.

### d) Limitations

It is appropriate to acknowledge that research of this nature may face limitations which exceed other studies. Sexuality is a private part of most people's lives, thus it can be expected that obstacles will be faced. Since, in Tswana culture, it is considered disrespectful for a young person to talk to an older person about sexual issues, this creates difficulties in research and in AIDS prevention work. As a researcher I was older than the target group of youth, and I was

younger than the community leaders. For the adolescents I needed to create an environment in which they would feel comfortable. For the adults, I had to maintain a respectful, non-threatening stance.

Being an outsider (a white female) was at times beneficial and at other times an obstacle. Sometimes it was easier for the youth to talk to someone whom they perceived had little vested interest in their information. Most of the youth had at least one western teacher and were of the opinion that sex was an acceptable topic of conversation with westerners. Out-of-school youth tended to regard me with more suspicion. Out-of-school males were the most reticent to speak openly in the interviews. For this reason, the male research assistant was encouraged to take a stronger role, so that the males would feel more at ease. Finally, the interview questions were about a personal subject. Answers could be exaggerated or under-estimated depending on the individual. While measures were taken to minimize bias, it could not be eliminated completely.

Bilingual research assistants were employed to lead group discussions and to translate since my ability to communicate in Setswana was limited. The research assistants were of the same sex and age group as most of the young people in the study. This meant that the young person was talking to someone in their age group. More than once, the research assistant was asked in Setswana by a teenager if they should "speak freely" in front of the researcher. The research assistants' ease in using sexual terminology affirmed that this was a safe environment to talk frankly about sex. Since there was always more than one person working, it was possible to discuss and verify the data collected in Setswana. While the discussions and interviews were audio-taped and translations were verified, misinterpretation could have occurred.

## 2.6 Summary

This chapter has outlined the triangulated multi-method approach of this study. Drawing

on previous research experience in Botswana, I chose to use qualitative data collection methods which would allow individuals the opportunity to discuss and explain their views both in group and individual settings. Focus groups were used to identify group norms, inform the structure of the in-depth interviews, and to build rapport with youth. Data from the focus groups provided a starting point for inquiring about individual differences in the in-depth interviews. Community interviews and observation were critical to building a context in which to understand youth behaviours and attitudes. Secondary data also contributed to that understanding and provided more specific information about youth behaviours in the village.

At the start I stated that it was necessary to understand the life context of young people in Palapye before we could understand how they view sexual risk. The chosen data collection methods have aimed at seeing youth in different contexts, so that their lived concerns could be understood within a broad framework. The following chapter describes the physical, economic, and historical context of Botswana and Palapye. It sets the stage to begin to understand youth sexual behaviour within the context of high HIV infection rates and rising AIDS deaths.

# CHAPTER THREE

# BUILDING A CONTEXT

> "... a holistic perspective on people's practice puts the emphasis on contextualization as the critical source for an understanding." Wikan 1990:37

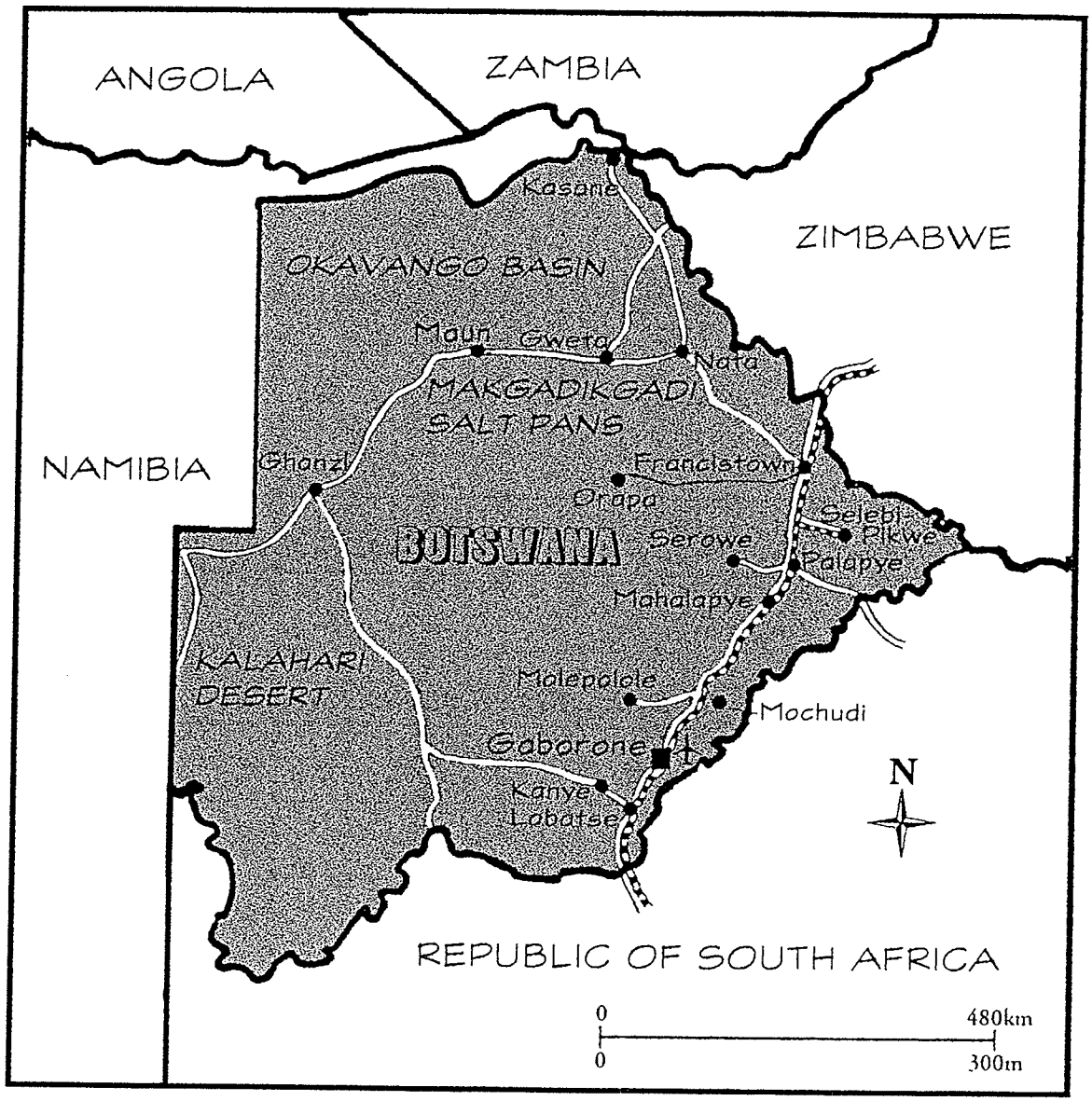
The purpose of the following chapter is to provide a context into which the lives of the individuals studied in this research can be placed. Not only does this include the location - both country and village - but it also includes an understanding of the historical and economic development of these areas. It is this contextualisation which is critical to developing a deeper and more complete understanding of peoples' lives. The threat which HIV and AIDS presents to the community of Palapye is outlined in the latter part of the chapter. It is shown how this is a particular risk to the health of young people. Efforts to confront this health problem require a broad understanding of the factors which influence and impact the lives of the youth.

## 3.1 Botswana

A landlocked country, Botswana is bounded by South Africa, Namibia, Zambia and Zimbabwe (see Figure 3.1). The Kgalagadi (Kalahari) Desert covers about two-thirds of the country and the Okavango River, in the north-west, drains inland from Angola to form one of the continent's most spectacular deltas. Rainfall is erratic and unevenly distributed and water availability has influenced the settlement patterns. Eighty-seven percent of the population lives in the eastern part of the country where there are better rains and fertile soils.

With a relatively small population of 1.35 million people, there is a very low population density. The majority of the population live in the rural areas and they are dependent on subsistence agriculture and informal activities for their livelihood. There is a 3.6 percent

Figure 3.1 Map of Botswana



population growth rate. The birth rate is 41.1 per 1000 and the infant mortality rate is 66.0 per 1000 (Central Statistics Office 1993c). Over 55 percent of the total population is below the age of 20 years, and 25.4 percent are between the ages of 10 and 19 years. There are slightly more females than males with a sex ratio of 1.091 females to males (Central Statistics Office 1993d). Following the national figures, there is a urban-rural split of 45.7 percent of youth living in the urban areas and the remaining 54.3 percent reside in the rural areas (Central Statistics Office 1993c).

Although Botswana was one of Africa's poorest nations when it became an independent, multiparty democracy in 1966, it has experienced steady development. The economy has been very strong and it has grown rapidly. The country has international monetary reserves valued at over eight billion pula (approximately U$3.5 billion) (Government of Botswana 1993a). Although best known for exporting beef and diamonds, Botswana is largely a subsistence agricultural society based on raising crops and breeding cattle and small stock (goats and sheep). Botswana developed the cattle industry from the 1800s when they sold cattle to the South Africans and they are, at present, the largest exporter of beef to the European Economic Community. Diamonds discovered in the Kalahari Desert soon after independence have provided a steady revenue for the country. The income has been used to develop the infrastructure, health, education and social services sectors. The revenue from diamonds accounts for a high per capita income (P5,886) although in reality there is an inequitable distribution of income in Botswana. According to the United Nations Development Programme, for those countries where data is available, Botswana experiences the greatest gap in income between the richest and poorest in society in the world. Between 1980 and 1991, it is estimated that 43 percent of the total population was living in absolute poverty (UNDP 1994).

During the 1980s, new industry and businesses were established at a rapid rate. The construction industry expanded as the infrastructure of the country was upgraded or built. The civil service increased to fill the needs throughout the country. Expatriates were hired to fill positions which Batswana could not fill. The school system was changed from seven to nine years of universal education and numerous new community junior secondary schools were built throughout the country to accommodate the increased number of students.

With the advent of the 1990s, the economy has slowed down considerably. Unemployment and inflation have risen. Construction workers have fewer projects and some university graduates are unable to find employment. More youth have completed nine years of basic education only to find that they have very limited opportunities to advance. Meanwhile, the economy has increasingly become a cash economy and subsistence farmers find it difficult to survive without wage employment.

For many years, Batswana have migrated both externally and internally. Since the middle of the 1800s, hundreds of young Batswana men travelled each year to South Africa to work in the mines and railways. In 1903, in Serowe alone, 600 men left to work in South Africa (Wylie 1990:59). Initially jobs were used to generate cash to pay the imposed British taxes. This quickly changed, however, as the migrants were exposed to a range of consumer goods. Wylie comments that "men now migrated from their cattle posts to wage jobs in mines and cities for more diverse reasons than simply to get cash for taxes" (1990:58). They were interested in buying consumer goods.

Schapera (1947:39) noted that in the mid 1930s and 1940s, the highest proportions of migrants were between the ages of 15 and 55 years - the able-bodied men of the tribe. Nearly half of all the men were away during that time. With the younger men (15-29 years) there was no difference in numbers of migrants based on marital status. They were both away in equally

high proportions. With older men, however, married men were less likely to migrate than unmarried men. Initially there was a seasonal fluctuation which was correlated to the agricultural calendar. The men would leave after ploughing (January or February) and return just before planting (October to November). With time, however, this changed and there were shorter home visits and longer intervals between the home visits (Schapera 1947:57)

The migration of men to the mines had a profound influence on the economic and social life of the tribe and family (Tlou and Campbell, 1984). Adjustments were made to compensate for their absence within the village and in families. As able bodied men left, the agricultural work was left to old people, women and children. Families sometimes broke up because the men were away too long and the women sought the company of other men. As men stayed away for long periods, the opportunities for women to get married lessened. Gradually a shift took place whereby the emphasis was less on finding a husband and more on having a child. Izzard (1982:665) comments that,

> "[women] no longer saw marriage as the chief means with which to enhance their status in society. The role of mother assumed greater significance in the face of declining importance of 'the wife' and the two roles became isolated from each other".

As the men returned from their time-limited contracts with mining companies their roles within community and family had changed. The number of female-headed households had increased and women managed to continue living without the men (Schapera 1947; Suggs 1987).

Throughout the 1970s and 1980s, the number of migrant mine workers to South Africa gradually decreased. Recruitment for the South African mines still takes place in Botswana but many miners have sought employment in local mines in Jwaneng, Orapa, and Selebi Phikwe. In this way the miners have maintained the migration pattern, although it is internal rather than external migration.

A high level of other internal migration also exists which is unique to Botswana.

Traditionally the Tswana have maintained three homes - one in the village, one at the agricultural lands (*masimo*) and another at the cattlepost (*morake*). Nowadays, many people also have a home in town if they have a job. With the increase in good roads - 12 kilometres of paved roads in 1966 to over 4500 kilometres in 1994 - and the plethora of vehicles, there is regular movement between the homes (Government of Botswana 1993b). Not only do people travel to the lands and cattlepost, they also travel to be with their spouses who may be located in a different village due to their jobs. The Botswana Government has an unwritten policy, affecting all civil servants, which does not allow for married couples to request transfers on the grounds that the spouse is working in a different village or town. Consequently many couples and families are split up and required to commute on the weekends if they want to be together. Since the Government is the largest employer in the country, this sets the norm for other employers, including mining companies (also major employers).

Traditionally children accompanied their parents to any one of their three homes, however, with the introduction of western-style schooling they are now required to remain in the village to attend school when their parents leave. In the rural villages, the younger children are cared for by their older siblings, but they are often left without parental supervision or role models. During times of intense agricultural activity, such as ploughing or harvest, it is common for few adults to actually be in the village. Consequently, youth are able to freely visit each other and participate in activities of which their parents might not normally approve.

While most youth are able to attend primary school in their home village, many of them must leave to attend secondary school. Since the junior secondary schools are day-schools, no boarding facilities exist and the youth are forced to find accommodation within the new village. In such situations, families must supply the young person with enough money for food, rent and other expenses. While many youth are able to find accommodation with a member of his/her

extended family, and these arrangements are satisfactory, some youth are in a vulnerable position when the money is insufficient and they must fend for themselves.

Societal patterns of behaviour have been powerfully molded by migration. Pre-marital pregnancy is acceptable. Single mothers and absent fathers have become the norm (although the impact on families and children has yet to be fully explored). Spousal (or partner) separation is normal. Children leaving home to attend school is normal. Unfortunately, the constant movement of the population has had implications on the spread of HIV throughout the country. As rural and urban dwellers have freely mixed, HIV has spread from the urban areas to the rural areas quite rapidly. While there is a difference in rural/urban HIV infection rates (AIDS/STD Unit 1994), the difference is not great in comparison to the rural/urban difference in other countries (such as Zaire) where travel is more challenging.

The rapid changes which have occurred in Botswana have altered the very foundation of society - the family unit (Fako 1983, 1985a, 1985b). In affecting the family, it is the youth who feel the impact the most. The world in which the youth live is vastly different from what their parents experienced. In my earlier research (Ball 1989), I explored the pressure on girls with respect to early child-bearing and learning about sexuality outside of the traditional settings. Youth are exposed to opportunities and pressures which are new and different. Compared to their parents, they are more urbanised and westernized and they have been required to mature quickly. Within families, parents don't know what the future will hold for their youth and they are struggling, often without the support of the community, to teach and guide their children (Smith 1989). Education has added a further strain on the Tswana family. While it is valued and deemed essential for improving one's status (and that of the family), it comes with a cost. As young people are separated from their families for long periods of time, they grow up without the day-to-day guidance which is traditionally provided by parents and other adult relatives (Ball

1989). The collective orientation of the community and family is sacrificed for the anticipated participation of the young person in a modern economy.

## 3.2 Palapye

For a brief period of fourteen years, Palapye had its moment in the history of Botswana. It was the capital of the largest tribe - the Bamangwato - after they moved from Shoshong to Palapye in 1889 because water sources were drying up. By 1902, the Bamangwato were forced to move again, however, because the spring at Palapye was insufficient for the growing population. They moved to a location where there were several streams and rivers and the village of Serowe was established. Meanwhile, in the 1890s, the British South Africa Company (BSAC) built the railway through Botswana (then known as Bechuanaland) to connect Cape Town with Rhodesia. The closest railway siding to Serowe, an area of economic activity, was at Palapye Road. People settled around the rail line and eventually this new settlement also became known as Palapye. It is distinguished from the original village - 'Old Palapye' - by location and historical development.

The 'new' village, with approximately 17,500 people, is located nearly 300 kilometres north of Gaborone and 165 kilometres south of Francistown on the main international and national north-south trucking route (see Figure 3.1). It is a natural stopping point for truckers and other travellers going to points both west and east of the main road as well as north and south. At the junction of the main north-south road and the road leading into the village, a new strip mall, housing development, Botswana Power Corporation housing complex and club, gas stations, hotel, numerous shops, restaurants and bars have been built. These new developments have taken business away from the main part of the village - the "old" mall (shopping area). Located in the centre of the village, there is a full array of shops, bars, hotel, government

offices, hospital, banks and businesses. Where the buildings at the junction are new, the rest of the village reflects a mixture of new and old.

Urbanization in the past ten years has dramatically altered the face of Palapye. Once a small, dusty village, Palapye has attracted business and industry. The major industries are the Botswana Power Corporation (BPC), a colliery, and Botswana Railways. After the colliery was started in the 1970s many people came from Serowe and the neighbouring villages to work in Palapye. When the BPC opened in the mid 1980s, growth in the village increased significantly as more jobs became available and services were made accessible. There are many small and medium scale industries and commercial farming enterprises in the surrounding area. Additionally, most Palapye residents still cultivate their lands and own cattle, regardless of their employment status. The change from rural to urban type development has been rapid and most startling in the past five years. As a result of rapid population growth, there is a peculiar mixture of traditional village settlement, with thatched roof huts and simple concrete block houses, and new urban development which includes high and middle income housing with a shopping centre.

The array of residents in Palapye is as varied as the physical surroundings. Due to the presence of the colliery and BPC, there is a sizable expatriate community who are on contract and who generally reside and socialize in their own communities. The business community is comprised of Batswana, Indian, white Batswana and white South Africans who have settled in the area. Numerous civil servants (Batswana and expatriate) have been located or transferred to Palapye in the many capacities of health, education, local government, agriculture, transportation, and other government departments. Migrant workers, students and job-seekers from other villages fill the ranks, and these are in addition to the core group of residents who consider Palapye to be their home village.

The hospital in the village was upgraded from a primary health centre in 1987. It has

been utilised to its maximum capacity since that time because of the increased population in the catchment area and the shortage of health personnel in the periphery. Being on the north-south road, Palapye Hospital handles most of the road traffic accidents in the area. Two government clinics and two private doctors also operate within the village.

### 3.3 AIDS in Palapye

The situation of AIDS in Palapye is grave in comparison to other villages. The 1993 sentinel surveillance included Palapye and Serowe as one of the seven sentinel sites (AIDS/STD Unit 1993a). When the results were tabulated, Francistown had the highest rate with 34.2 percent HIV prevalence. Gaborone had 19.2 percent and Serowe/Palapye had a rate of 19.9 percent HIV prevalence. However, when Palapye rates were separated from Serowe, its rates were closer to the rates of Francistown than Gaborone (Wathne, personal communication). It is valid to wonder why Palapye displays such high rates of HIV and AIDS. Certainly other towns or villages might be suspected but Palapye has the dubious honour of having the second highest rates in the country. There is no simple answer but it is, perhaps, a combination of factors including location, migration and industrialization, which may help in accounting for the high prevalence. Table 3.1 shows the cumulative AIDS cases in the Serowe/Palapye Sub-District until January 1994. Based on the information which is known about this sub-district, it is estimated that the total number of HIV Carriers in Serowe/Palapye is 2785. There have been 38 reported AIDS deaths.

Palapye's location between Gaborone and Francistown makes it a natural stopping point for many travellers going north and south, east and west. Large transport trucks often pull over and spend the night at the Palapye junction. Sometimes the trailer is unhitched and the driver takes the cab into the village. Some, although not all, truckers are known to buy sex and

consequently a portion of the female population has been sensitised to the possibility of earning an income with these men. While it is unwise to place the sole blame on truckers, it is well known that they have played a significant role in spreading AIDS throughout the African continent (Conover 1993).

Table 3.1 Serowe/Palapye Cumulative AIDS Cases, 1991-1994 January (Ministry of Health)

| Age Group | Male | Female | Total |
|---|---|---|---|
| 0-4 years | 27 | 17 | 44 |
| 5-9 years | 1 | 1 | 2 |
| 10-14 years | 0 | 0 | 0 |
| 15-19 years | 1 | 30 | 31 |
| 20-24 years | 26 | 73 | 99 |
| 25-29 years | 37 | 48 | 85 |
| 30-34 years | 35 | 27 | 62 |
| 35-39 years | 29 | 18 | 47 |
| 40-44 years | 14 | 12 | 26 |
| 45-49 years | 7 | 4 | 11 |
| 50-54 years | 3 | 3 | 6 |
| 55+ years | 1 | 1 | 2 |
| Age &/or Sex NK | - | - | 142 |
| TOTALS | 253 | 266 | 557 |

NK - not known

Other monied travellers also pass through Palapye. When mine workers from Orapa, a closed (i.e. privately owned with controlled entrance) mining town dominated by men, are given leave, the place they are most likely to spend some money is Palapye. Likewise for other workers in smaller villages to the east or west of the main road, Palapye is the hub for shopping,

entertainment and for transportation to other areas. At the main road - the link to where-ever a traveller is bound - there are numerous bars and plenty of "action".

Another factor is that there has been significant migration to Palapye as it has become more industrialised. These job-seekers may or may not bring their families with them depending on their success in obtaining employment and the availability of housing. Civil servants have also moved to Palapye as the district government (based in Serowe) has become less centralized. Like the job-seekers, they may or may not bring their families with them. They usually have the added advantage of a regular and dependable pay-cheque. When a person is not living in their own village, they sometimes appear to be less concerned with their reputation within the new village. One worker explained that he knew his future would not be in Palapye so he could afford to behave worse than if he was at home. This "bad behaviour" is often focused on obtaining sexual partners and spending time at the local bars. By no means does this explain the high HIV/AIDS rates in Palapye but the additive effect of each of these factors may contribute to the overall situation.

If a person is suspected of being HIV positive or having AIDS, a rapid AIDS test (Zygnost Welcozyme or Rapid Test diagnostic) is conducted in Palapye. If it is positive, a confirmatory test (Elisa Welcozyme) is conducted in the district hospital in Serowe. Due to the high cost, Western Blot tests are only performed in the referral hospitals in Gaborone and Francistown. The only other location for AIDS testing is the Red Cross voluntary testing centre in Gaborone. The Red Cross which is responsible for blood supplies also tests all blood which is donated for transfusions. If the donated blood is infected with HIV, it is destroyed. However, the person who donated the blood is not contacted and informed of their HIV status. It is not uncommon for donors to identify themselves only by a number instead of their name, thus making it impossible for follow-up or for revealing their identities if they are HIV positive.

The symptoms which most often alert a physician to the possibility of HIV or AIDS include herpes zoster, diarrhoea, tuberculosis, genital ulcers and weight loss. Many HIV positive women are diagnosed through their babies who may be admitted to hospital with AIDS related illnesses. If a person has been diagnosed with AIDS, there is little medically which can be done for them. They may be admitted to hospital to control diarrhoea or they may be treated for TB, but beyond that they are sent home. Once outside of the hospital, there is no home based care in Palapye, other than their family, on which they can rely.

AIDS is creating a crisis situation for the hospital in Palapye. There are a limited number of beds and gradually more of these beds are being occupied by AIDS patients. The senior medical officer calculated that in 1993, there were at least three AIDS patients per week occupying hospital beds. By 1994, he expected the number would rise to ten patients per week (Sherif, personal communication). In addition, the facilities for TB patients (most of whom were HIV positive) which consisted of two rondovels (huts) each with three beds were continually full. These patients would be transported to the hospital in Serowe which was equipped for TB treatment, and the rondovels in Palapye would fill with new people. The impact of AIDS is slowly being felt in Palapye. Through "AIDS in the Workplace" health education programs, many people have been taught about transmission and prevention. The sub-district health team regularly holds seminars, schools include AIDS in their curriculum, and a special AIDS peer education program was initiated for the out-of-school youth. Literature is available from the Ministry of Health, Radio Botswana devotes regular time for AIDS education and the newspapers feature regular columns for a wide discussion of the issues surrounding AIDS. And yet, despite the dire medical statistics, most people in Palapye would claim that they have never known a person with AIDS because the disease is not identified or associated with the cause of death.

## 3.4 Summary

From the statistics which have been presented, it is evident that HIV and AIDS are an obvious risk to the community of Palapye. The sentinel surveillance shows a steady increase in the number of cases of new HIV infections, and in the number of AIDS deaths. The capacity of health facilities and health personnel are already stretched at the current levels of infection and yet, from all indications, the situation will become more grave as people with HIV infection progress into full blown AIDS cases.

The situation of youth in Palapye (and Botswana) is of particular concern because of the potential for them to become infected with HIV. The fastest rate of HIV infection is currently occurring amongst young women in their teen years and early twenties. While the rates of infection for adolescent boys is less than for adolescent girls, they are at risk and this risk increases as they get older. If young people become infected at such an early age, it is unlikely that they will reach adulthood. The nation risks losing a large segment of the population which represents the future work force, those individuals who are the most productive. The nation's very future is at risk.

The government and non-government agencies have made an effort to address the issue of AIDS. These efforts have focused on providing information, raising awareness, promoting the use of condoms, and encouraging monogamy. The population has become more aware of AIDS and is more educated about the modes of transmission and symptoms than ever before. At a superficial level, they know what precautions are needed to prevent HIV infection, but this knowledge does not necessarily translate into changed behaviour. The correlation between information and behaviour change is, at best, tenuous.

The existing health education and research efforts have had limited success in bringing about behavioural change in the population. It is important to now approach the problem in a

different way by considering a larger focus. Understanding the various factors which impact on the lives of youth, their sexuality, and their sexual relationships will be more beneficial in trying to develop interventions and prevention efforts which address the realities of peoples' lives. This broadened focus may help us to better understand their lives, priorities, and concerns.

# CHAPTER FOUR

## YOUTH IN PALAPYE

> "... all individual behaviour is embedded in and influenced by its social and physical environment. Individual social cognitions, health attitudes and personal habits are heavily influenced by family members, peers, local community members, and the media. But broader social forces such as economics, politics and international affairs also shape individual decisions and personal practices." Institute of Medicine 1995:4

On any given day, if a visitor to Palapye was to drive through the village early in the morning, they would be probably be flagged down by groups of young people dressed in matching uniforms hurrying to school. Travelling by foot, mini-bus and private vehicles, several hundred secondary school students must arrive before the first bell of the morning. Younger uniformed children hurry to primary school with their satchels on their backs. If the same visitor lingered in Palapye until late morning, they would be surprised by the number of young people not dressed in uniform who are moving thoughout the village. Some of the girls might be walking towards the community centre where they attend sewing classes, or to the shops to buy food for the day. Some boys might be walking along the main road either to the junction or to the main part of the village. Later in the day, some of these youth might attend an evening class while others loiter around the shops. If the visitor was so intrigued by this growing, changing village that they decided to stay the night, they would have the opportunity to enjoy the nightlife. They would find the bars busy and without any difficulty, they could follow groups of young people to three or four favorite bars which cater to the musical taste of the young.

In the following chapter, the everyday life and 'culture' of young people growing up in Palapye is described in some detail by drawing on ethnographic interviews with people from the community, my observations over a six month period and discussions with youth. The

differences in life opportunities which exist for in-school and out-of-school youth, and males and females are outlined. Tensions between modern and traditional life and the ways in which youth learn to cope in order to survive in a changing society are described. Changes which have occurred relating to marriage, fertility, and women's status within society, family and relationships have had an impact on how youth envision their relationships. Similarly, how youth were taught about sexuality in traditional society has changed; the social controls and teaching methods no longer exist. Present-day patterns of youth sexual behaviour are summarised and it is shown how the changes in Tswana society have impacted youth sexual relationships. Finally, a demographic description of the youth who participated in the study is provided.

## 4.1 Youth Life in Palapye

Four primary schools and four secondary schools provide the educational training of children in Palapye. Three community junior secondary schools each have 500 students in Forms One and Two. The senior secondary school has 1200 students in Forms Three, Four and Five. All the secondary school students are day scholars, except 600 senior students who board at school. Education is free although there are costs involved in buying uniforms, supplies and transportation (when distances are far). National examinations occur at the end of Standard (Grade) Seven, Form Two (Grade Nine), and Form Five (Grade Twelve). The Form Two Junior Certificate exams determine which students will continue into Form Three at senior secondary school. The limited number of places are awarded to those with the highest marks. If a student finishes Form Five, they are required to serve one year of national service before continuing on to post-secondary education such as university or technical training.

There are a limited number of options for youth who drop out of school or who fail to secure a place in Form Three. If the young person has passed Form Two, they are eligible to

compete for opportunities in vocational training. Two such training schools exist in Palapye. The Vocational Training Centre (VTC) and the Development Trust provide a variety of courses ranging from brick-laying and plumbing to dressmaking and computer skills. While competition is stiff, the VTC and Development Trust are some of the only training options available to those youth who do not complete secondary school.

Like teenagers all over the world, Palapye youth enjoy being with their friends. The peer group is very important because youth derive much of their identity from it. Students may study together at school, at home or at the library. Friends are met at the community centre, churches, bars, and bottle-stores. Music is an important source of entertainment and youth tend to gather wherever music is played. The churches which are popular are ones in which the music is lively and the youth are included (e.g. youth groups). For some young people, church activities are an important alternative to hanging out at the bars. Television is popular entertainment for those who have access to it. Sports such as soccer and softball (or T-ball) attract both boys and girls alike.

Both in-school and out-of-school girls have responsibilities at home which include cooking, cleaning, washing clothes and caring for younger children. Despite their chores, they are able to find time to be with their friends - the mall being a common meeting place. In general, however, girls have less free time than boys. Boys' activities usually include sports, 'hanging out' at the mall and often talking about girls. The exclusivity of the group is strengthened by the use of a youth "language" called *tsotsi tala* - a language which uses a mixture of words from at least eight major languages. It is generally used by teenage boys who customize it to fit their group. Thus the language differs from group to group and evolves as new words are introduced. *Tsotsi tala* is not as widely used by the girls although it is understood by some of them. Adults (including teachers) usually do not understand it so it helps to create an identity

for youth which is separate from the adults.

Many school leavers are idle during the day when their school friends are busy. Parents expect that their children will contribute their labour around the homestead, at the agricultural lands and the cattle-post. This, however, is unpaid, hard physical labour, thus some youth are unwilling to go to the lands or cattle-post and they prefer to remain in the village. They look for "piece-work", menial jobs or work as domestic help in order to have access to money. Some out-of-school girls make money brewing beer and selling 'phane (dried caterpillar), morogo (dried greens) and chibuku (commercial sorghum beer). Although the youth are anxious to find work, they are usually unlucky. National unemployment rates are the highest for youth between the ages of 15 and 24 years of age (Central Statistics Office 1992).

It is not surprising that the major difference in life outlook between in-school and out-of-school youth is one that revolves around hope for the future. As long as a young person is in school, there is hope that they will do well enough to continue their studies, get a job and have a good economic future. Many students said they would use their employment income to help their families and raise their standard of living. They feel a sense of responsibility to help their parents and to provide for their siblings. For themselves, they would like to buy the things which are viewed as status symbols - a fast car, beautiful and fashionable clothes and maybe a house, but they also look forward to marriage and having a family.

Where the in-school youth expect that their own lives will be characterised by more opportunity than their parents, the out-of-school youth already compare their lives and present opportunities to that of their parents and they believe that they are more disadvantaged. The out-of-school youth observed that their parents had jobs or were able to establish businesses as small vendors ("semausu") selling home brew, 'phane (dried mophane caterpillar) and other goods. From their perspective, life was less expensive for their parents because they didn't need to buy

everything - they could make things and grow food. Amongst these youth there is a general feeling of unhappiness about their lives. They cannot find employment and they have few prospects for further schooling. They lack 'marketable' skills and they cannot gain entrance to the programs where they might learn a trade because they cannot fulfil the entrance requirements. They have only limited access to money and lack any sense of a bright future.

Outside of school, there are virtually no recreational facilities or programs for youth. Consequently, many of the youth, especially the out-of-school youth, have nothing to do and no where to go. Over the past five years, Palapye residents have noticed an increase in the number of youth (in-school and out-of-school) who are wandering along the roads and loitering around shops and bars. Palapye does not have a nightclub or disco so many adults (who have money) frequent the two local hotels plus other bars. Youth (with less money) tend to gather at certain bars which are known to be popular because of the good music and disco-like atmosphere. An approximate count showed no less than 20 bars and bottle stores along the main road alone. At month-end, when people have been paid, the bars and hotels are crowded with both young people and adults alike.

Crime rates in Palapye have increased significantly during the 1990s by an average of 17 to 22 percent per year. Over a nine year period, reported crimes have increased nearly three-fold. Whether this is an actual increase in crime or due to improved reporting, it is unknown. It is possible that the crime rate is proportional to the increase in the population although the types of crimes have changed and many village residents claim that the Palapye is more dangerous. Many adults claim that youth are involved in petty crime as a way of finding cash. According to the Palapye branch of the Botswana Police, in 1993, juveniles (under 18 years) were most commonly charged with common assault and common theft. There were also charges of fighting, malicious damage to property, drug use and road traffic violations. This is an

incomplete picture of juvenile crime in Palapye, however, because the village police also deal with juveniles and other petty crime is never reported.

## 4.2 Youth in a Changing Society

A young person living in Palapye may, at any given time, buy groceries at the South African Spar supermarket, jeans at Woolworths, shoes at Guys and Girls, lunch at Chicken Licken, CDs or tapes at the music store, and the latest fashion/news/technology magazines at the bookstore. At school, they will be taught a modern curriculum in English, and then perhaps learn to use a computer. When they go home, however, they may live in a thatched roof hut or two-roomed house with the rest of their family, and ride a donkey cart to the agricultural lands where they will help their parents farm the land in traditional ways.

The contrasts between modern and traditional are startling as they exist side-by-side and young people are caught 'betwixt and between' the expectations of modern and traditional life. Somehow they must juggle and fulfil the expectations of each if they want to survive in a changing society. To ignore traditional roles is to alienate oneself from one's family, while ignoring the demands of the modern world is to be left behind in the inevitable changes of society. An older man commented that "kids are torn - they have lost their sense of value and adopted a culture they don't understand", while a woman said that she felt that their culture was being destroyed as the economy changed. A teacher remarked that youth get confused in the process of trying to keep pace with the changes.

To participate in "modern society", money must be available. Money is needed to buy clothes, to get a modern hairstyle, and to buy the consumer (western) items which mark that person as "modern" and "progressive". The local priest mused that "everything is money these days". A school principal explained that

> "with rapid development there are high expectations of wants versus needs. People live above their means - looking for status through clothes, belonging to a certain group ... while sacrificing basic things. Kids are doing that too".

Another principal noted that parents do not have the cash earning capacity to allow their children to keep up with the rapidly changing fashions. For many families who are subsistence farmers, providing enough cash for the basic needs is a hardship. Money for the extras is more than they can manage. Unlike the west, youth do not have part-time or summer jobs which provide them with spending money so they are forced to look for money elsewhere. This puts many of the youth in vulnerable positions. A young person, living away from home, may or may not have been given sufficient money to pay for living expenses during the term. The temptation to spend the money, whatever amount, on clothes, activities, or food items other than the basics, is overwhelming because these items are so visible and the desire to be perceived as modern is a powerful force.

Youth are frequently taken advantage of by others. Older men take advantage of young naive girls by providing them with things that the girls perceive will build their status. These status symbols may be as simple as a ride in their car, fast food (e.g. Kentucky Fried Chicken), bottles of juice, nail polish, or costume jewellery. In this way, men are able to manipulate the girls into agreeing to sexual relationships. A school principal commented that,

> "here there is no social welfare so kids go for working men to get extra pulas. This is survival for non-working people".

A health worker noted that "lack of parental care leaves the kids vulnerable. If kids (not living at home) run out of food, they are forced to find it elsewhere. So economics are a contributory factor."

Many adults believe that parents have lost control of their children. They are unable (or unwilling) to discipline them or teach them about life. One village *kgosi* stated that young people do not respect their elders and they knowingly flaunt their disrespect. They smoke, drink and

defy their parents who feel helpless. Corporal punishment of youth under 15 years is not allowed at the *kgotla* and the names of juvenile offenders cannot be released to the public. A village leader stated that if a child is beaten with a sjambok (whip) and goes to report this to the *kgosi*, the old man will read his law books and "fall down defeated" because the child knows his rights and realizes that his father or mother has no real control over him. Without this example of punishment, the *kgosi* believes that youth will not have any fear and they will feel free to be disrespectful.

During February 1994 while I was collecting data, the students at the senior secondary school staged a "strike" or rebellion because they didn't like the (free) food they were being served, and the boarding students wanted more freedom to leave the school premises. They turned off the power and then stoned some of the teachers' houses and vehicles. With a substantial amount of damage done, the school was closed and the students sent home for a few days. A *mosadi mogolo* (old woman) was unimpressed by the disciplinary action of the school. She told me that when her daughter had attended secondary school during the seventies, the students had also protested. At that time, the parents had stepped in to discipline their own children and they were beaten with sjamboks.

Adults in the community were generally unsympathetic towards the students and laughed at their demands. However, the adults took the opportunity to comment to me that the student strike was a good example of the wrong priorities of today's youth - how youth are more interested in their "freedom" than in education. One man stated "what are they here for? to enjoy or to study?". The lack of motivation to study was a recurring theme during interviews with adults.

Youth were uniformly in agreement concerning the activities of which their parents would disapprove. This includes drinking beer or going out to bars and discos, smoking cigarettes or

'motokwane' (marijuana), stealing or having many friends who might be a bad influence. Spending the night away from the homestead and "going out at night" are two activities which youth perceive would draw strong disapproval from parents. It is assumed that if a teenager "goes out at night" they will get into trouble, maybe they will be having sex. Perhaps the young person is meeting someone of the opposite sex at the other person's home, at a bar or disco - places which are considered to be "undesirable". Youth know that their parents would not be happy if they knew that their child had a boyfriend or girlfriend.

Alcohol and dagga (marijuana) usage has increased in the youth population (Macdonald 1993) and is cited as the cause of many bad behaviours. A school principal told me of an incident which occurred in Palapye during the previous school year when three boys gang-raped a girl behind the shops near their school. When the principal summoned the boys to his office for punishment, they admitted they had raped the girl after smoking dagga. While other street drugs are not as common, some glue sniffing does occur with a number of "street youth" (bobashi).

Bars are very popular meeting places for young people and while it is against the law for youth to be sold alcohol, it is not difficult for them to obtain it. Bojalwa (home brewed sorghum beer), kgale (home brewed liquor), chibuku (commercially brewed sorghum beer), and a full range of commercial beer, wine and liquor is easily obtained especially if the youth are socializing at the bars with older people. One health educator commented that "there is no entertainment or recreation so they (youth) go to the bars where there is music. It may not be acceptable but what are the alternatives?". Bar owners report that the youth come in groups and most do not have money to buy drinks. It is 'fashionable' to hang out at liquor restaurants since they close late at night.

Bars are also 'pick-up joints'. While youth come in same sex groups, often they leave

with someone of the opposite sex. It is said that some girls who come to the bars, particularly at month end, are especially interested in men who have money. It is agreed that these girls will have sex with working men because they know they will be given a gift or some cash. Those men who own nice vehicles are considered to be desirable companions, since cars are viewed as status symbols.

Bar owners frequently complain about the behaviour of some young people. They claim that youth never show respect for their elders. One bar owner related a story of a young man who was having a fight with his girlfriend at the bar. When he tried to force her to go to his house with him, her parents tried to intervene. The boy told them publicly not to interfere, that they should not come between two people in love, and that they did not know about the agreement between the boy and the girl. It was an illustration of how young people disrespect their elders and treat them badly. Adults frequently commented that youth reject advice because they think that their elders are semi-literate.

Nowhere is the influence of the "west" seen more strongly than in the youth population. Through everyday exposure to television, radio and magazines, youth are heavily influenced by "modern" society. A full range of consumer goods, stereotypes of beauty and success, popular role models and heros, romantic love, violence and the latest rap and hip-hop music are readily available in Botswana. The mail-order catalogue from South Africa has ensured that the most remote location has access to beautiful (western) clothing and household goods. Department stores chains and speciality stores have taken advantage of the market in Botswana and are firmly established. Many Batswana youth yearn to have modern clothes such as baggy jeans, high-top running shoes, and a Chicago Bulls shirt.

This is set against the backdrop of a country which depends on the rural subsistence farmer, where goats and cattle meander through villages and towns alike, where traditional

healers have a steady stream of customers, where donkey carts are an important mode of transportation. Youth are invited (or required) to participate in a westernized lifestyle, but also exhorted not to forget their traditional rural roots and their responsibilities to their families both immediate and extended. The juxtaposition of these demands on young people creates a situation in which they must constantly change, adapt and cope in order to survive successfully in their environment.

## 4.3 Teaching Adolescents About Sexuality

Traditionally to mark the end of adolescence and beginning of adulthood, all youth were required to participate in initiation ceremonies where they were taught about sexuality and their responsibilities toward the tribe (Schapera 1953, 1966). The boys' ceremony was known as *bogwera* while the girls' ceremony was called *bojale*. The leaders of the tribe (not the parents) were responsible for teaching and preparing the young physically, morally and psychologically for adulthood (National Institute of Research 1988). Along with the teachings there were certain rites to undergo, including circumcision for the boys. In addition to the girls' ceremonies, there were rituals and traditions practised at the onset of menarche. The girls were never told about menstruation prior to its happening . This forced the girl to tell someone in her family. The girl would be secluded for a period of time, during which a close female relative (aunt, grandmother, or sometimes the mother) would teach the girl about the significance of the event, personal hygiene and traditional taboos (see Tlou 1990). Age specific knowledge was greatly valued, and while issues of sexuality could be discussed amongst peers, these topics were only rarely and "situationally discussed between generations" (Suggs 1987:108).

When initiation schools were more common, boys and girls were kept separate once they reached puberty. The boys would remain at the cattlepost and the girls at home working with

their mothers. There was very little chance of mixing and there were strict social sanctions on women who became pregnant before marriage. Public humiliation of the woman and heavy penalties to the man were the punishments for premarital pregnancy. However, Schapera found that by the 1930s the initiation schools had been abolished, premarital pregnancy was fairly common and there was very little shame attached to a woman who became pregnant (Schapera 1933, 1966). Boys and girls had ample opportunity to mix and to make friends with each other because they attended western style co-ed schools.

The frequency of the initiation ceremonies had decreased by the beginning of this century because the political administration and missionaries viewed them unfavourably (Schapera 1966). Unfortunately these traditional institutions have not been replaced with a modern equivalent, so the youth have been left in a vacuum. There is no one to advise and teach them. Parents traditionally did not take this role and they are unprepared to begin now. Parents are embarrassed and often ill-equipped to address their children about issues of sexuality so the youth receive a minimum of teaching. A community worker commented that,

> "Parents cannot talk about sex so children don't know the disadvantages unless by experience ... youth only learn from bad outcomes".

Many adults fear that if you provide adolescents with information about sex, you are teaching and advocating promiscuity among them. A principal reflected that because parents will not talk to their children about sex, they are resigned to the probability that their daughters will be pregnant. He went further to say that "youth are left to experiment without information and they come back with babies".

With the demise of traditional schools, regular schools have been forced to teach youth about sex, reproduction, contraception and STDs. However, this material is taught in an indirect manner by including it as part of a related subject such as science or home studies. Although some teachers attempt to initiate discussion, teaching societal standards, discussing guidelines for

behaviour or the consequences of unprotected sex is seen as outside of the realm of school. Many youth (especially school drop-outs) are left without guidelines or even formal information. Most of their information about sexuality comes from their friends and from the media (Ball 1989) and represents common-sense knowledge which is essential to how youth define themselves and their emerging sexual relationships.

## 4.4 Changing Sexual Relationships

### a) Marriage

Over the past century, attitudes towards sexual relationships have shifted in Botswana. When Schapera conducted his field work in the 1930s, he reported that "traditionally" (i.e. prior to the 1930s) marriage was important for social status, the commencement of sexual relations, and it permitted a woman to legitimately bear a child. However, relationships between men and women, and patterns of marriage have undergone significant changes in Tswana society. External migration by the men played a major role in altering these patterns, although other factors such as education and the influence of missionaries, the Church and the colonial administration were also profound. Now marriage is no longer necessary (although often desired) because there are other means (i.e. employment, education) by which to improve one's social status. Furthermore, sexual relations commence well before marriage and most women bear their first child outside of wedlock.

Traditionally, before marriage could occur, the consent of both families was required. Male members of the families negotiated *bogadi*, or bride price, and it was transferred from the groom's family to the bride's family. The woman's responsibility in marriage was to perform her domestic duties and to bear children. Repeated failure to fulfil her duties or a woman's infertility were grounds for divorce and a man could request that *bogadi* be returned to him.

Adultery was not generally an acceptable reason for divorce unless the woman was flagrantly unfaithful. Usually the husband would seek to collect damages from his wife's lover. The wife could not use adultery as grounds for divorce from her husband (Schapera 1947, 1953, 1966, 1970a, 1970b).

Wife beating, which was quite common in all tribes, was considered justifiable if the woman was unfaithful, if she neglected her domestic duties or stayed out late at night. In 1935, the chief of the Ngwaketse tribe did provide some regulations: pregnant women were not to be beaten and if a man beat his wife while at her parents' home, he was subject to a penalty (Schapera 1947, 1970a, 1970b).

Polygamy was traditionally accepted amongst the peoples of Botswana but when the missionaries and Church became established, it was condemned. No polygamist was allowed to be a member of the Church unless he put away all but one wife. Eventually the chiefs advised or forbade their men to take more than one wife. By 1940, Schapera (1947) reported that in five tribes only 11 percent of men were polygamists. Under present laws, polygamy is not permitted in Botswana.

In addition to polygamy, tradition also allowed married men to take a concubine (*nyatsi*). These women were often divorced, widowed or considered to be past the age of marriage (*lefetwa*). Although the man had no legal obligation to the woman, it was expected that he would clothe and feed her and her children, help with ploughing and other chores. If she became pregnant, however, the children belonged to her, not him. Among the Ngwato tribe, this form of concubinage was known as *go ja mmogo* (to eat together) (Schapera 1970a:126).

This tradition has continued in a modified form where it is still acceptable for men to have more than one sexual partner, regardless of their marital status. The rationalization is that a man cannot control his sexual urges. This is summed up in the saying, *Monna poo ga a agelwe*

*lesaka* (A man, like a bull, cannot be confined in a kraal) (Schapera 1970a:156). Schapera (1970a) noted its presence in the 1930s and 1940s and it continues to the present day. Not only do married men take extra marital partners, but unmarried men seek liaisons, not with *lefetwa*, but with girls who are still eligible for marriage. The men's level of responsibility is less than their forefathers but they do bring regular gifts to the girls. If they impregnate the girl, they are forced to pay damages since she is still of marriageable age. The decay of polygamy and the belief that the man is doing a service to the many dissatisfied women (Schapera 1966:204) are justifications which men are just as likely to cite in the 1990s are they were in the 1930s.

The practice of taking more than one sexual partner has now extended to include women. In the 1930s and '40s, it was observed that there was a considerable amount of adultery amongst the women. If a man complained, he would likely be chastised for neglecting his wife. The men were gone for long periods of time and it was acceptable for a woman to find a man who would give her a child and provide her with sexual satisfaction. Gaining full sexual experience before marriage was and continues to be expected amongst the youth and very few, even at the time of Schapera, were virgins at marriage. The youth were expected to conduct their love affairs with discretion. Promiscuity was viewed with contempt but those who remained chaste were also derided (Schapera 1966).

The changes in present day marital strategies for men and women have been thoroughly discussed elsewhere (Comaroff and Roberts 1977; Gulbrandsen 1986; Suggs 1987). The parents' role is now limited to discouraging or rejecting unsuitable unions instead of a more active role. 'Serial monogamy' is practised by both men and women. Gulbrandsen (1986:14) comments, "whatever the men's motive for changing partners until they decide to marry ... premarital sexual relations display considerable fluidity despite the possibility at some point of jural intervention". Late marriage is common for men and many women never marry. The practice of taking

concubines (*dinyatsi*) has been reinterpreted and distorted so that we now are witness to the 'sugar daddy' scenario where the man is much older than the woman and he uses his wealth to 'buy' the companionship of younger girls. Furthermore, extra-marital sexual relations are just as common after marriage as before.

**b) Fertility**

In the definition of 'womanhood', proving one's fertility - the status of mother - is of paramount importance (Suggs 1987; Tlou 1990; Seboni 1993). A young woman stated, "in our culture, we know that a woman should have a baby to show that she is a woman". A child's birth marks the beginning of another stage of life for the mother. With the birth of her first child, a girl is considered to be a 'mosadi' (woman), no longer a 'lekgaribe' (young woman/older girl) or 'mosetsana' (girl). She is no longer called by her first name but she is honoured by being called "Mother of ..." and the name of her first born child. The child's name often reflects how the parents feel about the child. Ubomba-Jaswa (nd:12) states that "... names such as 'Mpho' (Gift), 'Keneilwe' (I have been given) and 'Kelebogile' (I am grateful) suggest a strong ... desire to have these children".

Fertility or childbearing is important on several levels within Tswana society. Children are valued "as objects of love, as continuation of family, as extra hands while one is working, and as security in old age" (Suggs 1987:112). Childbearing marks the passage from childhood to adulthood; it can serve as an indicator of a woman's commitment to a relationship with a man, and it may also be viewed as a process needed for the natural cleansing of a woman's body.

There is a traditional belief that semen from sexual intercourse collects inside the woman. If a woman has semen accumulating in her body, she has a build-up of 'pollutants' and this is dangerous to the health of the men who are her partners. Although semen is needed for the

development of the fetus, it is not cleansed from the body until childbirth occurs. Menstruation and, especially, childbirth, where significant amounts of blood are lost, rectifies the situation by purifying the woman's blood (Schapera 1941; du Pradal 1983; Ingstad 1990; Tlou 1990). Many Batswana would disagree with this traditional belief, having been educated in "modern science" and thus discarding many of the behavioural restrictions and taboos. However, the traditional belief system which includes pollution and purification still exists within society. It is the belief system which underlies the practice of traditional healing and exists as an alternative to "western" thinking although elements of the two are frequently combined.

In relation to male partners, childbearing is a significant aspect. A woman is expected to have a child as an endorsement of the relationship between herself and her male partner. By having his child she demonstrates her commitment to the relationship and proves her worth as a woman. This clearly illustrates what the youth stated - "no man wants to marry an infertile woman" and the burden of proof of fertility invariably lies with the woman, not the man. Suggs (1987:115) notes that "it is largely expected that women will have children prior to their marriage" and that a woman who gives birth out of wedlock is not a less desirable bride - in fact, the proof of her fertility is welcomed.

Girls (and boys) grow up with the expectation that they will have children. Even if they do not marry, society - in the form of family and friends - expect that they will have a child. Thus, the question is not 'if' they will have a child, the question is 'when' will they have a child? Societal pressure to time the pregnancy in the right stage of life is considerable but it lies mostly with the woman - not with the man. In general, while society does not view pregnancy during teen years as a problem for girls, it does not generally approve of a teen pregnancy if the girl is attending secondary school and stands a chance of losing her opportunity for education. For those girls who do not continue in school, bearing a child is a reasonable 'activity' for their teen

years. They may wish to delay childbearing until they are married but the reality of their chances of being married are not good. By having a child, at least they will be considered to be an adult.

If a woman has not had a child by the time she reaches 25 years of age, she may face considerable pressure from family and friends. Consequently, it is not uncommon for young women pursuing post-secondary education to become pregnant before finishing their course of study. Many female students at the university have already had their first child by the time they graduate. While there is pressure to time their pregnancy right, and there is unhappiness when a school girl becomes pregnant, the disappointment and disapproval pales in comparison to the disappointment towards a woman who does not have a child. Society is more prepared to accept a teenager with a child than a woman in her thirties who does not have a child.

To be a woman without a child is a source of shame, concern and embarrassment for the family. If children are perceived to be a gift from 'badimo' (gods) then "failure to conceive is attributed to the disfavour of 'badimo'" (Ubomba-Jaswa nd:11). To be a woman or a man without a child means that you will never be considered 'an ancestor' - a tragedy within a society which values its history.

### c) Women's Status

Throughout the past century, the status of women in Botswana has seen some changes but not in all areas. Schapera (1953:5) states that "in tribal law, women are treated as perpetual minors, being subject for life to the authority of male guardians ...". Upon marriage the legal control of the woman passes from her father to her husband. This has not changed substantially to the present day because when a woman marries she reverts to the position of a minor. She requires her husband's permission and signature for any legal, banking or business deals. Unless

specifically requested otherwise, the husband has the sole power over the couple's property and estate. Children born during the marriage belong to the man. The wife has no legal power (Molokomme 1986). Conversely, if she remains single she maintains control over her own affairs and any children which she bears remain her own.

The man is considered to be superior to the woman within both personal and sexual relationships. Schapera (1940:213) reports that young wives complained bitterly to him about the many domestic duties they were required to fulfil, in addition to sexually satisfying their husband's needs. This power imbalance has changed very little. In the seventies, Kooijman (1978:101) commented on the "excessive cynicism and hostility towards men among girls in their mid-twenties", many of whom were unwilling to marry because they believed that the man would only bring "suffering and no economic security". Men reciprocated by saying that women were only interested in their money and that they would prostitute themselves for that purpose. These same attitudes are still in place in the nineties (see The Botswana Guardian, March 25, 1994). Kerven (1979) has noted that nowadays the chances of a young woman getting married have been seriously affected and that many are disillusioned enough with men to decide that they would rather remain single.

As the likelihood of marriage has declined among women, getting married has also been de-emphasised as the primary route to fulfilment and adulthood. Suggs (1987:111) notes that "educational gains and the redefinition of the jural status of women have led to women's ability to form an independent household without marriage". The sequence for adulthood is that the woman becomes a proficient provider, then she becomes a mother, and finally an independent household manager (Suggs 1987:115).

Women exercise the most control over their lives, economically and with their children, when they are not married but working. Within personal relationships, single working women

are able to choose their partners and request certain behaviour from the men that their married sisters cannot request. If the man does not comply, the woman has the power to end the relationship. Married women must find their power elsewhere. Even so, married or unmarried, the balance of power in society and relationships lies with the men, if evidenced by nothing else than sheer physical force.

## 4.5 Adolescent Sexual Relationships

Nowadays sexual activity starts at an early age. One study showed that almost 46 percent of boys between 12 and 17 years were sexually active and 31 percent of girls between 12 and 17 years were sexually active (Bussman 1986). Other studies confirm that roughly 80 percent of youth are sexually active by 19 years (Motladiile et al, 1986; Pati, 1985). Many youth think that sexual activity should start between the ages of 15 and 18 years because it is good to gain experience (Ball 1989). Gulbrandsen (1986:9) states that it is "generally accepted that boys and girls engage in love relations ... from their teens onward" and that "sex is explicitly conceived as fun, and experimenting in sexual intercourse is highly appreciated".

Teen pregnancy rates are high in Botswana. Suggs (1987:115) comments that "today birth outside of wedlock is quite simply a statistical norm, an accepted if not completely welcome commonality". The teen pregnancy rate (girls between 15 and 19 years) is estimated at 32.7 percent or approximately 117 births per 1000 will be to teen girls. The average age at pregnancy is 16 years (Manyaneng et al. 1988; Lesetedi et al. 1989). Table 4.1 illustrates the rising trend of teen pregnancy.

Each junior secondary school in Palapye expects to lose between 10 and 20 girls per year, or two to four percent of the total student body, due to pregnancy. The senior school could expect to lose between 20 to 35 girls (two to three percent). These numbers represent only the

known pregnancies. Other girls leave school without informing the principal of the reason.

Table 4.1 Percentage of Women 15-19 Years Having At Least One Child

| Year | Percentage |
|---|---|
| 1971 | 15.4 |
| 1981 | 20.3 |
| 1984 | 22.6 |
| 1988 | 23.6 |

Sources: Central Statistics Office 1983; Manyaneng et al. 1988; Lesetedi et al. 1989

If a girl becomes pregnant when she is attending school she is required to leave immediately even if this means she forfeits writing her examinations. Even without that regulation, most girls would leave because of the peer pressure and embarrassment which they feel. After the birth of the baby, the girl must wait for a full year before she can re-commence her studies. This policy was put in place to encourage breast-feeding amongst new mothers. Teen mothers are not allowed to return to the same school; they must find another school which will accept them. The girl's parents usually assume responsibility for the new baby but many girls never return to finish their education because, among other reasons, the cost of moving to another school is too much for the family.

The males who most frequently impregnate the teen girls are not their school aged boyfriends - they are older working men. The age difference between the girl and the man ranges upward from four years to past ten years (Ball 1989). It is not uncommon for the boyfriends to deny paternity and thus abandon the girl and her child. She has the option of taking him to court if she is able to prove that he is the father. In many cases, however, the girl is forced to rely on her family for emotional and financial support. In this regard, it is their disadvantaged economic position which unmarried mothers find difficult, since they and their children are often the dependent members in poor households (Kerven 1979; Brown 1983;

Fortman 1981; Gulbrandsen 1986; van Driel 1994).

The practice of multiple partners for both males and females is widespread across the age groups. "Young people display considerable fluidity, becoming involved in numerous unions, some simultaneously during a short time span" (Gulbrandsen 1986:9). Older teen boys are notorious for having many sexual partners. One man stated "boys have sex for fun but not for benefit". Many people believe that girls will take an older boyfriend for the "financial benefits" and a younger boyfriend for "love". The term *go becha* (to place a bid) is used in reference to men who provide gifts and money to attract women or to prove themselves to potential girlfriends. A local teacher, reflecting on his own youth, mused that girls often loaned or gave money to their younger boyfriends which they obtained through older boyfriends whom they saw during the holidays. He laughingly declared that it was a basic "redistribution of wealth" and that as long as the older boyfriend did not interfere with the younger boyfriend's time with the girl, things worked out nicely.

Prior to my arrival in Palapye an incident occurred at the senior secondary school where a young boyfriend discovered that his girlfriend was also seeing an older man who owned a car. The boy waited with his friends until the man in his car came close to the school, obviously waiting for the girl. The young men stoned the car and later followed the man to his house and threatened to cause further damage. On-looking adults were sympathetic to the young boyfriend and pointed out the depth of anger which exists for young men. Time and time again young men lose their girlfriends to older men who have more to offer.

Abortion is illegal in Botswana and while there is a dearth of official information about it, informally it is widely known that there are ways to obtain an abortion. Certain doctors are known to perform abortions and there are local women who, for a price, will help a girl abort using aborticides. Girls are often admitted to hospital with botched abortions, knowing that they

will be reported to the police. Baby dumping, where a newly born child or an aborted fetus is dumped into a pit latrine or elsewhere, also occurs. In such cases, police will investigate and the girl may be charged with concealment of birth, abortion or attempted murder.

## 4.6 Description of the Youth

The young people who participated in this research represent the heterogeneity which is seen in the youth population in Palapye. In total, 95 young people participated in focus groups and/or interviews. There were 49 (51.6%) females and 46 (48.4%) males. Forty three (45.3%) teens were attending school while 53 (54.7%) were considered school drops-outs although some were attending informal evening classes. The age range was from 15 to 25 years with the majority falling between the ages of 15 and 18 years (67.4%). Figure 4.1 illustrates the number of youth by age and schooling status.

Over half (52.6%) of the youth described themselves as being Bangwato - the main tribe of Central District. A further 11.6 percent described themselves as Batswapong, 8.4 percent were Bakalaka and 7.4 percent were Babirwa. Ten other *merafe* (ethnic groups) affiliations were also named by the youth.

The in-school youth were in Forms One, Two, Four and Five with the majority in Forms Two and Four (32; 74.4%). The out-of-school youth had all attended school for at least five years and some for ten or eleven years (see Figure 4.2). Nearly 70 percent of the out-of-school youth had dropped out within the last four years - a period of time which coincides with the new emphasis of nine years of universal education (instead of seven). The two predominant drop-out times were after Standard Seven and Form Two when exams are written. There were 14 youth (26.9%) who dropped out after Standard Seven and 28 (53.8%) who dropped out after Form Two.

Figure 4.1

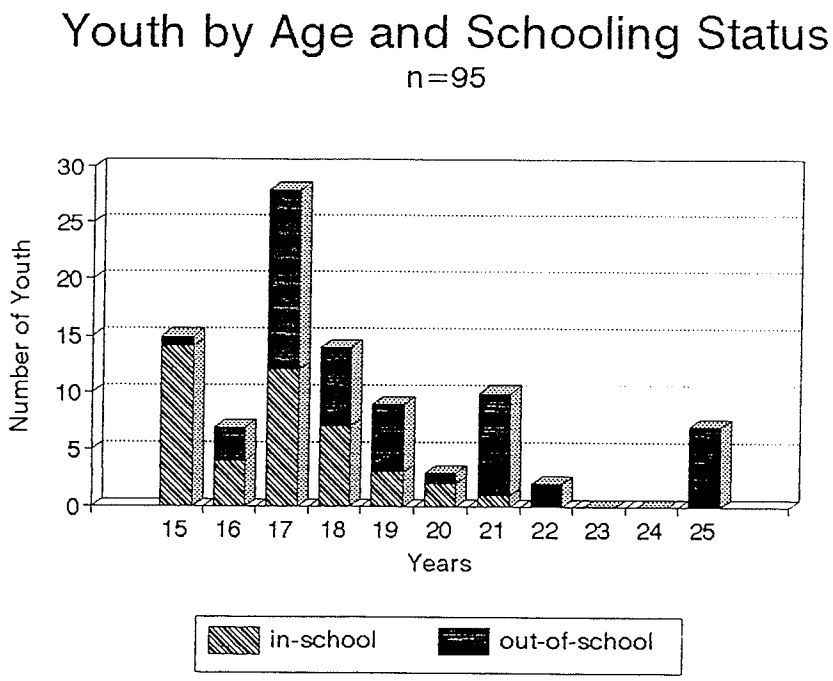
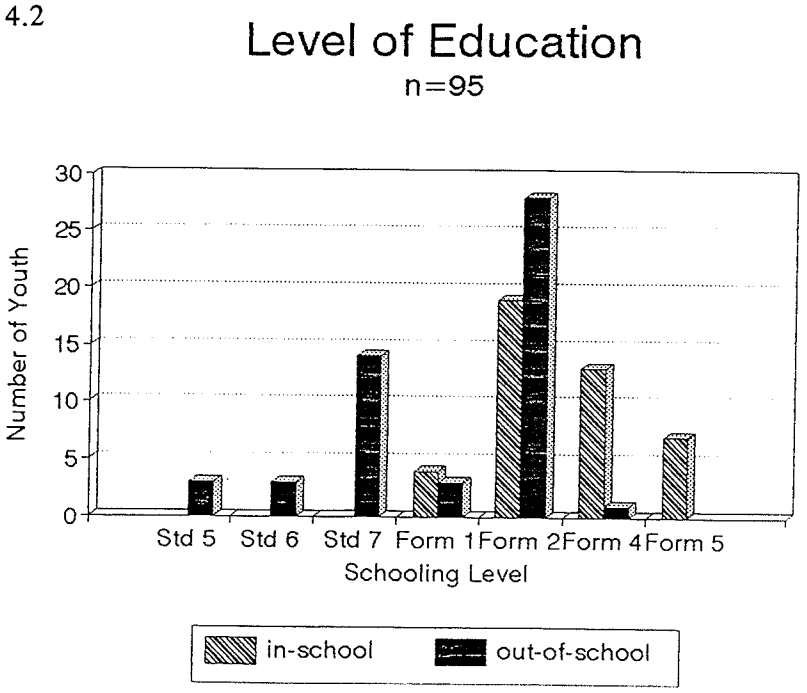



Figure 4.2



Thirty three (34.7%) youth lived with their father and mother in the village, while 21 (22.1%) lived with only their mother. Eighteen (18.9%) lived with relatives other than their parents or grandparents, and there was a small number of youth who lived by themselves or with people who were unrelated to them. These youth were renting a hut or room and they were responsible for caring for themselves. Figures 4.3 and 4.4 illustrate the accommodation arrangements for both in-school and out-of-school youth. Over two thirds (36; 69.2%) of out-of-school youth indicated that their parents were supporting them financially. Other sources of support were siblings (6; 11.5%) and other relatives (3; 5.8%). None of the out-of-school youth claimed to be working although they may occasionally find "piece-work".

In general, youth come from families which are still quite large (see Figure 4.5). Only 17 (17.9%) youth were from families where there were two or three children. Thirty nine (41.1%) and 24 (25.3%) participants had families of four or five, and six or seven children respectively. A further 15.8% (15) of youth had more than eight siblings. As many as half of the participants were either first or second born children and this was particularly true for the in-school youth (29; 67.4%) (Figure 4.6).

Within the sample, there were 19 (20%) young people, including both male and female, who had children. Half of them had only one child, while others had two and three children. Three of the participants were pregnant at the time of the focus groups and interviews.

## 4.7 Summary

Young people are situated within a changing environment, not only as they change from children to young adults - but also as they experience change from a rural subsistence existence to a westernized "modern" lifestyle. Palapye epitomizes change within Botswana; a dusty rural village has changed into a quasi-urban area with industry and services. As youth move through

Figure 4.3

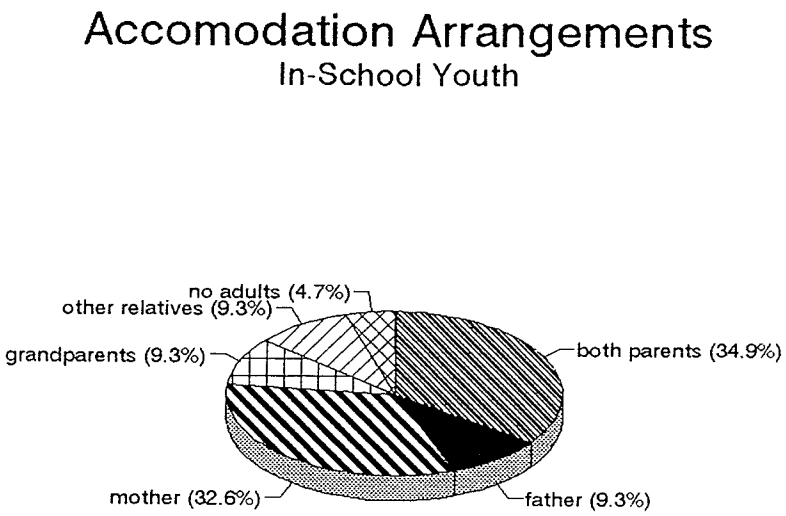



Figure 4.4

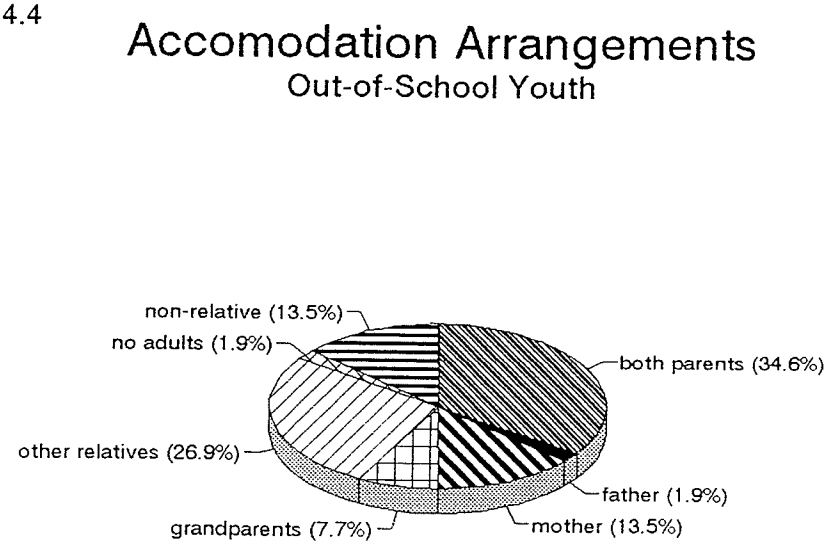


Figure 4.5

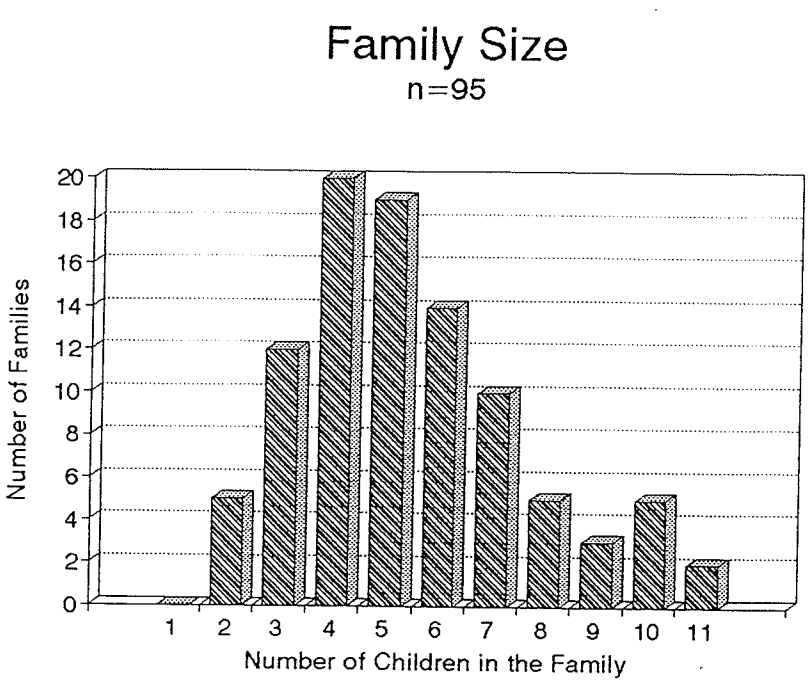
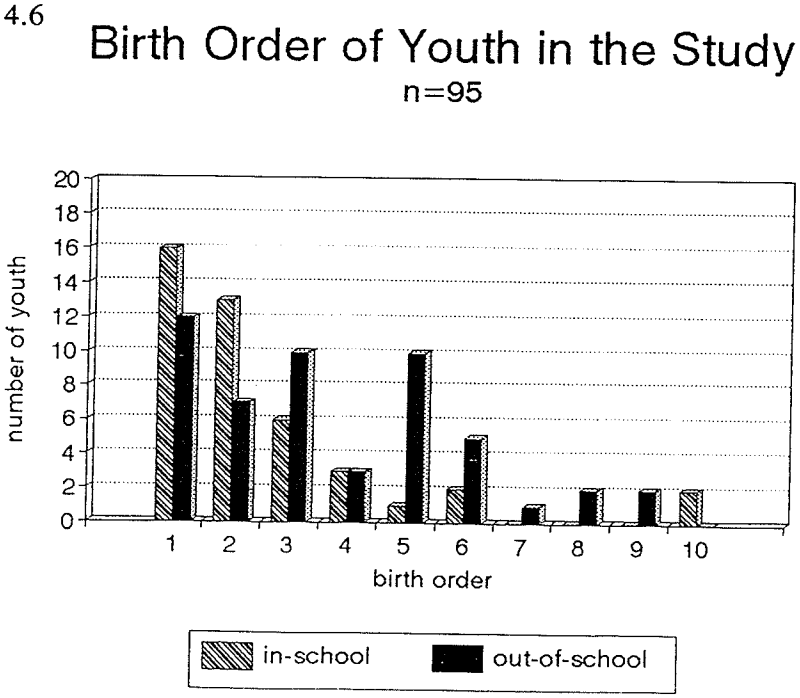



Figure 4.6



society they are faced with westernization and technology like never before. The lives of Batswana young people in the nineties are significantly different from their forefathers yet they are strongly connected through a powerful history. Aspects of this tradition as it pertains to sexuality and relationships have been outlined so that there is a better understanding of the present-day lives of young people growing up in Palapye. In the chapters which follow, the lives of young people in Palapye are presented as they discuss aspects of sexuality, relationships, sexual risk, sexually transmitted diseases and AIDS.

# CHAPTER FIVE

## LOVE, SEX AND RELATIONSHIPS

> "The thing that I like in a girl is her good behaviour and having sex with her" 15 year old boy
>
> "A boyfriend is nice because sometimes they can give you money and presents. It's nice to walk together holding hands. If someone wants to beat you, he can defend you" 15 year old girl

An inquiry into how youth perceive sexual risk must start from an understanding of how young people visualize male-female relationships. The dynamics between the sexes, the roles and expectations, the importance of relationships and the sexual norms are important features. Until there is an understanding of broader sexual norms and mores, it is difficult to address the issues surrounding sexual risk and vulnerability of young people to HIV and AIDS.

In the following chapter, the voices of the youth are presented. They provide us with an understanding of the expectations put upon them when they start a relationship with a person of the opposite sex. The issues discussed include pressures to be involved sexually, at what age and with whom, the type and numbers of partners, trust and distrust, forced sex, attitudes towards fertility and teen pregnancy. The pleasures and concerns which youth experience in relationships are also discussed.

This probing into the dynamics of youth sexual relationships was accomplished first through the use of focus groups and later on an individual basis through in-depth interviews. Divided into nine groups (four male, five female), some meeting only once while others met four times, sixty-nine young people from Palapye participated in story telling, drama and role plays, along with question and answer sessions. Many of these meetings revolved around impromptu 'performances' - performances which Fabian (1990:xv) describes as "creatively giving expression

and meaning to experience". The experience of sexuality, decision making about risks, or the process of building a relationship are difficult to articulate. Fabian notes that there are large areas of culture which cannot "simply be called up and expressed in discursive statements" (1990:6). This type of knowledge can be made present through action, enactment and performance.

In-depth interviews were held with 40 young people. Questions followed the themes which were raised in the focus group discussions, but the emphasis was on the experience and attitudes of the individual so that the variation and understanding of the person was more explicit. The variation was most clearly evident when individuals were requested to rank two sets of cards representing the pleasures and concerns of relationships. Each person was given the opportunity to clarify, expand and augment on each topic.

## 5.1 "Proposing Love": Finding a Girlfriend/Boyfriend

The first step in having a girlfriend or boyfriend is meeting someone whom you like and convincing them to be your partner. In Botswana, this is often referred to as "proposing" someone. As with other rituals of life, there are certain conventions which are followed. By asking youth to tell stories (using un-numbered pictures) about a boy and girl "negotiating" a relationship, it is possible to identify these conventions - the common elements, themes and behaviours which are expected and which characterize relationships between young people.

The following story was told by two in-school girls studying in Form Four.

> "Tom was out playing football with this friends and when they were on their way from the football ground to their home, they met a lovely girl by the name of Thandi and they greeted her. The girl responded to them.
> After greeting them, Thandi continued with her journey and the boys stopped and talked about her and it seems as if Tom was interested in the way the girl looked. Tom's friend told him more about Thandi, where to meet her and they even directed Tom to Thandi's home.
> The following day Thandi visited her friends and when they were on their way to

> Thandi's home they saw Tom, and Thandi told her friends that it is not her first time to see this boy.
> After her friend returned to their home, Tom came running after Thandi and he grabbed her and started talking to her telling her how he felt about her.
> The next day after school Thandi met Tom and they started talking about their love, how and where they will see each other." (In-school females - ages 17 to 20 years)

This is a typically female story where the process of the boy and girl meeting each other is romanticised. The boy actively chooses and pursues the girl. He finds her name and where she lives, and when they meet, they talk. He first declares his feelings for her; then they talk about their love and how they will see each other. The girl remains quite passive. She tells her friends about the boy only after she sees that he is interested in her.

The boys' stories are in contrast to the stories told by the girls. Males develop their stories further and this usually includes a sexual relationship between the boy and the girl - something only alluded to in the girls' stories. Like the girls, the boys also believe that the boy should actively pursue the girl if he wants her as a girlfriend. After doing a background check (with the help of his friends), the boy usually make an "appointment" to meet the girl. He asks her to be his girlfriend by declaring his love or his feelings. She may not agree immediately, but she does agree. He proposes love (i.e. sex) but she does not initially agree. He must "work" to win her over. The outcome of the story may be dramatic - she might become pregnant and if she does, the boy will deny her by saying that she had other boyfriends.

The following story was narrated to the group by a Form Four boy who added his own "asides" and comments on relationships between boys and girls. It illustrates a boy's story.

> "Here in the first picture we can see that the boys are talking about the girls. Here I can tell that these boys, they saw the girl from a distance. They are talking about this girl for Kabo. They are talking about how Kabo can fall in love with this girl. It is the first time they have seen her.
> So then here I can see that they are somehow whispering to Kabo about that girl because they are concerned mostly about Kabo and that girl. So they are talking about this and that.
> Here Kabo is talking to the girl. She is somehow attractive so he wants to talk to her.

> The girl's name is Irene. Here the boy is talking to the girl again. He has taken the time to meet the girl so he is proposing love to her. Then on the other side, love develops as she talks to the guy. She is shy to talk to him.
> It looks like they are in [football] practice so that is the point where Kabo's friends are talking to him about the girl because, you understand that for almost all teenagers, after you meet a girl you can talk to your friends about that girl - so here they are talking to Kabo about the girl he met. Boys are with Kabo and girls are with Irene so that means they are talking to each other about what they hear from their friends. Irene is talking to her friends about the guy and this guy, Kabo, is talking to his guy friends about the girl. They are getting to the point where she says "Ok, now I will agree to the boy". She agrees with the boy - she has agreed to the guy - to his expression of love.
> Naturally, by nature, if I am a boy and I fall in love with a girl, I can want to go to that girl. At first I am hiding because I don't have to do it in the eyes of people so I have to somehow hide myself so people cannot see me and see my love for the girl. The boy is now wanting to see the girl so he somehow hides and calls her to see him on the other side.
> They are now living together with love for each other." (In-school male - 17 years old)

Friends play a very important role in each others lives. They are confidante and advisor in almost any aspect of life but especially as they collectively learn how to negotiate relationships with people of the opposite sex. Boys talk to their friends to receive encouragement about "proposing" girls. They share their collective knowledge as they learn their roles. Friends coach each other about what to say and do to win over a girl. They share their successes and failures and they act as informants concerning the identity of the potential girlfriend, where she lives, and who are her friends.

Other stories described how girls advise each other on how to act with boys. These stories also show that their use of the peer networks is different from that of boys. The girls talk to their friends after the boy has approached them. Friends might advise her about whether or not they think he is nice and whether he has other girlfriends or is free. Often a friend will act as an intermediary between the boy and the girl - relaying messages, arranging meetings and solving any problems. Unlike the boys, however, in many of the girls' stories the information is often shared only with one close friend, not with the group.

While developing relationships between males and females is normal expected behaviour

for youth, individually youth may assess it to be more or less important relative to other facets of their lives. In interviews, when youth were questioned about how important they thought it was to have a boyfriend or girlfriend, there were distinct differences between males and females, and in-school versus out-of-school youth. In-school girls (8; 73%) were the most vocal about boyfriends not being important. They asserted that if they have a boyfriend, they could become pregnant and be kicked out of school, contract an STD or lose their concentration and motivation for studies. Conversely, many out-of-school girls (6; 60%) were inclined to believe that having a boyfriend was important since many of their friends had boyfriends and it was widely known that some boyfriends could provide them with money or gifts - things to which these girls had limited access. Both in-school and out-of-school boys (12; 63%) thought that it was important to have a girlfriend so they could have an intimate relationship which included sex. They said it was important "so life won't be boring" and "to release the emotional feeling". Having a girlfriend and sex are important components in building their identity as men (versus boys), and for establishing their reputation. The boys who thought girlfriends were not important cited similar reasons to the in-school girls - a girlfriend might disturb their school-work, and if she became pregnant their plans for further education would be interrupted.

Ironically, while boys thought it was important to have a girlfriend and girls were less enthusiastic, it was the girls who overwhelmingly stated that it was very easy to get a boyfriend. Girls would laugh and say that if they walked "from here to the mall" (shopping area), they would most likely be proposed by at least one guy. To them, this was proof of the ease of finding a boyfriend. However, one young woman made a distinction by commenting that,

> "it is easy to attract guys but not easy to have a boyfriend. You want to have a boyfriend. You want to know his personality ...".

If the girls are willing to be in a sexual relationship, there are many guys who would accept the offer.

Boys had divided opinions about the ease or difficulty of finding a girlfriend. Their comments revealed the varying degrees of success which they had experienced in finding girlfriends. One fellow revealed, "some guys are well equipped to play the game - they know the expressions to use with girls". Another commented that it is easy to find a girlfriend who is "fair" but it is difficult to find a beautiful girlfriend. Confirming what the girls said about boys constantly proposing relationships to them, several boys showed their confidence when they commented that there are lots of women in the world - they won't all refuse a proposal! One boy who had obviously not "won" in his most recent proposal ruefully declared that the girl "can just clap (smack) you" if you propose her. But, it was a school boy who explained the intricacies of the quest for finding a girlfriend.

> "If you are shy, you can't get a girlfriend. You must be tricky in your language when you want a girlfriend. She will pretend she didn't hear you when you use some words - for example 'I love you'. She'll say 'And me also, I love you'. If you are stupid you'll think she means it".

He explained that you must talk to the girl so she can see you really love her - talking, touching her, doing things to fall in love, showing her what you want from her and finally she'll see what kind of love you want. He philosophically ended by saying "Sometimes you lose, sometimes you win".

## 5.2 Expectations of a Relationship

If a boy or a girl "wins" and they find themselves with a girlfriend or boyfriend, what are they expected to do? Throughout the focus groups, youth implied that sex was expected in relationships. The youth were encouraged to explain how they understood this expectation and its implications. Boys were very vocal about their desire to seek a sexual relationship; girls were more reserved. This difference was very evident when the focus group sessions with junior secondary school boys were compared to girls of the same age. The boys' discussions always

included sex whereas the girls were very reluctant to talk about sex. The older youth displayed the same pattern although the difference between boys and girls was much less extreme.

A relationship between a boy and a girl which does not include sexual intercourse is called "face love" by the youth. "Face love" is equivalent to "puppy love" in its innocence and this is how teenagers (and adults) often refer to their first relationship - whether in primary school or in secondary school. Subsequent relationships usually include sex and are no longer considered to be "face love".

The following dialogue illustrates how a boy proposes love (sex) to a girl. For the youth, it was a continuation of the stories they had just told the group about a boy and girl meeting. This dialogue is typical when a boy is trying to convince a girl that he likes her and wants to spend time with her. For the boys, it is a learned dialogue which they hear older males use all the time - although usually with a greater degree of sophistication. The boy is interested in establishing a sexual relationship and to do this, the boy tells the girl "I love you". The girl's response is - and must always be - a request for clarification - "what do you mean?". The boy must explain and then press her for a commitment by asking for another meeting. If she agrees, her actions have shown that she is interested in the boy and the relationship can proceed.

M: Hi Betty, just wait for me. You know my dear I have something to tell you.
F: What?
M: I'm going crazy about you, o a itse [you know]? I mean, I love you in a special way.
F: You love me?
M: Yes.
F: How can you?
M: I mean love in a special way - a boy and a girl. I mean the relationship between a boy and a girl - in a special way.
F: You have just met me, how can you love me?
M: Ya ... you must think about it.
F: But I need time...
(role play by two school boys)

The girls were very out-spoken in their assertion that boys expected sex, so I questioned

the boys - "do you expect sex?". Sheepishly, the boys stated that they didn't necessarily expect sex, but that they would certainly try to convince the girl because they might get lucky. For some, it was easy to convince a girl to have sex because they would "sweet talk" her, saying things like *ke a go rata* (I love you). Learning which "lines" to use to convince girls is an art form which teenage boys are just beginning to learn.

While the younger in-school girls were hesitant to make the connection between a relationship and sex, the older girls acknowledged that when a boy said he loved them, it meant he was interested in a more intimate relationship than "face love". The out-of-school women were more savvy than their in-school counterparts because there was no doubt in their minds concerning the intentions of a man when he approached them. They agreed that if a man approaches a woman, there is an unspoken expectation that they will sleep together - sex is involved in any relationship. One group of young women explained in some detail how a man and woman would indirectly indicate their interest. The man might ask a woman to visit him and this is understood by the woman to mean he wants sex with her. If she agrees to visit, she is agreeing to sex. If she is menstruating but is interested, she might tell him that her parents are around. This means that, while she cannot accept his proposal at this particular moment, she is not refusing his offer.

In interviews, youth overwhelmingly declared that if you agree to be a boyfriend or girlfriend, then you are agreeing to a sexual relationship. Fourteen (67%) girls and 16 (84%) boys stated that sex was expected. When youth were questioned whether a couple could remain as boyfriend and girlfriend without having sex, 11 (83%) girls and 16 (84%) boys believed that it was not possible. A relationship implies more than just friendship or companionship, it implies a sexual relationship providing the youth have reached puberty. These expectations are learned from peers, siblings, friends and relatives.

The boys were forthright in declaring their motivation to find a girlfriend. They were interested in having sexual intercourse because of their "feelings" (hormones) and because of the peer pressure. They made statements such as "the first thing he knows when he proposes a girl is that he wants to have sex with her" and "love is the same as sex". One fellow mused that a boy won't think it's love if it's not sex and if you love a girl you should sleep with her. Another stated that if they "stay without having sex, friends will see them as weak and incompetent".

In contrast, many girls reported that they expressed shock when they realised that boys expected sex; it caught them by surprise. Younger girls often do not know about the unspoken expectation that to agree to be a girlfriend is to agree to have sex. They did not equate love with sex and they were confused by being forced to decide whether to have sex or not have a boyfriend. By the time the girls are older, they know about the implicit expectation of sex. They know that "boys love sex too much and they don't want face love". In the girls' words, you "can't have a relationship without sex because the boy won't agree". The following quotes demonstrate this point.

> "A boyfriend may tell you that he wants to go out with you, not mentioning that he will engage in sex with you, and in the process he may ask you to have sex with him ..."
>
> "The girl will never know that she is required to engage in sex but she just loves the man, not knowing."
>
> "When he tells you that he loves you he won't ask for sex but at a later stage they will have sex"

Some girls disclosed that they had sex with their boyfriend because of the expectations of guys and the possible ramifications if they refused him. The girls are afraid of the repercussions if they tell their boyfriend that they do not want to have sex. A girl commented that a couple "can't remain without sex because the guy will beat the girl; guys are very cruel". Many people believe that it is not acceptable for a girl to refuse sex if she has agreed to be a girlfriend. Girls' own desires, both sexual and non-sexual, are subjugated by the social

expectation that males' desires should dominate.

Sex is "natural" and many young people, girls and boys alike, have been led to believe that love equals sex and the real way of showing love is by having sex. The interchangeability of these two words provides a clue about the prevalence of this attitude, not only with youth, but throughout society. Abstinence in only an option if one is not in a relationship or if a person is motivated (for other reasons) not to have sex. Also, masturbation and non-penetrative sex are not really considered to be options for sexual satisfaction (or safe sex). The attitude of many males is one of puzzlement, "with so many women available, why would you do that?". In general, youth are not taught or shown alternative means for sexual satisfaction. Sex is not considered to be sex unless it involves a man penetrating a woman.

### 5.3 First Sexual Experience

The age at which it is acceptable for young people to have a sexual relationship is a very arbitrary figure which is largely dependent on the young person. In general, however, teen boys taking part in focus groups thought that from the age of 14 years (or older) it would be acceptable to have sexual intercourse. Girls were more conservative. Some older girls suggested 16 years and younger girls thought that 20 or 21 years would be more acceptable. When one senior girl argued that 21 years was the best time, the others laughed and said it was not realistic because many girls have sex "just because of temptation". Another girl laughingly declared that some girls are afraid "that Jesus might come again" before they are 21 years old so they would lose the chance to enjoy sex.

Nearly all of the young people (14 females, 77.7%; 18 males, 94.7%) interviewed believed that most people of their own age have already experienced sex. Their proof is that friends talk to each other about sex and they see boys and girls pairing off so they assume that

they are having sex. One boy explained to me "here in my country of Botswana, most guys of my age like to have sex", while another equated growing up with having sex - "they have told themselves 'now I'm a man, I can have sexual intercourse'".

Youth were questioned about the factors that might encourage young people to engage in sexual activity. In each of the nine focus groups, youth adamantly stated that pressure from friends is one of the biggest incentives for being involved in a relationship. They are being challenged to 'prove' themselves as men and women, as adults, as "modern" (versus "traditional") individuals. Girls reported that their friends and acquaintances will say that they are "backwards", "uncivilized", and "behind the times" if they don't have a boyfriend. Boys are told that they are "stupid" and they are having "sex with the blankets". Their friends exhort them to "love girls like we do" and they are questioned "how can a boy stay without a girl?".

In interviews, boys cited peer pressure as the overwhelming motivation to have a sexual relationship. Girls also cited peer pressure but they also acknowledged the pressure from boyfriends and wanting to prove their fertility by having a child. Table 5.1 shows the reasons which youth cited as factors encouraging sex.

Table 5.1 Reasons for Engaging in Sexual Relationships

| Reasons | Females n=19 | Males n=19 |
|---|---|---|
| peer pressure | 8 | 14 |
| hormones/natural urges | 3 | 12 |
| wanting the experience/enjoyment | 2 | 5 |
| forced/pressure from boyfriend | 4 | - |
| want a child | 4 | - |
| other/miscellaneous | 4 | 3 |

Loneliness or alcohol usage were not factors which youth thought were important in encouraging sex. The boys were quite pragmatic in their reasoning why alcohol isn't an important factor. Boys often sneak into the girl's room at night and it is his responsibility to leave early in the morning so that neither party is caught. If the boys drink too much alcohol, it will be difficult for them to awaken and leave early in the morning. This, of course, ignores the fact that even small amounts of alcohol suppress inhibitions which, under normal circumstances, might have been enough to discourage sexual relations. It is probable that since youth have limited access to cash, they are only able to afford to buy one or two drinks - not enough to "pass out", but enough to suppress their natural inhibitions (Macdonald 1993).

Youth were asked their opinion about whether or not, when young people have sex for the first time, it is anticipated or whether they are caught by surprise. Consistent with previous answers, boys unanimously declared that it was a planned and anticipated event. They suggested that boys were thinking about where and when it would happen and they looked for a girlfriend who would agree to have sex. Their hormones and curiosity motivate them to "investigate" sex. Of course, friends are a very important influence.

> "I think this happens - sometimes they are being persuaded by the guys who have already experienced ... guys persuade guys. Before they do it (sex), the other guys tell them how to do it. The following day he (the boy) is just going to try to do the same thing." (in-school male)

> "People encourage each other. For example, (if) yesterday I had sex with somebody, I'm going to tell my friend 'Last night I had sex with that chick" and he will look and he would like to do the same thing that I have done and then it will go like that." (in-school male)

Boys anticipate enjoying the experience and they look forward to having sex because it adds to their identity of being male. Many boys imagined that after having sex, a boy would feel proud and accomplished - deserving the title of "a man" and no longer "a boy" who didn't know about life.

In contrast, only some of the girls (9, 45%) thought that sex would be anticipated and planned in advance. The girl might want to have a child or she might be naturally curious about what other people have experienced. An out-of-school girl thought that someone might want to "go and taste the salt" (*a ya go utlwa letswai*). In such cases, the girls thought that the person would be happy with their experience - "their blood would run smoothly" (*madi a siana ka thelelo*).

The majority of teen girls (11, 55%), however, thought that a girl would be caught by surprise the first time she had sex. The surprise is centred around not realizing that the guy wants sex. The following statements clearly show the confusion.

> "when the guy asked for love, he did not tell the girl that he wanted sex"
>
> "they (girls) do it because they want to please their boyfriend and they don't want to lose them, coz some boyfriends threaten them to leave if they don't satisfy them"
>
> "a person may say he loves you and after going on and on, you may realize that the guy is asking you to engage in this thing"
>
> "boyfriends will go ahead romancing their girlfriends and at the end will demand sex. Sometimes after the boy proposes and she doesn't have sex, he'll come and ask her to walk him halfway home - get to his place and she will be forced"

In such instances, the girl would not be happy. She would be sad and afraid, wondering if she is pregnant. Since she didn't want to have sex, "she feels humiliated, dirty ... shameful". She may not want to see the boy again or be involved in a relationship.

Given that many of the girls were surprised that the boys wanted sex, this raises the question of whether teenage girls find sexual satisfaction in their relationships. Many of their answers indicated that they felt a responsibility to satisfy their boyfriend but there was anxiety about being involved in a sexual relationship. Would they get caught? Would they become pregnant? A nurse who had counselled a number of pregnant teen girls, and who had been a teen mother herself, frequently asked the girls if they enjoyed the sexual relationship. The vast

majority indicated they did not enjoy sex and were not satisfied but they were willing to have sex because it meant that other important (social) needs were being met.

One of the "obstacles" to youth having sex is that they must find a place to meet. When this problem was discussed in the focus groups, there were gender differences in the response. Boys appeared to have already given this question some thought. Girls did not deal with it, presumably since arranging the meeting was clearly not their responsibility, although one of the most common meeting places is at the girl's home. Unlike North America where the entire family stays in one house, in Botswana younger children sleep with the parents while older children are often segregated into single sex huts. This allows the youth more autonomy and freedom. A boy can sneak into the girl's hut late at night and leave early in the morning. Boys also said they could arrange to meet the girl outside the village either in the 'bush' or by the river bank, a popular meeting place. Alternatively, one of the older boys suggested that if they had a friend who was renting a room in the village (as opposed to living at home), they could make arrangements to use his room. Abandoned houses/huts throughout the village are also used as meeting places.

## 5.4 Who is a Good Partner?

For most young people, their first girlfriend or boyfriend is someone whom they might know through school or through social activities. Discussing what are the most desirable traits of a boyfriend or girlfriend, most of the participants in the focus groups said that the person should be understanding, kind, trustworthy (steady and faithful), respectful of parents, and displaying "good behaviour" or manners. If the person has money, it is expected that they should help their partner financially (if there is a need). They should not have other partners, and they should be playful, fun, and attractive.

Girls said that the boyfriend should not be "strict" (i.e. he should not beat her) and they were interested in a marriageable man who goes to church and has a good job. Boys wanted a girlfriend who was suited in terms of age (i.e. younger), a hardworker, and who is attending school or who is educated. Other desirable characteristics were that she should be shy, nicely/smartly dressed, and someone who is careful about her personal cleanliness/hygiene. Being a virgin, although mentioned by two or three boys, was not a high priority. Some boys also included in their list of positive characteristics, knowledge about AIDS and the girl having strict parents who prevent her from going out with many men.

In contrast, someone who smokes, drinks, has many partners, is uneducated and displays "bad behaviour" is an undesirable partner. Furthermore youth are distrustful of overly handsome or beautiful partners because they feel that the person (either male or female) is likely to be unfaithful since they will use their looks to attract other partners. Girls wanted to avoid boyfriends who might beat them or be cruel to others. An irresponsible or unemployed man is seen as unlikely to help the girl with any problems and is to be avoided. Boys were not interested in girls who were stubborn or unfriendly. They didn't want to be with someone who would ask for money because some thought that was prostitution. A few boys said they would avoid a girl who didn't use protection or who had diseases such as AIDS.

There was consensus among the youth that in any relationship the man should be older than the woman. Beyond the explanation that "this is our tradition", they explained that women "get old faster than men" and if a man is older he can advise her about life. This, of course, begs the question of 'how much older?' and what is an unsuitable age difference.

## 5.5 Permanent and Casual Partners

During the focus groups, many youth made a distinction between 'permanent partners'

and 'casual partners'. They intimated that sexual behaviour varied depending on how the partner was classified. For this reason, during interviews, individuals were questioned concerning how they distinguished between these two groups. Youth defined a permanent partner as someone whom you trusted and whom you really loved. Boys say a permanent partner is treated like a wife - talked to, loved, and trusted. They are not "shared" with other people. A permanent partner is expected to display good behaviour since this is requisite for a long term relationship.

Casual partners are described as *dinyatsi* which is the Setswana word traditionally used to describe a 'concubine'. Indeed, some of the boys talked about having concubines. They explained that a casual partner is someone with whom you merely have sex. Since the person is not trusted and is suspected of having sexually transmitted diseases, both boys and girls stated that condoms should be used. Both males and females stated that casual partners are not really loved nor are they trusted. The purpose of having a casual partner is just for sex - not for a serious relationship. They are a 'passerby' with whom you can waste time or console yourself with if things are not going well with the permanent partner. For this reason, there is no future with a casual partner and the relationships are transitory - there is always another person. Girls described the relationship with a casual partner as a secret affair because they didn't want other people to know about it. Boys, however, were not as concerned about secrecy since it is common knowledge that males often have more than one partner. Girls also stated that casual partners provide money - an aspect which is not unwelcome, particularly for single mothers.

Youth agree that both males and females have casual partners - it is not the exclusive right or privilege of either sex. In this respect, young people reflect the prevailing societal views. The dominant reason for someone to take a casual partner is that their permanent partner is away in a different geographic location. The person might be bored or lonely so "a casual partner keeps you busy when the permanent partner is not around". One boy stated that, "nowadays

when one is transferred to Gaborone and the other to Francistown, it is difficult for the man to stay alone". This is an attitude which is also shared by women whose partners are elsewhere. If she feels that "she can take away the loneliness", she may seek out a casual partner or a 'spare' (i.e. spare wheel).

The practice of having multiple partners, either serially or simultaneously, was agreed to be the norm, but there were gender differences in the number of partners which girls and boys thought was reasonable. Some girls stated that they would have only one partner for life, but many in-school and out-of-school girls thought they might have at least one partner per year, up to a maximum of three partners per year. Their opinion about boys, however, was that they were very promiscuous taking anywhere from five to 20 partners per year. In-school males thought that the number of partners which they would have would increase as they got older - at 14 years, one to three partners per year and by the age of 18 years a guy might have between one and six partners per year. Out-of-school boys indicated that at 14 years they would also have one or two partners and this would increase so that at ages 16 and 17 they might have between three and ten partners. One group of boys felt that after age 20, the numbers would decrease because they would be more concerned with finding a reliable girlfriend. They would be looking for the "permanent and pensionable" ones. In defence of the practice of multiple partners, one young man declared he was following the example of his older brothers. He stated that the attitude was,

> "... psychologically inherited from our elder brothers. We see them doing that - changing girls everyday - so why shouldn't we be doing that way also?".

## 5.6 Older Boyfriends, Sugar Daddies and Sugar Mummies

The scenario of an older man and a younger woman is so widely known and experienced that it was featured in several role plays by the girls. In the following role play, the man is older and more experienced than the girl. He entices her with popular music and attempts to show her

his "wealth" through his ownership of a duvet. It is also a tricky move to get her into his bedroom. The man's intentions are obvious to any onlookers but since the girl may be naive and innocent, it is possible that she does not understand the implications.

M: (singing Michael Jackson's song) You know the song?
F: no.
M: Ah come on, don't you know the artist? It's sung by Michael Jackson. Don't you like it?
F: I like it.
M: Oh ya - it has a passionate deep meaning to me. You know why I like it? I'll tell you about it. Michael Jackson composed it - he felt kind of lonely, he doesn't have someone to look after him, someone to care for him so he composed the song. Just like me. I don't have someone to look after, someone who can love me. I'm feeling lonely like that. How do you like it?
F: I like it!
M: Then you are someone who can love me, to care for me. Isn't that so? So now what are you doing?
F: Going home.
M: So what about you pay me a visit tomorrow? Please come - I'll play you the cassette and you'll love it.
F: Ok - alright
(next day)
F: Hi!
M: Hi - you've come. You are most welcome. You know what we are gonna do first? I'm gonna play the cassette and then from there we're going to take a little nap at my bedroom. Don't you want to see my duvet - it's nice ....
(senior secondary school girls)

The rivalry between younger and older men is palpable. In each of the focus groups, it was alleged that some girls have two boyfriends - an older one and a younger one. The older man has money and he is expected to give her gifts and take her to nice places. The younger one, her age-mate, has little, if any, money but he is the person with whom she is "in love". The out-of-school boys spoke very bitterly about losing their girlfriends to men who have money and vehicles. The younger boys felt like they didn't have a chance because, without money, they were unable to buy gifts for their girlfriends. The boys did not blame the girls because they thought it was natural that they would want nice things, however the boys wanted revenge on the older men.

The in-school girls stated that they did not expect their age-mate boyfriends to give them gifts because they knew that they did not have money. Both school boys and girls thought that money should not be the emphasis because neither one had much access to money. Out-of-school girls, however, held a different view from the other youth. They acknowledged that girls sleep with working men because they think they might be given some money. As young women with children whose fathers refuse to pay child support, they are forced to seek money elsewhere. They are interested in finding a boyfriend who will help them financially and this usually implies an older working man.

Older boyfriends might be five to ten years older than the girl. They are not viewed as threatening, dangerous or a risk to young girls because they are considered to be legitimate boyfriends. It is not considered suspicious or strange that these older boyfriends assist their girlfriends financially or give them gifts, because of the tradition of the man being able to provide gifts and economic support to women in his family - including a girlfriend.

The discussion of older working boyfriends often moved on to the topic of "sugar daddies". The lack of consensus of what constitutes an older boyfriend versus a sugar daddy is important because they are remarkably similar. Sugar daddies are described as men who are older and married, and but like to have school-age girlfriends. They try to persuade girls to have sex by giving them small presents and making big promises. The popular caricature is of a well dressed older man with a pot-belly, driving a Benz, leering at young, innocent girls dressed in school uniforms. Beckoning to them, he promises something - usually gifts or cash - in return for their company. In reality, sugar daddies may be more difficult to identify because most men don't fit the caricature.

The ambiguity of defining a sugar daddy which was evident in the focus groups was carried through in the individual interviews. Seventy-five percent of the boys could not provide

a description which adequately conveyed an understanding of 'what (or who) is a sugar daddy?'. One young boy was so confused about sugar daddies that he wondered if it was a girl who you really liked and who was very special to you. On the other hand, over half of the girls clearly articulated that a sugar daddy was usually an older married man who would give gifts and money to young girls.

Of those girls who knew what was a sugar daddy, the majority did not agree that an older boyfriend of seven to ten years should be considered a sugar daddy. Girls considered it advantageous for the man to be several years older than the woman because the man would have life experience which he could pass on to the woman in the form of good advice. Also, the man would be financially secure and ready for marriage.

Boys were less certain that older boyfriends were not sugar daddies. They questioned the age difference and they were suspect of the provision of money or gifts by these men. They acknowledged that traditionally the man is usually older than the woman, but many boys thought that five years was a better age difference than seven to ten years. The advantages of the man's financial security and life experience were offset by the disadvantages of the man being too old or forcing the girl to do things with which she is not comfortable.

The disadvantages which youth cited about older boyfriends centred around distrust of the older men and whether they really cared for the younger women. One girl reported that "people say that older men try to purify (their) blood with young ladies ...". This refers to the widespread belief that a man with an STD can cure himself (purify his blood) if he has sexual intercourse with a young virgin.

The appearance of 'sugar mummies' is a relatively new phenomenon in Botswana. Some of the out-of-school boys raised this topic during the focus groups arguing that if girls could be maintained by older men, then it should be equally acceptable for a boy to be maintained by a

sugar mummy. They were described as older working women who seek younger men as their sexual partners, in return for financial support. While sugar mummies are not as widespread as sugar daddies, their presence was widely acknowledged. Most commonly seen in the cities where women can find employment, it is no secret that in the villages there are some women - often self-employed such as 'shebeen queens' (women who sell local brew from their homes) - who maintain a young man.

## 5.7 Trust and Distrust

Overwhelmingly, young people expressed their distrust of boyfriends and girlfriends. The distrust is usually centred around the partner having another boyfriend or girlfriend whom they don't know about.

> "you'll never know what he is doing on his own. You don't know what is in his heart" (out-of-school girl)

> "She may be doing things secretly - really secretly - hiding them ... she may be going out with sugar daddies. She may say 'ok I am using pills' whereas she is not really" (in-school boy)

Girls were seemingly more suspicious than the boys because they were looking for "changed behaviour" which might indicate that the boy was pursuing another girl. Boys, however, while expressing deep distrust of girls, were looking for the definitive "other partner" (of the girl), which would give them a reason not to trust their girlfriend. The reasons for not trusting their partners varied.

Trust, for most young people, is tied in with decisions about whether they should use a condom. If a boy trusts a girl, he won't want to use condoms. Generally, the females expressed a desire that their boyfriends should use condoms all the time but the out-of-school women said that this would cause a problem with their permanent partners. One of the boys acknowledged the concerns of the women when he said,

"sometimes a girl may think a guy may cheat her when it comes to sex. He will just pretend to be using a condom whereas he is not using one. I think she will try to use another kind. She doesn't trust the guy"

Table 5.2 Reasons Not to Trust A Partner

| Reasons Not to Trust Partner | Females n = 19 | Males n = 19 |
|---|---|---|
| other partners | 6 | 12 |
| automatic distrust | 4 | 5 |
| partner going out at night | 2 | 1 |
| changed behaviour | 5 | - |
| not loving or interested | 1 | 1 |
| lying, doing things secretly | 1 | 4 |

Most girls said that it was difficult to trust boyfriends at all, but over half the boys said that trust would be there anytime between meeting and three months. Young in-school boys gave the most simplistic explanation about trust. They felt that after three or four weeks of being with a girl, they could trust her and thus dispense with the use of condoms.

Table 5.3 Length of Time to Trust a Partner

| Length of Time | Females n=19 | Males n=19 |
|---|---|---|
| automatic trust | 1 | 0 |
| < 6 months | 6 | 11 |
| 6 months to 1 year | 3 | 3 |
| > 1 year | 3 | 0 |
| it depends | 2 | 1 |
| difficult to trust | 4 | 6 |
| marriage | 1 | 0 |

In general, girls stated that a longer time was needed to trust their partners. Of 19 female respondents, five (26.3%) said that it is difficult to trust boyfriends and another seven (36.8%) said that it could take between one to five years, or marriage before they would trust the guy. The length of time for the rest of the girls (seven, 36.8%) was less that five months. For the 21 male respondents, 14 (66.7%) said that trust would be there anytime between meeting and seven months.

## 5.8 Forced Sex

The issue of 'forced sex' or 'sexual intercourse against your will' was raised in each of the five female focus groups. This topic has been raised in other studies (YWCA/WHO 1992; AIDS/STD Unit 1993C; Marope nd) but there is no common understanding of the meaning of the term 'forced sex'. During interviews, I was interested in exploring the meaning of the term as it is used by both males and females. What constitutes 'forced sex', how real is the threat and under what circumstances does it happen, are details which are missing.

In interviews, I asked youth whether a girl could refuse to have sex even if her boyfriend wanted it. Most out-of-school boys said that the girl could not refuse and the majority of in-school boys (75%) said that the girl could refuse but the boyfriend would not accept her refusal. Seventy-five percent (15) of the girls (regardless of educational status) said that a girl could refuse her boyfriend but the refusal should be done indirectly. For example, the girl might say that she has her period, she is sick or her mother is at home. Very few girls would directly tell the boyfriend that she does not want to have sex.

Regardless of how the youth answered the question of whether a girl could refuse, all them commented on what the boy might do if he was refused. Uniformly, they noted that the boyfriend could 'force' the girl to have sex. The boys declared that the girl knew what he was

asking for when he asked her to be his girlfriend. If she didn't want sex, she should not have agreed to be his girlfriend. One boy declared,

> "the girl knows that when the boy came to her and asked for her love he meant that they will have sex. If she continues to refuse, the boy will leave her and look for a different one. The boy should tell her that when he wanted her, he meant that they should have sex".

Over eighty percent (14) of the boys stated that a girl could be forced to have sex but 63.2 percent (12) of them said that neither they, nor their friends, would force a girl. The main reason why she might be forced is that the boys think their hormonal urges would be so strong that they could not 'hold' or control themselves. One boy stated, "it will be very difficult for him to stop it, if the girl doesn't want it".

Girls were asked whether they thought that they or their friends could be forced to have sex. Sixty-five percent (13) of the girls agreed that it was possible. There was a range of explanations and most of them reinforced the cultural role of the man being dominant. One girl commented that they "grow up seeing people do this" (i.e. women having sex because the man wants it) and they feel they are obliged to do the same thing. She might tell her friends to refuse their boyfriends but if the girls love the boys, they won't refuse. Another girl said that "he wants to satisfy himself" and another said that a boy could force a girl "if he does not understand the girl's problems". Yet another girl commented that there is nothing a girl can do because "she asked for the problem" when she agreed to be a girlfriend - she must now do what is required of her.

The types of force which the boys mentioned, I have sub-divided into three groups - physical violence, physical coercion and verbal coercion. The types of physical violence which were referred to included beating the girl and forced intercourse (rape). An out-of-school girl said that if you refuse the boy then "you don't want your life" because maybe he can kill you. A boy volunteered that guys can be very forceful and since there are only two people on the bed,

who is going to stop the boy? Another stated that "she can't stop him because boys are very rough - if he wants something he will do it", while another said "if she can refuse, he can beat her - she'll be afraid and will end up having sex". "Streamlining" was also mentioned as a method of physical force. It is a term used to describe a situation where there is one girl and several boys who take turns having sex with her - 'streamlining' - also known as 'gang rape'. It is not uncommon for males to say that a girl would volunteer to participate because it is a way to become popular with the boys. However, none of the girls who were interviewed agreed with this opinion.

The second type of force is physical coercion. It is not as violent as the previous type of force but there is a physical component to it. Boys talk about "romancing" a girl - touching and arousing her even when she has refused sex. Physical coercion usually goes hand in hand with verbal coercion as illustrated by the following strategy which was offered by an in-school boy.

> "... force her through romancing until the girl agrees to have sex and if the girl refuses, he'll always ask the girl to have sex and finally she'll agree to have sex with that guy"

Verbal coercion techniques include lies, threats (of beating or killing), badgering, and harassment. Entreatments to "prove your love" and "I'll leave you if you don't have sex with me" are common as illustrated by the following statements by girls.

> "He will not bully her, he will just tell her that he doesn't love her if she doesn't make love to him"

> "The boy may say 'I told you that I love you - now you must show me that you love me'"

Although the girl may have initially refused the boy, her defences are worn down by the cajoling, promises, lies and "verbal romancing" by the boy. Being told "I love you", "you are beautiful", "you are so special to me" fits with the romantic images which girls have about relationships and it may be the most effective way in which boys are able to convince the girls to have sex.

## 5.9 Attitudes Towards Fertility

Youth were questioned concerning the appropriate time or age for someone to have a child. In interviews, more than two thirds of both males and females felt that a woman should have a child before she is 25 years old. Males believed that by this age a girl will be physically mature and able to bear a child. Females think that this is a good time to have a child because they will be finished school and able to support the child. Many girls believe that it is important to have a child before they are 25 years old because after that time, they have heard that there will be complications and they might have trouble giving birth.

The appropriate time for males to father a child is correlated more closely with them being finished school and able to financially support a child. While there is no specific age attached to being financially secure, one boy commented on a pattern of behaviour which he believed was very common.

> "Guys like leaving women after getting them pregnant and that's like playing too much. So at the age of 30 they are finished what they've been doing and now they are ready to face a family".

The issue of males taking responsibility for their offspring was a more important issue than being physically mature.

Two thirds of the girls agreed that marriage should come first before having a child. Their primary concern is that if the woman becomes pregnant before marriage, she will be abandoned by the man - a situation which is not uncommon. One girl stated that "if a child comes first, a man may deny his responsibility and find another girl". Half of the boys agreed with the girls that marriage should come first because men are known to deny their paternity. One boy said "a man is not always trusted - he can dispose of his idea of marrying after getting her pregnant".

Half of the boys (10) and a third (7) of the girls took an opposing view that a couple

should have a child first before considering marriage. Their primary concern was the need for proof of fertility from the woman. Male infertility was not considered. The same fear of abandonment is the reason why some girls think they should have a child first. One girl stated that a baby should come first "because sometimes a lady might be the one who is not going to reproduce and that's dangerous because a man can say that he can't stay with a lady who can't have a baby". If a couple is unable to have a child there will undoubtedly be problems within the extended family as they apply pressure on the couple to either have a baby or to seek other partners.

### 5.10 Teen Pregnancy

Teenage pregnancy is a common occurrence in Botswana. All of the youth in the focus groups were acquainted with at least one girl who had become pregnant during her teen years. In addition to the group comprised solely of pregnant teen girls, many of the girls in the out-of-school groups already had one child.

The group of pregnant girls said that they were very unhappy when they discovered they were going to have a child. One girl was close to finishing senior secondary school and she knew that the news of her pregnancy was an almost certain end to her schooling. Other girls said they didn't want to talk to other people and they became very quarrelsome. Most said their parents were unhappy about the pregnancy but the girls anticipated that they would eventually accept the child. Other out-of-school girls said they would be ashamed to tell people if they became pregnant, claiming they would stay around their home and not move in the village for fear that people might laugh. They also said that while their parents might be unhappy at first, they would accept the child and understand the situation. One group stated that an unexpected pregnancy could be a problem for some young women because they may have had so many

casual sexual partners that they would not know who was the father. In such a situations, they thought abortion would be an option.

The younger school boys expressed disbelief that they could impregnate a girl. They believed they were "too young to make a baby" - even though they acknowledged that a boy of 13 years could impregnate a girl. When the boys were questioned about how they would react to a pregnancy, a very common reaction was that he would deny it. He might deny knowing the girl even though having a child would show that he is virile. Also, the boy might think that there were other boyfriends involved and that he was not the only one who had had sex with the girl. Thus the paternity of the baby would be in question.

During discussions, in-school girls expressed very strong feelings when describing how they would feel if they knew that they were pregnant. These emotions included sorrow, anger and regret because being pregnant would mean dropping out of school, losing their education and employment opportunities. Older girls said they might consider abortion or suicide if their parents were strict. Pregnancy, while fulfilling the cultural requirement of proving fertility, is viewed as disastrous for in-school youth. In an interview, a Form Five girl stated that,

> "at my stage, you won't be responsible enough to take good care of a kid, a child, and I think my studies will be disturbed if I get pregnant because I have to drop out of school." (in-school female)

School boys were also fearful of getting a girl pregnant because they feared the punishment.

> "If a girl gets pregnant, I'm going to be taken out of school. And concerning my parents - some parents are very strict. They may even throw me out of the family as to having done something which they are not used to. As most of Batswana they believe in the past you couldn't [shouldn't] get someone less than 20 (years) pregnant" (in-school male)

However, beyond the fact that the youth will have to leave school for a period of time, there are other issues at stake for the girl.

> "... I don't want to have a child which has not been planned for ... coz that will mean more expenses, more especially for my parents. And the possibility for the boyfriend to deny is really high so I don't wanna have a fatherless child" (in-school female)

The added expenses for the family and abandonment by the child's father are realities for many unmarried mothers - whether they are teenagers or in their twenties, and regardless of their educational status. The youths' awareness of their dependence on their family is particularly evident when they consider having to tell them about an unexpected pregnancy.

## 5.11 Contraception and Condom Protection

In 1987, the Botswana Ministry of Health adopted the "Family Planning General Policy Guidelines and Service Standards". Amongst other things, this policy states that

> "all persons of reproductive age, including teenagers, shall on request be given adequate information, education and counselling to enable them to make informed decisions concerning their reproductive lives and the means by which to effect their decision".

It further states that upon request, youth shall be provided with family planning methods without the consent of their relatives. The Ministry of Education has incorporated Family Life Education into the primary and secondary school curriculum, so that by Form Two youth should have been taught in detail about reproduction, sexual health, sexually transmitted diseases, contraception and protection. However, many teachers find these topics to be particularly difficult to teach. Nonetheless, in general, there is a high level of awareness and knowledge amongst youth about contraception and methods of protection.

The in-school youth were able to name at least five modern methods of contraception - pills, IUD, condom, injection (depo-provera), and diaphragm. The out-of-school youth were able to consistently name three methods - pills, condoms and IUD, and many of them also knew that injections were available. Some of the out-of-school girls were also able to name some of the traditional contraceptive methods which they had heard about. This included dagga seeds, "sedupa pula" (python skin tied around a woman's waist), and various mixtures to drink.

Similar to the high level of awareness about contraceptives, young people were also very

informed about the sources of contraceptives. Neither in-school and out-of-school males thought that obtaining condoms was a problem, saying they could get them at the clinic for free or buy them at a shop or chemist. The out-of-school girls said they might feel shy about getting contraceptives at the clinic, but they would still obtain them. The side effects of some of the methods, however, were troublesome and concerned the girls. One girl said "some do suffer from kidneys (problems) because of the lubricant in the condoms".

Despite knowing about the different methods, most youth agreed that when a young person has their initial experience of sexual intercourse, they are unprotected. In-school girls thought that girls of less than 15 years would not know enough about family planning methods to use them. Younger boys claimed that they would just assume that the girl was using pills. Typically, there are many justifications for young people not using protection; the use of protection during continuing sexual activity is often erratic. Table 5.4 illustrates the different reasons which youth gave for not using protection - whether it was the use of condoms or a different type of contraception.

The priority for most youth is to prevent pregnancy rather than the transmission of STDs or AIDS. For this reason most youth consider either the pill or condoms. Over two thirds of the girls thought (or hoped) that the decision to choose a contraceptive method would be made together with their boyfriend. The boys were less certain because they were aware that there might be differences of opinion concerning the necessity of using protection since it is widely acknowledged that guys often do not like to use protection. One male commented that the girl might be afraid to ask him to use protection, so she should protect herself. Girls said that they want the boys to use condoms so as to prevent pregnancy but claimed that the boys wouldn't cooperate - "boys don't prefer them ...", and that a condom might be used only if the girl has her menses or if she is pregnant. In general, the girl is responsible for contraception.

Table 5.4 Reasons For Not Using Contraception/Protection

| Reasons for Not Using Protection* | Females n = 19 | Males n = 19 |
|---|---|---|
| want to enjoy sex (i.e. not like "a sweet with the wrapper on") | 6 | 12 |
| partner doesn't like it | 6 | 5 |
| trust your partner | 1 | 3 |
| want a child | 2 | 2 |
| don't like the method | 2 | 2 |
| nothing should discourage | 1 | 4 |
| disbelief in STDs, AIDS | 1 | 1 |
| couldn't find a condom | - | 2 |
| method might cause infertility | - | 1 |
| parents might find out | - | 1 |

* multiple answers allowed

Modern methods of contraception, including condoms, may be obtained at the government health clinics for little or no cost to the individual since contraceptives are provided for Botswana by USAID as part of their aid package. Additionally, it is possible to obtain contraception through the private clinics and pharmacies and condoms are sold at an affordable price in many shops, bars and bottle-stores.

## 5.12 The Listing Task - Pleasures and Worries in Relationships

Throughout the first three focus group sessions, the in-school youth discussed in detail various aspects of relationships between boys and girls. To gain a better sense of the issues which were foremost in the minds of the youth, they were asked to create a list of things that they found enjoyable and worrisome about relationships. There are distinct gender differences in both

lists although there is a common core. Tables 5.5 and 5.6 summarize the enjoyable and worrisome things which were listed.

It can be seen from Table 5.5 that for girls, physical affection (not including sex) is the most enjoyable aspect of a relationship. Kissing, hugging and holding hands gives them great pleasure - it is very romantic. Talking, discussing and advising each other, and doing activities together were the second and third most important aspects of a relationship. Sex was not ranked very highly although it was certainly included, particularly by the older girls. Making plans for the future was a gender specific item since boys never mentioned it. Girls were also thinking about having children and a husband. They were wondering about marriage and establishing their own home away from their parents.

Table 5.5 List of Enjoyable Aspects of Relationships

| | Enjoyable Aspects | Females | | Males | |
|---|---|---|---|---|---|
| | | No. | Percent | No. | Percent |
| 1 | sex | 8 | 12.1 | 8 | 21.1 |
| 2 | activities together | 12 | 18.2 | 10 | 26.3 |
| 3 | gifts | 2 | 3 | 5 | 13.2 |
| 4 | verbal affection | 4 | 6.1 | 2 | 5.2 |
| 5 | talking/discussing | 11 | 16.9 | 1 | 2.6 |
| 6 | physical affection | 20 | 30.3 | 2 | 5.2 |
| 7 | future plans | 8 | 12.1 | - | - |
| 8 | good behaviour | - | - | 10 | 26.3 |
| | TOTAL RESPONSES | 65 | | 38 | |

In contrast, the two most important things for boys were doing activities together with their girlfriend and being with a girl who behaves nicely and looks attractive and neat. The latter

was a gender specific item for the boys since "good behaviour" was not mentioned by the girls specifically. Having sexual intercourse is also very enjoyable for most of the boys. However, unlike the girls, physical and verbal affection is not as important as other things to the boys.

Aspects of concern or worry in a relationship were different for girls and boys (Table 5.6). The most worrisome thing for girls is their concern with pregnancy. For boys it is the second most worrisome aspect. Girls are also very concerned that their love-life or the presence of a boyfriend be kept private. They do not want their parents or other adults to know that they might have a boyfriend. This is not a concern for boys and the difference in the priorities reflects the dual standard of how society views the affairs between men and women. Women are expected to be discreet while men can boast and flaunt their affairs.

Table 5.6 List of Worrisome Aspects of Relationships

| | Worrisome Aspects | Females | | Males | |
|---|---|---|---|---|---|
| | | No. | Percent | No. | Percent |
| 1 | pregnancy | 12 | 19.7 | 8 | 16.7 |
| 2 | cheating | 9 | 14.8 | 10 | 20.8 |
| 3 | bad behaviour | 10 | 16.4 | 6 | 12.5 |
| 4 | being public | 11 | 18 | 6 | 12.5 |
| 5 | STDs | 1 | 1.6 | 4 | 8.3 |
| 6 | other sex issues | 3 | 4.9 | 4 | 8.3 |
| 7 | forced sex | 9 | 14.8 | - | - |
| 8 | no commitment | 6 | 9.8 | - | - |
| 9 | losing her to another guy | - | - | 6 | 12.5 |
| 10 | miscellaneous | - | - | 4 | 8.3 |
| | TOTAL RESPONSES | 61 | | 48 | |

Boys' foremost concern is that the girl might actively "cheat" on him or that other men might "prey" on her and she might be lured away. This concern is closely tied to the competition for women especially when working men are present. Girls are also concerned that boys would be unfaithful and cheat on them. However, competition for boyfriends by other girls did not overly concern them.

More boys than girls acknowledged the threat of STDs although they are not one of the foremost concerns for either boys or girls. A specific concern for girls is that they might be forced to have sexual intercourse with their boyfriend against their wishes. This might be viewed as an aspect of "bad behaviour". Girls don't want to be beaten, insulted or treated badly in any way. This sex specific item was the third most important concern for girls. Finally, girls are worried about partners who show no sense of commitment because the girls are concerned with preparing for the future.

### 5.13 Ranking Relationship Pleasures and Concerns

Integrated into the interviews were two ranking exercises which used the results from the focus group listing exercise to inquire into how individuals ranked potentially 'enjoyable' and 'worrisome' aspects of a relationship. Knowing how youth broadly assess the importance of these items vis-a-vis relationships, provides insight into their lives and their experiences. It is yet another perspective of the lives of young people who are trying to make sense of their changing sexuality and changing environment.

Originally intended as an elicitation device rather than a precise tool, statistical analysis on the rankings was not rigorous. The placement of items (cards) in high, medium or low ranking positions provided an indication of the perspective of the young person and allowed for customization of the interview based on the individual. Tables 5.7 and 5.8 summarize the results

of the rankings by gender and educational status.

Table 5.7 Ranking Enjoyable Aspects of Relationships

| | Females | | Males | |
|---|---|---|---|---|
| | in-school | out of school | in-school | out of school |
| sex | NI | low | NI | NI |
| activities together | high | med | med | med |
| gifts, money | med | med | med | med |
| verbal affection | med | med | med | med |
| physical affection | med | med/low | NI/low | med/low |
| future plans | spread | high | - | - |
| good behaviour | - | - | high | high |
| talking/discussing | high | high | high | high/med |

Ranking Categories (where 60% + ranked the item the same)
high: 1,2
medium: 3,4,5
low: 6,7,8
NI: not important
spread: no clear trend

'Talking and discussing' with a boyfriend or girlfriend is one of the most important aspects of a relationship (Table 5.7). Both in-school and out-of-school girls ranked this very highly while out-of-school boys ranked it slightly lower. 'Doing activities together' was the second highest ranking item for both sexes. Out-of-school boys ranked it slightly lower than their in-school counterparts. Girls ranked having 'future plans' as very important for them, and boys were interested in being with a girl who displayed 'good behaviour'. These were gender specific items which were important.

Both males and females ranked 'sex' very low or not important at all. More in-school than out-of-school youth eliminated 'sex' from the ranking saying it was not important enough

to them to be included. The items which were ranked in the middle included 'gifts and money', 'physical affection', and 'verbal affection'. Boys ranked physical affection (hugging, kissing) as not important or of very low importance.

Contracting a sexually transmitted disease is the biggest source of worry for all categories of youth - males and females, in-school and out-of-school (see Table 5.8). This is different from what the youth indicated in focus groups. In that forum, STDs were of low concern. The difference in the findings may be that youth were reluctant to publicly acknowledge that they worried about STDs because this would be taken as an implication on their own behaviour. Youth attitudes towards STDs will be explored in the following chapter.

The threat of 'pregnancy' is also an important concern although there is a difference between in-school and out-of-school youth. The out-of-school youth (males and females) indicated that they were less worried about pregnancy than their in-school counterparts. Being 'cheated on' by a boyfriend or girlfriend was viewed slightly differently by males than females - males were more concerned than females. Boys were also very concerned that they might lose their girlfriend to another guy. Being requested to use a condom by a girl was not an important concern for boys.

The items of concern which applied only to the girls included 'no condom use' by their partner and being forced to have sex. Being forced to have sex against their will ranked very highly as a worry for all the girls although in-school girls appeared to be more concerned about 'forced sex' than did out-of-school girls. No condom use was a medium ranked concern for girls.

'Bad behaviour' by a girlfriend or boyfriend was ranked as a middle range concern for both in-school males and females but a more highly ranked concern for out-of-school youth. Parents knowing about a boyfriend or girlfriend was a low worry item compared to other

concerns. For some out-of-school boys, it was not important enough to be included in the ranking.

Table 5.8 Ranking Worrisome Aspects of Relationships

| | Females | | Males | |
|---|---|---|---|---|
| | in school | out of school | in school | out of school |
| pregnancy | high/med | low | high | med/low |
| cheating | low | med/low | med | med |
| bad behaviour | med | high | med | high/med |
| parents knowing | low | med/low | med/low | low/NI |
| STDs | high | med | high | high/med |
| no condom use | med | med/low | - | - |
| forced sex | high/med | med | - | - |
| no commitment | low/NI | spread | - | - |
| losing her to another guy | - | - | high/med | med |
| refused sex by girl | - | - | low/NI | med |
| forced condom use | - | - | NI | NI |

Ranking Categories (where 60% + ranked the item the same)
high: 1,2
medium: 3,4,5
low: 6,7,8
NI: not important
spread: no clear trend

The differentiation between male/female and in-school/out-of-school groups is important because these groups experience life differently. The difference in experience ultimately affects how youth assess the various components of their life and the accompanying risk. These differences were borne out when individuals ranked the items of concern and enjoyment. The differences and similarities between groups illustrate the differing priorities and life concerns.

## 5.14 Discussion

At the beginning of this chapter it was stated that to understand sexual risk, there must be an understanding of how young people view relationships and the social and cultural norms around relationships and sexuality. Since individuals do not develop within a vacuum, it is reasonable to acknowledge the influence of family, friends and society. Standards exist within any society and provide a reference point for determining or assessing the appropriateness of individuals' behaviour. Focus group discussions serve the purpose of bringing forth the social and cultural norms. A thorough discussion of these norms sets the parameters for "good" versus "bad", "normal" versus "abnormal" or "promiscuous" behaviour, as seen by the group. With an understanding of the peer group norms, individual differences can then be placed within an appropriate context.

Different groups of young people respond differently to discussions about sexual issues. For example, throughout the focus groups it was clearly evident that boys were more comfortable than girls talking about sex. Boys freely "preened" and told stories with sexual content; girls sat in embarrassed silence until the most courageous girl began to speak. This pattern of boys speaking and girls maintaining a more demure front is a clear manifestation of broader societal norms and expectations. Boys are expected to establish their "manhood" through talking about sex to their peers. Girls, however, are expected to be reserved. They are not expected to talk about sex in groups and, to a certain extent, sexual naivety is culturally approved. For this reason, girls will never tell stories like the boys and neither should this be expected of them. Furthermore, the gender roles which the youth talked about in stories and role plays are confirmed by their own behaviour. Thus, while the amount of information offered by boys and girls differs, the quality of the data is comparable.

Differing responses to focus groups can also be seen between in-school and out-of-school

youth. How each group visualizes itself, and the ease or discomfort to which they feel towards group work will affect their participation. It is for this reason - the differing response of groups - that focus groups should be combined with other methods. One seeks to use another method to strengthen the areas which are weakest in focus groups. In this case, balancing the group dynamics with the individual strengths, or visa versa. Individual interviews were chosen to be used in conjunction with focus groups and the content of the interviews built on the data from the focus groups.

It was noted earlier that focus groups and interviews were conducted in either English or Setswana depending on the individual. The variation which arises in using two languages is unavoidable because there is, inevitably, more than one way to express an idea or name an experience, and more than one way to translate the idea. Nowhere is this more evident than in reference to issues of sexuality. For example, there are several terms in Setswana which are used to refer to 'forced sex'. "*Go thubetsa*" refers to forced sexual intercourse or rape; "*go pateletswa go tshwara fa pele*" is 'to force to touch in front or the private parts' while "*go pateletsa go tlhakanela dikobo*" is to force someone to sleep (i.e. have sexual intercourse) with another. Likewise, there are numerous ways to refer to sexually transmitted diseases and the direct English translation may not 'make sense' until it is explained. "*Malwetse a basadi*" is directly translated as women's illness or sickness and "*malwetse a dikobo*" is translated as sickness or illness from blankets; both terms refer to STDs. "*Go lomiwa*" means 'to be bitten' and it is a very gender specific term which is used by males in reference to contracting an STD (Mookodi, personal communication). While this variation in terminology may or may not cause difficulties, depending on the sensitivity of the researcher toward colloquial expressions and translations, nonetheless it is wise to acknowledge the hazard.

## 5.15 Summary

Through the use of focus group discussions, stories, role plays, listing exercise and interviews, a framework of themes and issues was created which youth identified as important in the discussion of sexuality. Through stories and role plays, the expectations of relationships were explored. Specifically, is sex an expected part of a relationship between a teenage boy and girl? How important is it and to what extent do teenagers equate sex with love? What are the motivations for youth to begin relationships? Different partner types were identified which included casual and permanent partners, sugar daddies/mummies, older working men and age mates. Youth expressed a high level of distrust of their boyfriends and girlfriends. Competition for partners exists and the influence of gifts and money were acknowledged. The sequencing of marriage and child bearing was explored as well as attitudes towards teen pregnancy and the importance of proving one's fertility. The differing implications of an unplanned pregnancy for in-school and out-of-school girls were considered. The listing exercise brought to light the fear which girls have concerning being forced to have sex against their will. It also illustrated the gender difference in how the girls anticipate the future with a man, while boys were more concerned with the "here and now" relationships, rather than planning for the long term. In the next chapter, a different aspect of youth sexuality will be considered. Youth attitudes, knowledge and experiences of sexually transmitted diseases, the prevention and cure, contraception and condoms are presented. Youth and community attitudes towards HIV and AIDS will be explored in an effort to gain a better understanding of how Batswana understand this sexually transmitted infection.

# CHAPTER SIX

## SEXUALLY TRANSMITTED DISEASES AND AIDS

> "... HIV is spreading not because of exotic cultural practices but because of many people's normal responses to situations of everyday life" Schoepf 1992:275

The presence of sexually transmitted diseases (*malwetse a dikobo*) has been documented in Botswana since the late 1800s when Warren, in 1885, "found that the natives (sic) were badly affected by STDs" (Mugabe 1993:16). Over half of the 5529 individuals who were examined by Dr Bedford, the district surgeon, were found to have syphilis (Bingham 1985). Merriweather (1959) and Murray (1952, 1956, 1957) were responsible for documenting the high levels of endemic syphilis in Kweneng district in the 1950s, which they linked to the migration patterns of men going to the South African mines.

STD rates are still high in Botswana. In 1992, at Palapye Primary Hospital, 5.2 percent of outpatient visits were due to STDs. Of these visits, gonorrhoea accounted for 36.0 percent, syphilis was 22.0 percent, pelvic inflammatory disease was seen in 26.7 percent of STD patients and the remaining 15.2 percent were other sexually transmitted diseases. Now since the 1980s, Botswana is faced with HIV and AIDS. This is arguably one of the most devastating health concerns faced in this century. With no proven cure or vaccine, hope lies in preventing infection.

This chapter moves away from examining youth sexual behaviour to consider how youth view STDs, HIV and AIDS, whether they feel vulnerable or susceptible, who becomes infected, attitudes towards condoms, and how people with AIDS should be treated. The perspectives of traditional healers, health workers and other adults in the community provide valuable insight into how many Batswana understand AIDS. Denial and disbelief is influenced by the fact that AIDS

deaths have not reached high levels in comparison to infection rates. Finally, reasons for high transmission rates throughout the AIDS belt of Africa are explored in search of possible ways to control or eradicate this disease.

## 6.1 Sexually Transmitted Diseases

Youth in Botswana, like their counterparts in many other countries, have high levels of awareness and knowledge of STDs (SIAPAC 1992, 1993, 1994; YWCA/WHO 1992; Brooks-Gunn and Furstenberg 1989; Stanton et al. 1993; Fisher et al. 1991; Pinkerton and Abramson 1992). All of the young people in focus groups and interviews knew about *rasephiphi* (gonorrhoea), *thosola* (syphilis), and AIDS. Some in-school youth knew about chlamydia because they had been taught about it in science class. They were able to list many of the symptoms associated with STDs including AIDS - painful urination, sores (ulcers) on the penis or vagina, discharge, weight loss, tiredness, diarrhea, swollen glands and sweating alot. They knew how STDs were transmitted and how to prevent them.

During focus groups, youth were willing to demonstrate the factual knowledge which they had about STDs but they were reluctant to discuss whether STDs were a personalized threat. In interviews, however, 76.2 percent of girls and 78.9 percent of boys professed to be scared of contracting an STD. There is a strong stigma attached to STDs because they are associated with promiscuity so that admitting that one might be susceptible (or infected) is like admitting a socially unacceptable lifestyle. One girl stated that she might consider suicide if she ever contracted an STD because she would be afraid to get help. Repeatedly youth commented that "you can end up dead" or "some diseases have no cure". One school boy mused that,

> "life will change - will change completely if I get STDs. I will not be living well. I may be missing school lessons".

He went on further to say,

> "Most people really hate them (STDs)".
> "Why?"
> "If alot of people hear about that you have an STD, they may spread your name around the village or town - 'that guy has got STD' - nobody will be friendly. Nobody will talk to you".

Another boy said,

> "People of my age seem to be aware of these diseases. They have learned alot these days that they [diseases] can kill. They are afraid. They don't want the disease to spread".

The perceptions of the youth towards their susceptibility to contract STDs differed depending on the sex of the young person. Most boys (15; 78.9%) agreed that it was possible that both they and their friends could contract an STD. In contrast, girls (12; 57.1%) were less likely to believe that this could happen to them. In general, the girls expressed trust in their partners - "he will be faithful" - and they believed that he wouldn't cheat on them so they wouldn't be exposed to any diseases.

In some of these interviews, expressions of disbelief in the threat of STDs included statements that people were lying. Some wanted proof that STDs really existed; others expressed the belief that STDs only affected older people so they, as youth, did not need to take it seriously. The youth used the interviews as an opportunity to show that they had been listening to their teachers, Radio Botswana and the local health workers. They repeated many of the health education messages such as "Use a Condom", "Stick to One Partner", and "Say 'No' to Sex".

During group discussions, opinions concerning the efficacy of the clinic versus traditional treatments varied according to the individual. There was considerable debate as to whether the healers have real cures. While some were adamant that traditional healers were hoaxes, others felt that healers could not be discarded entirely. Some noted that traditional healers/doctors (*dingaka ya setswana*) existed in Botswana before the modern doctors and medicines so they shouldn't be discarded altogether.

In interviews, young people were asked where they might go for treatment for an STD

such as gonorrhoea and syphilis. Many of them mentioned both the clinics and the traditional healer. While the clinics were most often cited as the best place for seeking treatment (64%), the comments and explanations about traditional healers spoke strongly about the deep seated beliefs and loyalties towards traditional medicine. Over one third of the youth believed that the traditional healer should be consulted for treatment.

In deciding where to go for STD treatment, it is apparent that the young person considers the perceived efficacy of the treatment and the level of their own dis/comfort. The youth, both males and females, were unanimous in their feeling of shame, shyness and embarrassment at having to go to the clinic to get treatment for an STD. These feelings of embarrassment delay young people in seeking help. The first steps in the sequence of seeking treatment were described by one young man.

> "Go to a close friend who has taken his trust. Ya, and they can decide together. Maybe they will decide to go to a traditional doctor. It's got to be done secretly. Ya, they will go there before the clinic to avoid publicity"

The thought of having to show your private parts to a nurse (especially a young one) is horrifying. Young people often do not trust the nurses and feel that the nurses will gossip, laugh, scorn them and especially scold them - "you are too young to have sex", "why didn't you use a condom? didn't you know this would happen?". The feeling of no privacy amongst the nurses is further compounded by the lack of privacy within the clinic. The chance of meeting a relative at the clinic is quite high. In contrast, young people indicated that traditional healers were sometimes preferred because they tended to be older people. Furthermore, to receive treatment no physical examination was required and they did not have to expose their private parts.

In school, youth are taught about health and illness in scientific terms. However, it is not uncommon to hear explanations about STDs which involve ideas of dirt, cleanliness, and impurity. During a group discussion, some younger boys indicated that girls get STDs if they

have too many sexual partners and they do not wash properly. Their explanation was that sweat accumulates in the vagina, changes to "dirt" and if a boy penetrates her without using protection, he will get an STD. One boy said "I think if I will wash myself two times per week [i.e. infrequently], diseases will come". Another said he didn't think he would get an STD because he would only "go with girls who take care of their bodies" (i.e. clean). The out-of-school girls explained that people who take casual partners will contract an STD since those are the people who carry them.

One young man, a school drop-out, told me that he had contracted an STD in the previous month. When he consulted with his friends, they told him that the source of his problem was the woman with whom he had had sex. They said that she had had an abortion and because of this she was considered impure or unclean. In this unclean state, she was 'dangerous' to men who might have sex with her. Since he had sex with her, he contracted an STD. His recourse was to go to the traditional healer for herbs to cleanse his blood.

For those youth who advocated the use of traditional remedies, it was usually in combination with clinic treatments. They said they could go to the clinic for injections or drugs and this would deal with the symptoms of the STDs but that it would not cure the infection. Herbs or medicine were needed from the traditional healer to cleanse the blood.

> "Go to the *ngaka ya setswana* because their medicine is powerful. It heals quickly whereas the treatment at the hospital will not be that effective. The disease goes on and off" (out-of-school girl)[3]

The herbs that are used are considered to be better than clinic medicine because "the medicine is so strong that it cleanses your insides" and it cures forever. Occasionally healers suck blood (*go dupa*) from the person and the youth believed that this removes the "dirty blood" from inside.

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[3] Hospital/Western medical treatment for STDs is often a combination of injections and pills. Injections are easily administered but monitoring compliance with the pills is difficult. If a person does not complete the full treatment, the infection may indeed "go on and off".

One boy said, "your blood is washed and you feel clean".

While these explanations seem peculiar set against the backdrop of a relatively modern health care system and rapidly developing country, they are consistent with traditional beliefs about impurity and pollution. Sexually transmitted diseases such as *rasephiphi* (gonorrhoea) and *thosola* (syphilis) are seen as the consequence of *meila*. *Meila* is understood to be transgressions of taboos of sexual relations and childbirth, thus the diseases are due to imbalance or impurity (Staugard 1985; Ingstad 1990). These diseases have been treated by traditional healers for many years, so it is not surprising that youth retain this traditional knowledge alongside the "modern" knowledge.

## 6.2 HIV and AIDS

Although one of the primary goals of this research was to elicit the experiences and knowledge which youth had about HIV and AIDS, I found that most young people, like adults, were unable to discuss AIDS with any degree of surety. The country was experiencing high rates of HIV infection but the epidemic had not reached the stage where there were large numbers of AIDS deaths. Consequently, many people were unable to believe that HIV/AIDS was a real threat to their health and they were continuing to engage in high risk behaviours. Many people were infected with HIV yet they were unaware of their infection or the consequences for their future.

As the epidemic in Botswana progresses, people's awareness and knowledge will increase because they will experience AIDS deaths first-hand. The data from this research, however, is specific to the period of the epidemic where infection rates are high and AIDS deaths are relatively low. Very soon everyone will know a relative or friend who will have died of AIDS. With the current rates of infection, no one will be untouched by the consequences of AIDS.

**a) Youth Attitudes and Knowledge**

Amongst the youth there is a high level of awareness of AIDS and both in-school and out-of-school youth firmly believe that AIDS is in Botswana. Their proof of AIDS is in the media - newspapers, radio, TV, magazines, etc. - but not in their personal experience. None of them claimed to know anyone with AIDS in Palapye. The only people with HIV or AIDS who were mentioned were two nationally known individuals who had gone public with their status (David Ngele and Mpho). In cooperation with the Ministry of Health (AIDS/STD Unit) and on World AIDS Day (December 1st, 1994), David Ngele publicly announced on Radio Botswana that he was HIV positive. 'Mpho' was a young woman had died of AIDS but whose story (and status) was made known through a widely distributed Ministry of Health video entitled "Remembering Mpho".

Youth are aware that HIV is mainly transmitted through unprotected sexual intercourse. In focus groups, the youth gave possible scenarios of HIV transmission - older working men giving HIV to their wives and young girlfriends, young girlfriends passing it on to younger boyfriends, or boys giving it to girls. They also knew that mothers could transmit the virus to their babies. The most commonly cited methods of prevention mentioned in both focus groups and interviews included "sticking to one partner", "using a condom" and "saying no to sex". One of the most popular health education slogans - "condomise and stay alive" - is posted on billboards throughout the country and it is frequently heard in health jingles on Radio Botswana.

Although the youth had a considerable amount of knowledge, the depth of understanding was lacking and there was misinformation and reinterpretation of information. Most obvious was the difficulty in understanding the connection between HIV infection and AIDS - when is a person infected and when do they have AIDS? Beyond the most obvious modes of transmission, there was confusion about whether HIV/AIDS could be contracted through kissing (saliva), through

sweat or playing sports. In an interview, one school boy said,

> "You know why I am confused - is that - one thing I'm sure - they can't get it if they are using a condom. But I don't think that ... I've got a problem here - I don't know whether, can someone get AIDS if she or he kisses somebody with AIDS? But if so, they (friends) can get it" (in-school male)

Another boy declared,

> "I think condoms is the one which gives a person AIDS - the ones from America. The liquid they put in the condom is the one which gives people AIDS".

Yet another boy commented that "Last year in the Sun [the newspaper], people said that if you use condoms, you can still get the disease". Out-of-school girls suggested that AIDS could be transmitted through household utensils. Another story which youth mentioned and which became wide spread in Botswana (and South Africa) to the point where it was picked up by the media (New African, December 1993), was the accusation that a Boer farmer in South Africa had injected the oranges he was selling for export with AIDS infected blood. This accounted for the slightly reddish tinge in the flesh of the oranges being sold at that time.

In general the youth said that AIDS is not a traditional disease although some of the out-of-school youth thought that it might be a combination of two other traditional STDs - *rasephiphi* and *thosola* (gonorrhoea and syphilis). This opinion is shared by many adults. There was considerable debate about whether the whites had brought it to Botswana or whether they came only with a new name (AIDS) to an illness that was already there. Although youth have been taught that there is no known medical cure, questions were raised about the efficacy of traditional treatments since there have been widely circulated claims of traditional healers curing AIDS patients.

In focus groups, when the youth were asked what should happen to persons with AIDS (PWAs), their reactions were emphatic, radical and at times violent. Isolation from the rest of the community was the most commonly cited solution for dealing with people who had AIDS.

They suggested that the hospital or community centre would be appropriate places to isolate them. Having recommended isolation, the youth then qualified it by saying that the isolated people should be given anything they needed but their movements in the community should be restricted.

A passionate discussion occurred with the senior secondary school girls when one girl strongly opposed the isolation solution and very eloquently made her argument that people with AIDS should be treated like everyone else. She compared AIDS to tuberculosis (TB) and showed how easily TB is spread compared to AIDS. When her colleagues were challenged, they refused to consider her argument and retorted that "rapists could give us AIDS" if they weren't locked up, so all persons with AIDS should be isolated.

The most radical solutions were offered by the out-of-school youth. Some boys thought that women with AIDS should be marked so that men would know that they should be avoided. Other suggestions were that people with AIDS should be killed, a man's penis cut off and a woman's vagina sewn up. On the other hand, some youth suggested that the person could be taken to a traditional healer to be cured. If the person with AIDS was one of their friends, the youth expressed more compassion - being in the same room with the friend would be acceptable as long as there was no sexual contact. This compassion may have been influenced by the AIDS slogan for the year - "a friend with AIDS is still my friend".

The rationale for isolating people with AIDS is that youth (and adults alike) believe that once a person is diagnosed with HIV or AIDS, they will not want to die alone so they will deliberately infect other people. Isolation would prevent them from infecting innocent people. Batswana are not the only people to suggest that PWAs should be banished. Kegeles *et al.* (1988) report that a high percentage of the American public favour isolation of PWAs. Mufune *et al.* (1993) found similar attitudes in Zambia where 32 percent of the students suggested that PWAs should be quarantined. Cuba is well known for its isolation policy where those who are

HIV positive are required to live in camps/settlements with others of the same status (see Scheper-Hughes 1993 and responses 1993:942, 1426).

Unfortunately, the youths' concerns may not be completely unfounded. The Palapye Hospital AIDS counsellor noted that there were two young men in the village who were HIV positive and who had been counselled about taking protective measures. Contact tracing with newly diagnosed HIV positive young women seemed to indicate that these young men were responsible for the infections. It can only be surmised as to the young mens' motivations, however incidents such as these only serve to confirm the general feeling that the healthy public should take measures to protect themselves from those who are infected.

**b) Who Becomes Infected?**

Since the youth have had very little personal experience with HIV and AIDS, it is very hard for them to imagine who would be infected. It is still a very abstract concept to them and they are forced to rely on the information which they have been taught or which they have gleaned from the media or their network of friends. On one side, AIDS (like STDs) are associated with "bad behaviours" which is extended to "bad people". Thus, the people whom youth think will become infected with HIV are the ones who have "many sexual partners", "careless people", "those people that like sex", "girls who sell their bodies" or "those guys that sleep with any woman they meet - not sticking to one partner". On the other hand, when they were asked in interviews if they or their friends could get AIDS, the majority of boys (17; 85%) agreed that they could get it. Unfortunately only slightly more than half of the girls (12; 57.1%) thought they could get HIV or AIDS. This assessment of risk has not been sufficiently personalised so that youth realize what is at stake for them.

At the hospital in Palapye there was one person, a Catholic sister, who was trained to do

AIDS counselling. She was responsible for doing both pre and post test AIDS counselling in addition to informing the person of their test results. When she started doing AIDS counselling in 1991, she worked mostly with adults. In the following years she has seen an increase in the number of youth being tested for AIDS. She has observed an increase in the number of junior secondary school students (13 to 16 years), especially from Palapye, who are testing positive for HIV. Youth from the surrounding rural areas don't have as high infection rates. The year 1993 was a particularly difficult year as several 12 and 14 year old girls tested positive for HIV. The AIDS Counsellor was finding her job more and more troublesome as she told me of the difficulties she faced in finding the words to tell a 14 year old girl that she was HIV positive. She related an incident of a 12 year old girl who had recently been diagnosed with AIDS. The girl's mother was a 'shebeen queen' (a woman who sells local brew from her own home) and she had agreed to let one of her drinking customers "use" her young daughter. The man had infected the little girl.

A rather unscientific random sample of 20 blood donors - young people from a local secondary school - revealed that half of them tested positive for HIV (Odirile, personal communication). Based on local and national statistics, it was probable that some of the youth, particularly girls, participating in the research were already HIV positive although they were likely unaware of their status. One young man who had participated in focus groups had, in the space of three months, lost so much weight that when I went to interview him I did not recognize him. As a researcher with access to data which indicated the high rate of HIV amongst the youth, I found this very disconcerting.

Many of the young people are already infected with HIV. They probably will not live past age 25. Why they becoming infected at such an early age when they have been taught about modes of transmission and ways to protect themselves is a question to which there is no single

or simple answer. AIDS is not part of young peoples' reality or their experience of life so it is difficult for them to imagine that they are at risk. Even among the five research assistants who had been well trained about HIV and AIDS, none of them personally knew of a person with AIDS. A trip to the hospital to be shown three women with AIDS was a shock to one of the research assistants. Even in the community, it was difficult to know who had HIV or AIDS. An man with AIDS was brought to the attention of the community/social development officers because the man was very poor and had no food. He was being cared for by a woman who did not know that he had AIDS and this created a dilemma for the officers. They felt she had a right to know so that she could protect herself. On the other hand, they knew that this would probably mean that the man would be kicked out of the compound and no one would help him.

The non-use of condoms and the practice of multiple partners has facilitated the spread of HIV throughout the youth population. Frequently people commented that girls would have two boyfriends - an older man for the money and an age-mate for love. One boy explained, "girls get AIDS from big guys (i.e. older men) - as most big guys do not prefer to use a condom". In turn, the girl may transmit the virus to her younger boyfriend. Young women also noted that "you can get married to someone who already has the disease or is not trustworthy".

Young people are told to "use a condom" or "stick to one partner". They are rarely told that both messages are important. Since most young people do practice monogamy, albeit serial monogamy, they feel safe. Unfortunately, however, these relationships are often short-lived and another partner is chosen. By adhering to the latter message, they are lulled into thinking that they are "safe". Many young people would deny that they take 'casual' partners - those people who carry diseases and are not trustworthy. Instead, their partners are considered trustworthy and 'good'. In the minds of many, these characteristics preclude the need for protection since condoms imply distrust. With the knowledge which people have, AIDS is stigmatized and feared.

Someone who is at risk is someone who is involved in 'bad behaviour' and there are very few young people who consider their behaviour to be 'bad'.

The AIDS counsellor told countless stories of young mothers who were tested for HIV as a result of their babies being ill. The young women were counselled not to have any more children on the basis that this would hasten their inevitable demise. In many cases the women could not believe that they were infected and the value of having a child outweighed the seemingly imaginary (to them) consequences. They would become pregnant, their health would start to fail and the health workers felt frustrated and angry - angry that the woman didn't follow advice and probably more angry and frustrated because they were powerless to help them.

### c) Condoms

Discussion about the use or non-use of condoms highlights the conflicting attitudes which young people (and society) has towards them. At one level young people have very positive attitudes about condoms. At another level they do not like using them and their comments point to the negative messages which society has attached to the use of condoms.

While condoms have always been available through clinics and in pharmacies, in 1993, Population Services Incorporated (PSI) began an aggressive social marketing campaign of the "Lovers Plus" condom. Using attractive packaging and a marketing/education team comprised of young educated Batswana, youth (and adults) have been presented with positive images and attitudes about condoms which are very persuasive. They are taught that condoms are an effective prevention against STDs, HIV and pregnancy, and that careful loving means protecting yourself and your partner. The condoms are very accessible through many shops, bars and bottlestores.

Young people are enticed and influenced by this positive source. In interviews they

showed a positive attitude towards those people who might carry condoms with them. In their view, the person is "smart" since they are protecting themselves. One boy stated that "he's clever because he's using preventative measures". An in-school girl explained,

> "She likes herself. She protects herself from diseases and also, she listens to the advice to take condoms to protect her."

When condoms were offered to the participants of the focus groups, after a condom demonstration, some youth would walk away with ten or more condoms in their possession. They were visibly pleased with the easy access. Surprisingly, since there are often negative connotations towards girls who have condoms, the older girls from school were the most eager and excited to take the condoms.

When young people were requested to discuss their use of condoms, different attitudes and opinions were evident. In focus groups, boys who were initially were very positive, soon admitted that they did not like using them. Their expression to describe condoms is to say that it is "like eating a sweet (candy) with the wrapper still on" (*ga ke je lekere e phuthetswe*). They said that condoms reduce pleasure, are not romantic and may not be convenient. If the boy and girl are meeting in the "bush" or by the river, for example, they will be in a hurry so they won't have time to use a condom. A couple might use condoms for the first few times but then they will dispense of them. The most common reasons which youth cite for not using condoms include not enjoying sex with a condom, fear of getting a rash from the condom, forgetting to obtain condoms from the clinic, or the inconvenience when trying to have sex quickly.

Regular usage of condoms was viewed quite negatively. Younger boys were adamant that condoms need not be used "each and every time". Nearly half of the girls contended that the boyfriend would refuse to use condoms if he was asked; one quarter said he would use condoms, while the remaining girls were undecided. In contrast, half of the boys said that if they were asked to use condoms, they would use them because they knew that condoms were a good thing.

A school boy said,

> "I know I'm supposed to use a condom. I wouldn't want my girlfriend to say 'Ok my friend, you're supposed to use a condom.' Guys know it's important".

One guy explained,

> "Here in school they (girls) force guys to use (condoms) all the time. Guys feel good. He knows he can prevent the girl (from pregnancy) and STDs".

While both males and females agreed that a girl could ask a boy to use condoms, they disagreed on whether she could ask him to use condoms "all the time". Regular use of condoms (i.e "each and every time") was inconceivable to most boys. In explaining how boys think, one boy remarked,

> "Ya! sure he would agree (to use condoms) if he likes himself. Some won't agree because they say 'ack! condoms! it's no use. If you are using a condom, you are not enjoying. You do not enjoy it 100%'".

Having sex "flesh to flesh" is much more enjoyable for most people and this is a major reason for not using condoms. All of the girls are aware that the boys will protest the use of condoms because it reduces their enjoyment. Also, prior to the introduction of the Lover's Plus condoms, many people complained about the smell of the condoms which were available at the clinics. I thought this was a weak excuse until I opened a package. There was a strong and offensive odour. Two teenage girls laughed at my reaction but commented that after sexual intercourse the odour is so bad that they won't return to their home until they have washed. Fortunately with the new condoms, this is not a problem.

Condoms also carry connotations of promiscuity and distrust which may have implications on a person's reputation. Requesting the use of condoms can be taken as an insult. It implies that a person does not trust their partner. At the same time, distrust is planted in the mind of the other person. Does this mean that the person who is requesting a condom already has an STD? Or in the case of a girl, does it mean that she has had an abortion? This would damage a

person's reputation. Many youth state that condoms are not used with permanent partners since these people are "trusted". To introduce condoms into such a relationship would be an implication of unfaithfulness.

On the other hand, in-school and out-of-school youth believed that condoms should always be used with casual partners since these people are not trusted. Unfortunately, it is sometimes difficult to distinguish between casual and permanent partners, and permanent partners are often discarded because they have proven to be untrustworthy. In practice, it is perhaps one's reputation which more strongly influences a decision whether or not to use a condom. A group of out-of-school boys, who previously had been adamant about the necessity of condoms, declared that they would not use a condom if they had sex with a very beautiful woman - even if she fell into the category of a casual partner. Presumably their reputation would be strengthened with their peers if it was known that they had sex with a beautiful woman.

It is difficult for a girl to directly ask her boyfriend to use a condom because "he'll say he doesn't have STD and she will end up agreeing". One of the girls commented that "if it's the real boyfriend she'll just go ahead and let the man do it without a condom". Another girl agreed saying "most girls won't refuse because they want to satisfy their boyfriends". The security of a relationship is important and it is put in jeopardy when condoms are introduced. Some out-of-school young women indicated that they would like to use condoms with their permanent partners because they don't really trust them. They thought that their men might have other partners but the men say the women should trust them. This pressure from the partners combined with the women's lack of power within the relationship ultimately leads to intermittent use of condoms.

## 6.3 Traditional Healers

For those who have pondered this new AIDS disease, especially those who are involved

in either spiritual or traditional healing, they are likely to suspect that *boswagadi* and/or *dipadi* might be involved. They point to the fact that many people have abandoned their traditional ways and ignored the need for ritual purification. *Boswagadi*, one of the resulting diseases of *meila*, may afflict either a man or a woman who has been widowed and who has not adhered to the one year period of sexual abstinence. Normally after the year, the person is ritually purified by a healer so they can resume sexual relations. To ignore this culturally proscribed period of abstinence is to risk death. Another illness caused by pollution is *dipadi* which normally affects young women who have miscarried or had an abortion. If they have not sought cleansing from a healer, their blood is considered "hot" and they pose a lethal threat to men who would have sexual relations with them[4].

A group of healers argued this point with some health workers during a day long seminar in the Palapye area. To some of them, AIDS is not a new disease - it has just been given a different name by white people. It has existed for a long time and thus the traditional doctors are able to treat it. Just as there are other traditional diseases which the modern doctors have not heard of, nor are they able to treat, so it is with this new/old disease of AIDS. This opinion, however, is not espoused by all adults or healers. While certain elements of AIDS seem familiar (i.e. like a traditional Tswana illness), there are other elements which are unfamiliar and which make many other people to believe that AIDS is new - at least in Botswana.

The two Palapye healers who were interviewed were very aware of AIDS and they said that people had been coming to them for treatment. Both men claimed to be able to heal AIDS patients because, as the older man said, AIDS is an STD and he can treat STDs successfully. The younger man regularly travelled to Lethlakane and Gaborone to consult with and treat patients.

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[4] For a more complete discussion about traditional healers and AIDS, see Ingstad 1990

Both men described the process of helping someone with a sexually transmitted disease, including AIDS. To diagnose the person, the healer "throws the bones", sometimes more than once, to determine the ailment. Once they have established it, their treatment varies according to their knowledge and expertise. The old healer said that after deciding what was wrong with the person, he would go and dig for roots. He would give them to the patient with instructions to boil pieces of the roots, let the liquid cool, then drink three cups daily for one week. For treatment of AIDS, he indicated that instead of using one type of root, he would give a mixture of two roots. The second healer had a mixture of herbs and roots which he claimed would bring out the symptoms of the STD more clearly and then heal the person. For some people he would give them something to drink, others an enema or a steam bath.

Claims have been made by traditional healers concerning the efficacy of their treatments but none have been thoroughly investigated. Often when a person has been diagnosed with AIDS, they will seek treatment from well known healers. This can be very costly, both financially and emotionally because charlatans claiming to be healers abound. The person may also suffer physically from the "medicines" which they are given. Every month in Palapye Hospital, at least four or five people are admitted because of complications after using traditional medicine (Sherif, personal communication). Typically there is renal damage, liver damage or internal bleeding. Unfortunately, some traditional healers tell people that if they see blood in their urine, it means that the "dirt" from inside is coming out. By the time the person arrives at the hospital, they are very ill.

### 6.4 Disbelief and Denial

Since, at the time of the research, the epidemic in Botswana was at the high HIV infection stage, many people were having a hard time believing that AIDS would affect Botswana.

Certainly they were aware that Zimbabweans and Zambians were dying from AIDS but Batswana were not as greatly affected. In essence, there was very little experiential knowledge. As such it is not surprising that disbelief and denial were present. People were struggling to understand how HIV and AIDS fit into their life-view. With more experience and knowledge they were trying to "make sense" of what was happening. This is similar to the situation which Farmer (1992b) documented in Haiti where people's understanding and explanations became more detailed and complex as the epidemic progressed.

Outright disbelief of AIDS and feelings of invulnerability are widespread in Botswana. Many adults, like youth, find it difficult to believe that AIDS is a threat which they should take seriously and personally. Three factors will be considered: the need for "proof" - concrete proof - that AIDS exists, the stigma attached to AIDS, and finally, the belief that AIDS is not from Botswana.

The proof which people demand is of two types. They want to see for themselves a person who has AIDS. At present the rules of confidentiality dictate that persons with AIDS cannot be identified without their consent. This immediately prevents what people desire the most - the chance to see 'a real AIDS patient'. People also want to see symptoms of AIDS which will convince them that this person really has AIDS. AIDS does not have a manifestation which people can readily identify as AIDS. They see herpes zoster, TB, diarrhea and these are illnesses which they already know. They want a unique AIDS identifier. Often it is not until the latter stages of AIDS that people will acknowledge to themselves that this might indeed be AIDS.

There is a strong stigma attached to AIDS. To reveal that a person is HIV positive or has AIDS is to risk being ostracized. Even if a person dies of AIDS, often the family is reluctant to name the cause of death as AIDS. It is better to name another disease. The AIDS/STD Unit of the Ministry of Health experienced the strength of this stigma when a law suit was brought

against them by the extended family of Mpho - the young woman who had died of AIDS and whose life was documented in the video "Remembering Mpho". Even though the immediate family had agreed to the video, the extended family felt that their reputation and business opportunities were being damaged. It is this kind of stigma which prevents the discussion and learning which brings about understanding and acceptance.

Pride is another factor which contributes substantially to disbelief of AIDS. Many Batswana feel very proud that "AIDS is not from here". They say that AIDS is a foreign disease - that it was brought in by white people and other foreigners. The tremendous pride that this is "not our disease" seems to indicate that Batswana will be able to resist it.

A lengthy discussion with a civil servant which was repeated at the beginning and end of my time in Palapye revealed the depth of this attitude. This person was well briefed about AIDS, the seroprevalence rates, modes of transmission and he had responsibilities in AIDS prevention. But, the bottom line was he did not believe it was a threat.

> "Really, somehow I just have this belief that we Batswana won't be overcome. We are strong. These other countries ... well I don't know, but I just have this feeling. It's not just going to affect us like that. We can resist".

He then provided anecdotal evidence of the strength of Batswana. He told the story of a woman who had tested HIV positive but who had sought treatment from one then another powerful traditional healer. She was apparently now "just ok" and going about her normal life. My questions and explanations about the progression of AIDS were dismissed with firm statements that the woman was now well - she did not have AIDS anymore. She was able to resist. Attitudes of disbelief can be summarised in the following quote which holds true for many people.

> "unless and until I see an AIDS patient and the disease [is] given a Setswana name I will continue not to believe that AIDS exists" (Motswana woman, Ubomba-Jaswa 1993:35)

## 6.5 Botswana in the AIDS Belt

"Two thirds of the roughly 16 million people in the world infected with the human immunodeficiency virus (HIV) which causes AIDS, live (in Africa)" and half of the world's cases are in the AIDS belt of Africa which includes Botswana (Caldwell and Caldwell 1996:92). It is puzzling why these countries are more greatly affected. Botswana has ostensibly done everything "right" in tracking HIV and initiating AIDS prevention activities. Prevention activities and research have followed the pattern established by organizations such as the World Health Organization. A realistic estimation of the spread of HIV has been made due, in part, to a relatively efficient and effective system of testing and data collection, and a small national population. However, the rates of transmission continue to rise and there is no evidence of significant shifts in behavioural patterns. There is great concern about the potential devastation which AIDS will have on this small country.

To understand the factors which have spurred on the progress of HIV, Caldwell and Caldwell have set out to reexamine what is currently known about the spread of AIDS in this region. By comparing AIDS belt countries to other African countries (e.g. Nigeria), similarities and differences are observed. Transmission is primarily through heterosexual intercourse and there are no unusual sexual practices which would facilitate transmission. In both regions there are high levels of sexually transmitted infections (other than HIV) which are often untreated. Chancroid, however, appears to be more prevalent in the AIDS Belt and it is known that men with chancroid are at greater risk of contracting HIV because of the presence of ulcers (Plummer et al. 1991). Multiple sexual partners for both men and women are quite common and there is a significant proportion of males in both regions who visit prostitutes, many of whom have high levels of HIV infection. These factors alone, however, are insufficient to start an epidemic.

The Caldwells expanded their search to consider factors which might encourage men to

seek sex, including commercial sex, outside of marriage. The practice of polygyny, sexual abstinence after childbirth, the tradition of warrior societies (which disapprove of premarital pregnancies), large bride-prices (where protecting the girl's virginity is important), matrilineal societies (where sexual independence of women possibly promotes risky sex by both wives and husbands), and populations where there are more men than women were all identified as possible influences. None of these factors, however, were unique to the AIDS Belt. The only factor which is apparently correlated with the spread of HIV is the practice of male circumcision (Bongaarts et al. 1989; Moses et al. 1990). In the regions of Africa where men are not circumcised, AIDS appears to be more severe - the AIDS belt. There has been considerable debate whether or not these findings have been coincidental but the Caldwells believe that,

> "in the AIDS belt, lack of male circumcision in combination with risky sexual behaviour, such as having multiple sex partners, engaging in sex with prostitutes and leaving chancroid untreated, has lead to rampant HIV transmission" (Caldwell and Caldwell 1996:68)

The accuracy of this analysis for explaining the high HIV rates in Botswana is questionable because some of these factors are generalised and they do not fully describe the current situation. There are high levels of STDs (including genital ulcers), and the practice of multiple sexual partners is common for both men and women. Commercial sex is not as prevalent in Botswana as in other countries although it is increasing. Polygyny is not practised, the length of sexual abstinence after childbirth has decreased significantly, premarital pregnancy is not viewed as a problem, and protecting a girl's virginity is a personal (not societal) decision. Batswana women may experience more sexual independence than other societies but there are more women than men. Finally, while widespread practice of male circumcision has declined since the disapproval of initiation schools, some groups, including the BaKgatla, still organize the initiation rites including male circumcision. Participation is voluntary and circumcisions are done at the local hospital. Thus, to state that circumcision is not practised in Botswana (as part

of the AIDS belt) is too general a statement. Male circumcision may be an important piece of the puzzle concerning why HIV has progressed so quickly in some countries, and further research is needed to establish the linkages between circumcision and the spread of HIV. However, the role of the other factors mentioned by the Caldwells should also be more carefully researched and examined within the context of Botswana to understand the possible linkages between them and HIV.

## 6.6 Summary

It was anticipated that since Botswana experiences such high rates of HIV infection, there would be a dialogue about experiences and impact of AIDS on individuals, families and community. Amongst the youth there was very little, if any, discussion. The gap between their knowledge of AIDS and their personal experience had not yet been bridged because AIDS was not part of their reality. To their knowledge, none of their friends had HIV or AIDS. It was difficult to talk about something which they had not experienced - they had only heard about AIDS.

In the next chapter, I return to the discussion of understanding the context of people's lives and the factors which influence them. This enables us to better understand specific risk behaviours related to HIV/AIDS and make sense of some of the attitudes, decisions and behaviours which are puzzling.

# CHAPTER SEVEN

# TOWARDS AN UNDERSTANDING OF SEXUAL RISK

"... sexual behaviour has social meaning, occurs in a social context and is subject to economic and social factors ..." J. Decosas

"The question is who has the power to define risk and to insist that their view should prevail over those of others" Kaufert and O'Neil 1993:51

## 7.1 Introduction

The picture of youth sexual activity in Botswana is relatively clear. Sexual debut is apt to occur between the ages of 13 and 17 years. For boys, their first partner is likely to be the same age or younger. Girls' partners will usually be one to four years older, or much older. Among many youth, relationships are characteristically short-term with a high "turn-over" in partners (serial/sequential monogamy). Youth say that typically neither contraception or protection against STDs and HIV are used when they first becomes sexually active. When girls become more knowledgeable and experienced, they take contraceptive pills to protect themselves against pregnancy. Boys say they are willing to use condoms (usually for contraception) but they will not use them consistently or for a long period of time. In discussing attitudes towards condoms, most say that when youth are "in love" and they know and trust their partner, they see condoms as unnecessary as protection against diseases. It is clear that condom usage signifies questionable sexual behaviour, distrust and "stranger" status of the partner. Finally, although young people acknowledge the presence of HIV/AIDS, they see it as a concern for other people. Although adolescents are quite aware, the relative 'invisibility' of AIDS, from the perspective of the youth, is one of the most striking findings of this study, given the government statistics on prevalence.

It should be noted that HIV behaviour cannot be addressed outside of general

reproductive behaviour and because the full extent of AIDS deaths has not been felt in Botswana, this is one of the best ways in which an understanding can be gained. The reasons why adolescents become sexually active has been the basis for research in many countries (Ajayi et al. 1991; Berganza et al. 1989; Boohene et al. 1991; Dore and Dumois 1990; Feyisetan and Pebley 1989; Franklin 1988; Kulin 1988; Morris 1992; Nichols et al. 1987; Useche and Villegas 1990; St Lawrence et al. 1992). The influences of physical development, parents, culture, religion, education, psychological development, and moral values on sexual behaviour have all been evaluated (Fisher et al. 1991). For most teens, however, peers have a significant influence on when sexual relationships are started (White 1987; Fisher et al. 1991; Huszti and Chitwood 1989).

It is difficult to look at AIDS prevention efforts until the question of why youth become involved in sexual activity is addressed. Likewise, youth sexual activity cannot be fully understood without considering the larger societal influences. Much research and emphasis has been allocated to understanding the "beliefs, behavioural practice, and psychological variables that might influence a person's choices ..." (Institute of Medicine 1995:18). However, much less attention has been given to the broader social forces - historical, cultural, political, and economic - which influence individuals, families, and communities.

> "The HIV epidemic is shaped by sociohistorical and sociocultural factors. These include geographical location, local social structure, cultural beliefs and activities, racial and gender stratification, laws, policies, and programs, as well as the process of community disruption..." (Institute of Medicine 1995:32).

An important part of the social context which must be considered includes the unequal relations between men and women. These power relations are an important aspect in the transmission of HIV: "women often do not have the same bargaining power as men in negotiating sexual ... behaviour (Institute of Medicine 1995:33). This includes whether or not they have sexual intercourse, whether they become pregnant and whether they are able to use condoms as

protection against HIV and other sexually transmitted infections. AIDS can no longer be viewed as a medical problem simply caused by a virus but a disease which is intricately linked to economics, politics, social and cultural constructs (Heise and Elias 1995; Farmer et al. 1993; Danzinger 1994; Schoepf 1992).

The sexual behaviour and decision making of the young must be considered within this broader context in order to 'make sense' of their decisions and to realize that interventions are necessary at the individual level and in changing social environments. Ewart (1995:5) comments,

> "if prevention programs that ignore social and political structures are flawed, so are social and structural interventions that fail to consider individual cognition, emotion, and behaviour".

To gain an understanding of sexual risk, an integrated perspective and theoretical framework are required to address the various contexts.

In this chapter, I want to explore these issues in more depth, set in the context of the general literature on youth and AIDS. The major issues of importance include the adolescent search for identity and autonomy, differences in adolescent behaviour based on gender and age, power relations, and risk. Differences in sexual behaviour based on educational status is important because of the implications on behaviours which facilitate HIV transmission. In the final chapter, suggestions are made concerning how to work with youth in bringing about changes in their behaviour so that they are helped in protecting themselves against HIV and AIDS.

## 7.2 Establishing an Identity: Reputation and Independence

The literature on adolescence identifies this period as the time in which the young are concerned with the struggle to gain status and identity as young adults. While there are a maze of pressures, influences and concerns connected to their identity and autonomy, the two areas in which identity is developed are in relation to reputation and independence. The appearance of

being successful is critical for youth. Developing peer and adult relationships helps to establish the appearance of success. Developing sexual relationships are part (but not all) of establishing a reputation and showing independence. Furthermore, sexual activity and relationships may be used to establish a reputation in other areas of life. The traditional means of establishing a reputation as a successful person have diminished as society has changed. The modern way of showing success is primarily through wage earning employment. Youth encounter so many obstacles in gaining a reputation through wage earning, that they must to seek other ways of establishing their identity. One of the avenues still open to them is through developing sexual relationships and thus a sexual identity.

'Reputation' used in a broad sense represents the "overall quality or character as seen or judged by people in general" (Merriam-Webster Dictionary). How other people perceive a young person is important to them. However, the pressures to create and maintain reputation are often internalized, affecting how the young see themselves. This becomes a powerful force motivating their behaviour (Ingham et al. 1992:169). One's perception of oneself and how others perceive the person are both important aspects of reputation.

Research in this period show that becoming involved with people of the opposite sex and sexual relationships are an integral part of growth and development. Reputation amongst peers is critical, and 'risk' is often measured in terms of jeopardizing one's acceptance by friends. Peers are the reference group by which behaviours and attitudes are measured and the youth exert a powerful pressure on each other to conform to the standards of the group (or sub-group) (Institute of Medicine 1995:18).

In this study, it is apparent that the definition of a "good reputation" in Botswana is understood differently depending on the gender and educational status of the young person. It is different for a boy than for a girl, and an in-school youth versus a school drop-out. For

example, although being diligent in school is important for a good reputation with in-school youth, it is not important for those who do not attend school. Rather, for those youth, the ability to earn money is important. Doing agricultural work on parents' farms does not bestow a favourable reputation on them in the same manner as a wage earning job.

A good reputation for a boy means that, among other things, he treats people respectfully. He should not insult either his elders or others, including his girlfriend, in front of other people. However, it was very clear from watching adolescent boys interacting in focus group discussions in Palapye that they believed their reputation as 'a man' was accomplished by having sexual intercourse. They are very sensitive to the pressure to become sexually experienced because they believe it is essential to their identity and reputation as a male. The young male must learn to attract or court young women to be their partners; 'sweet talking' is an art form which young males learn to perfect.

Boys are expected to be sexually experienced and they are free to pursue numerous partners. For their reputation, they risk having too few girlfriends rather than too many. As in most societies (Lupton and Tulloch 1996:261), a dual standard exists in Botswana for males and females (Ball 1989). If girls have too many partners or know too much about sex, they will be considered promiscuous but if they shun sexual activity, they risk being pressured and teased by their friends. Adolescent girls must learn the balance between a good reputation and gaining sexual experience. While respectful behaviour is expected from girls, being sexually demure, deference to men, modest behaviour, and (as she gets older) being fertile are important elements of a good reputation for a girl.

Another important aspect of adolescent development is the search for increasing independence from parents (and other care-taking adults). This is borne out in the desire of youth to make decisions for themselves. The youth try to assert this through the way in which they

dress (for identity), and the places where they socialize. In the activities in which they are involved - sports, church, academics - they want the ability to choose. They want to choose with whom they spend their time, and the relationships - both sexual and non-sexual - which they develop. In Palapye it is evident that youth have their own language, and style of dress is very important. Youth have 'colonised' certain bars because there are not many sites available to them. The choices which they made are dependent on money and that is why money is very important for the establishment of a reputation.

Sexuality and sexual relationships are important expressions of the search for independence. To be sexually successful a young person must have sexual relationships. For boys this is measured by the number of sexual partners. Girls want to be viewed as popular with the boys but to be successful they must also retain their partners. Understanding these gender differences is critically important when discussing adolescent sexuality.

As independence from parents is gained, relationships with peers gain importance and this has implications on youths' behaviour, including sexual behaviour. Research shows that peer group norms powerfully influence whether or not youth will take measures to protect themselves against pregnancy, STDs and HIV (Fisher et al. 1991). Many young people will not go against the group norms but will engage in behaviour which they know puts their health at risk, but which they perceive "saves" their reputation. Work in Botswana has shown that a deliberate decision to protect oneself may result in greater stigma from one's peers than the decision to be sexually active (Williams et al. 1987).

In many respects, Batswana young people are no different from young people all over the world. They struggle with the same issues of identity, autonomy, control and reputation. Youth in Botswana are caught between the expectations of traditional and modern life. The pressures and situations which they face are different from those faced by their parents, and they

are ill-prepared to deal with them. Balmer, in Kenya, states that many of the larger societal, cultural and economic changes happening in Africa

> "have given increasing social and economic independence to adolescents and they are having to face issues which are inextricably intertwined with sexuality, such as pre-marital sex, contraception, pregnancy and abortion" (Balmer 1994:4).

In traditional Tswana society, young people were thoroughly taught about sexuality and the behavioural standards which were acceptable in society. These standards were maintained through social controls and regulating mechanisms such as taboos, prohibitions and peer pressure. As part of the Christianization process, however, many of the ceremonies, rituals and social controls which were important for teaching sexuality to the adolescents were denounced (Balmer 1994; Ahlberg 1994). The emphasis shifted from societal standards to an individualized morality. The result has been that two distinct moral systems co-exist - a more traditional 'African' moral regime and a 'Christian' moral regime. However, as Ahlberg (1994:233) writing about the Kikuyu in Kenya observes, "neither ... has much authority over sexual behaviour" and parents have no way to enforce either traditional or 'Christian' norms because they lack any "effective means of sanctioning deviant behaviour". The process of shifting from societal to individualised morality is similar in Botswana as it is in Kenya.

In contemporary Africa, the influence of tradition is no longer strong with the youth. Likewise, the influence of Christianity, while still felt, has been overtaken by the western-style media. Through the media, the youth are influenced by ideas of 'romantic love'. Ahlberg (1994:234) suggests that

> "the 'romantic love' moral regime in Africa ... (has) led to a form of sexual activity characterised by serial monogamy, where loving relationships occur in quick succession between female and male adolescents of the same age group".

Balmer (1994:65) notes that "society allows adolescents to be bombarded with emotive sexual material from television, cinema, pop songs, magazines and books". In Botswana, ideas of

romantic love were popular with the youth. In focus groups, the influence of pop songs and media images were strong. Teen magazines and romantic novels were popular, and girls spoke about being "in love" with an ideal boyfriend.

The result of this strong media portrayal of romantic love is confusion among youth about what is realistic, what can be expected, and appropriate behaviour in opposite sex relationships. The lack of appropriate vocabulary to talk about sexuality and relationships further complicates the issues and some youth make mistakes or develop coping mechanisms which are potentially harmful (Balmer 1994). By using sexual activity as a way of establishing an identity in the larger society, the potential for engaging in risky sexual practices is introduced. Ultimately this has implications for (among other things) potentially abusive relationships based on power imbalances and the transmission of HIV and other STDs.

### 7.3 Gender Relations and Power

Cultural rules in Africa dictate that younger people should show respect to their elders, and women are expected to defer to men. In a sexual relationship, it is traditionally accepted that the man should be older than the woman. Since relationships involving adolescent girls occur between different aged individuals there is always a differential in power - many different types of power. Davies comments that sexual negotiation is often not between *equals* and,

> "age differences, racial differences, disparities in social or economic status, sexual attractiveness, sexual role, etc. all create situations in which one individual becomes more able to dictate the course of events than does the other ..." (Davies 1992:134-135).

Inevitably young women are the most powerless in sexual negotiations.

The adolescent female has limited ability to refuse sex due to the fear of repercussions. Working with adolescents in Kenya, Balmer (1994:42) comments that,

> "females begin to appreciate that sex is something that happens to them, rather than something that they actively participate in. Males learn the converse: sex is their

preserve, to be initiated and taken at will and without consent".

This is reflected in language where girls are not expected to say 'yes' - they can only say 'no'. Males quickly learn that "this rejection is not definite and persuasion and seduction are what is required" (Balmer 1994:43).

In this study, the major concerns of adolescent females stemmed from their lack of power vis-à-vis male partners. The power differential between males and females often creates a situation in which women have very little choice. Men often use this power to ensure their own sexual satisfaction. Many of the girls in this study, as in other studies (SIAPAC 1992, 1993; YWCA/WHO 1992; Balmer 1994), felt not only that they could not refuse sex to their boyfriend, but also they could not insist on the use of condoms for protection. Females were afraid of their boyfriends' reaction if they were refused and of their potential for violence (Heise and Elias 1995). In Botswana, as in many other countries, the use of force, whether physical or verbal, has always been an element in traditional male/female relationships.

Girls lack the power to control their own relationships. They face the possibility of becoming pregnant if there is no cooperation concerning birth control. Indeed, the terminology used in Botswana in reference to pregnancy reflects the lack of power for women. Girls "fall pregnant" and males "impregnate" females. Young women fear that their partner(s) are not committed to them and to the relationship. By extension, they are afraid that if they become pregnant, the boyfriend will abandon them. While a young woman may use another type of birth control, she cannot force her partner to consistently use a condom. This lack of power has significant impact on the ability of young women to make decisions within their relationships and to protect themselves against HIV.

Fertility is highly valued in Tswana culture and a woman's worth is tied to her ability to have children. Girls begin to plan for the birth of their first child during their teen years. Youth

are not particularly concerned with preventing pregnancy unless they are motivated by something else such as wanting to finish their education, adhering to Christian or religious teaching, or wanting to wait until they are married. Pregnancy and proof of fertility is, for many people, a prerequisite for marriage. Given the value set on fertility, women are likely to be ambivalent about using condoms because they prevent pregnancy as well as HIV (Heise and Elias 1995).

Sexuality for women is tied closely to their fertility and this puts them in a difficult situation. Women want to reproduce but they do not want to be abandoned when they become pregnant. The imbalance of power between men and women means that women cannot easily protect themselves from pregnancy, but at the same time they are likely to be ambivalent about protection because of the need to prove their fertility. This has implications for HIV prevention. While women may want to protect themselves against HIV, they show their sexuality by proving their fertility. If they have proven their fertility, they still lack the power to protect themselves. It is hard for them to achieve their objectives and although young women readily identified the areas in which they felt vulnerable, they did not connect their lack of power to the larger societal issue of the low status of women.

### a) Implications Of Gender Imbalance on AIDS Protection

The imbalance of power which exists with respect to gender and age has implications for AIDS prevention. Although there is debate about whether a man is considered to be a boyfriend or a sugar daddy, if he is older than his female partner, he is likely to have had more sexual partners, more episodes of unprotected sexual intercourse and more exposure to STDs including HIV (UNDP 1992). While a young woman might want to use protection - either to prevent pregnancy or STDs - once she agrees to a relationship she cannot usually refuse sexual intercourse and neither can she enforce the use of contraception or protection (condoms). Most

women have little power relative to an older, economically established man. After years of deferring to male elders, it is highly unlikely that a young woman will insist on her own rights to protection. It is not a matter only of physical and economic power but also of custom.

Most studies with female youth in Africa have found that negotiating the use of condoms requires open communication about sexual matters and teenage girls found this very difficult (Macdonald 1996; McLean 1995; Balmer 1994; Bassett and Sherman 1994; AIDS/STD Unit 1993c; Vos 1993; Boohene et al. 1991; Ball 1989; Williams et al. 1987). Pivnick writing about African American women notes that the use of condoms is

> "embedded in the nature of culture-specific, socially mediated, unequal gender relations, which exist, in turn, within broader unequal social and gender relations" (Pivnick 1993:449).

Young women perceive that they are unable to influence their partner's behaviour and they are afraid of violence (Heise and Elias 1995).

Schoepf (1992:279), writing about Zaire, comments that a solution to women protecting themselves,

> "involves redefinition of the gendered social roles and change in the socioeconomic conditions that have contributed to the rapid spread of AIDS".

Norr, Tlou and Norr (1993:279) in reference to AIDS prevention in developing countries, state that

> "women's relative lack of status, power and economic resources make them dependent on men and limit their ability to convince partners to practice safer sex".

Women often do not have the power to insist on a monogamous relationship or to negotiate the consistent use of condoms. Increasing their AIDS prevention knowledge - "use a condom" or "stick to one partner" - is insufficient. There must be "legal, economic, political, social and psychological empowerment of women" (Norr et al. 1993:279) so that they are able to protect themselves. The imbalance of power between men and women must be addressed, along with a redefinition of social and gender roles (Heise and Elias 1995).

## 7.4 Educational Status

The educational status of youth is a issue of importance with respect to AIDS prevention. In the literature about youth and AIDS, many North American studies make the connection between socio-economic status, education and risk to HIV (Beaman 1993; Millstein et al. 1992; Wight 1992; Fisher 1991; Sugerman et al. 1991; Boyer and Kegeles 1991; Kipke et al. 1990; Huszti and Chitwood 1989; Flora and Thoresen 1988; Grant and Demetriou 1988). Access to information through the school system is only one aspect. In this study, educational status indicates something about the economic future of a person. If AIDS and young people are being considered in Africa, one of the critical factors is whether youth have hope for the future.

As the economic situation in Botswana has tightened, the future for the youth has become more uncertain. There is more competition for school, training programs and jobs. The out-of-school youth keenly feel the uncertainty about their future. 'Hope' is the one element that significantly separates the in-school youth from those who are not attending school. By virtue of the fact that they attend school, young people are able to envision a future which includes employment and the means by which to live in a modern economy. This is an important difference because it affects the way in which youth view their lives, including their sexuality. As there are less opportunities for school and for employment, youth are losing hope and developing strategies to survive, including risky sexual relationships.

The differences in concerns about relationships between groups of youth in Palapye based on education and gender is outlined in Table 7.1. It is clear that the concerns based on school status are different. In-school girls are concerned about becoming pregnant; out-of-school girls do not share this concern. Proving their fertility (and sexuality) is one area in which out-of-school girls are able to establish their reputation and identity. In-school girls and boys have another site - school - in which to prove themselves. In-school girls must balance their desire

to prove their fertility with the need to complete school and establish a future. Boys in school have more of a future than those not in school. Thus, they have an additional context in which to establish their reputation and identity. Unless out-of-school boys are able to find employment, one of the only areas in which they can prove themselves is in sexual relationships.

Table 7.1 Priority Concerns of Youth by Gender and Education

| In-School Females | Out-of-School Females |
|---|---|
| pregnancy | bad behaviour |
| STDs | STDs |
| forced sex | forced sex |
| **In-School Males** | **Out-of-School Males** |
| STDs | STDs |
| pregnancy | bad behaviour |
| losing her | losing her |
| cheating | cheating |
| bad behaviour | refused sex |

With respect to AIDS prevention and education, telling young people who are unemployed and unable to further their education to use condoms for protection against a virus which won't affect them for several years misses the reality of their lives. Decisions about protection are not made in isolation of other parts of their life. Young people want employment; they want to be productive; they want hope that there is more than teen motherhood; and they want to be independent. It is a cruel indifference to their plight when adults insist the focus must be on 'safe sex' and refuse to consider that the decisions which youth make are strongly influenced by external factors.

## 7.5 Risk Mis/Perception

Understanding sexual risk and perceptions of risk involves understanding the "lived predicaments people face" (Wikan 1990:12). Making sense of individuals' decisions and

perceptions within the context of the person's whole life affords a fuller view of what the person faces. Sexual risk is not divorced from the totality of a person's life. Understanding the connections to broader contexts are critical because of the implications for AIDS prevention and interventions.

Most literature on risk and AIDS is based on experiences from western countries. Writing about the United States, Fisher and colleagues (1991) suggest that youth view risk as a value and they are reluctant to appear to be less willing to take risk than their peers. Their research also suggests youth have difficulty personalizing risk. The aim of this study was to see how attitudes to risk thread through general attitudes of risk with youth in Palapye. While youth had access to information, the lack of visibility of AIDS to the youth seriously affected their ability to personalize the risk of HIV.

For many youth, in their stage of cognitive development they are concerned only with the immediate and the tangible. Many of the young believe they are invulnerable and invincible (Elkind 1967; Fisher et al. 1991; Huszti and Chitwood 1989; Klerman 1989; Pinkerton and Abramson 1992; Wight 1992) which leads to a denial of risk - 'I don't think it is a problem', or optimistic bias - 'it won't happen to me' (Ingham et al. 1992).

Youth sincerely believe that they 'know' their partners. This 'knowing', however, rarely includes detailed knowledge of previous sexual activities. It is often

> "superficial judgements based on having been acquainted with someone for some years, knowledge of the person's occupation, place of residence or parents' occupations" (Ingham et al. 1992:166).

Youth may perceive their partners as 'safe, 'known', 'trusted', not promiscuous, 'faithful'. This may result in perceptions of invulnerability. The partner's appearance, family, and personality combined with how the young person views themselves (i.e. not promiscuous, only with 'permanent' and known partners) may all contribute to strengthening the feeling of invulnerability

(Ingham et al. 1992). During the focus groups in Palapye, it was clear that these heuristics were being used by the youth to justify their practices of unprotected sex. Their partners were not anonymous; they were known. In many cases, families of the partners were known. For the youth, this was sufficient to believe that their partners were 'safe'.

Another factor which contributes to the perception or misperception of risk is trust between sexual partners. This ultimately affects whether or not condoms are used and how partners are classified (casual or permanent). On a macro level, in focus groups youth expressed extreme distrust of the opposite sex and they believed they should protect themselves. Girls said that boys cheat on them and that they abandon their children. Boys stated that girls are more interested in money and gifts and that they will go with the man who provides the most. Both sexes are suspicious that the other has STDs. However, on a micro or personal level, youth are inclined to trust their partner. As such, they perceive that protection against STDs is unnecessary because *they trust their partner not to cheat*. It is difficult for the youth to personalize their distrust, recognize the risk and protect themselves. They are struggling with a "romantic" ideal of love which dictates that they should trust the person, expect the best, and not use protection. By not demanding protection, the cue which the young person is offering to their partner is that they themselves are trustworthy (Træen 1993:31).

Most youth are taught about STDs and AIDS, however, as Sobo (1994:33) comments, "no matter how well informed they are, people tend to underestimate their risk for HIV/AIDS". Unsafe or unprotected sex "is part of a psychosocial strategy for maintaining one's status and one's sense of self" (Sobo 1994:23). Condom use is ladened with meanings. In general, both male and female youth associate the use of condoms with promiscuity, prostitution and disease (Heise and Elias 1995). Other meanings are attached to the non-use of condoms. For example, Pivnick (1993:442) suggests that "intimacy and fidelity are confirmed by having sex with a

partner without a condom". Belief in the partner's faithfulness and participating in unsafe sex may confirm the high quality of the relationship. For this reason, any attempt to introduce condoms into an existing relationship is likely to set that relationship in jeopardy because it raises issues of fidelity and trust (Maticka-Tyndale 1991; Heise and Elias 1995). Young people recognize that if they request or require condoms, their reputation will be questioned. Condoms signify a lack of commitment and this makes them "emotionally unacceptable" (Pivnick 1993; Træen 1993; Sobo 1994). Thus, within the context of a young person's life, it may be a rational decision not to use a condom since the price paid for using a condom may not be worth the cost to the individual or to the relationship.

Many adults, including health professionals and AIDS educators, focus attention on the 'costs' and 'benefits' of youth sexual behaviours. The priorities which they set for youth are to abstain from sex, delay sexual debut, and engage only in protected sexual intercourse (using condoms) preferably in a monogamous relationship. Their emphasis is on the behaviours which are "health preserving" or which are biomedical in nature (Ingham et al. 1992:170). There are, however, direct and immediate benefits of sexual involvement for adolescents which include

> "a range of physical and emotional and psychological factors including, but not limited to, physical pleasure and release, emotional intimacy and security, enhanced self-esteem and actualized sexual identity" (Pinkerton and Abramson 1992:561).

As Davies notes, "sex is, after language, the most *inter*personal of human activities" (Davies 1992:134, emphasis in the original). There may also be other rewards to sexual involvement including economic ones of food, shelter and money. How each of these benefits are valued depends on the individual but the immediacy of the benefits outweighs the risk of contracting a virus which has a long latency period (Flora and Thoresen 1988) and which is apparently (to the youth) invisibible.

It is important to acknowledge the rationality of risky sexual behaviour when the

perceived benefits (physical, emotional or psychological) outweigh the perceived threats. At times, forces external to the person limit their ability to make 'healthy' decisions and they are unable to exercise choice (Institute of Medicine 1995). For example, health educators often assume that the benefits of having sexual intercourse are outweighed by the probability of becoming infected by HIV. This is what Davies (1992:137) calls "a bloodless and arrogant view" because it belittles the reality of peoples' lives and dismisses the validity of their choice. For street youth, it may be an "entirely rational (choice) ... to have sexual intercourse, if the alternative is to starve" (Davies 1992:137). In Palapye, some adolescent girls developed relationships with older men as a strategy to obtain money or gifts so that they might function and survive in a modern economy. For those youth (both female and male) who face severe economic insecurity, selling sex enables them to survive. Understanding another person's reality and moving away from a 'denial' label (Pinkerton and Abramson 1992; Ramos et al 1995), can bring "insight into why someone defines a situation in a given manner" (Ramos et al. 1995:498). By doing so there is opportunity to understand what information and situations people consider to be relevant, to understand their 'situated rationality risks', and thus develop prevention strategies which are more focused on the real needs of individuals.

## 7.6 Summary

This chapter has examined several factors which, through this study, were identified as important in influencing youth perceptions of sexual risk and behaviour. This included how youth establish their identity through building a reputation and seeking independence. The power differential which gender relations and age have on relationships is considered. Furthermore it is shown how important it is for youth to have hope and aspirations for the future so that they can see what is at stake for them in light of the threat of HIV. Finally perceptions and

misperceptions of risk are explored and it is suggested that although some decisions which youth make are questionable in terms of their potential outcomes, the decisions often 'make sense' within the context of their lives.

In Chapter Eight the implications of this study are explored. In order for youth to avoid infection by HIV, it is clear that behavioural patterns must be changed. Youth must be empowered to make the changes themselves. They must know what is at stake if they do not protect themselves, and they must be taught the skills which will enable them to make changes. Finally larger societal changes are necessary since youth are influenced by these forces.

# CHAPTER EIGHT

# HELPING YOUTH CHANGE BEHAVIOURS

> "We are the future of Africa. Over half of Africa's people are under the age of 25. We have much to contribute - ideas, energy and commitment. It would be a waste of our continent's most valuable resource not to listen to and act upon the ideas and opinions of young people" Marrakech Youth Declaration

The applicability of this research with young people goes beyond the borders of Botswana. While cultural nuances make the data specific to Botswana, many of the experiences are common to young people, regardless of their country of origin. Equally importantly, the way in which young people and their decision-making is viewed by adults is remarkably similar in Botswana as elsewhere. Consequently, AIDS education programmes for youth carry the same messages if in slightly different packages. Unfortunately these programmes have singularly little chance of changing youth behaviour despite good intentions. In this final section, I offer suggestions concerning further efforts in developing appropriate interventions and prevention activities for youth. I also highlight areas in which further research is needed.

## 8.1 Helping Youth See What is At Stake

Friedman (1994:34) states that to bring about changes in sexual behaviour of youth

> "requires a greater involvement of young people of both sexes in the development, implementation and evaluation of programmes meant for their benefit".

Transmitting information to youth as passive recipients with the hope that behaviours will change does not work. Rather, what is required is an approach which will help young people identify what is 'at stake' for them, and what they will lose if they do not form different patterns of behaviour. Balmer (1994:5) states that the role of young people,

> "is of prime importance because they know the community from which they come, how

> it thinks, acts and reacts. They are dynamic actors ... and they should participate ... to generate new strategies appropriate to a fluid and changing social environment".

Since "adolescence is the optimum time to try to prevent high risk behaviour patterns from becoming routine" (Balmer 1994:5) significant energy has been directed towards providing AIDS information for young people. Many of the programs in Africa have been modelled after Western educational programs which highlight the behaviours which adults view as risky. In Botswana, youth have been convinced of the presence of AIDS but they have not been convinced that it is a threat to their lives to the point where they take preventive measures. Since youth have not internalised the information, there is a gap between their knowledge and behaviour. While cognitive development is partially responsible for this gap, the relative invisibility of people with AIDS convinces youth that AIDS is a distant threat.

The study in Palapye suggests that new and different methods of working with youth are required. The didactic approach common in schools may not be the most appropriate method. The colonial educational system upon which the Botswana education system is based does not encourage independent thinking and free interaction between teacher and students. It is based on rote learning and Batswana youth are very good at it. While it is important that youth be given information, this is not sufficient. An approach which allows youth to reflect on their lives and the information they have been provided will enable them to make decisions which are informed and intelligent.

Lectures based on moral behaviour or the 'no sex' approach is not particularly beneficial because it is unlikely that young people will stop having sexual relationships and it must be questioned whether stopping them is the primary goal. Instead, it may be more beneficial to assist young people in identifying their options for behaviour and then to empower them so that they are able to make choices. Certainly there will be youth who decide to wait until they are older before embarking on a sexual relationship. This choice should be supported and healthy

strategies for coping with peer pressure should be identified. Those who choose a sexual relationship should be assisted in thinking through what will be at stake for them. Possibly one of the most powerful influences could be a person who has contracted HIV who is able to relate his/her experiences. Issues pertaining to the prevalence of STDs and HIV, teen pregnancy, contraception and condom protection are topics which youth need to explore. Documenting and discussing relationships which older men have with younger girls may enable the youth to recognize that gifts and money are not the only things which old men give young girls. Older men are an important route of HIV transmission into the youth population.

If there is to be substantial change in youth behaviours, a different forum must be sought, approaches should have some cultural basis, and an appropriate language used in communication (it may or may not include English). Culturally sensitive and appropriate techniques which are participatory in nature will be more successful than imported methods which, although successful in other settings, may not be compatible with the learning styles of the young. In Botswana, the traditional *kgotla* forum provides the basis for group discussion and decision making. An oral tradition which values story telling and praise poems provides the medium for working with youth in an interactive manner. Drama and role play, the approach use in Palapye, give youth their voice and allows them to act out their lives and reflect on it. By valuing the cultural traditions, young people will be able to re-invent them in a way that is appropriate and meaningful; by valuing the experiences of youth, opportunity is provided for them to internalise what they learn.

While it is desirable to start teaching and influencing young people before their sexual debut (i.e. 5 to 14 years), it is difficult to take advantage of this window of hope or opportunity because of the cultural taboos surrounding sexuality. It is not considered appropriate to teach a young person about sexuality unless they have reached puberty, and traditionally parents do not teach their own children - it is the responsibility of the relatives. As a result, most parents feel

uncomfortable and ill-equipped to teach their children. Children quickly learn that this is a topic to be discussed with peers but not older people. Until some of these taboos are bridged and the embarrassment put aside, it will be difficult to teach younger children. Nonetheless, it is this group which should be targeted so that behavioural patterns can be influenced before they are well established.

The community has the potential to play an major role in guiding and influencing the actions of young people. As long as HIV and AIDS education is relegated to health professionals and to teachers, it will take a long time until the information is integrated into the community. Increasingly churches, sports clubs, and other community groups must take a role if youth are to be supported in making behavioural changes. Popular role models for the youth can be identified; they may be able to influence youth behaviours more than other adults. Alternate recreational activities, other than sex, should be in place for young people. Younger parents may become willing to address their children directly about HIV/AIDS if they are supported and as AIDS becomes more visible. Also, older youth wield alot of influence on younger youth and this could be very beneficial in establishing new patterns of behaviour such as reducing the number of partners, delaying sexual involvement and consistently using condoms and contraception. There is still a role for elders to teach the young without condemnation. However, it will require that elders (and adults in general) take a careful look at their own lives since the youth are more interested in examples and role models rather than empty contradictory talk.

Youth must be allowed to make their own decisions. The responsibility of adults, especially health professionals, is to ensure that they have full information. It is morally irresponsible for adults to withhold information in an attempt to coerce the young to act in a certain manner. When young people's lives are 'at stake' there can be no excuse on the part of adults for not assisting young people who are anxious to participate in life to its fullest.

## 8.2 Research and Interventions

One of the problems with AIDS programs is that they treat youth as a homogeneous group. In this research it has been clearly shown that there are distinct differences between groups of young people. Males and females are different in terms of how they view relationships, sex, STDs, risk, reputations and power to control their lives (Holland et al. 1990; Beaman 1993). There are also distinct differences in life priorities and goals between in-school and out-of-school youth (Klerman 1989; Blum 1991; Fisher 1991). The way in which younger youth view relationships is often different than older youth because of the developmental difference (Thornburg 1975; Millstein et al. 1992). Socio-economic and rural-urban differences also point to the diversity which exists within the youth population (Blum 1991; Tshimika 1991; McLean 1995). There is awareness that street youth have vastly different needs from youth who live in a stable environment (Huszti and Chitwood 1989; Sugerman et al. 1991; Raffaelli et al. 1993). Understanding the diversity within the youth population is critical to understanding the needs of the youth (Grant and Demetrios 1988; Friedman 1989; Kipke et al. 1990).

The diversity among youth has implications for research and the development of programmes and interventions. Health education messages and programmes are often developed with too little regard for the different ways in which these messages are received and understood. One program or message is not appropriate for all and cannot be transferred from one group to another without careful consideration to the similarity or dissimilarity of the groups. Programmes or interventions which are not targeted to specific groups will, at best, influence very few young people. At its' worst, a wrongly targeted intervention could result in damage because the information was (mis)interpreted within a context which was not anticipated.

Research must be designed in a way which is sensitive to the different groups or sub-groups of youth. Multi-method approaches to research about sexuality usually result in a broader

and more complete picture of the situation (Görgen et al. 1993; Scott and Mercer 1994; Helitzer-Allen et al. 1994; McLean 1995). This may mean that different data collection techniques are used for youth who have low literacy rates or who may be considered 'high-risk'. Younger adolescents may require different considerations to older youth (Millstein et al. 1992; Weber et al. 1994). Likewise, in a multi-cultural setting, consideration must be made for the specific needs of the cultural group. Rural or village youth may hold different views to their urban friends. These differences should not be overlooked because the key to an effective intervention may lie within these differences.

Further studies would benefit from focusing more energy on the out-of-school youth who are difficult to contact but who face tremendous risk of being infected by HIV. Also, as a longer time is spent in a research location, rapport is developed with the youth, further interviews can be conducted, and the interaction of families and the larger community can be explored. As situations of risk are identified, a model of sexual risk for adolescents could be developed. Given the high rates of infection in Botswana and as the visibility of AIDS increases, a follow-up study of the same group of youth could track their activities, changes in attitudes and behaviour.

In the past, most HIV/AIDS research and interventions focused heavily on changing individual behaviours. Through this experience, it became apparent that individual-based interventions have limitations because contextual factors have a powerful influence on individual decisions. Indeed, one of the reasons why neither the didactic and moral approaches have worked well is that they fail to take the cultural and economic contexts into consideration. Also, social relationships have different levels which affect HIV-related behaviours. Analysis of these levels uncovers how various factors influence behaviours and shows how behaviours cannot be analyzed outside of the social and cultural structures in which they are embedded (Institute of Medicine 1994). According to the Institute of Medicine (1995) report Assessing the Social and

Behavioural Science Base for HIV/AIDS Prevention and Intervention, a multi-level (or multi-pronged) approach to HIV/AIDS research and intervention must be pursued if there is to be any degree of success.

> "Rather than focusing solely on the individual, researchers must study the broader social context - including couples, partners, networks, communities and global issues - for the effects of context on the risk and diffusion, and for the potential that social context may hold for intervention" (Institute of Medicine 1995:54).

The immediate social context includes factors such as social norms and peer pressure. An intermediate context, according to Friedman and Wypijewska, includes social networks which are "sets of social linkages or interactions among persons" (Friedman and Wypijewska 1995:57). The large scale social context includes gender relations, sociohistorical and cultural factors.

The contribution of this research is that it considers the larger context of young people's lives, and addresses the question of *why* adolescents behave as they do. Their sexual behaviour is understood to be influenced by social, cultural and economic factors. The social roles and norms affect how youth understand and use their sexuality. Using focus groups enabled individual behaviours to be contextualized and it allowed for dialogue. In seeking effective interventions, it is this type of approach which will be the most successful in transferring power from the educator to the youth. Balmer (1994) in Kenya, Bassett and Sherman (1994) and Munodawafa (1993) in Zimbabwe, have all used focus groups not merely for gathering data but to take the process one step further. By encouraging dialogue and reflection amongst the youth, the focus group itself became an effective intervention.

In many African societies adolescence is a relatively new concept, however, there is not a clear understanding of the stages of adolescence, adolescent sexuality, or coping strategies of youth growing up in a changing society (Balmer 1994). This lengthened period between childhood and adulthood exposes young people to a variety of situations which are new, and temptations which hold the possibility of disastrous outcomes. Research which sheds light on

the values which youth aspire to and the coping strategies which they acquire for survival would broaden the information base and facilitate the development of health interventions which are better synchronized with the lives of youth in general. Ultimately reproductive health interventions and programmes (including HIV/AIDS programmes) would benefit from a more secure foundation and they would be more likely to achieve the desired goals.

There has been little ethnographic-type research conducted in Botswana which provides an in-depth understanding of the sexual partners of young people. It is often assumed that partners are relatively close in age, however, research with teen mothers indicate that the men who impregnated them tended to be several years older (Ball 1989). Rumours abound concerning girls having two boyfriends - an older man for economic reasons and younger boyfriend for "love". The sexual networking in which youth are involved is not well understood yet this information is important in understanding the diffusion of HIV throughout the youth population.

One of the key areas in which more research is needed pertains to power relations between males and females, old and young. The imbalance of power raises questions about the use of force in sexual relationships. How these power relations affect the negotiation of safer sex and how they can be changed requires further exploration. Related to the issue of power, research is needed to investigate "the relation of physical and sexual abuse to HIV-risk behaviours" (Institute of Medicine 1995:33). This information is particularly critical in the development of interventions which focus on empowering young people to protect themselves.

While lack of power for youth (especially girls) has been recognized and documented, many AIDS prevention programs do not reflect it nor do they address the realities of young people's lives. The programs encourage youth to abstain from intercourse or delay sexual involvement, use condoms, be monogamous, and 'know' their partners in order to determine their "risk". However, the issues which young people face of violence, non-consensual sex,

negotiating condom usage with an older more advantaged man, the need for money or competing with older men for girlfriends are not addressed. In all of this, understanding how young people think, what are their priorities, and what are their realities, are perspectives which have been neglected. Until assumptions about youth are put aside, it will be difficult to seek new ways of addressing issues of sexuality, STDs and HIV/AIDS with them.

Social norms and roles are important in influencing people's behaviour. As an individual seeks to change their behaviour, there are both negative and positive social consequences which either encourage or discourage the changes. These consequences are known as action-outcome contingencies (Institute of Medicine 1995:18). With respect to HIV related behaviour, Ewart (1995:19) states that "the goal is to restructure the rewards and punishments that social groups afford people who engage in behaviours that increase or decrease HIV risk". As contingencies change, people's perceptions of social norms and their behaviours will change. The reward and punishment situation is quite visible with the youth and the influence of peers is strong. Research is needed to understand how youth become involved in various 'risky' activities and the action-outcome contingencies of different behaviours within diverse social contexts (Institute of Medicine 1995:18). Further research is required to learn how to change the action-outcome contingencies so that self-protective behaviours can take place.

Finally, the larger implications of efforts to work with youth must be recognized. Researchers and health professionals are asking young people to forge new patterns of behaviour which are different from the examples which they have been shown through their families and society. Some of the most powerless individuals in society are being asked to formulate new ways of living. In formulating these new patterns and ways of living, youth must overthrow (in some cases) power relationships that have been in existence for generations. Yet, prevention activities cannot be successful unless individuals have the personal power to protect themselves -

from unwanted pregnancy, STDs, or HIV. Interventions and prevention programs will not empower youth unless the realities and priorities of the youth are taken into consideration.

Sir Seretse Khama, first president of Botswana, once stated that

> "our aspirations, our politics, our principles must be identified and expressed in terms our people understand. This means we must build them on foundations provided by Botswana's values and traditions."

It is precisely these values and traditions which must be activated in order to address the situations which are being faced with Batswana youth and AIDS. Going back in time to recreate social conditions is not intended, rather it is the underlying values and principles of community organization and collective action which will re-invent and update the traditions which will be understood by the youth. Through some of these traditions, Batswana youth may find the means through which they can achieve their aspirations, protected from the threat of HIV, and move with confidence into the twenty-first century.

# APPENDICES

APPENDIX 1: DEMOGRAPHIC SURVEY AND FOCUS GROUP OUTLINES

THE SOCIAL AND CULTURAL CONSTRUCTION OF SEXUAL RISK
In-School Youth

DATE: _____ SCHOOL CODE:_____

QUESTIONNAIRE NO._____

101. Circle the sex of the respondent

1. male
2. female

102. What is your date of birth?
O tshotswe leng?

_____|_____|_____
day month year

103. What is your tribe?
O mokae? (sekai - Molete, Mokgatla jalo jalo)

_____

104. What form are you in? (circle the answer)
Ha o setsena, o bala lekwalo la bokae?

form 1/form 2/form 3/form 4/form 5

105. Are you a boarder or a day scholar?
A o nna ko motseng, kgotsa mo sekolong?

1. day scholar
2. boarder ..... skip to Q107

106. If a day scholar, which adults do you live with right now?
Fa o nna ko motseng, ke bagolo bafe ba o nnang le bone gompieno?

1. mother and father (mme le rre)
2. mother only (mme fela)
3. father only (rre fela)
4. mother and step-father (mme le rre-wa-bobedi)
5. father and step-mother (rre le mme-wa-bobedi)
6. grandparents (bomme mogolo le rre mogolo)
7. other relatives (bangwe ba masika) Who? _____
8.* someone who is not a relative (mongwe fela yo eseng wa losika)
9.* no adult (ga gona bagolo)

If you do not live with an adult, who do you live with?
Fa o sa nne le bagolo bafe, o nna le mang?

_____

(* Where does your mother and father live?

_____

Who pays for your school and living expenses?)

_____

107. If a boarder, which adults will you live with when you go home for the holidays?
Fa o nna mo sekolong, ke bagolo bafe ba o tlabong o nna le bone kwa motseng ka nako ya boitapoloso?

1. mother and father (mme le rre)
2. mother only (mme fela)
3. father only (rre fela)
4. mother and step-father (mme le rre-wa-bobedi)
5. father and step-mother (rre le mme-wa-bobedi)
6. grandparents (bomme mogolo le rre mogolo)
7. other relatives (bangwe ba masika) Who? _____
8. someone who is not a relative (mongwe fela yo eseng wa losika)
9. no adult (ga gona bagolo)

If you will not be living with an adult, who will you live with?
(Fa e le gore o tla bo o sa nne le mogolo ope, o tla bo o nna le mang?)

_____ GO TO Q108

108. How many brothers and sisters do you have?
O na le bokgaitsadio ba le kae?

brothers _____
(bokgaitsadio ba banna)
sisters _____
(bokgaitsadio ba basadi)

109. How many brothers and sisters are older than you?
O na le bomogoloo ba le kae?

Birth-order number _____
(O wa bokae mo lapeng)

110. Do you have any children?

1. yes (how many? _____)
2. no

THE SOCIAL AND CULTURAL CONSTRUCTION OF SEXUAL RISK
Out-of-School Youth

DATE: _____ QUESTIONNAIRE NO._____

101. Circle the sex of the respondent

1. male
2. female

102. What is your date of birth?
O tshotswe leng?

_____|_____|_____
day month year

103. What is your tribe?
O mokae? (sekai - Molete, Mokgatla jalo jalo)

_____

104. Which standard or form did you complete?
Fa o se mo sekweleng, o dule o bala mang?

Std/Form _____

105. What year did you finish/drop from school?
O tlogetse sekolo ka ngwaga mang?

_____
year

106. Are you currently employed?
A o a bereka? (dira)

1. yes
2. no

107. If yes, what type of job do you do?
Ha o bereka, o dira tiro efe?

_____

108. If no, who supports you?
Fa o sa dire, o tlhokomelwa ke mang?

_____

109. Which adults do you live with right now?
Ke bafe bagolo ba o nnang le bone gompieno?

1. mother and father (mme le rre)
2. mother only (mme fela)
3. father only (rre fela)
4. mother and step-father (mme le rre-wa-bobedi)
5. father and step-mother (rre le mme-wa-bobedi)
6. grandparents (bomme mogolo le rre mogolo)
7. other relatives (bangwe ba masika) Who? _____
8.* someone who is not a relative (mongwe fela yo eseng wa losika)
9. no adult (ga gona bagolo)

If you do not live with an adult, who do you live with?
(Fa o sa nne le mogolo ope, o nna le mang?)

_____

(* Where do your mother and father live?)

_____

110. How many brothers and sisters do you have?
O na le bokgaitsadio ba le kae?

brothers _____
(bokgaitsadio ba banna)
sisters _____
(bokgaitsadio ba basadi)

111. How many brothers and sisters are older than you?
O na le bomogoloo ba le kae?

Birth-order number _____
(O wa bokae mo lapeng)

112. Do you have any children?

1. yes (how many?_____)
2. no

In-School Youth

SESSION 1:
Introduction - Life Risks

**Objectives:**

1. to introduce the youth to the research and explain how it will be conducted
2. to build interest in attending all sessions
3. to build a sense of rapport and confidence in the group
4 to gain an understanding of what life is like for the youth

**Warm-up:**

Introduction of the Research team - the leader, recorder and observers, their roles
Format of this Session and Other Sessions
Assurance of Confidentiality
Expectations being made of the Participants - attendance, one person speaks at a time and the others will listen, all opinions are accepted and respected, and no one is wrong. Also, you are asked not to discuss these things out of the sessions.
Each person introduces him/herself with their name and one thing they like to do outside of school

**Format:**

Case Study: {Kgabo/Twindie} is a {15/18} year old {boy/girl} in {Form2/5, out-of-school}. He/She is young and healthy and having a good time in life with his/her friends. He/She lives with their mother in the village, along with 2 brothers and 2 sisters. He/She is doing ok in school and likes to do some sports. Occasionally in the holidays he/she has been allowed to visit an aunt/uncle who lives in Gaborone. Sometimes he/she thinks about the future and wonders what will happen to them.

**Questions**

What do you think are the things that this person might do for pleasure? What things might he/she not like to do?
What would make him/her happy? sad?
Who do you think his/her friends are?
What things could he/she do that the mother would approve of? What activities would the mother disapprove of? (i.e. What could this person do that would get them into trouble?)
If he/she did these things, what would happen? How do parents try to control their children?
How do teenagers try to cope up under these circumstances?
What do you think this person might fear in life?
If this person found themselves facing a problem, who would they talk to or go to for help?
Do you think that the mother or another relative would have talked to the young person about sexual things? How would they have heard about these things?
How do you see the future for him/her? what might have happened in one year, three years?
How does his/her future differ from the parents?

In-School Youth

SESSION 2:
"Ideal" Relationships

**Objectives:**

1. to continue to build rapport and confidence before the next session
2. to get the youth to talk about the interactions (normal behaviour) between boys and girls; what kinds of relationships they would like, the ideal situation.

**Session:**

Show and explain the Story Boards. They should pick at least 4 of the pictures and be able to answer the following items:
- names of characters
- where they are from
- their ages
- how they met, what they said, where they went, what they did
- what might happen afterwards

**Questions:**

Are the boys talking about the girls (and visa versa)? what are they saying?
What activities are ok for boys and girls to do together?
How did they express their interest in each other?
What did they do? what did they say?
How did he/she know that the other person was interested?
What does he/she expect from the other person? (gifts, friendship, help in school, sex?)
Do you think this is their first time to fall in love?
Do you think they will have sex?
Why will they decide to have sex? or not to have sex?
What is a good age for them to start having sex?
What do you think their friends will say?
What is s/he hoping for in having a boy/girlfriend and a sexual relationship?
What will she think about if she has never had sex before? will she expect to have sex?
What things will he think about before having sex with her?
Where will they go to have sex?
Do you think that their parents will know that they are having sex?
If this is their first time to have sex, do you think that she will know about family planning? will he know about condoms? will he use them?

In-School Youth

SESSION 3:
Relationships - Sexual Activity, Possible Outcomes

**Objectives:**

1. to have the youth demonstrate though role play/drama how a sexual relationship is negotiated
2. to have the youth discuss the social norms and possible outcomes from sexual relationships

**Session:**

Role play - between a boy and girl where the boy is trying to convince the girl that she should go with him ... ultimately for the purposes of having sex.
Give them a few minutes to discuss what they want to do, then ask them to do for the group.
Ask the group to comment on what is happening .... what the boy is doing and what the girl is doing?

**Questions:**

How many sexual partners do you think that people like you will have in one year? in five years ... the same partner?
What do think is the role of alcohol or drugs such as dagga in influencing people to have sex?
Rumour: young people forced to have sex? who forces them? for what reasons? What can the young person do about it?
Rumour: girls having 2 boyfriends ... how ... ramifications?
To what extent do you think that money or gifts encourage young people to have sex with older or working people?
Do many school boys get girls pregnant?
At what age can a boy make a girl pregnant?
Why would he deny it?
How do the girls feel? the boys feel?
Sometimes people might get a sexual illness. What are the symptoms? What kinds of illnesses?
How do they get them?
Who are the people who get these illnesses?
What is the reason for getting an illness of this type?
Where or to whom would they go for help? (explore differences between traditional healers and clinics)
How would a boy feel about going to a clinic to get help?
Does HIV/AIDS really exist in Botswana? how do you know?
Have you ever known someone who had HIV or AIDS?
Who usually get AIDS? Who gives it to them?
At what age can a person get HIV/AIDS? is this a concern for youth?
How can a person get rid of it? (what is the treatment?)
What should happen to people with AIDS?

In-School Youth

SESSION 4:
Sexual Pleasure and Sexual Risk

**Objectives:**

1. to explore youth expectations about a sexual relationship
2. to explore what is acceptable and not acceptable activities in a relationship - what is pleasure and what is risk

**Session:**

"The purpose of this session is to talk about what sorts of things we like in a relationship with a boy/girl. And then we will talk about the things that might not be nice about being in a relationship. Sexual relationships are a bit like a coin - the two sides are different but it is still one coin - so we want to talk about those two sides"

"Pleasures" - Give each person a piece of paper and pencil. Ask them to write down two things that might encourage them to be in a sexual relationship, or that might give them pleasure if they were having a relationship with a girl/boy. Collect all the papers, read them and generalize the statements. With the participation of the whole group have them sort the cards on the wall into two groups of "Very Enjoyable" and "Not so Enjoyable". If a person would like to place the card somewhere else, they must give a justification before moving it.

"Risks" - Repeat the above exercise but ask them to write down two things that might worry them, cause them concern or that they do not like about the thought of being in a sexual relationship with a boy/girl. Repeat the procedures as above sorting the cards into "Very Worrisome" and "Not so Worrisome"

**Questions:**
For people like yourself, how important do you think relationships are?
What things might be more important in your life?
If your friend asked you to help them decide whether or not to have sex, what would you say to them?
What do you have to do to keep a boy/girl friend happy?

Out-of-School Youth

FOCUS GROUP

What is Palapye like for you? (ie. are there things to do, do your friends live near you?)
Where do you visit with your friends?
If you are not working, where do you get money?
What things do people like you would like to have, own or do when they are in their 20's?
How is your life different from your parents?
How do you think your future will be different?
Are there things that your parents don't like you to do?
If you do these things what will happen?

[Relationships]
If there is someone that you like, how do you let them know that you are interested?
Do you think that men and women can be friends? why or why not?
If a man is friends with a woman does he expect that they will sleep together? will she agree?
At what age do you think it is ok for a boy and girl to sleep together (have sex)?
How many sexual partners do you think that people your age would have in one year?
To what extent do you think that money or gifts encourages young people to have sex with working people?

[KAB - pregnancy and family planning]
If your friend asked you about family planning methods, which ones could you tell her/him about? (name them) Where could (s)he get them?
{women} How would she feel about trying to get one of them at the clinic?
How do you think she would feel if she became pregnant?
How would her parents feel?
{men} How would your friend feel if he went to the clinic to get condoms?
How often do you think he would use them?
How would he feel if he impregnated a girl?
{both} At what age is it good to have a child?

[STDs]
Sometimes people get sexual diseases (STDs). Name them. What are the symptoms?
Where could someone go for help? Who would go to traditional healers?
How would someone feel about going to the clinic to get help? would they delay? why?
How can they be prevented? (explore answers other than 'condoms')
Can men/women use condoms all the time? Why/why not? Who would condoms be used with?

[AIDS]
Does AIDS really exist in Botswana? how do you know? Have you known anyone with AIDS?
Is it a traditional illness?
How can someone with AIDS be helped or cured?
Do you think that AIDS is something that young people in Botswana should be concerned about or is it something for older people?
What should happen to people with AIDS?

# APPENDIX 2: IN-DEPTH INTERVIEW GUIDE AND RANKING CARDS

No: _____
Date: _____

## In-Depth Interview Form

1. What would give you status among your friends? What sorts of things do teenagers like yourself want to own?
2. How important do you think it is to have a boyfriend or girlfriend? Why or why not? How much pressure do friends put on each other to have a bf/gf? Competition?
3. Can you describe the kind of person whom you would like to have as bf/gf? physical characteristics or type of personality
4. What things would you not like in a person? i.e. what type of person would you avoid?
5. Pile Sort of activities which people say they enjoy most about having a bf/gf; put them in order of things that would be most enjoyable for you.

sex, activities together, gifts and money, talking and discussing, physical affection, verbal affection, [making future plans], {good behaviour}

6. If a boy and a girl agree to be bf and gf, do you think that they are agreeing that they will have sexual intercourse at some point? Do you think that they can not have sexual intercourse and remain as bf and gf?
7. Having a bf/gf sometimes changes the way people understand friendships because they have sexual intercourse for the first time. Do you think that most people your age are still virgins? that is, they have not had sex?
8. Why do you think that a person has sex for the very first time? Have thought about this in advance or are they a bit surprised? Do you think that it is enjoyable for them?
9. After this has happened, how do you think she feels? is she happy, sad, afraid, wanting to do it again?
10. What encourages people to have sex? (loneliness? alcohol use?)
11. After having sex with a person, do you think that the relationship will change? how?
12. If a girl doesn't want to have sex but her bf does, will she be able to refuse? How?
13. Why would someone be forced to have sex? Do you think this can happen to you or some of your friends?
14. Pile Sort of things which people say worry them about having a bf/gf; put them in order of things that would worry/concern you the most.

pregnancy, cheating, bad behaviour, STDs, parents knowing, no commitment, [no condom use], [forced sex], {losing to another person}, {forced to use a condom}, {being refused sex by partner}

15. When would be the right time for someone to have a child? is it the same for both men and women? Why is this the right time?
16. How important is it for a person to prove s/he is fertile? Why?
17. If a man and a woman are planning to get married and they want children, but they don't have a child yet, do you think that they should wait to see if the woman gets pregnant before marrying or should they go ahead?
18. When a person sexual intercourse, at some point they usually think about using some protection. What do you think causes them to think about it?
19. Do you think that most bfs and gfs actually talk together about what kind of protection they will use? or do they just try to help themselves? would it be easy or difficult for them to

talk?

20. What would discourage a person from trying to find some kind of protection?

21. If you discovered that one of your friends was carrying condoms, what would you think of them?

22. Do you think that a girl could ask her boyfriend to use condoms? what about all the time? Do you think that he will agree?

23. Many people say that when they get a new partner they will use condoms for a while but then will stop because they trust their bf/gf. How long does it take until you can know your partner and trust them?

24. How do you know that they are safe? What would make you not to trust them? Will you discuss your past sexual partners?

25. How do you think people your age feel about STDs? Are they scared of them or they just accept them as part of life?

26. Do you ever think that you could get an STD? Why or why not?

27. Do you think that you or your friends could get AIDS? Who do you think will get AIDS?

28. What is the difference between a casual partner and a permanent partner? Do both women and men have casual partners? Why would someone choose to have a casual partner? Can a casual partner become a permanent partner?

29. Why would someone be called a bitch? How many partners do you think someone has to have before they are called a bitch?

30. Can you describe to me who is a "sugar daddy" and what do they do? Who are the type of girls who would go with a sugar daddy?

31. Some girls have boyfriends who are older than them (7 or 10 years) and who have regular jobs. Do you consider them to be sugar daddies? why/not?

32. What would be the advantages for a girl to have a boyfriend who is ten or more years older than her? Are there any disadvantages?

33. Is it easy or difficult to get a bf/gf? What makes it difficult or easy?

Personal Questions:

34. Do you currently have a bf/gf?
Yes No (go to 35b)

35. a) Is this your first bf/gf?
Yes (dates, go to 37) No (go to 36)
b) Have you ever had a bf/gf?
Yes (dates, go to 37) No (face love?)

36. If not the first, how old were you when you had your first gf/bf?

37. Did you have sexual intercourse with that person?
Yes (go to 39) No (go to 38)

38. If not, have you had sex intercourse with another partner?
Yes No

39. How many sexual partners have you had?

40. Is there anything which I have left out which you think would help me to understand more about how young people decide when to have sex, who would be good partners and when they will use protection?

41. Do you have any questions which you would like to ask me?

Question 5: Enjoyable Aspects of a Relationship

Males and Females:

sex - to make love or to have sex
[tlhakanelo dikobo - go tlhakanelo dikobo]

gifts and money - giving each other gifts and cards, sharing money
[dimpho le madi - sekai: go fana dimpho le dikarata tsa lorato le go fana madi]

showing physical affection - kissing, touching, holding each other
[go supa lorato ka go tshwara na, go atla]

talking/expressing your love through words
[go buwa kgotsa go supa lorato ka puo]

talking to each other - discussing things and advising each other
[go buwa mmogo - sekai: le buisana ka dilo tse di le amang gape le gakololana]

doing things together - visiting places, helping each others, doing activities
[lo bereka mmogo - sekai: lo eta, le thusana, le bereka mmogo]

Females Only:

making future plans - for marriage or having a child
[lo rulaganyetsa botshelo jwa lona jo bo kwa pele - sekai: lo nyalana, gape go rulaganyetsa go nna le ngwana]

Males Only:

good behaviour - when the partner is a well behaved person
[maitseo a a siameng - fa motho yo o ratanang le ene a na le maitseo]

Question 14: Worrisome Things About a Relationship

Males and Females:

parents (and others) knowing about your partner
[batsadi le bangwe ba itse ka moratiwa wa gago]

bad behaviour - treating each other badly, doing things that are not good
[maitseo a seong - sekai: go sa tsaaneng sentle, le dira dilo tse di sa siamang]

getting a sexually transmitted disease (STD)
[go tsenwa ke malwetse a tlhakanelo dikobo (STD)]

pregnancy
[boimana]

no commitment to you - playing with your love
[go tlhoka go go ikanela - sekai: a tsameka ka lorato lwa gago, a sa le kgathalele]

being cheated - other partners
[go tsiediwa - sekai: go nna le ditsala di sele]

Females Only:

forced sex - being forced to have sex when I don't want it
[pateletso ya tlhakanelo dikobo - sekai: go pateletswa go tlhakanela dikobo o sa batle]

condom use - partner doesn't want to use them
[tiriso ya sekausu - sekai: fa yo mongwe a sa rate go se dirisa]

Males Only:

losing your girlfriend to another person (someone taking your girlfriend)
[Ngwanyana wa gago a tsewa ke mosimane o sele (motho a go tseela ngwanyana)]

being refused sex by the partner
[Fa a sa batle go robala le wena/tlhakanela dikobo]

being forced/required by your partner to use a condom
[o pateletswa go dirisa sekausu/condom ke moratiwa wa gago]

APPENDIX 3: KEY INFORMANT LIST AND INTERVIEW GUIDE

Interviewees:

Village *Kgosi* and advisors
school principals
teachers
community youth workers
health education officer
District Medical Officer
Senior Medical Officer
AIDS Counsellor
clinic staff/matrons
religious leaders
hotel, bar owners or workers
key community leaders
traditional healers, spiritual healers
Tirelo Sechaba District Coordinator
Magistrate
Police
parents

ISSUES:

Description of Community

a) historical and socio-demographic information
b) cultural and ethnic information: principal religions, mixture of ethnic, cultural and religious groups
c) principal resources in terms of culture and leisure: discos, bars, shebeens, sports facilities and schools
d) social cohesion of community: linguistic, cultural, religious; presence of associations, clubs, community organizations
e) situation of youth, opportunities for advancement, expectations, priorities, crime, strategies for survival, migration patterns
f) local economic development, resources, employment opportunities

Community Health

a) prevalence of major illnesses and diseases
b) incidence and types of STDs, stage at which people seek help, preferred place for treatment, traditional and spiritual healers
c) prevalence of infertility, causes, implications
d) Contraceptive Methods - types, availability, age, pattern of condom use - obtained where, price, perceived accessibility
e) presence of HIV and AIDS in the community, profile of carriers, management protocol, counselling and support
f) prevalence of alcohol and drug use, age groups, impact on community

Sexual Relationships and Behaviour

a) ages of puberty, age at first sexual encounter, age at first marriage/union
b) prevalence of pre-marital pregnancy, abortions, stds in both married and single people
c) prevalence of contraception among adolescents and adults
d) frequency and choice of partners in adolescence
e) sexual initiation of boys and girls, by whom, at what age, secrets, rituals
f) description of the ideal types of unions and frequency of unacceptable types of sexual behaviour, sanctions attached to such behaviour (sugar daddies, older boyfriends etc)

# APPENDIX 4: ETHICS AND RESEARCH PERMISSION

i) Research permission was obtained from the Office of the President in Botswana, prior to arrival.

ii) The appropriate units of the Ministry of Health including the Health Research Unit and AIDS/STD Unit were consulted and assistance requested.

iii) At the field site, permission was first sought through the village chief and his council. Permission was also obtained from the local government officials (District Commissioner, District Medical Officer, Senior Medical Officer, Police Chief).

iv) School principals and Education Officers were approached for permission to interact with students.

v) During the data collection process, the research was explained to each individual whose participation was requested. Their informed verbal consent was sought and they were told that they may withdraw at any time. Full confidentiality was assured in the languages common to the country (Setswana and English).

UNIVERSITY OF MANITOBA
FACULTY COMMITTEE ON THE USE OF HUMAN SUBJECTS IN RESEARCH

NAME: Ms. Anne-Marie Ball

OUR REFERENCE: E93:163

DATE: June 7, 1993

YOUR PROJECT ENTITLED:

The Social and Cultural Construction of Sexual Risk by Youth in Botswana.

HAS BEEN APPROVED BY THE COMMITTEE AT THEIR MEETING OF:

May 31st, 1993

COMMITTEE PROVISOS OR LIMITATIONS:

Approved as per our letter dated June 7th, 1993.

You may be asked at intervals for a status report. Any significant changes of the protocol should be reported to the Chairman for the Committee's consideration, in advance of implementation of such changes.

**THIS IS FOR THE ETHICS OF HUMAN USE ONLY. FOR THE LOGISTICS OF PERFORMING THE STUDY, APPROVAL SHOULD BE SOUGHT FROM THE RELEVANT INSTITUTION, IF REQUIRED.

Sincerely yours,

Gordon R. Grahame, M.D.,
Chairman,
Faculty Committee on the Use of
Human Subjects in Research.

GRG/ll

TELEPHONE ENQUIRIES:
788-6255 - Lorraine Lester

Office of the President,
Private Bag 001,
G A B O R O N E.

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Ref: OP 45/1 XXXXVIII (113)

2nd July 1993

TO: Miss Anna-Marie Ball
Department of Community Health Sciences
University of Manitoba
S113-750 Bannatyne Ave.
Winnipeg, Manitoba
Canada R 3E OW3

Dear Sir/Madam,

ANTHRC POLOGICAL RESEARCH ACT:
GRANT OF PERMIT UNDER SECTION 3

I refer to your letter dated 18th April 1993 about application to do research.

In exercise of the powers vested in him by the Anthropological research act the Minister of Presidential Affairs and Public Administration has granted permission to Miss Anna-Marie Ball to carry out research on the Social and Cultural Construction of Sexual Risk by Youth in Botswana

The research will be carried out for a period not exceeding thirteen (13) months, with effect from 1st August 1993 and will be carried out at Central District

This permit is granted subjective to the condition that any papers written as a result of the research shall be deposited with: Government Archivist, Director - National Library Service.

Yours faithfully,

K. Lebanna
for/PERMANENT SECRETARY TO THE PRESIDENT

cc: District Commissioner, Serowe
Director, Library Service
Government Archivist
Director, N.I.R.

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