

## Gender difference in youth sexual relationships in Botswana

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### Introduction

HIV in Botswana disproportionately affects women more than men. Research suggests that women's vulnerability to HIV could be linked to poor negotiations towards issues of sexuality that makes it difficult for them to refuse unwanted sexual initiations, for men it could be linked to substance abuse, affecting their sexual behavior such as capability to use condoms.

In Botswana, HIV prevalence is low among adolescents but increases rapidly thereafter, making the ages of 15 – 19 optional for delivery of effective HIV prevention program before incidence escalates.

It is important to identify whether there are gender differences in risk behavior that need to be taken into account in developing effective HIV primary prevention interventions.

### Design and Methods

Design: A qualitative descriptive cross-sectional interviews with adolescents aged 13 – 18, ½ boys and ½ girls. Setting: Gaborone, Botswana. Procedure: Face-to-Face individual interviews that were recorded. Recruitment: Adolescents from schools Approval by University of Botswana IRB, Ministry of Health Research committee, Parental informed consent and adolescent informed assent were obtained.

### Aim and Objectives:

The study aimed at examining gender difference among respondents in Living As Safer Teens (LAST) survey in Botswana. The objectives were to identify which gender is commonly engaged in sexually behavior and to describe commonly used substances that could have an effect on sexual behavior and that may predispose adolescents at risk of contracting HIV.

### Results

Forty participants took part in the study, 20 male and 20 female. The findings indicated that some adolescents live alone without parental guidance. The results indicated that both genders prefer to communicate with their mothers on sexual matters. In most instances both genders indicated that they discussed sexual issues with their friends because culturally sexual issues are not openly discussed in family. *"I prefer to discuss sexual issues with my friend; it's not easy to discuss these with my parents and culturally my parents would not listen to me."*

Although both genders rarely used condoms, in most cases males were usually the ones who made decision on whether or not to use a condom. *"Youth don't use condom constantly...ah, its males who make decisions when to use condom especially after alcohol use."*

Interestingly, both genders engaged in multiple concurrent partners and generational relationships but females commonly engaged in these types of relationships more. *"It's not only girls who engage in multiple concurrent partners and sugar mummies and daddies relationships, even boys do and for gals is for money to buy expensive cell phones, clothes and boys to drive expensive cars."*

Alcohol use in unsupervised house parties or mozwanes is strongly implicated in sexual risk. *"We party in our homes when parents are at work. We also engage in parties called mozwane or drive-outs party. We exchange sex partners during these parties."*

## Discussion and Limitation

There was no gender difference on perceptions of sexual behavior; and the findings are similar to other studies in Africa which studies in Africa (Achal, 2011, Jewkes, 2010). Cultural influences constrain discussion of sexuality within families and between peers and it was commonly reported by both genders and mothers were preferred as good communicators.

Boys and girls differed in their views about intergenerational sex. Girls saw it a way to acquire the four C's (Cash, Clothes and Cell phones) and be envied by their friends. Boys expressed jealousy and felt that they could not compete given the greater financial resources of older men.

Adolescents wanted an effective prevention program for themselves but also felt a parallel program should be provided for their parents.

## Conclusion

There is few difference implicated in the sexual risk behaviors of Botswana adolescents. Both genders engaged in risk behaviors such as drugs and alcohol used and unsafe sexual behavior such as sex without condom and multiple sex partners. It is important to explore whether existing evidenced –based prevention programs developed in other countries can be adapted to protect Botswana youth. It is also important to continue to search for new ways to protect youth and to empower them to protect themselves from STI and HIV infections.

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