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A study of the Status of the provision of sexual and reproductive health services (SRH), including HIV/AIDS information to the youth in Botswana

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1. Introduction

Botswana, has embarked upon a strategy to facilitate a nation-wide repositioning of its society in order to be empowered to function effectively "as a healthy" and "an educated and informed nation by 2016". These ideals are effectively targeting today's youth as the future leaders. However, statistics show that HIV/AIDS infection is rife amongst the youth. It is assumed that the youth are made vulnerable to HIV infection by lack of correct information on sexuality and relationships, risk taking attitudes and behavior. Indeed, studies have found that young people gather a great deal of SRH related information and knowledge from sources that may not necessarily be reliable (Lekau, 1998; Adeyemi & Tabulawa, 1993: Botswana – YWCA, 1992; Ncube 1999).

There are many efforts aimed at providing SRH information and services to the youth by a number of organizations. These organizations include government ministries, libraries, and non governmental organizations. Several community-based organizations and non-governmental organizations (NGO'S) have different youth based programs.

That a lot of information and education is provided is very clear. However what is clearer still is that the youth continue to be the most highly infected group. At issue might be the fact that although many organizations provide information and services, they work at cross purposes with very little integration. In a country where resources are never enough, it is imperative to collaborate and integrate efforts in information and education provision. Another issue may very well be that even if information is provided it might not be relevant, it may not strike the cord required to influence behavior change or it may not be reaching the intended audience.

The paper will report findings of a study aimed at establishing efforts that are currently expended towards providing relevant information and messages about the SRH services and HIV/AIDS pandemic in Botswana. It further sought to establish the type of information that the young people access and also assess the level of accessibility as observed by the young people. The study also made an assessment of the young people's information needs with special reference to the type of problems they experience.

2. National strategies for Youth in Botswana

The provision of information on SRH to young people has been advocated for as a core element in issues of population growth and development at both the national and international level. The Government of Botswana therefore, working on this perspective, has developed several policies, plans and approaches as intervention strategies that acknowledge the realization of problems embedded in the youthful sector of the country's population. The Government's landmark effort may be seen in the creation of Department of Youth and Culture within the Ministry of Labor and Home Affairs. One other instrumental department in youth issues is the Botswana National Youth Council, which until recently, has been predominantly funded by African Youth Alliance (AYA). The government also has plans for several multipurpose Youth Centers. A model centre has already been built in Gaborone and it currently houses the only youth clinic in Gaborone. The development of most youth related issues are guided by the National Youth Policy, which was adopted in 1996. The policy is a call for action that strives to develop a coordinated and collaborative commitment in the support of youth's contribution in national development. The policy also aims at supporting strategies initiating and promoting social responsibilities in young people and in assisting them to attain knowledge, skills and experiences needed to address social, economic and health problems that they face. The youth policy identifies among other key strategy areas, the provision of appropriate education and training; and most importantly, the promotion of health amongst young people. The National Action Plan for youth (2001-2010) has since been put in place so as to realize the goals and strategies proposed in the National Youth Policy. The plan outlines activities that need to be carried out and the time frames of such activities. The action plan strategic areas have been deduced from those adopted at the Commonwealth Youth Ministers meeting in Kuala Lumpur, May 1998.

Though there are still ongoing politics on how much sexuality issues schools may cover, the Ministry of Education's Revised National Policy on Education of 1994 has included SRH in the curriculum. The 2001 Ministry of Health study on the sexual behavior of young people in Botswana points to a need for program interventions aimed at promoting behavior change. Such programs are to focus on the UNICEF program framework, which stresses:

- Correct knowledge to make informed choices
- Skill to act upon this knowledge (life skills)
- Access to services that can reduce sexual risks
- Safe and supportive environments at home and in the community

NGO's are most actively involved in the provision of SRH information and services to the young people through out the country through organizations such as Botswana Family Welfare Association (BOFWA) and Young Women's Christian Association (YWCA), to name a few. The Ministry of Health (MoH), through the AIDS/STD Unit is the main implementer of information education and communication strategies for the prevention of AIDS/STD's (MoH, AIDS/STD Unit, 1994).

3. Purpose of the study

This study aimed at identifying the local initiatives in the provision of SRH and HIV information to young people in Botswana. It further aimed at establishing the type of SRH and HIV/AIDS information that was provided to the young people; how and where they accessed the needed information, and the problems they face in doing so.

3.1. Study Objectives

- To identify the initiatives aimed at providing SRH services and HIV/AIDS information to the youth in Botswana
- To identify the types of information provided to young people
- To find out from the youth where they got SRH and HIV/AIDS information
- To find out the young people's experiences in accessing SRH and HIV/AIDS information.
- To recommend possible measures to ensure that the correct and relevant information about HIV/AIDS gets to the youth

3.2. Significance of the study

It is hoped that the findings of this study will help guide SRH projects. It is hoped that the results of this study will be useful to the youth SRH and HIV/AIDS information and service providers in Botswana as they can then use the findings in the formulation and implementation of appropriate intervention strategies.

4. Methodology

This study adopted a mixed method approach that employed the triangulation of aspects from both qualitative and quantitative procedures to collect and analyze data. This was done to give a clearer picture gained from the observations of the actual social reality of young people's access to SRH and HIV aids information**.** The procedure was sequential in the sense that it began with finding out if the young people had access to the information then followed by a qualitative exploration of the nature of the accessibility.

The qualitative approach accommodates the intricacies of the subject's problems and experiences which may not be explicitly identified through a quantitative method.

4.1. Data Collection

A self-administered questionnaire was developed and administered to the youth. The questionnaire was composed of items that explored demographic details e.g. sex, age, educational level of the respondents; issues on access to SRH and HIV/AIDS information and a section that asked for an expression of respondents' actual problems and information needs. To overcome the restricted nature of questionnaires, the respondents were allowed self-expression through open-ended questions. Documentary analysis and informal observation of the subjects supplemented these. The process of data collection lasted two months. Research assistants gathered the data through the questionnaire while the researchers conducted interviews, observation and review of the related documents.

4.2 Study Population

The population studied was predominantly young people who are in and out of school. The study targeted youth aged between 10 to 19 years. The population of this group is 413,673 in the entire country. Out of this number, 209,411 are female and 204,262 are male. The researchers chose to study the 10 to 19 age range because it is believed that this is the group who may be critical to target to decrease problems of SRH and HIV/AIDS. This is so because it has been found that children start sexual activity at the age of 10, and yet at this point many adults and parents assume that these kids are too young for education and discussions on sexuality and sexual behaviour. The age of 10 to 15 in particular is the age where the young need to understand the changes that are occurring to their bodies and their minds. It is at this stage that children need to receive the information and education that will influence how they behave in early adulthood.

A total of seven information providers were interviewed. These were the information officer at the Family Health Division, Ministry of Health; two information providers from Gaborone based youth programs/centers; a nurse from Phitshane-Molopo clinic and three program managers from the local radio stations.

4.3. Sampling procedures

The selected sites of the study were Gaborone (capital city), Selipe-Phikwe (mining town in the north of the country), Pitshane Molopo (a village in the southern part of the country), and Sebina (a village in the northern part of the country). Purposive sampling was used to pick two villages and two urban areas in the South and North of Botswana. The decision was guided by the belief that the availability and accessibility of information in rural areas would be different from that in urban area.

The study sought to identify youth that were out of school and those that were in school. For the identification of out of school youth, a list of enumeration areas of the selected sites was obtained from the Central Statistics Office. The enumeration areas were stratified according to high, medium or low cost or income residential areas then coded for the purposes of stratified random sampling. In each category 20% of the enumeration areas were selected. The research assistants moved from door to door looking for out of school youth in the 10 to 19 age range. Purposive sampling was further adopted to gather data from in-school youth. The researchers compiled a list of 64 schools from the chosen

sites. The schools were then coded and randomly selected from this list. The study decided on studying 20% of the schools in each site of study. However in the two villages there was only one government primary school and one government junior secondary school respectively. All the schools were then selected for the study. In each selected school the questionnaire was administered to at least two classes per school. This was mostly upper primary and secondary school.

5. Results and Discussion

5.1 Demographic information

The majority of the youth (620 or 53%) were males and 522(47%) were female, 6(0.5%) respondents did not indicate their gender; 1039 (88%) were in school, and 137 (12%) were out of school youth; 2(0.2%) respondents did not indicate whether they were in school or not. Due to Botswana Government's policy on free elementary education, most children aged 6-18 years are within the school system. This explains why the majority of the respondents were in school. Out of those in school 625 or 53% were in primary school while 412 or 35% and 10 (0.8%) were at secondary and tertiary levels respectively. 131 or 11 % of the respondents were out of school youth. Of those who were out of school, 37 were just at home; 38 were waiting to go into different educational programs; 31 were either working part time or full time. The rest of the youth did not indicate what they were currently doing.

5.2. Availability of SRH and HIV/AIDS information

Information on SRH and HIV/AIDS information is available in Botswana. Out of the 1178 respondents, 1101 (94%) indicated that they do get SRH information and only 75 (6%) do not get it. Discussions with both the information and service providers and the radio program managers revealed that in most cases SRH and HIV/AIDS information is presented in an inter-related and intertwined manner. The youth were asked whether they did get information pertaining to HIV/AIDS; 1022 (87%) indicated they got the information, whilst only 71 (6%) did not get the information; 85 (7.2 %) youth did not answer the question. Those who did not get the information stated reasons for not getting the information. The respondents cited personal, societal and at times problems related to the actual sources of information. Some respondents indicated that they did not need the information, were too busy and had no interest. There were some who indicated that the information was only provided to infected people and they did not want to be seen to be infected. This problem of not wanting to be associated with the disease can be linked to the stigma associated with having HIV/AIDS. Respondents also stated that they were shy to actively look for such information. There are however those respondents who expressed interest in the information but lamented that the centers/ clinics were not easily accessible and at times the information was too complex for their comprehension. A substantial number of respondents indicated that they were afraid to ask for SRH or HIV/AIDS information because they were considered too young by their parents and staff at clinics. Another reason that came up about availability of such information was that some respondents did not know where such information could be obtained, or even if they knew, it was too far from where they lived, and they did not have the means of getting there.

5.3 Types of information

Youth reported that they obtained the following SRH information: HIV/AIDS information (71%); puberty (69%); Pregnancy (62%); Sexually transmitted infections (59%); rape and sexual abuse (55%). Other information received to a lesser degree include information about relationships (47%); family planning (39%); Wet dreams (39%); and Abortion (38%).

When asked about the types of information in relation to HIV/AIDS that the youth received, they reported information that focused more on the infection and prevention of HIV/AIDS. Table 1 below shows the information received by the respondents.

Table 1: Type of information

Types of information	**Frequency**	***Percentage %/1022***
HIV/AIDS & STIs	811	79%
Condom use	761	74%
Causes of HIV/AIDS	742	73%
HIV/AIDS prevention	675	66%
PMTCT	663	65%
Living positively with AIDS	596	58%
Boy/Girl relationship	514	50%
ABCs of HIV/AIDS	502	49%
Voluntary Testing	457	45%
Antiretroviral drugs	350	34%

Clearly information about HIV/AIDS itself and the relationship with sexually transmitted infections (STIs) is received by a large percentage of the youth, as is information about condom use and the causes of the disease, as well as the prevention of HIV/AIDS infection. All the above are important information that the youth need to know about HIV/AIDS: what it is, its causes, and how to prevent infection. Next on the rung of information obtained is information about living with AIDS, the famous ABCs of AIDS, testing and antiretroviral drugs. It is worth noting that the respondents indicated that they found the offered information useful in life. This may be proved by the fact that when asked if the information gained from the service providers has ever guided them in making life decisions, most of them indicated that their choice to abstain, be faithful to stick to one sexual partner and live positively with those infected has been strongly influenced by the provided information.

5.4 Sources of information

In terms of sources of information, the study revealed that the school and the media are major sources of SRH information and HIV/AIDS (table 2 below).

Table 2: Sources of information for the youth

	SRH		HIV/AIDS	
Source	**Frequency**	**%**	**Frequency**	**%**
School	840	71	826	81
Television	767	65	855	84
Radio	689	59	761	74
Magazine and books	635	54	689	67
Parents	609	52	585	57
Clinics	604	51	702	69
Friends	460	39	517	51
Youth Centers	310	26	359	35
Siblings & relatives	277	24	282	28
Library	329	28	356	35
Church	254	22	263	25.7
Internet	179	15	163	16
Peer counseling			269	26
Billboards			277	27

5.4.1 Sources of SRH information

71% of the respondents indicated the school as their source of information on SRH. The school's contribution in informing and education young people on issues of SRH has been indeed acknowledged in several studies. For example, it was observed that such knowledge was gained both formally and informally from the teachers, their peers and from the service providers school visits (Lekau, 1998; Busang, 1999) The fact that schools are cited as a major source of information could be attributed to the introduction of SRH education programs in the school curriculum.

Studies have shown that peers have been cited as good sources of information on SRH (Lekau, 1998; Ncube, 1999; Botswana –YWCA 1992), in this particular study, peers or friends have not been seen as good source of information. For example only 460 or 39 % of the respondents gave friends as sources of information.

Despite the general belief that most parents do not discuss issues of sexuality and reproductive health with parents, in this study, 609 or 52% of the young people cited parents as a source of information. It also emerged in this study that while some of the respondents were fortunate enough to discuss SRH issues with their parents or guardians, there were those who were forbidden to access the information; were not allowed to carry condoms and had their parents' teachings contradicting what the young people learned from school. These were cited by the respondents as some of the problems they met in accessing the information.

The electronic media (TV and Radio) were deemed to be the most popular source of information for the youth. A total of 689 (59%) of the youth indicated that they got the information through the radio. Though it is not clear which radio station or programs the young people got the information from, it is worth noting that all the local radio station (both the state and the private/commercial stations) have youth specific programs that

inform and educate them on issues of sexuality. Interviews with program managers in three local radio stations revealed that they all had youth specific programs that addressed wide issues of adolescent development with emphasis on health and HIV/AIDS. The programs were designed such that they entertained and empowered the young listeners with life skills as they covered educational, social, political and health issues. The programs devised strategies of bringing parents or adults on board. All the interviewed program managers indicated that the name and timing of the program was very important in drawing the young people on board. For example names like "Power Show" and the "Young and Vibrant" aim at helping the young people fight stigma and building confidence or empowering those who participate in fighting the stigma. All the programs are structured such that they are interactive with a leading discussant or panel of professionals in the topic of discussion.

The local newspapers were also seen to have initiatives that targeted the youth in Botswana. Both private and the government published newspapers had specific slots or inserts that reported on youth SRH facts, countrywide initiatives, etc. A large portion of respondents (767 or 65%) indicated that they got information from the television. Botswana has only one state run national TV station and in Gaborone there is a local private station. The Botswana Television (BTV), in collaboration with the Ministry of Education airs a popular HIV/AIDS education school program called "Talk Back". The program is aired during school hours and schools have been equipped with TV's for viewing.
The observed contribution of the media tallies with Tshukudu's (2000) observation that the media is actively involved in the dissemination of youth specific SRH and AIDS information.

The Internet however, is not a popular source of information as shown that only 179 (15%) of the youth cited it as a source. The number of respondents who got SRH information from the Internet is understandably low because most young people do not have access to the Internet.

5.4.2. Sources of HIV/AIDS Information

The most popular sources of information include the media, TV (84%), radio (74%), and magazines and books (67%). The school (81%) and the clinic (69%) are also indicated as sources used by most of the youth in this study. Parents were cited as sources by 57% of the youth in the study.

Respondents were asked whether they do discuss HIV/AIDS with either their parents or guardians. Table 3 below summarizes their responses.

Table 3: Talk to parents/guardian

Talk to parents/guardian	Frequency	Percentage
A lot	237	20%
Sometimes	514	44%
Rarely	77	7
Never	243	21%

The results suggest that there is some amount of discussion with parents or guardians; 237 (20%) and 514 (44%) respondents indicated that they talk with parents a lot, and sometimes, respectively. The respondents also indicated that parents dictated terms and in some cases contradicted what they were taught at schools. Combining responses for rarely and never, we see that only 28% or 320 of the youth do not talk about such issues to their parents or guardians. However 107 (9.1%) respondents did not answer the question. The youth were further asked if apart from their parents they discussed the issues with anyone else; 630 (54%) answered in the affirmative, and 548 or 47% in the negative. Although slightly more claim they talk to other people, still a considerable number do not – and this should cause concern. Table 4 shows HIV/AIDS related topics that the youth discussed with the significant others.

Table 4: Topics usually discussed

Topics discussed	Numbers	Percentage
How to prevent HIV/AIDS	823	70%
Disease, symptoms, & living positively	753	64%
Ways of HIV transmission	698	59%
Beliefs about the cause of HIV/AIDS	478	41%
Education of the youth	385	33%
Moral issues about HIV/AIDS	369	31%
Education of society as a whole	287	24%

The responses indicate that the discussions around HIV/AIDS mainly center around the disease itself; how to prevent transmission; the symptoms of the disease and how to live with the virus and disease once you have contracted it; an the ways that HIV is transmitted. To a lesser extent, other issues are not discussed as much as the aforementioned, these include beliefs about the cause of the disease, education of the youth and of society, and moral issues about HIV/AIDS. The fact that moral issues are not labored on may be a good sign that the issues have moved from that and beyond stigmatizing those who have contracted the disease.

One other issue that the youth felt was not adequately presented to them was feedback on research efforts in the area, and why AIDS has no cure and how far scientists are in their investigations.

Other sources geared towards the youth such as youth centers, library, billboards and peer counseling are not used as expected. This may be predominantly due to the seemingly inadequacy of such youth specific centers. NGO's are most actively involved in the provision of SRH information and services to the young people through out the country. BOFWA and YWCA are the most active of the youth specific providers. However these NGO's are restricted in terms of geographic location and resources. For example BOFWA operates from five centers: Gaborone, Mochudi, Lobatse, Kanye, and Maun. This means that, of the study sites, only Gaborone enjoys the services of the association. YWCA, with its head office in Gaborone, on the other hand had a problem of coordination of remote locations. This was predominantly due to lack of finance. The

later however has had a good penetration in schools countrywide. Though operations in schools have their own unique problems, the school-based YWCA-PACT may be seen as YWCA's strongest hold.

The church does not feature well, possibly meaning that the Church does not play a large role in educating and informing the youth about HIV/AIDS. The Internet as noted earlier in this paper is not an option for many of the youth who do not have access to the Internet.

5.5 Accessibility of SRH and HIV/AIDS information

5.5.1 SRH information and services accessibility

In general, the youth maintain that it is not difficult to get SRH information and services (62%). However, 28% stated that it was difficult to obtain SRH information. The youth were also not shy about asking for SRH information (62%), whilst only 31% stated they were shy; 79 did not respond to the question. The youth felt that they knew where to go to get the information they needed; 626 (53%) knew where to find such information; 433 (37%) did not know; and 119 did not answer the question.

The role of parents in encouraging the youth to get information was found to be quite good; 764 (65%) of the youth indicated that parents do know and allow them to get SRH information; 265 (23%) indicated that their parents do not allow them; and 119 did not answer the question. The fact that parents promoted access to information may be linked to the observation made earlier on that 52% of the respondents cited parents as the source of information on SRH.

The youth also shed light on the problems they experienced in accessing SRH information. It emerged in this study that the problems that the young people encountered to access SRH information differed between and within locations, age and whether the respondent was in or out of school. In Gaborone the respondents were aware of more information service providers than in all other sites. The young people's problems however was predominantly lack of money for public transport to the centers; unfriendly service providers; while in some case the young people claimed they were not interested in going to the sources of information because they gave priority to schooling or some form of economically gainful activity. There were few who indicated parental attitude as an inhibiting factor. This could be due to the fact that parents in the city were in most cases more modernized and liberal in discussions of SRH issues than their counterparts in the villages.

In Selibe-Phikwe, some youth indicated that they did not know where such information could be obtained, while those who knew of the sources complained that the center was too far away for them to be able to go there. The respondents also highlighted the attitudes of parents, the fact that they were too young and shy as major factors that inhibited access to the needed information.

The respondents from the two villages, Sebina and Phitshane-Molopo, depended on schools and the clinics for information. This posed a problem as these were not solely for youth specific SRH need. In both villages there was only one clinic. A further complication was the fact that the respondents from both villages mostly indicated that they were shy to ask for the information and had a problem of unfriendly staff in the clinics. Besides stigmatization and cultural belief that equates shyness to good people, the problem of shyness may also be due to the fact that society relates issues of sexuality with adults only. In most cases a young person who expresses a need for a service or information related to SRH is seen as uncultured. This may be linked to the fact that some of the young people responded that "it is un-cultural to talk about SRH issues"; and that "parents would think I am a bad boy/girl" and that "parents have a wrong attitude", when asked to state the problems they experienced in accessing SRH information. It is important to report that the discussions held with the Family Health division, prior to the study, revealed that nurses were being trained to be youth friendly in service provision.

5.5.2 Accessibility of HIV/AIDS information

This study observed that the youth who participated in this study did not find it difficult to get HIV/AIDS information. When asked if it was difficult to get HIV/AIDS information, only 248 (21%) indicated that it was difficult while 778 (66%) said it was not difficult. 152 did not respond to the question.

There were however some respondents who indicated that they had problems in accessing HIV/AIDS information. While some indicated that they did not know the alternative sources of information, but only knew the clinics. The respondents however lamented the fact that in the clinics they were in most cases met by youth unfriendly service providers. The respondents who expressed a lack of alternative sources were predominantly from Sebina and Phitshane-Molopo. The respondents from Gaborone and Selibe-Phikwe expressed good knowledge of the alternative sources in terms of youth centers or HIV/AIDS information centers. There was an expressed concern that the centers were far, not easily accessible and at times expensive to reach for the young people who were already complaining of joblessness and lack of finances.

Though the Setswana culture encourages shyness through a popular believe that a shy person shows that he or she is cultured, it emerged in this study that the respondents were not shy to access HIV/AIDS information. A total of 754 (64%) youth responded that they were not shy to get or obtain HIV/AIDS information; and only 273 (23%) were shy about it. The rest, 151 did not respond to the question. The problem of shyness could be related to the common stigmatization of the infected and affected people. This may further be linked with the observation that in the free response to the question that asked if they were concerned about public opinion when going to the HIV/AIDS information and service centers, most respondents indicated that they were concerned. It is however important to note that there were some who responded that they were not bothered what the people thought of them when they accessed information in HIV/AIDS related centers.

In terms of knowing where to go for such information, 795 (68%) claimed they knew; 255 (22%) did not know; and 128 did not respond. Interestingly, 823 (70%) of the youth

stated that their parents know and allow them to access HIV/AIDS information, whilst 146 (12%) stated that their parents did not know neither did they allow them to get such information.

The youth were asked about the problems they experienced in getting HIV/AIDS information: Their answers varied from personal, societal to issues related to the actual providers of information. The free response to the question that sought to establish problems in accessing the HIV/AIDS information showed that some felt they had no need for it because they were not infected or affected This may be linked to the fact that some indicated that they thought that "the centers only serve infected people only". While some respondents indicated that they were not interested or said they were too busy with either schooling or economically gainful engagements some stated that they did not know where to get the information other than clinics where service providers are not friendly. Some respondents felt that they were shy to ask and were concerned that if they accessed the information, they will be stigmatized to be HIV positive.

6. Knowledge and perception of SRH and HIV/AIDS information services

The youth were asked if they knew anyone with AIDS and how they came to know about it. A majority 672 (57%) answered they did not know of anyone; only 429 (36%) stated that they knew someone; 77 did not respond to the question. On how they knew of the person's status they indicated that they heard from the individual who was sick, from relatives or friends of the sick person or heard the infected publicly declaring their status in the radio or television. The response shows that in some cases the young people made their own conclusions basing on the signs and symptoms as displayed by the victim. This appeared to be the most common way of getting to know of an AIDS patient. This may be seen as an indication of the fact that the young people are well informed on the signs and symptoms of the disease.

Most of the respondents (790 or 67%); were aware of centers or clubs that provide HIV/AIDS information while only 316 (27%) were not aware; 72 did not respond to the question. The respondents were asked to indicate which of the centers they used for obtaining information. Clinics and Tebelopele Voluntary Testing and Counseling Centre were the most used facilities with 57% and 54% of the youth respectively. School was next (47%); with youth programs (24%) and library (18%) seemingly not well used by the youth. The youth were also asked which of the above centers/facilities they mostly prefer to use; again Tebelopele (49%) and the clinic (49%) ranked highest; School was next with 42%, and youth programs and the library were not favored (25% and 15% respectively).

An interesting finding was that 837 (71%) of the youth were concerned about other people seeing them going into facilities that provide SRH and HIV/AIDS information, and what they would think of them. Only 193 (16%) were fine with what other people might think of them. This concern may be strongly related to the problem of stigmatization. The young people in this study indicated that if they were seen to be going to these centers people will think they are HIV positive; some said people will laugh at

them. Only one respondent from Sebina indicated that she did not go to such places because they contradict the teachings of the church that she attended.

It became apparent in this study that there was a lot of focus on the prevention of HIV STIs and Pregnancy. The respondents indicated that they found this information very useful. The information and services found to be most useful were identified as being that on condoms (51%); HIV/AIDS prevention (52%). Information on boy/girl relationships, abortion menstruation wet dreams and clinical services was indicated as less useful by the respondents. This is because this type of information is not that much provided as seen in *Table 1: Type of information received***.** This calls for concern because these issues may be seen as foundations of the young people's understanding of their sexual and reproductive health.

7. Information needs of the youth

The youth were asked about their problems in general in an effort of to try to identify their information needs. The youth stated that the problems they faced included the spread of HIV/AIDS; teenage pregnancy; alcohol abuse; and corporal punishment from teachers. By far the most surprising of the problems faced by the youth was their statements that they were abused by their parents or adults. They articulated the fact that they felt that parental care was lacking and parents did not give appropriate guidance and were not exemplary in their conduct. The youth also felt that they were also to blame as they did not want to abstain from early sex and therefore ended up as teenage parents. However, they also felt that access to family planning devices and services was a problem. Unemployment and financial problems were also cited as problems that the youth are faced with.

The youth were asked what information they thought would assist them in solving the problems outlined above. Many of them felt there was need for counseling centers as well as youth centers where the youth could hang out and be taught life skills. It must be noted that these were suggested by the youth in the one mining town and the two villages. The youth also felt they needed more relevant or appropriate information about HIV/AIDS, how to use condoms, and how to prevent HIV infection. Some students felt that their parents should be taught to be open and guide the youth in all matters sexual, and also that they should be provided with information on how to deal with abusive parents and guardians.

8. Recommendations

On the basis of the study findings the following recommendations are made:

1. Access to SRH and HIV/AIDS information to the youth in Botswana can be improved and strengthened by putting in place organizations (especially in the rural areas) that are there for that specific purpose.
2. The proposed multipurpose centers that are planned by government should be put in place as soon as possible to provide youth centers similar to the one in the capital city, where youth can receiving counseling, clinic services, and can also go there in their spare time.

3. Information given to the youth should be scrutinized carefully to ensure that it is appropriate and relevant, and ties in with their context of discovery and experimentation.
4. Parents and guardians should be encouraged to be open about such issues to their children.
5. Schools should have SRH and HIV/AIDS information resource centers where students will be able to obtain reading and other materials on the issues concerning them.
6. There should be a coordinated effort countrywide between the organizations that provide SRH and HIV/AIDS information to ensure that there are no duplication and that there is a nationwide strategy towards empowering and educating the youth about their sexuality and associated dangers.
7. A further study concentrating on the information needs of the youth should be conducted, and the results used to improve the kind of information and services given to the youth. This will also go a long way towards ensuring that the youth do feel they are part of the process of finding solutions to their specific problems.

9. Conclusion

The study has shown that there are a number of initiatives aimed at providing the youth with either SRH services and/or HIV/AIDS information to the youth. The media, including television, radio and newspapers have taken up the challenge of providing the youth with information aimed at helping them make the right choices in life. Schools and clinics are also playing their part. However, even though the youth have indicated that they do have access to such services and information, they have also pointed out some issues and problems they face. The information received by the youth centers around HIV/AIDS issues, sexually transmitted infections, puberty, measures to prevent HIV/AIDS. There seems however, to be a lack of character building information. The youth have good knowledge and perception of SRH and HIV/AIDS information services.

Youth pointed out that they face several problems relating to the way parents, guardians and teachers treat them. These are indicative of the Setswana culture where children should be seen and not heard. A few of the youth identified child abuse from both parents and teachers as a problem. The increasing rate of HIV/AIDS infection was also seen as a problem for the youth – indicating that they are worried about the situation. Another issue had to do with unemployment and access to family planning services. This paper has also made several recommendations aimed at ensuring that access to information for the youth is improved.

References

1. Adeyemi M B. and Tabulawa R (1993**)** "*AIDS and related issues : the views of junior secondary teachers in Botswana"* In: Educational Studies Vol.19 No2, pp 227-234

2. Botswana Young Women Christian Association (1992) *Botswana YWCA and WHO/GPA joint Research Project on Assessment of Peer Education: Final Report of the Baseline Assessment Findings* Gaborone.
3. Lekau A. A. (1998) *Sexual Health Information Provision To Young People: The Role Of Information Providers In Botswana.* MLIS Thesis, University of Botswana, Department of Library and information Studies, Gaborone.
4. Ministry of Education **(**1994) *The revised national policy on education.* March 1994
5. Ministry of Health AIDS/STD Unit (1994). *Information, education and communication (IEC) strategy for AIDS/STD prevention in Botswana*
6. Ministry of Labour and Home Affairs, (1997). *National Youth Policy* Gaborone: Department of Culture, Ministry of Labour and Home Affairs
7. Ncube, P (1999). *Attitudes of the Youth Towards HIV/AIDS and their Sexual behaviour***.** Bed Thesis, University of Botswana, Department of Home Economics, Gaborone.
8. Tshukudu, P (2000). *The Effectiveness of the mass media in disseminating HIV/AIDS information to the youth in Botswana.* MLIS Dissertation University of Botswana, Department of Library and Information Studies, Gaborone.