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## Endangered Youth? Youth, gender and sexualities in urban Botswana

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**ABSTRACT** *Age is now recognised as a significant social cleavage in research on youth in the South. Using participatory urban appraisal methodologies, this article explores constructions of sexualities among urban youth in Botswana, a country that is currently experiencing an HIV/AIDS epidemic and high levels of teenage pregnancy. We argue that not only are young people sophisticated sexual beings, but that there is a need to adopt more holistic approaches to examining sexualities among them so as to appreciate that constructions of sexualities are multi-faceted, highly diverse and heavily gendered. This appreciation must then be integrated into a multi-sectoral policy approach that moves beyond information provision towards one that addresses changes in gender, cultural and sexual identities.*

### Introduction

Age and generation are recognised increasingly as critically important axes of social differentiation within feminist research in the South alongside others such as gender and 'race' (Katz & Monk, 1993; Datta, 1996; Chant & McIlwaine, 1998). As well as research on elderly people (Clark & Laurie, 2000; Varley & Blasco, 2000), this has led to greater awareness of the experiences of young people, and especially the diversity of youth from a gender perspective (Johnson *et al.*, 1998). Furthermore, attention is turning increasingly to issues of sexualities in relation to young people in the South (Jolly, 2000).

In part, this focus is attributable to a growing global youth population and the fact that young people face particular challenges such as poverty, unemployment and lack of access to education (ICRW, 2000). Interlinked with these, and perhaps the most significant challenge facing young women and men today, is that of sex and sexualities. While sexual activity among youth has been identified as a cause for concern for some time due to its social and reproductive health impacts, particularly among women, the impact of the HIV/AIDS crisis on youth has made it even more imperative to understand the intersections between youth, gender and sexualities. Nearly half of all new cases of HIV/AIDS worldwide occur

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among young people between the ages of 15–24 years with an estimated 6000 young people contracting the disease every day (*ibid.*).

The gendered nature of the crisis is also clearly evident, with women being particularly vulnerable (Tallis, 2002) and constituting the majority of the 11.8 million 15–25-year-olds living with HIV/AIDS throughout the world (Baylies & Bujra, 2000; ICRW, 2000; Baylies, 2002). In turn, this is primarily linked with unequal gender relations which make young women especially vulnerable to coercive sex and afford them little space to negotiate the nature of sexual relations especially in terms of condom use (Rivers & Aggleton, 1999). While somewhat eclipsed by the HIV/AIDS crisis, the issue of teenage pregnancy also remains a key issue in the realm of health and sexualities among young women in the South. It is estimated that one in six births in the developing world are to young women aged 15–19 years (ICRW, 2000).

The impacts of the HIV/AIDS crisis in the South are so severe that the epidemic is now recognised as a key developmental issue in terms of both its causes and effects (Barnett, 2002). This bears particular relevance to Botswana which is now recognised as being at the epicentre of the HIV/AIDS epidemic in Southern Africa and having the highest proportion of youth living with HIV/AIDS in the world (UNDP, 2000). While still in its infancy, a broader developmental perspective towards HIV/AIDS is leading to the adoption of more holistic approaches to combating the disease which combine an epidemiological approach with an appreciation of how sexualities are socially constructed and performed (Kinsman *et al.*, 2000). This has prompted much more interchange between health-orientated research and anthropological studies in relation to sexualities, constructions of masculinities and femininities and HIV/AIDS (Chant & Guttman, 2000; Maharaj, 2001). However, there remain few detailed studies on the importance of sexualities in the South, especially in relation to young people.

In light of this, the article has two broad aims: first, to explore the construction of sexualities among young people, and secondly, to examine the awareness of the causes and the effects of HIV/AIDS and teenage pregnancy among young people in Botswana<sup>1</sup>. We argue that young people in urban Botswana are sophisticated sexual beings, and that the construction of their identities is predicated primarily on sex and sexualities due to the overwhelming importance of HIV/AIDS and teenage pregnancies in their lives. In turn, we highlight how they have extensive knowledge of these phenomena. We also show how these sexualities are highly diverse, influenced variously by traditional cultural mores, but also contemporary development processes. In addition, this challenges the stereotyped notions of a so-called 'African sexuality' that assumes a monolithic construction across the continent (Caldwell & Caldwell, 1987). The discussion draws upon empirical research derived from a pilot study with young women and men in the capital city, Gaborone using participatory urban appraisal (PUA) methodologies<sup>2</sup>. This approach, although flawed, ensured the active participation of young people in the research process, while encouraging them to identify concerns which most preoccupied them<sup>3</sup>. Thus, the article recognises the centrality of sexualities in Botswana as well as the importance of youth as critical actors in the development of their country.

### Conceptualising Youth, Gender and Sexualities

There is a growing consensus that youth, gender and sexualities are all socially

constructed and negotiated, a process referred to as social constructionism (Giddens, 1992; Nye, 1999). Indeed, it is difficult to disentangle the three given that sexualities are a central resource in the construction of youth and gender identities while sexualities are themselves fundamentally shaped by age and gendered power relations (Matikanya, 1993). The ensuing discussion seeks to elaborate upon these intersections.

Research on 'youth geographies' has emerged in the last two decades and geographers have been at the forefront of examining young people's understandings and sense of place (Aitken, 1994; Skelton & Valentine, 1998; Matthews & Limb, 1999; Holloway & Valentine, 2000). The social constructionist approach to youth has obviously facilitated such research, given its appreciation of the variations in conceptualisations of age and generation over space and time: in short, it acknowledges that context is fundamental in the shaping of youth identities (Ansell, 2002). Thus, while there may be growing agreement on the existence of a 'global youth culture', there is also an understanding that youth identities are shaped fundamentally by a range of local factors including family structures, education and labour markets (Valentine, 2000; Punch, 2002). Indeed, identity construction is a process, a performance and provisional, illustrating a contextual and relational positioning rather than fixed essence (Hall, 1992 cited in Dwyer, 2000; Bondi, 1993 cited in Ansell, 2002). Moreover, the social constructionist approach has enabled the theorisation of age and generation as a social dynamic (West, 1999).

Valentine (2000) identifies two processes as being critical in shaping the construction of youth identities: familialisation and individualisation. On one hand, familialisation conceptualises children and youth as dependants, in need of protection, vulnerable, asexual and irresponsible (see also James *et al.*, 1998). As such, children and youth are rigidly compartmentalised, defined in opposition to adults and seen as being in need of adult protection. On the other hand, processes of individualisation, which are derived from conceptualisations of rights and entitlements, allow children and youth to break away from hegemonic and dominant constructions of what it is to be a child or a youth. In so doing, youth are able to 'produce their own narrative of self... it is a relational process—in which young people are often strung out between competing definitions of their "identity" emanating from home, from school and from wider society' (Valentine, 2000, p. 258). Peer group culture emerges as an important force in shaping these alternative identities as it enables children and youth to manage the tensions between conformity and individuality.

Transitions from childhood to youth to adulthood are also socially constructed. While research in the North has posited traditionally only two extreme positions, dependence and independence, an in-between position of interdependence appears to be particularly important in the context of the developing world given the vital economic contributions children and youth may be making to the household (Punch, 2002). Research suggests that in the South, young people achieve economic independence earlier than their Northern counterparts while long-term family interdependence is maintained throughout the lifetime (*ibid.*). However, like youth in the North, the transition from childhood to adulthood is partial, inconsistent and contradictory as young people may engage in some activities which are seen as the preserve of adults (such as employment and sex) while at the same time being dependent on their parents for meals, money and clothing (Valentine, 2000).

The conceptualisation of age as a social process also allows for a greater appreciation of how generation intersects with other social axes such as gender. Yet, while feminist geographers have been instrumental in raising awareness of gender as a significant social cleavage *and* its intersections with race, ethnicity and class, they have been somewhat slower to appreciate the significance of age (Monk & Katz, 1993). Indeed, some would argue that gender has tended to eclipse age as a social cleavage which is attributable in part to the commonalities and links between women and children/youth (Roche, 1999). Over the last decade, feminist research has particularly focused upon the issue of gender identities and the construction of masculinities and femininities (Laurie *et al.*, 1999, McIlwaine & Datta, 2003). This body of work illustrates the extent to which prevailing gender ideologies influence the construction of masculine and feminine identities through all stages of the life course. Thus, male and female transitions from childhood to youth to adulthood are distinguished by different biological and social markers; young women's transition into adulthood may come later than young men's and, while for some men, youth is a stage of transitory powerlessness, for women it may be more permanent (Punch, 2002).

A final and critical element in the shaping of both youth and gender identities is sexualities. It is within this realm, for example, that the work on the constructions of masculinities has gained widespread acceptance (Datta, 2004). Sexualities can be defined broadly as the range of behaviour associated with the ideals, desires, practices and identities linked with sex (Chant & Craske, 2003). Associated with the work of Foucault (1978) on discourses of sexuality as fundamental to the control and regulation of populations, conceptual research has explored how different sexualities are constantly reproduced through discourses played out on bodies (Pringle, 1999). Again, the social constructionist approach has been useful as it has engendered a wider understanding of sexualities such that they are no longer simply equated with the sexual actions of specific bodies but rather to understanding the cultural, social and economic contexts within which they occur (Matikanya, 2003). However, this theoretical research, especially on homosexuality, is primarily Western in orientation (Bell & Valentine 1995). In contrast, research in the South, and more specifically in Southern Africa, has tended to adopt a narrower perspective where sexualities are predominantly linked with population, fertility and reproductive health issues; on sex rather than sexualities (Jolly, 2000, 2003; Potts & Marks, 2001).

There is a global reluctance to confer youth the same sexual rights that adults enjoy despite the fact that the majority of them are sexually experienced by the age of 20 with premarital sex being common among young people aged 15–19 years (Rivers & Aggleton, 1999). Yet, within the realm of sexualities, youth remain positioned as children with a limited appreciation of the 'difficulties they face in articulating their concerns and in achieving their sexual identities' (West, 1999, p. 526). This can be attributed to negative perceptions of uncontrolled desire among youth, the possibility of homoerotic choices and images of hedonistic and risk taking youth (*ibid.*). Such perceptions of 'unknowledgeable or ill informed adolescents' and 'high-risk adolescents' are rife in the literature on youth and HIV/AIDS (Aggleton & Warwick, 1997). Indeed, such is the fear of youth sexualities that in the past, sex education messages have been largely restricted to promulgating the abstinence message, with parents throughout the world also failing to communicate with their children on sexual matters in the belief that a

denial of information will lead to a delay in sexual initiation (Rivers & Aggleton, 1999).

Perhaps ironically, then, it is this conflation of sexual activity with adulthood status that often influences young people, especially young men, to engage in sex in order to address intergenerational inequities and to enhance their social status (Rivers & Aggleton, 1999; also Ansell 2003 on Lesotho and Zimbabwe). At the same time, unequal power relations between adults and young people may place youth at particular risk given the incidence of practices such as intergenerational sexual relations. Research illustrates that both young men, but particularly young women, have very little control over sexual relations in such contexts (see below).

Other factors affecting the constructions of sexualities among young people include group-based identities or, more specifically, peer identities. As Valentine (2000) argues, youth have to position themselves in relation to both adult and peer cultures. Peer group identities are heavily embodied and predicated upon adult notions of heterosexualised gendered identities (*ibid.*). Given the influence of peers in providing information about sex (in the context of a lack of intergenerational communication about sex) and in shaping sexual identities, it is not surprising that peer education has emerged as one of the most commonly used strategies of HIV/AIDS prevention worldwide.

Where research on youth and sexualities has coalesced the principal focus has been on gender and how this structures sexualities among youth, leading some researchers to argue that gender has again eclipsed the significance of age itself in determining the sexual rights of youth (West, 1999). Gender as a marker of youth identities is shaped around ideas of adult heterosexual notions of desirability and morality (Valentine, 2000), and there is increased consensus that gender relations have a significant impact upon sexual and reproductive health behaviours and outcomes (Rivers & Aggleton, 2002). Prevailing gender roles and relations usually mean that young women have less control than young men over sexual relations. For example, men usually retain control of decisions relating to sexual activity in most societies including the frequency and use of contraception. Thus, unequal power relations between men and women are especially critical in understanding unsafe sexual practices (Matikanya, 2003). Age in particular serves as a barrier to the passing of sexual knowledge to young women given the pressures on them to be chaste. Indeed, even where women may possess sexual knowledge, it is often in their best interests to appear to be 'innocent' and uninformed. Furthermore, female sexual agency is often denied in that young women are not expected to initiate or actively participate in sex but rather to let it happen to them (Rivers & Aggleton, 1999). The converse is generally true of young men, in that they are both expected to possess greater sexual knowledge and experience (although this is not necessarily true in reality). Pressures on young men to engage in early and multiple sexual relations emanates both from peer groups and older male family members. Research also illustrates that homophobic bullying is often used to push young men into early heterosexual relations (Rivers & Aggleton, 2002). Yet, the importance of including young men in sexual and reproductive health programmes has been particularly highlighted in recent research, which suggests that they are more likely to be willing to discuss sexual matters, participate in sex education and be open to considering alternative sexual practices than older men, as unsafe sexual practices are less entrenched (*ibid.*).

### The Context in Botswana: youth, gender, sexualities and HIV/AIDS

Despite research which suggests that youth is socially constructed, biological age remains the most common proxy measure of stage in the life course as reflected in most published statistics on youth. This is evident in the age-based schema identified in the Government of Botswana's National Youth Policy, which defines youth as those aged between 12 and 29 years (Ministry of Labour and Home Affairs, 1996a). While we adopted this country-specific definition of youth, it is not surprising that it was problematic on a number of grounds illustrating the inadequacy of relying upon age delimitations and assumptions about youth in general (Burke, 2000). There is considerable overlap between terms such as child, youth and adult within Botswana. For example, 'children' are defined as individuals under 18 years of age. At the other end of the spectrum, one can argue that the formal classification of youth until they are 29 years old delays the transition from youth to adulthood, and extends the social control of youth. In turn, this hampers their ability to claim the social, economic and political rights reserved for adults<sup>4</sup>.

This official definition of youth is not accepted universally within the country as evidenced by our focus groups discussions which revealed very fluid categorisations. Participants referred to themselves as children (as opposed to youth) in some contexts, such as when they were discussing child abuse, and as youth (as opposed to adults) in others. The latter was borne out in our discussions with 'out-of-school' young men and women who were all unemployed, and despite being aged 25 and 26 years, referred to themselves as youth. This reflects a traditional association of adulthood with economic independence (especially among men), the ability to support a family, as well as a host of subjective criteria such as responsibility, appearance and behaviour (see also Ansell, 2003 on Lesotho and Zimbabwe). Therefore, we use this categorisation with care, and with little other option.

Notwithstanding debates surrounding the definition of youth, youth issues have received little academic attention in Botswana despite the fact that people under the age of 30 constitute 70% of the country's population, with those aged under 15 years making up 40% of the population (Government of Botswana/UNDP, 1998). Yet, youth remain a high profile 'issue' in the public realm due both to expectations of young people as future leaders and negative stereotypes of them as exhibiting 'high-risk' behaviours among which early and underage sex are emphasised.

It is largely within the context of reactionary gendered research on changing household, family and community structures that a limited body of work on youth has grown around two themes. These are first, the importance of age and gender segregation in traditional Tswana communities. Largely anthropological and rural in nature, this research documents the historical importance of age regiments as social institutions that separated young men and women both from each other and their elders (Schapera, 1940). There was a clear demarcation of the responsibilities and duties applicable to each age and gender group. While age regiments (age cohorts) are all but extinct now (especially for urban youth), age and gender remain culturally significant cleavages with the traditional veneration of the elderly (Mompoti & Prinsen, 2000). This research clearly illustrates the negative manner in which young women and men continue to be defined in terms of qualities or attributes they do *not* possess such as being unmarried, childless

and/or without independence and resources. In particular, there is a widely held belief that youth lack access to 'knowledge' (distinct from information gained through formal education) which only adults possess and pass on to young people when they are deemed to be on the threshold of adulthood (Burke, 2000).

A second, more extensive, body of research exists on gender and sexualities which also encompasses important youth dimensions. This has developed within the context of work on 'African sexuality' that is based on perceptions of permissive sexual practices and a lack of shame, particularly among women (Caldwell & Caldwell, 1987). Female sexual agency, in particular, is attributed to the absence of moral and institutional constraints. Although some suggest that the concept of an 'African sexuality' has remained intact despite the sexually repressive influence of westernisation (Caldwell *et al.*, 1989), others are beginning to question it (Helle-Valle, 1999).

Criticisms lie primarily in the dangers of generalising across different cultures and contexts, as well as making assumptions about predominant heterosexuality<sup>5</sup>. Research points to the existence of a diverse picture of African sexualities ranging from puritanical to more permissive systems as evidenced by the different positions adopted by Southern African states regarding policies on sexualities. Thus, while post-apartheid South Africa has fairly liberal and progressive formal approaches to gender and sexualities including a pioneering gay rights clause (Cock, 2003), in neighbouring Zimbabwe the parliament passed a new Sexual Offences Bill in 2001 which sought to curb sex work and punish brothel-keepers harshly while also criminalising same-sex relationships (Wojcicki, 2002). Furthermore, while it is often assumed that early sexual experience, as well as a general acceptance of premarital childbearing among women is a common characteristic of Southern Africa, there are no uniform patterns. Recent trends highlight how Lesotho and Zimbabwe have low rates of fertility among adolescent never married women with children, compared with more intermediate rates in South Africa and Namibia and extremely high levels in Botswana (Mturi & Moerane, 2001). The reasons for these differences are complex, but many of them can be traced to variations in traditional cultures and mores and how these have changed in response to westernisation and related processes of globalisation. Finally, the 'African sexuality' thesis has been criticised for promoting perceptions of promiscuity which has been particularly harmful to HIV/AIDS prevention campaigns (Ahlberg, 1994).

As with research on youth, most work on sexualities and gender in Botswana has focused on anthropological studies in rural areas concentrating on traditional Tswana cultural and social organisations. A range of factors has been identified as influencing the constructions of sexual identities among youth of which early and premarital sexual relations are paramount. It is estimated, for example, that almost half of unmarried young Botswana women aged between 15 and 17 are sexually experienced with 12% having given birth. By the age of 24, 98% are sexually experienced with four of five unmarried women having given birth (Mturi & Moerane, 2001, p. 274).

Studies have explained patterns of early and premarital sexual relations and childbearing within the context of changing family structures and especially high levels of female household headship in rural areas (O'Laughlin, 1998). It is often suggested that traditional marriage patterns account partly for premarital sexual relations in that marriage in Tswana society was a process extending over a fairly long period, beginning with the decision to marry and culminating in the



payment of *bogadi* (bridewealth) when the woman could move into the man's family home (Schapera, 1940; Molokomme, 1996). However, even before the *bogadi* was paid, a period of living together (*ralala*) took place and this stage would usually last until a child was born (van Driel, 1996). Therefore, premarital sexual relations were sanctioned culturally, albeit within the broad process of marriage (MacDonald, 1996; Townsend, 1997). This link between premarital sex and marriage was broken in the early part of the 19th century by the labour migration of men to South African mines, which led to more flexible and early sexual relations outside the context of marriage (Schapera, 1940; Datta & McIlwaine, 2000)<sup>6</sup>.

While the importance of marriage has declined steadily (in part contributing to significant levels of female headship, much of which is *de facto* and linked with labour migration)<sup>7</sup>, the high social status conferred on women with children in Tswana culture, coupled with social opprobrium faced by women who are infertile has continued (Upton, 2001). This has particular implications for teenagers who may, as they get older, come under parental and/or peer pressure to bear children irrespective of their marital status (UNDP, 2000). There is also a popular belief among younger women that sexual intercourse during their teenage years enhances their fertility and chances of conceiving in later life (*ibid.*). Furthermore, birth outside of marriage continues to be a statistical norm and single mothers do not damage their future chances of getting married by virtue of being mothers (Suggs, 1987).

Early, and unsafe, sexual initiation may also be rooted in the disappearance of traditional socialisation practices whereby boys and girls were taught responsible sexual behaviour through initiation ceremonies (called *bogwera* for boys and *bojale* for girls) (MacDonald, 1996). Taking place three to five years after a child had reached puberty, these ceremonies prepared youth for adulthood. While the period of adolescence among young women (referred to as *lekgaribe* meaning 'young women' or 'carefree older girl') was seen as one of sexual initiation and experimentation, such ceremonies also taught responsible sexual behaviour, selecting a partner and marital duties (Suggs, 1987; Meekers & Ahmed, 1999). The demise of these practices is regretted by some on the grounds that it has marked the beginning of a lack of intergenerational communication on sexual matters and a lack of 'moral guidance' for the young (UNDP, 2000). At the same time, the fact that sexual intercourse remains symbolic of reaching adulthood explains the relatively high rates of sexual activity among young people.

Finally, some researchers suggest that the construction of sexual identities among youth is also influenced by high levels of female headship and weakened social control over the domestic arena, with mothers often having lovers in the absence of children's fathers which leads to young people beginning sexual relations at an early age (Gaisie, 1998, cited in Mturi & Moerane, 2001, p. 272). Linked with these patterns is the predominance of a transactional attitude towards sexualities (Helle-Valle, 1999), also noted throughout sub-Saharan Africa (Caldwell *et al.*, 1989; Baylies, 2002). Partly related to the practice of bridewealth, a key manifestation of this is the phenomenon of 'sugar daddies' and, to a lesser extent, 'sugar mummies'. In the case of the former, men, who are often well into middle age or older, have sexual relations with much younger women, often in exchange for money, gifts and/or promises of commitment (Leshabari & Kaaya, 1997).

However, more recently, the intersections between youth, gender and sexualities within Botswana has heightened attributable to two outcomes of high-risk sexual behaviour: HIV/AIDS and teenage pregnancy. Botswana not only has the highest proportion of young people with HIV/AIDS, but also the highest recorded rate of HIV prevalence in the world (UNDP, 2000). Late to acknowledge the HIV/AIDS epidemic, the first official recognition of the disease came in 1985 (MacDonald, 1996). By 1999, adult prevalence was estimated at 35.8% of the population (Kumaranayake & Watts, 2001, p. 453), although the government suggests the figure is closer to 28 or 29% (Ministry of Finance and Development Planning, 2000, p. 4). This rate has tripled since 1992, when prevalence was 10% (Poku, 2001, p. 194). Furthermore, differences in HIV/AIDS prevalence rates between urban, peri-urban and rural areas are marginal (MacDonald, 1996).

The gender and age dimensions of this epidemic are also clearly evident. By the first quarter of 1996, no less than 68% of reported HIV infection cases were among young women aged 15–29 years (Government of Botswana/UNDP, 1998). Moreover, prevalence rates among young women (34.3%) were significantly higher than among young men (15.8%) (UNDP, 2000; Kumaranayake & Watts, 2001, p. 453). Another particularly affected subsection of the population is children under the age of five, with an estimated 64% of deaths being attributed to AIDS (Ministry of Finance and Development Planning, 2000, p. 4). With such alarmingly high levels, the need to address the situation is critical. Indeed, youth under the age of 15 have been particularly identified as presenting hope for the future (the AIDS-free generation of 2016) given low levels of prevalence (2%) among this age cohort (UNDP, 2000, p. 37).

While the perceived reasons for the spread of HIV/AIDS among urban youth are discussed below, there are other factors which contextualise the incredibly high prevalence rates in the country. Until recently, there was widespread denial that HIV/AIDS existed in the country<sup>8</sup>. This was attributable, in part, to the fact that people refused to believe that certain diseases such as tuberculosis and malaria were related to AIDS (Helle-Valle, 1999), believing instead that AIDS related illnesses were *boswagadi* (or a disease caused by breaking cultural taboos such as having sex with widows) (MacDonald, 1996). Moreover, the relatively good nutritional status of the population meant that the AIDS epidemic was slower to take hold here than elsewhere on the African continent (interview with representative of the Botswana Network of Aids Services, July 2001).

Migration and a good transport system have also facilitated the spread of the disease (MacDonald, 1996; UNDP, 2000). Botswana has been categorised as having one of the most mobile populations in the world. While migration to regional destinations such as South African mines has declined in the post-independence period, rural to rural and rural to urban migration remains important (MacDonald, 1996). Young people are active participants in these migration flows as residential patterns, divisions of labour and the provision of schooling in rural areas necessitates a separation of children, youth and adults across villages, lands and cattle-posts. Moreover, youth also participate actively in rural to urban migration linked with the greater availability of higher levels of education and job opportunities in the towns, as well as being called upon by urban kin to help rear urban-based children (Datta, 1996). The latter especially applies to young women (Datta & McIlwaine, 2000). The separation of young

people from their parents, whether in rural or urban areas, is often cited as one of the reasons for high levels of sexual activity among youth.

Arguably, perhaps the most significant factor in the spread of HIV/AIDS is the ways in which sexualities are constructed in Botswana. As the discussion above has illustrated, sexual initiation is intimately related to transitions in life stages. Not only are youth sexualities constructed in a context whereby there is considerable peer pressure to engage in early and premarital sex, having multiple sexual partners is also an important marker of heterosexual masculinities (Datta, 2004). Furthermore, inequitable gender and age relations often mean that young women are at a particular disadvantage in terms of controlling the context in which sex occurs. The prevalence of transactional sex and sexual relations between older men and young women often results in the practice of unsafe sex. Researchers have highlighted the fact that traditionally women are not allowed to deny their husbands the right to have sex, and that men are deemed as being within their right to beat their wives into submitting to having sex (MacDonald, 1996). Notwithstanding the spread of the HIV/AIDS epidemic, there has been little corresponding change in peoples' sexual behaviour (Helle-Valle, 1999; see below).

Although somewhat eclipsed by the current HIV/AIDS epidemic, teenage pregnancy has long been identified as a key problem among young people in Botswana (Ministry of Labour and Home Affairs, 1996a). It is estimated that 24% of youth in Botswana are mothers, with health statistics showing that annually 23% of first-time antenatal care clinic attendees are teenagers (Government of Botswana/UNDP, 1998, p. 21)<sup>9</sup>. High levels of teenage pregnancy are attributable to a range of factors, many of which coincide with those affecting HIV/AIDS. These include, first, a low level of contraceptive use among teenagers despite the existence of a fairly liberal family planning policy with no age restriction on access to contraception services. It is now recognised that the attitudes of health workers towards youth engaging in sex serve as a barrier to access to reproductive programmes and services by teenagers and men of all age groups (Government of Botswana/UNDP, 1998). Secondly, as discussed above, underage and unprotected sexual relations are attributed to either cultural traditions which sanction early sexual initiation or some transformation in these traditions.

Health sector workers and researchers have particularly highlighted the health risks that pregnancy poses for young women, such as the contraction of sexually transmitted diseases of which HIV/AIDS is the most recent and deadliest. Moreover, where the cause of death is specified, abortion emerges as one of the top causes of morbidity in the country. Given that access to abortion is all but illegal, it is estimated that most of these deaths (4642 in 1994) are the result of unsafe operations (Government of Botswana/UNDP, 1998)<sup>10</sup>. Apart from health problems, teenage pregnancy obviously has wider impacts upon the life chances of young women, as it is frequently linked with dropping out of school. Although Botswana can boast of relatively high levels of youth attending school (see below), the vast majority of drop-outs are pregnancy-related; 1993 data indicate that 60% of all secondary school drop-outs (81 and 88%, respectively, of all withdrawals in Forms 4 and 5) among females are caused by pregnancy (Meekers & Ahmed, 1999; UNDP, 2000). Indeed, schools feature quite heavily in discussions of teenage pregnancy, as it is here that many young people have their first sexual encounter<sup>11</sup>. For example, the National Women in Development Policy highlights the vulnerability of young women to sexual harassment and coercion in schools

