

## **HIV Knowledge, Attitudes and Risk Practices & Behavior of Sexual Minorities in Botswana**

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### **Introduction**

Significant reduction in the prevalence of HIV has been observed over the past decade although southern Africa still has the highest HIV and AIDS prevalence worldwide. Much of the effort to prevent the spread of HIV and other types of support target the heterosexual population. While the existence of sexual minorities in southern Africa is a reality often reluctantly acknowledged by most governments in the region, however, such acknowledgment often does not translate into policies and programs designed to address the needs of sexual minorities. Most countries do not have the policy and legislative framework that would allow them to specifically address the needs of sexual minorities. The result is that not only are HIV prevention; treatment and care programs likely to be ill suited to address the needs of sexual minorities, research on sexual minorities is often rare and piecemeal.

### **Data & Methods**

This paper is utilizes data derived from a 2013 SADC cross sectional survey of Sexual Minorities in three countries, namely Zimbabwe, Botswana and Zambia, to explore the sexual and HIV risk knowledge, attitudes and practices of sexual minorities in Botswana. The survey covered 189 MSM and 193 WSW between 17 and 43 years of age. Data are analyzed in SPSS, using uni-variate and bi-variate techniques and descriptive statistics. Some qualitative data are also used to provide fuller explanation and understanding of some of the quantitative observations

### **Results**

The mean age for the male sample was 25.6 years, while that of the female sample was 23.3 years. Almost all the males (99%) and females (97.4%) were Batswana. A high proportion of males (97.9%) and females (100%) had secondary education or higher, with two fifth of males (42.8%) and almost half of females (49.2%) having acquired a university undergraduate degree or higher. The results show that 8.8% of MSM and 19.8% of WSW had children under their care; and 94.1% and 97.1% of MSM and WSW respectively, indicated that the children they had under their care were their own biological children. Almost all MSM (97.4%) and WSW (96.9%) classified themselves as single and were never married. At the time of survey, majority (49.0% MSM and 52.3% WSW) was students. Close to a quarter of MSM (24.2%) were in full time employment, compared 13.5% of WSW; with 16% MSM and 230% WSW unemployed.

Over two thirds of the males in the sample (69.1%) classified themselves as gay while over a quarter (26.3%) classified themselves as bi-sexual. Among females, just less than three quarters (71.7%) classified themselves as lesbian; and over a quarter (26.7%) as bi-sexual. A high proportion (96%) of men had had anal sex, with almost three quarters (73%) indicating that their first sexual partner was older than themselves, and a fifth (19.6%) were of the same age as the respondent. While a95% of men indicated that they have used a condom before, the proportion

who use condoms with regular partners is lower (78.8%) by comparison. A higher proportion of men reported that they always use condoms when having sex with casual female partners (82%) compared to casual male partners (78.8%). Almost nine out of every ten men (88.8%) knew that one cannot tell another person's HIV status merely by looking at them, compared to females (74%). The results show that 83.9% of males & 88.1% of females had tested for HIV at least once before. Of these, close to two thirds of males (66.3%) had undergone HIV tested during the year leading to the survey compared to less than half (43%) of females. Just less than a third (31.7%) was circumcised.

Close to nine out of every ten females (85.0%) had had oral sex; and over three quarters (77.2%) had had penetrative vagina sex, however just over a third (35.8%) indicated that they have had penetrative vaginal sex with a man. Close to half the females (46.6%) indicated that their first female sexual partners was of the same age as themselves; and less than two fifth (37.8%) indicated that their first female partner was older than themselves. Over three quarters of females (75.9%) had used a condom; however only two thirds (67.1%) always used condoms with their regular / permanent male partners, and over a quarter (27.1%) were using condoms only sometimes with ether regular male partners. A higher proportion of females (15%) than males (11%) had engaged in a sexual orgy during the year leading to the survey; while a higher proportion of males (81.5%) has had sex while they were drunk compared to females (65.2%).

## **Discussion**

Botswana has done a lot towards HIV prevention, treatment and care through a number of multisectoral policies and programs. Since most of the HIV infections are transmitted sexually, these programs have targeted heterosexually population and inadvertently neglected the other key population, including sexual minorities and disabled. The results of this research and analysis are meant to encourage and facilitate the debate on the existence of sexual minorities and their potential role in the transmission and prevention of HIV infection

The existence of sexual minorities in southern Africa is a reality often reluctantly acknowledged by most governments in the region, thanks mostly to the legal status of same sex unions in most countries. However, precisely because of the problematic status of same sex union, such acknowledgment often does not translate into policies and programs designed to address the needs of sexual minorities, even despite clear research evidenced that shows that ignoring such population is counter-productive to HIV prevention; treatment and care efforts.

While the results show that sexual minorities are likely to also utilize existing HIV prevention, treatment and care services on offer, these are nevertheless not tailored to address the unique needs of sexual minorities in Botswana. Subsequently, even research on sexual minorities is often rare and piecemeal, resulting in lack of evidence that is needed for advocacy and to support programming targeting sexual minorities. Thus, while the recent decision by Botswana's high court to de-criminalize same sex relationships in Botswana is a step in the right direction towards HIV prevention and recognition of rights of everyone, a lot remains to be done to have inclusive HIV programming and policy that *"leaves no one behind"*..