

Determinants of Condom Use among Adolescents in Botswana

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Abstract

Purpose: To provide information on determinants of condom use among adolescents in Botswana that could guide facilitation of effective program designs aimed at assisting youth avoid unnecessary negative reproductive health outcomes.

Methods: Logistic regression used to explain the influence of constructs in the behavioural change framework on current and consistent condom use during the past 12 months from time of study.

Results: Ability to persuade a sex partner to use a condom (perceived self efficacy) was associated with adolescent current use of condom. Being personally concerned about getting HIV since ARV introduction, believing that a woman can use condoms to protect herself from getting STI if partner has it, and being able to persuade a sex partner to use a condom was associated with consistency of condom use.

Conclusions: Adolescent's perception of personal risk and self efficacy need to be boosted to ensure consistent use of condoms with partners.

Introduction

One of the fast emerging public health concerns is the high risk sexual behaviour among adolescents. There has been an apprehension on the increasing number of sexually active adolescents in developing countries, more especially the Sub-Saharan Africa (SSA). Adolescents in several of these developing countries, including Botswana experience early sexual debut (Gupta, 2003) which is usually unplanned and as a result, many of the adolescents became victims of several negative sexual and reproductive health outcomes such as HIV infection, sexually transmitted diseases (STDs), unplanned teenage pregnancies and unsafe abortions. The use of condoms during all sexual encounters by adolescents has been identified as one of the major steps aimed at reducing these reproductive health problems.

Botswana has one of the highest HIV prevalence rates (Stover et al, 2008) and adolescents are still experiencing a 0.7% incidence rate (Central Statistics Office (CSO), 2009). The proportion of teenage women who have ever been pregnant stands at 11.3% (ibid). STDs

and unsafe abortions also remain a common public health concern among the youth in Botswana. There has been a concerted effort by both the government and non-government organizations to assist adolescents to avoid becoming victims of negative reproductive health problems. The government of Botswana, together with non-governmental organizations in Botswana have put into operation several programs aimed at decreasing the frequency and burden of reproductive health problems among the youth. There have been successes especially in increasing the rate of condom use among adolescents in Botswana (CSO, 2009) but there remain gaps that still need to be filled. Besides abstaining and being faithful to partners, the use of a condom was considered the most viable prevention method to be used mainly by adolescents and as such health education and counselling emphasized the use of the condom by adolescents. Together with non-governmental organizations, the government ensured that condoms are available, affordable and easily accessible for everyone including adolescents. In fact, all contraceptives including condoms are provided free of charge in all public health facilities. There has been a concerted effort to ensure that such commodities are also available and accessible at different locations such as public bars, utility service points, public gathering points; just to mention but a few.

Several theories have been developed to explain health seeking behaviour. The most utilized models for health seeking behaviour are the Health Belief Model, the Theory of Reasoned Action (developed later to the Theory of Planned Behaviour), the Pathways models, the Health Care Utilization or Socio-Behavioural Model by Andersen (Munro, Swart & Volmink, 2007; Noar, 2007; Meyer-Weitz, 2000a; Meyer-Weitz, 2000b; Hausmann-Muela, Ribera & Nyamongo, 2003; Andersen & Newman, 1973, Weller, Ruebush II & Klein, 1997). Relationships of variables which are considered relevant for explaining or predicting health seeking behaviours are contained in all these models. This study draws from all of these health seeking behaviour models and borrows key elements of these theories. The study assumes that behavioural change depends on perceived severity of the HIV/AIDS threat to health, perceived personal risk of HIV infection, Perceived condom attributes, perceived self efficacy and perceived social support. Studies of condom use show that people's perception of risk is associated with high levels of condom use (Akwaru, Madise & Hinde, 2003; Meeker & Klein, 2002, Cleland, 1995; Bauni & Jarabi, 2000; Nzioka, 1996, Ingham & Holmes, 1991). Some studies suggest that self efficacy is one of the most important predictors of actual condom use (Baele et al., 2001; Lindberg, 2000; Bandura, 1986). Perceived condom attributes has also been associated with use of condoms (Peltzer, 2000; Maswanya et al, 1999). Perceived social environmental support has also been identified as a major determinant of condom use (MacPhail & Campbell, 2001; Gage, 1998; Wilson & Larelle, 1992).

The mentioned studies however, indicate that multiple factors determine condom use and that such factors may vary across societies (Abdool et al., 1992; Adih & Alexander, 1999). The objective of this study is to examine the predictors of condom use among adolescents in Botswana. To date, there is little data on factors that influence condom use in Botswana.

Information from this study will make policy makers and health program managers understand factors that facilitate or deter condom use among adolescents. This would assist in facilitating the design of effective sexual and reproductive health programs aimed at assisting the youth to avoid being statistics to prevailing reproductive health problems through increased condom use. This study sought to provide information on the determinants of condom use among adolescents aged 15 to 19 years in Botswana.

Methods:

Data Source

The data source is a nationally representative 2008 Botswana AIDS Impact survey which managed to interview 14225 people (82% response rate) aged 10 to 64 years. The individual questionnaire for the survey covered areas on alcohol consumption and drug use, sexual history and behaviour, male circumcision and sexually transmitted diseases, knowledge about AIDS and level of exposure to interventions, attitudes towards people living with HIV/AIDS, gender issues and counselling, and child bearing and antenatal care; and availability of social and medical services.

A total of 1836 adolescents aged 15 to 19 who participated in the survey had ever had sex. Out of this, 20% (368) had a sexual relationship during the past 12 months from the time of the survey. This analysis is restricted to a subsample of 368 sexually experienced adolescents aged 15 to 19 years who had a sexual relationship during the past 12 months from the time of the survey.

Measurement

Dependent variables for the study included whether an adolescent used a condom the last time they had sex with the most recent sexual partner. The other dependent variable was whether adolescents always used a condom with the most recent partner during the past 12 months prior to the survey.

The study used five main predictor variables to explain both current and consistent condom use for adolescents. A positive response for each component of the five main predictor variables was awarded a score of 1 otherwise 0. A positive response was an answer conducive for influencing use of condoms as a way to reduce sexual and reproductive health problems (These will be explained further in the paper)

The first predictor variable is the adolescent perceived severity of the HIV/AIDS threat to health. Four variables were used to determine the adolescent perception of severity of the HIV/AIDS threat to health. Respondents were asked whether they believed that ARVs cure AIDS. Secondly, they were asked if their personal concern about getting HIV has changed since the introduction of ARVs. The other two questions included whether adolescents agreed that men can have more than one partner at one time, and whether adolescents

agreed that women can have more than one partner at one time. The second predictor variable is that of perceived condom attributes. The six components of perceived condom attributes used for the analysis included whether adolescents think that people on ARVs should always use condoms; whether adolescents think it should be acceptable for a woman to obtain male condoms, whether adolescents think it should be acceptable for a man to obtain female condoms, whether it is acceptable to adolescents respondents for their partners to be in possession of condoms; and if a woman can protect herself from getting an STI if the partner has it by using a condom. Social support was the third predictor which included five components. For the first component, respondents were asked if they think there has been a change in concern about getting HIV among other people in their community since the introduction of ARVs. They were also asked if people in their communities do safer sex practices since the introduction of ARVs. The other components included whether peers use condoms with new sex partners; and whether it is acceptable among peers to avoid sex to protect against HIV, STI and pregnancy. Adolescents were also asked if people in their communities are able to discuss HIV and AIDS problems that affect everyone. Only two questions were used to determine self efficacy of adolescents in this study. Adolescents were asked if they can persuade a sex partner to use a condom and whether they can persuade a sex partner not to have sex if not interested.

Analysis

The influence of constructs in the behavioural change framework on use of condom during last sex with most recent partner and consistent condom use with most recent partner during the past 12 months from time of study was examined using logistic regression analysis.

Results:

A total of 368 sexually experienced adolescents reported to have had a sexual relationship during the past 12 months from the time of the survey. Table 1 displays the frequency distribution of the adolescent who reported having had a sexual relationship during the past 12 months by selected background variables. Two-fifths of the adolescents resided in rural areas and about a third (34.2%) were males. One eighth of the sample was adolescents with primary education or less and the rest had secondary education or more. Out of the 368 adolescents, 18.8% reported to have had more than one partner during the past 12 months and only 6.3% reported more than one partner during the past month.

Table 2 shows the percentage distribution of selected predictor variables depicting the influence of constructs for behaviour change.

Table 1: Percentage distribution of Adolescents aged 15 to 19 years who had a sexual relationship during the past 12 months by Selected Background Characteristics in Botswana (2008 DHS)

Background Characteristics	Number	Percentage
<i>Residence</i>		
Rural	150	40.8
Urban	218	59.2
<i>Sex</i>		
Female	242	65.8
Male	126	34.2
<i>Level of Education***</i>		
Primary or None	46	12.5
Secondary or Higher	322	87.5
<i>No of Sex Partners last 12 months</i>		
Multiple Partners	69	18.8
One Partner	299	81.3
<i>No of Sex Partners last Month</i>		
Multiple Partners	23	6.3
One Partner	345	93.8
TOTAL	368	100

Perceived Severity of the HIV/AIDS threat to health and Perceived Personal Risk

There is a high proportion of adolescents who do not perceive HIV/AIDS as a threat to health in three of the four components depicting perceived severity of the HIV/AIDS threat to health and perceived personal risk. About four in five adolescents reported that they do not believe ARVs cure AIDS. About half were personally concerned about getting HIV since the introduction of ARV. Less than half disagreed that men can have more than one partner (41.8%) and that women can have more than one partner (47.3%) respectively.

Perceived Condom Attributes

Findings in table 2 indicate that adolescents recognize the importance of using a condom. A high proportion of adolescents have a positive perception of condom attributes in all the components of perceived condom attributes. Over nine in ten adolescents believe that people on ARV should always use condoms. About four fifths (79.6%) believe that it is acceptable for a woman to obtain male condoms. However, the percentage of adolescent who believe that it is acceptable for a man to obtain female condoms is lower (63.9%). Possession of a female condom by a partner seems to be not as acceptable as possession of a male condom (69% vs. 87%). A high percentage believe that a woman use condoms to protect herself from getting STI if partner has it.

Perceived Self Efficacy

Adolescents' belief about their capability to make decisions regarding sexuality is fairly strong. About four in five adolescents (79.9%) indicated that they can persuade a sex partner to use a condom but slightly below two-thirds of the adolescents (62.3%) can persuade a sex partner not to have sex if not interested.

Table 2: Percentage Distribution of the selected variables depicting positive influence of constructs of behaviour change (N=368)

Respondents Characteristics/Positive Response	Frequency	
	Number	Percentage
Perceived severity of the HIV/AIDS threat to health		
Does not believe ARVs cure AIDS	246	79.1
Personally Concerned about getting HIV since ARV introduction	169	52.3
Disagrees that men can have more than one partner	154	41.8
Disagrees that women can have more than one partner	174	47.3
Perceived Condom Attributes		
People on ARVs should always use condoms	296	91.9
Acceptable for a woman to obtain male condoms	293	79.6
Acceptable for a man to obtain female condoms	235	63.9
Acceptable for a partner to be in possession of male condoms	320	87.0
Acceptable for a partner to be in possession of female condoms	255	69.5
A woman can use condoms to protect herself from getting STI if partner has it.	310	84.2
Perceived Self Efficacy		
Can persuade a sex partner to use a condom	291	79.9
Can persuade a sex partner not to have sex if not interested	226	62.3
Perceived Social Support		
There is a change of concern about getting HIV among people in the community	47	14.6
People in the community do more safer sex practises since the introduction of ARVs	131	40.6
Peers use condoms with new sex partners	97	26.7
Acceptable among peers to avoid sex to protect against HIV, STI and Pregnancy	137	37.4
People in the community are able to discuss HIV and AIDS problems that affect everyone	176	48.1

Perceived Social Support

Evidence from the study indicates that adolescents perceive minimal social support that can help adolescent change behaviour. Although 48.1% of adolescents indicate that people in their communities are able to discuss HIV and AIDS problems that affect everyone, 40.6% of the adolescents reported that people in their communities do safer sex practices since the introduction of ARVs. Slightly more than a third of the adolescents pointed out that it is acceptable among their peers to avoid sex to protect against HIV, STI and pregnancy. The use of a condom with new sex partners by peers has been reported by about a quarter of adolescents. A change of concern about getting HIV among people in community has been reported by 14.6% of adolescents.

Use of Condom during Last Sexual Encounter

Out of 368 adolescents who reported having a sexual relationship during the past 12 months from the time of the survey, 88.3% reported using a condom last time they had sex with the most recent partner. Bivariate analysis indicates that that using a condom during the last

sexual encounter by adolescents was significantly associated with sex of the adolescent and their level of education. Table 3 shows that female adolescents were about 4 times more likely to report not using a condom during their last sexual encounter with the most recent sexual partner ($p=0.001$). Adolescents with primary or no level of education were more than two and half time more likely not to have used a condom during the last sexual encounter with the most recent sexual partner ($p=0.0001$).

Table 3: Percentage Distribution of Adolescents by selected characteristics and use of condom during the last sexual encounter with the most recent partner

Background Characteristics	Whether Used a Condom Last Sexual Encounter		Total (N)
	Used (%)	Not Used (%)	
Residence			
Rural	85.3	14.7	150
Urban	90.4	9.6	218
χ^2 p-value	0.140		
Sex***			
Female	84.3	15.7	242
Male	96.0	4.0	126
χ^2 p-value	0.001		
Level of Education***			
Primary or None	73.9	26.1	46
Secondary or Higher	90.4	9.6	322
χ^2 p-value	0.001		
No of Sex Partners last 12 months			
Multiple Partners	92.8	7.2	69
One Partner	87.3	12.7	299
χ^2 p-value	0.203		
No of Sex Partners last Month			
Multiple Partners	95.7	4.3	23
One Partner	87.8	12.2	345
χ^2 p-value	0.258		
TOTAL	88.3	11.7	368

Consistent Use of a Condom Last 12 months

Findings from this study indicate that there was a higher proportion of adolescent who report using a condom consistently with the most recent partner during the past 12 months. More than four in five adolescents (82.3%) reported to have always used a condom with the most recent partner during the past 12 months and this differed noticeably by sex and level of education of the adolescents. Females were almost three times more likely to report not being consistent with condom use during the last 12 months than their male counterparts ($p=0.001$). Those with primary or no level of education were more than twice as likely to report inconsistent use of condom during the past 12 months ($p=0.001$) (See table 4).

Table 4: Percentage Distribution of Adolescents by selected characteristics and consistent use of condom with most recent sexual partner during the past 12 months.

Background Characteristics	Whether Always Used a Condom Last 12 months		Total (N)
	Always Used (%)	Not Always Used (%)	
Residence			
Rural	79.3	20.7	150
Urban	84.4	15.6	218
χ^2 p-value	0.210		
Sex***			
Female	77.3	22.1	242
Male	92.1	7.9	126
χ^2 p-value	0.000		
Level of Education***			
Primary or None	65.2	34.8	46
Secondary or Higher	84.8	15.2	322
χ^2 p-value	0.001		
No of Sex Partners last 12 months			
Multiple Partners	84.1	15.9	69
One Partner	81.9	18.1	299
χ^2 p-value	0.677		
No of Sex Partners last Month			
Multiple Partners	87.0	13.0	23
One Partner	82.0	18.0	345
χ^2 p-value	0.258		
TOTAL	82.3	17.7	368

Multivariate Logistic Regression Analysis

Only one component of perceived self efficacy (Ability to persuade a sex partner to use a condom; OR=50.7, $p<0.001$) was found to be associated with use of condom the last time adolescent had sex with the most recent partner. Those that had a belief that they can persuade a sex partner to use a condom were more than 50 times more likely to have used a condom during the last sexual intercourse with the most recent sexual partner.

Consistency of use of condom was associated with one component of perceived risk perception (being personally concerned about getting HIV since ARV introduction; OR=0.34, $p<0.05$), one component of perceived condom attributes (a woman can use condoms to protect herself from getting STI if partner has it; OR=0.09, $p<0.05$) and one component of perceived efficacy (ability to persuade a sex partner to use a condom; OR=19.97, $p<0.001$). Adolescents that reported that they were personally concerned about getting HIV since the ARV introduction were about 3 times less likely to have always used a condom during the past 12 months. Believing that a woman can use condoms to protect herself from getting STI if partner has it were ten times less likely to have consistently used a condom during the 12 months. Adolescents who believed that they can persuade a sex partner to use a condom were 20 times more likely to have always used a condom during the past 12 months. As expected, condom use consistency was associated with urban residence (OR=2.53, $p<0.05$) and sex of adolescents (OR=2.72, $p<0.05$) (See table 5). Urban resident adolescents and male

adolescents were more than 2.5 times likely to have used a condom consistently than their rural and female counterparts respectively.

Table 5: Odds Ratios of the Likelihood of having used a condom at last sex with the most recent sexual partner and of the Likelihood of always using a condom with the most recent partner for the past 12 months by characteristics showing positive influence of constructs in behaviour change.

Respondents Characteristics/Positive Response	ODD RATIOS	
	Used Condom Last Time	Always Used Condom Past 12 Months
Perceived severity of the HIV/AIDS threat to health		
Believes ARVs cure AIDS	2.01	1.26
Disagrees that men can have more than one partner	1.06	0.48
Disagrees that women can have more than one partner	0.84	3.37
Perceive Personal risk		
Personally Concerned about getting HIV since ARV introduction	0.38	0.34*
Perceived Condom Attributes		
People on ARVs should always use condoms	0.91	2.46
Acceptable for a woman to obtain male condoms	0.99	1.96
Acceptable for a man to obtain female condoms	2.44	0.64
Acceptable for a partner to be in possession of male condoms	0.77	1.58
Acceptable for a partner to be in possession of female condoms	0.51	0.50
A woman can use condoms to protect herself from getting STI if partner has it.	1.07	0.09*
Perceived Self Efficacy		
Can persuade a sex partner to use a condom	50.7***	19.97***
Can persuade a sex partner not to have sex if not interested	0.29	1.80
Perceived Social Support		
There is a change of concern about getting HIV among people in the community	1.22	2.43
People in the community do more safer sex practises since the introduction of ARVs	0.68	0.53
Peers use condoms with new sex partners	0.83	0.51
Acceptable among peers to avoid sex to protect against HIV, STI and Pregnancy	0.40	1.49
People in the community are able to discuss HIV and AIDS problems that affect everyone	0.96	1.52
Control Variables		
Urban Residence	1.69	2.53*
Sex of Respondent	3.32	2.72*
Attained Secondary school or higher	0.66	1.86
Had two or more sex partners in the past 12 months	0.82	1.47
Had two or more sex partners in the past month	0.00	0.30
Predicted Correctly (Percent)	93.4	88.7
-2 Log Likelihood	110.119	173.093
(N)	(301)	(301)

*Significant at $p < 0.05$; ** $p < 0.01$, $p < 0.001$

Discussions

This study set out to investigate the determinants of condom use among adolescents in Botswana. Unlike in other sub-Saharan African countries, the percentage of use of condoms by adolescents in Botswana is very high with about nine in ten adolescents reporting having

used a condom during their last sexual encounter. This is indicative of the success of the sexual and reproductive health (SRH) programme interventions put in place by collaborative efforts by both the government of Botswana and Non-Governmental Organizations dealing with SRH issues. However, there still remain a six percentage gap between use of condom during last sexual encounter and consistency of use of condoms by adolescents.

Both use of condom during last sexual encounter and consistency of use of condom differed significantly by sex and level of education of the adolescents. A study in Botswana by Marandu and Chamme (2004) revealed that men appeared to have a greater tendency to agree with beliefs that encourage non-use of condoms. The likelihood of adolescent women being sexually involved with older men is high, putting adolescent females at a high risk. Findings in this study show that female adolescents were about four times more likely to report non-use of a condom during their last sexual encounter. Those that had primary level education or no education were almost three times more likely to have not used a condom during the last sexual encounter with the most recent partner. During multivariate analysis with characteristics that may influence behaviour change, the relationship between condom use during last sexual encounter with sex and level of education disappeared. With regard to consistency of condom use during the last 12 months, female were almost three times more likely to have consistently used a condom during the past 12 months with their most recent sexual partner. Those that had primary level or none were more than three times more likely to have not used a condom consistently than those with secondary or more. However, the association with level of education disappeared during the multivariate analysis and the females were 2.7 times more likely to have not used a condom consistently than their male counterparts. The influence of education attainment on condom use has been widely reported and formal education acts as a preventive factor in Sub-Saharan Africa (Baker, Leon & Collins, 2011). It is said to enhance adolescent's health reasoning and as such adolescents with a higher level of education are likely to adopt safer sexual practices. The effect of the level of education on both condom use and consistency in condom use waned during the multivariate analysis. The lack of relationship may be influenced to some extent by the fact that close to nine on ten of the adolescents in this study have secondary school level education or higher.

Several studies have found a positive association between perception of risk and risky sexual behaviour (Akwara, Madise & Hinde, 2003; Bauni & Jarabi, 2000; Cleland, 1995; Ingham & Holmes, 1991; Nzioka, 1996). However, extricating the complex relationship between perception of risk and sexual behaviour remain inconclusive (Cleland, 1995). There exists varying socio-cultural beliefs and practices in sub-Saharan Africa that aggravates the spread of sexually transmitted diseases including HIV. Such beliefs and practices may shape how adolescents perceive the severity of the HIV threat to their health and their perceived personal risk of HIV infection. A high percentage of adolescents did not believe that ARVs cure AIDS (79%) but almost half of them were personally concerned about getting HIV since the introduction of ARVs. Although self perceived susceptibility to HIV infection may

encourage individuals to be able to practice safe sexual behaviours, their ability to initiate and sustain such safe behaviours may largely depend upon societal sexual norms and practices (Akwaru et al., 2003). Results from this study indicate that about half of the adolescents who reported to have had a sexual relationship during the past 12 months were personally concerned about getting HIV since the introduction of ARVs. But less than half of adolescents in this study disagreed that men or women can have more than one partner.

Perception of risk has been associated with high levels of condom use among adolescent African adolescents (Meekers & Klein, 2002). Being personally concerned about HIV was not associated with use of condom during the last sexual encounter but rather was associated with consistency in the use of condom. Those that were concerned with HIV since the introduction of ARVs were about three times less likely to have consistently used a condom during the past 12 months. These finding corroborates that of Bauni and Jarabi (2000) who suggested that young people often feel invulnerable to HIV infection and that young people usually see AIDS as a distant rather than an immediate threat.

According to the results from this study, adolescents consider use of condom as an important safe sexual practice. More than nine on ten of the adolescents believe that people on ARVs should always use condom. At least 80% or more of the adolescents find it acceptable for women to obtain male condoms or for partners to be in possessions of male condoms. However, there seems to be resistance among adolescents on accepting men obtaining female condoms or partners obtaining female condoms. More than eight in ten adolescents believe that a woman can use condoms to protect herself from getting STI if partner has it. This is the only component of perceive condom attributes that was significantly associated with consistency of condom use but it was not associated with use of condom during last sexual encounter with most recent partner. The results seem to indicate that adolescents distance themselves from being susceptible to STD infections. Adolescents who believe that a woman can use condoms to protect herself from getting STI if partner has were ten times less likely to have consistently used a condom with the most recent partner during the past 12 months. This corroborates the findings by Bauni and Jarabi (2000) who indicated that adolescents see AIDS as a disease that affects other people, and not themselves.

Self efficacy has been associated with high levels of condom use (Bandura, 1983; Bandura, 1986; Estrin, 1999; Lindberg, 2000; Baele, Dusseldopr & Maes, 2001). Bandura's (1986) theorizes that self efficacy increases performance of behaviour. About 80% of the adolescents in this study believed that they can persuade a sex partner to use a condom and 62% believed they can persuade a sex partner not to have sex if not interested. Ability to persuade a sex partner not to have sex if not interested was not associated with use of condom during last sexual encounter and consistency of condom use. But, being able to persuade a sex partner to use a condom was significantly associated with use of condom during last sexual encounter and consistent condom use. Adolescents that believed that they

can persuade a sex partner to use a condom were 51 times more likely to have used a condom during their last sexual encounter than those that could not. They were also 20 times more likely to have consistently used a condom with the most recent partner during the past 12 months. These findings corroborate findings by Akwara, Madise and Hinde (2003) and the theory of the effect of self efficacy by Bandura (1986).

Peltzer, 2000???????

The degree to which social environment supports adolescents' actions as perceived by adolescents can empower them to engage in protective behaviours. Gage (1998) suggests that the role of family members, relatives and other community members in providing supportive information and advice on appropriate sexual behaviour is declining. Perceptions of what peer groups view as acceptable is emerging as a more prominent place in sexual decisions making by adolescents. Findings from this study indicate that the perception of social support with regard to HIV issues is very low. About 15% of adolescents believe that there is a change of concern about getting HIV among people in their communities. Less than half of adolescents believe that people in their communities practice unsafe sex and that people in their communities are able to discuss HIV and AIDS problems that affect everyone. Slightly more than a third indicated that it is acceptable by their peers to avoid sex to avoid associated reproductive health problems. About a quarter believe that their peers use condoms with new sex partners. Such a social environment is not conducive for empowering adolescents with protective behaviours. Sexual and reproductive health programmes should consider engaging communities to be supportive by engaging in safer sexual behaviours and impacting knowledge on safe sexual practices on adolescents.

In conclusion, there is clear evidence of high use of condom among adolescents both as current and consistent users in Botswana. The major shortcoming to current use of a condom and consistent use of a condom is the low perceived self efficacy among adolescents. These results have sexual and reproductive health programmatic implications. Both the government of Botswana and non-governmental organizations working with the youth aimed at increasing condom use should boost adolescent's perception of personal risk and self efficacy. They should also equip adolescents, both male and female adolescents with assertive skills required to make decisions on consistent use of condoms with partners to protect themselves from HIV and STIs. These programs should also aim at increasing adolescent self efficacy. Such interventions should incorporate the social support interventions which includes the involvement of existing community structures.

References:

Abdool Karim, S., Abdool Karim, Preston-White, E., and Sankar, N. (1992). Reasons for Lack of Condom Use among High School Students. *South African Medical Journal*, 82, 107-110.

- Adih, W. And Alexander, C. (1999). Determinants of Condom Use to Prevent HIV infection among youth in Ghana. *Journal of Adolescent Health*, 24(1): 63-72.
- Akwara, P.A., Madise, N.J., and Hinde, A. (2003). Perception of Risk of HIV/AIDS and Sexual Behaviour in Kenya. *Journal of Biosocial Science*; 35: 385-411.
- Andersen R.M., & Newman J.F. (1973). Societal and Individual Determinants of Medical care utilization in the Unites States. *Milbank Memorial Fund Quarterly*; 51: 95-124.
- Baele, J. Dusseldorp, E., & Maes, S. (2001). Condom Use Self Efficacy: Effect on Intended and Actual Condom Use in Adolescents. *Journal of Adolescent Health* , 28: 421-431.
- Baker, D.P., Leon, J. And Collins, J.M. (2011). Facts, attitudes, and health reasoning about HIV and AIDS: Explaining the education effect on condom use among adults in sub-Saharan Africa. *AIDS Behaviour*, 15(7): 1319-27.
- Bandura, A. (1983). Self Efficacy Determinants of Anticipated Fears and Calamities. *Journal of Personality and Social Psychology*, 45(2): 464-469.
- _____. (1986). Social Foundations of thought and Action: A Social Cognitive Theory. Englewood Cliffs, NJ: Prentice Hall.
- Bauni, K.E., & Jarabi, B.O. (2000). Family Planning and Sexual Behaviour in the era of HIV/AIDS: The Case of Nakuru distirct in Kenya. *Studies in Family Planning*, 31, 69-80.
- Cleland. J. (1995). Risk Perception and Behaviour Change. In: *Sexual Behaviour and AIDS in Develoing World*; pp. 157-192. Edited by J. Cleland & B. Ferry. Taylor and Francis; London.
- Central Statistics Office (CSO). (2009). 2008 Botswana AIDS Impact Survey III. CSO in Collaboration with the National AIDS Coordinating Agency (NACA). Gaborone. Botswana.
- Estrin, D. (1999). In Ghana, Young Men's' Condom Use is Linked to Lack of Barriers, Perceived Susceptibility to HIV Infection. *International Family Planning Perspectives*, 25(2): 106-107.
- Gage, A.J. (1998). Sexual Activity and Contraceptive Use: The Components of the Decision Making Process. *Studies in Family Planning*, 29, 154-166.
- Gupta N. and Mahy M., (2003). Sexual Initiation among Adolescent girls and boys: Trends and Differentials in Sub-Saharan Africa. *Archives of Sexual Behaviour*, 32 (1): 41 – 53.
- Hausmann-Muela S., Ribera J.M., & Nyamongo I. (2003). Health Seeking Behaviour and the Health System Response. *DCPP Working Paper No. 14. Background Paper for the Disease Control Priority Project*. Accessed November 2011 on www.dcpp.org.

- Ingham, R., & Holmes, H. (1991). In-depth of Kenyan KAPB Survey Data. Department of Psychology and Social Statistics, University of Southampton, Southampton, UK.
- Lindberg, C.E. (2000). Knowledge, Self Efficacy, Coping, and Condom Use among Urban Women. *Journal of the Association of the Nurses in AIDS Care*, 11(5): 80-90.
- Marandu, E.E., and Chamme, M.A. (2004). Attitudes towards Condom Use for Prevention of HIV Infection in Botswana. *Social Behaviour and Personality: An International Journal*, 32(5): 491-510 (20).
- MacPhail, C. and Campbell, C. (2001). "I think condoms are good but aai, I hate those things". Condom use among adolescents and young people in a Southern African Township. *Social Science and Medicine*, 52(11): 1613-1628.
- Maswanya, E., Moji, K., Horiguchi, I., Nagata, K., Aoyagi, K.I., Honda, S., and Takemoto, T. (1999). Knowledge, Risk Perception of AIDS and Reported Sexual Behaviour among Students in Secondary Schools and Colleges in Tanzania. *Health Education Research*, 14(2): 185-196.
- Meyer-Weitz A., Reddy, P., Van Den Borne H.W., Kok, G. & Pietersen, J. (2000a). The determinants of health seeking behaviour of adolescents attending STD clinics in South Africa. *Journal of Adolescence*, 23: 741-752.
- Meyer-Weitz A., Reddy, P., Van Den Borne H.W., Kok, G. & Pietersen, J. (2000b). Health care seeking behaviour of patients with sexually transmitted diseases: Determinants of delay behaviour. *Patient Education and Counselling*, 41: 263-274.
- Munro S., Lewin S., Swart T. & Volmink J. (2007). A Review of Health Behaviour Theories: How useful are these for developing interventions to promote long term medication adherence for TB and HIV/AIDS? *BMC Public Health*, 7: 104.
- Noar S.M. (2007). An interventionist's guide to AIDS Behavioural theories, *AIDS Care*, 19(3): 392-402
- Nzioka, C. (1996). Lay Perceptions of risk of HIV infection and the Social Construction of Safer Sex: Some Experiences from Kenya. *AIDS Care*; 8, 565-579.
- Peltzer, K. (2000). Factors affecting Condom Use among Senior Secondary School Pupils in South Africa. *Central Journal of Medicine*, 46(11): 302-308.
- Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102-1114.

Prochaska, J.O., Velicer, W.F., Rossi, J.S., Goldstein, M.G., Marcus, B.H., Rakowski, W., Fiore, C., Harlow, L.L., Redding, C.A., Rosenbloom, D., & Rossi, S.R. (1994). Stages of change and decisional balance for twelve problem behaviours. *Health Psychology, 13*(1), 39-46.

Stover J., Fidzani B., Molomo B.C., Moeti T., Musuka G. (2008). Estimated HIV Trends and Program Effects in Botswana. *PLoS ONE 3*(11): e3729.doi:1371/journal.pone.0003729/

Weller, S.C. Ruebush II, T.R. & Klein, R.E., 1997. Predicting treatment seeking behaviour in Guatemala: A comparison of the Health Services research and Decision-Theoretic approaches. *Medical Anthropology Quarterly, 11*(2): 224-245.

Wilson, D. and Lavelle, S. (1992). Psychosocial Predictors of Intended Condom Use among Zimbabwean Adolescents. *Health Education Research, 7*(1): 55-69.