



BOTSWANA RAPID ASSESSMENT OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRHR)

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Youth in Botswana take part in a campaign event at a mall in Gaborone in 2020 as part of the Botswana Family Welfare Association (BOFWA) Youth Action Movement.

Photo: Mboy Maswabi

Botswana is making progress in delivering Adolescent Sexual and Reproductive Health Services (ASRHR) services to its youth but there are still gaps to be addressed. Over two thirds (71%) of young people said they received services without their parent's present. The government provides these services free, compared to an average of \$2 per visit for other countries in the survey. Youth rate confidentiality and quality of service in Botswana high. However, after hours services are scant and health services do not provide free sanitary ware. Youth in urban centres are better served than those in rural areas.

These are among the findings of the ASRHR Rapid assessment undertaken in Botswana, Eswatini, Lesotho, Madagascar, Mauritius, South

Africa, Zambia and Zimbabwe from November 2019 to December 2020. The research aims to strengthen youth-led and focused efforts to promote ASRHR through gender and youth responsive local governance. Overall, the study included 13,395 young people between ages 10 and 19 (52% female and 48% male). In Botswana, 1,862 youth participated in the survey (50% female and 50% male). Gender Links Botswana conducted the study in ten Centres of Excellence for Gender in Local Government - Chobe, Francistown, Lobatse, Mabutsane, Maun, Moshupa, Okavango, Selibe Phikwe, South East District and Tonota. This pamphlet should be read together with the detailed report of the eight country study that includes the objectives, methodology and recommendations.

KEY DATA FROM THE RAPID ASSESSMENT OF ASRHR SERVICES IN BOTSWANA

Indicator	Region	Botswana	Chobe	Francistown	Lobatse	Mabutsane	Maun	Moshupa	Okavango	Selibe Phikwe	SE District	Tonota
Total sample	13 395	1 862	99	464	154	62	351	180	92	241	154	65
% female	52%	50%	52%	49%	50%	50%	49%	50%	50%	51%	49%	49%
% gender non-conforming	0.3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% male	48%	50%	48%	51%	50%	50%	51%	50%	50%	49%	51%	51%
Logistic information on health facilities												
Health facility 10km from your home %	71%	78%	24%	91%	97%	26%	91%	78%	42%	90%	77%	8%
The facility opens after school? %	57%	22%	8%	22%	21%	20%	35%	8%	24%	27%	19%	5%
The facility opens on weekends? %	62%	59%	21%	92%	97%	19%	28%	1%	15%	90%	100%	6%
Comfortable waiting and consultation area? %	82%	71%	10%	97%	66%	27%	70%	33%	24%	100%	100%	25%
Does the facility charge a fee? %	29%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Average fee in USD	\$2	None	None	None	None	None	None	None	None	None	None	None
Quality of care												
Peer counsellors available %	53%	61%	16%	63%	97%	27%	43%	21%	54%	99%	100%	38%
Young people treated with respect %	89%	97%	75%	100%	100%	77%	100%	97%	98%	100%	100%	95%
Young people treated without parent present %	58%	71%	51%	79%	56%	60%	84%	63%	24%	88%	72%	51%
Young people have privacy %	85%	85%	49%	96%	99%	39%	89%	73%	72%	94%	100%	45%
Young people have confidentiality %	89%	96%	69%	100%	100%	81%	99%	95%	98%	100%	100%	82%
Sufficient time with young people %	75%	54%	58%	35%	94%	39%	30%	19%	82%	90%	98%	51%
Appropriate information %	74%	48%	45%	33%	97%	39%	25%	21%	78%	63%	87%	52%
Sexual and reproductive health services (%)												
Maternal health												
% young people who requested contraceptives	31%	36%	31%	70%	48%	21%	3%	6%	22%	36%	55%	22%
% requested contraceptives that received contraceptives	79%	94%	57%	100%	96%	54%	42%	82%	55%	100%	100%	57%
% young women requested a pregnancy test	29%	38%	18%	68%	26%	6%	1%	2%	15%	76%	14%	6%
% young women who received a pregnancy test	70%	77%	89%	91%	45%	100%	100%	0%	57%	60%	94%	100%
% young women who were pregnant	9%	3%	10%	0%	0%	0%	13%	7%	2%	0%	0%	3%
Menstrual health												
% young women who requested pads	14%	1%	14%	0%	0%	0%	0%	0%	15%	0%	0%	3%
% of those who requested pads that received pads	64%	20%	14%						14%			100%
HIV and AIDS and STI												
% young men who requested male circumcision	40%	37%	15%	53%	32%	10%	13%	16%	9%	66%	58%	6%
% of those who requested male circumcision received	87%	79%	57%	59%	92%	0%	63%	64%	50%	100%	91%	50%
% who requested HIV test	45%	30%	10%	49%	55%	3%	9%	12%	7%	42%	46%	5%
% of who received HIV test	83%	90%	90%	91%	90%	100%	90%	86%	83%	90%	90%	67%
% who requested STI test	17%	21%	4%	42%	31%	2%	3%	7%	3%	25%	36%	3%
% who requested who received STI test	83%	99%	100%	100%	100%	100%	100%	67%	100%	99%	98%	100%
% who requested anti-retrovirals (ARVs)	6%	2%	1%	0%	0%	0%	7%	3%	0%	0%	0%	0%
% who requested who received ARVs	64%	97%	0%				100%	100%				

BACKGROUND AND CONTEXT



Young people constitute 60% of the population of the Southern African Development Community (SADC), yet face the most challenges in accessing SRHR services particularly outside capital cities. Cultural, religious and other barriers to ASRHR services is reflected in high levels of teenage pregnancies; unsafe abortion; early marriages; GBV; and the resurgence of HIV and Aids, especially among young women. Youth led advocacy to challenge social and gender norms on ASRHR needs to be strengthened. Despite considerable progress since the International Conference on Population and Development (ICPD) 25 years ago, millions of people especially youth, and mostly disadvantaged youth and adolescents still lack access to ASRH information and services. Botswana has a stand-alone *Adolescent Sexual and Reproductive Health Implementation Strategy 2012-2016* which is now dated.

FINDINGS

Logistic information on health facilities

The study found that 78% of youth have a health facility within 10 km of their home, compared to 71% in the study overall. However, this varied from 8% in Tonota to 97% in Lobatse. The urban areas are still clearly much better served than the rural areas. After-hours access to services is also

a challenge. In Botswana only 22% of youth (compared to 57% in the study overall) said they could access the facilities after school and 59% said they were able to access the facilities at weekends (compared to 61% in the study overall). Access to ASRHR services after-hours varied greatly between councils with urban services generally much more accessible. All ASRHR facilities are free in Botswana, compared to an average of \$2 per visit charged in other countries in the study.

Quality of care

Overall, Botswana scored well on quality of care. Seventy one percent of the youth said they received services without a third party present compared to 58% in the study overall. Almost all the youth (97%) reported being treated with respect, compared to 89% in the study overall. Similarly 96% of young people said they were treated confidentially, compared to 89% in the study overall. Sixty one percent reported the presence of peer counsellors compared to 53% in the study overall. However only 54% of youth said that the health worker spent sufficient time with them (compared to 75% in the study) and only 48% said they received appropriate information (compared to 74% in the study). These figures also vary widely across councils. For example in Okavango, only 24% of the youth reported being treated without a third party present. In Chobe, only

16% of the respondents said they met with peer counsellors. This suggests that there is still much to be done in standardising the quality of services.

Sexual and reproductive health services

Access to contraception: In Botswana and in the eight countries where this study took place substantially less than one third (36% and 31% respectively) of the youth requested contraceptives. In Maun (3%) and Moshupa (6%) hardly any of the youth sought contraceptive services. This is a concern, since access to contraception is a key objective of ASRHR services. Where these are not being accessed, the risk of teenage pregnancy, unsafe abortion as well as HIV and AIDS is higher. What is encouraging is that in Botswana (94% compared to 87% in the region) the youth who sought contraceptives received them. Three councils (Selibe Pikwe, South East District and Francistown) registered a 100% positive response rate to requests by youth for contraceptives. In Maun this fell to 42%. Chobe, Mabutsane and Okavango also registered lukewarm responses to youth seeking contraceptive services.



Teenage pregnancies: Over one third (38%) of the young women surveyed in Botswana requested a pregnancy test compared to 29% overall. This varied widely from 76% in Selibe Pikwe to 1% in Maun. Seventy seven percent of those who asked in Botswana received a pregnancy test compared to 70% in the study overall. The response by council varied widely from overwhelmingly positive to no tests being administered by Moshupa.

Pregnancy testing is a critical component of SRHR services, especially in countries where this can be linked to safe abortion services. Three percent of all the young women surveyed in Botswana reported being pregnant, compared to 9% in the study overall.



Menstrual health: Botswana has removed VAT on sanitary pads and made these freely accessible in schools. However only 1% of the sample (compared to 14% in the study overall) asked for pads and only 20% (compared to 64% in the study overall) received pads. Providing free pads through clinics would be another route to ending period poverty.

HIV and AIDS and Sexually Transmitted Diseases (STI's)

Less than one third (30%) of the sample in Botswana requested an HIV test, compared to 45% in the survey overall. Given the very high prevalence of HIV in Botswana this is a concern.



However, the 90% positive response rate to requests for HIV tests in Botswana (compared to 83% in the survey overall) shows that the health system is well geared for HIV testing.

Similarly, although only 21% of the youth requested STI tests in Botswana (compared to 17% in the study overall), 99% of those who asked for the tests got them (compared to 83% in the study overall). At 37%, demand for male circumcision which has been shown to significantly reduce HIV and AIDS transmission is also low in Botswana and in the study overall (40%) with major variations between the localities. More awareness raising and work with men is required.

FOR MORE INFORMATION go to:

<https://genderlinks.org.za/what-we-do/governance/local-action-for-voice-and-choice/>

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