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The Boy Child and HIV/AIDS in Botswana: A Neglected Issue in Research and Practice

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Abstract

Eventhough HIV/AIDS affects peopleof all gender and age, most HIV research in Botswana has mainly focused on either girls or women, neglecying the boy child. This paper discusses the reasons for this neglect, explores the various factors that predispose the boy child to HIV infection and concludes by outlining strategies for the way forward. The paper points out the need for more reliable data on the number of boys infected with HIV and calls for intensive HIV education with special emphasis on skills and social norms. It argues that the key challenges in addressing the needs of boys at risk of HIV infection lay in convincing the public that children have to be tested for HIV and, deconstructing traditional concepts of masculinity in ways that fit new realities.

Introduction

The AIDS pandemic is one of the most important problems facing Botswana in the 21st century. The numbers of HIV positive people continue to rise at an alarming rate despite the efforts and resources that stakeholders are putting into fighting the pandemic. If HIV/AIDS is to be contained, young people are clearly the key target for both research and intervention programmes. However, despite the fact that HIV/AIDS affects both boys and girls, research on boys and programmes that address their special needs are scarce. One of the few organisations that addresses the needs of boys and young men is the Society for Men against AIDS in Botswana (SMAABO), which aims to socialise boys and young men to respect the human rights of girls and women and to engage in responsible sexual behaviour (Phaladze and Tlou, 2001: 202). However, SMAABO operates in only a few areas of the country. Another programme that benefits boys and young men is Peer Approach to Counselling Teenagers (PACT). This programme operates in schools and gives pupils the opportunity to discuss issues of concern to them. However by mixing boys and girls in its group discussions, it can make some boys reluctant to open up. Another problem is that in some schools the groups are run by guidance and counselling teachers, some of whom teach members of the groups. Again, this can make boys reluctant to speak freely. Furthermore PACT groups often meet after school hours, which limits the extent to which children can participate, and the programme does not have full-time personnel in schools.

Taking into account the scarcity of literature on HIV/AIDS and the boy child in Botswana, the information in this paper is derived from three major sources: literature from other countries, the author's experiences as an expert on child welfare and gender issues and discussions with University of Botswana students who attended two lunch-time seminars where the author presented a paper on HIV/AIDS and the boy child in Botswana. The seminars took place in March

2003 and were organised by the university's Health and Wellness centre. The first seminar was attended by about 100 students and the second by about 75. The first seminar had about an equal number of males and females in terms of both attendance and participation, while the second, held specifically for Faculty of Engineering (FET) students, was dominated by males, as most FET students are male. The author started the seminars by giving a short presentation on the issue of HIV and the boy child, covering the following: factors that expose boys to HIV infection, dynamics that may complicate boys' experiences of HIV and suggestions for the way forward. This was followed by questions, comments and heated debate. The discussions were very lively, fruitful, and thought-provoking, and students clearly appreciated the opportunity to make their views known. They also urged the author to give similar presentations to groups from society at large, as they felt these issues had not been given serious attention to date.

In the rest of this paper, I first provide a definition of the boy child, then outline the theoretical framework that shapes the arguments raised in this paper. This is followed by a discussion of why and how the issue of HIV and the boy child has been neglected. The paper then explores the factors that predispose the boy child to HIV infection, and concludes by focusing on the challenges and the way forward. It is hoped that the paper will offer a new dimension to the literature on HIV/AIDS and children in Botswana.

Defining the Boy Child

It is necessary to define what is meant by the boy child so that we start on common ground. There is no standard legal definition of a child in Botswana. Various policies, acts and statutes define children differently. For example, the Children's Act defines a child as any person under the age of 14, the Adoption Act defines a child as someone below the age of 19, the Matrimonial Causes Act defines a child as a person below the age of 21 and the Affiliation Proceedings Act defines a child as someone below the age of 16. Moving outside our own laws the African Charter on the Rights of the Child, defines a child as anyone below the age of 18. For the purpose of this paper I use the broadest of these definitions and regard a child as any person below the age of 21.

Theoretical Framework

The theoretical framework of this paper is informed by a combination of two perspectives. The first is social learning theory, which stresses the continuity of social learning from childhood to maturity. It emphasises that learning experiences during childhood and adolescence – in the home, at school, in the community – are important for creating, shaping and maintaining behaviour patterns later in life (Costin, 1975). According to this theory learning can be accomplished by observing a model or receiving instruction without first-hand experience (Morris and Maistro, 1999), while socialisation is accomplished by interacting with the environment. Thus, boys may behave in certain ways that expose them to HIV infection as a result of what they have observed or were taught by their social network members, as well as through societal expectations.

The second perspective comes from the literature that addresses internalised gender oppression (Stockard and Johnson, 1992; Maundeni, 2001a). According to this literature, gender oppression is internalised through the socialization process. In Botswana culture, for example, a

boy learns from an early age that he is stronger and more intelligent than girls, that he is not supposed to reveal weaknesses, that he is the one who should always initiate sexual activity and that it is acceptable for males to have more than one sexual partner. He learns that to be a man means to live with, to accept and to internalise a superior status. As will be shown later in this paper these gender expectations can have serious implications for the well-being of boys, particularly in relation to HIV infection.

Why and How the Issue of HIV and the Boy Child Has Been Neglected

The neglect of issues affecting the boy child is not only apparent in regard to HIV, it is evident in many other issues that affect the well-being of boys, such as violence. This neglect is manifested by the absence of research and programmes focusing specifically on the boy child. For instance there is a substantial literature on HIV and the girl child in Botswana (Maundeni, 2001b; Montsi et al, 2001; Phaladze and Tlou, 2001), as well as on violence against girls and women (Metlhaetsile Women's Information Centre, 1999; Women's Affairs Department 1999; Rivers 2000). However the author is not aware of any literature on the boy child in relation to the above issues in Botswana. The girl child has been given more attention partly because research and programmes that focus on her are quite often initiated by the Women's Affairs Department (WAD) or by women's non-governmental organisations such as Metlhaetsile Women's Information Centre, the Women's Shelter and the YWCA. In contrast there is severe shortage of government departments, NGOs or programmes that focus specifically on issues affecting boys and men.

Another important reason for the neglect of the boy child in research and practice in Botswana is the way in which masculine identities are socially constructed. The beliefs, myths and attitudes that society has about masculinity as well as the ways in which boys understand their masculine identities play a key role in the minimal attention that has been given to the issue of HIV and the boy child. In Botswana, as well as in many other parts of the world, boys are taught to be masculine and girls to be feminine in accordance with the gender norms of society. This takes place in the various institutions of society such as the family, school and church (Gordon, 1998). Implicit in such education are beliefs that the boy child is stronger, more intelligent and more powerful than the girl child, and therefore does not need as much protection as the girl child. He is not expected to show his emotions or any weaknesses. For example he is taught not to cry but always to behave in a brave manner. Because boys are socialised not to display their weaknesses, they tend to suffer in silence.

These dynamics have not only contributed to the neglect of issues that affect the boy child in research and practice, but they also hinder development, increase gender inequality and have implications for the health of both boys and girls. Society teaches males that they must be in control all the time (Doehlie and Maswabi, 1998). Therefore males tend to dominate in many areas of life (family, school, work). This power, control and domination imply that males do not have problems. Quite often males look well and confident on the outside, but are not so on the inside. Because of this, their psychosocial problems remain unknown and under-researched. Furthermore, the belief that males – including boys – must always be initiators of sexual activity has contributed to the neglect of the issue of HIV and the boy child. Because society believes that

boys are the initiators in sex, it is often very difficult for boys who have been sexually abused to disclose such experiences. In addition, some people may not believe that a boy child could be a victim of either sexual harassment or sexual abuse.

The third reason that accounts for the neglect of boys in HIV research and practice is the widespread belief that the girl child is more vulnerable to HIV infection than the boy child. There are no objective figures in Botswana that show the number of boys and girls who are HIV positive. Therefore the statement that girls are more vulnerable to infection than boys cannot be taken at face value. The author argues that the methods that have been used to estimate the rates of HIV infection in this country are misleading. This is because the figures are derived from testing females who visit ante-natal clinics and males seeking treatment for STDs. Both of these groups are clearly at high risk of HIV infection since they have already been exposed to unprotected sex. Furthermore in Botswana children are not allowed to test voluntarily for HIV. They are only tested when a doctor recommends it, when a girl is pregnant and when a girl or boy has been raped. Boys do not become pregnant and they hardly report experiences of rape, but this does not mean that they do not experience rape. Boys' inability to report rape largely stems from the fact that they are socialised to suffer in silence.

Factors in Botswana that Predispose the Boy Child to HIV Infection

Just like the girl child, the boy child is also highly vulnerable to HIV infection. Some factors that make children irrespective of gender vulnerable to HIV infection are the same, but others differ according to gender. Thus it is important for researchers to focus on the dynamics peculiar to each gender rather than to lump children together as a homogenous group. Before discussing the factors that place the boy child at risk of HIV infection, a brief overview of some of the factors that put children at risk irrespective of gender will be helpful.

One such factor is children's low status. Children in many societies including Botswana's are given a low social status; they are regarded as 'minors', dependents and generally seen as inferior in various ways. Indeed some people find it hard to accept that children have any rights at all. Even those who concede that children have rights often overlook the need to make them aware of their rights or to help them assert their rights. The perception that children are minors or do not have rights like adults is often manifested in the use of proverbs such as "children must be seen but not heard" (Maundeni, 2002). This low status of children is one of the factors that makes them vulnerable to HIV infection. For example they may feel reluctant to question the actions of adults who sexually abuse them.

Other factors that expose children to HIV are sexual abuse itself, early sexual activity and the belief among children and young people that the decision to have a girlfriend or boyfriend indicates willingness to enter into a sexual contract (Ball, 1996; Nyanzi et al, 2001). Accidents that sometimes result from the use of sharp instruments such as needles and razors can also expose children to HIV, as can the injection of contaminated blood. Mother to child transmission of HIV either at birth or through breast feeding is the major factor in HIV infection of infants. Finally there is the problem of inadequate sex education, though as we shall see later in the paper this is more important for the boy child than the girl child.

One additional and very important factor that exposes children to the risk of HIV infection is intergenerational sex. Various researchers contend that the likelihood of girls having sex with older men is higher than that of boys having sex with older women. They further argue that although sexual relations between young females and older men are common, condom use is rare (Rivers, 2000). However it has also been shown that girls tend to have sex with their male peers as well as with 'sugar daddies', which places both girls and boys at risk of HIV infection. As Ball (1996: 80) notes, "girls will take an older boyfriend for the financial benefits and a younger boyfriend for love". Men's use of money to get sexual favours from young girls is not peculiar to Botswana of course; it is a phenomenon which also exists in other countries (Fanning, 2001). Boys are also at risk as a result of their own sexual relations with older women. This issue will be discussed in detail elsewhere in the paper. It deserves special attention because little reference has been made to it in existing literature.

The factors that predispose boys and young men to HIV infection relate to three main areas: limited access to information on sexual health and sexuality, social and cultural norms and peer pressure. Although there is some overlap among the factors that belong to these three areas, for clarity I will discuss each main area separately.

Access to Information on Sexual Health and Sexuality

One of the major factors that exposes boys to HIV infection is their limited access to information on sexual health and sexuality. Research has shown that the transmission of HIV is better understood in the context of sexuality, while "knowledge about a sexually transmitted disease is not necessarily knowledge about sexuality" (Doehlie and Maswabi, 1998: 11). Thus boys' limited access to information about sexual health and sexuality in general, rather than simply their limited information about HIV, is what puts them at risk of HIV infection.

The discussions that the author had with University of Botswana students support the view that boys and young men receive less formal sex education than girls (see also Currie, 1990). Both the young women and the young men who participated in the discussions said their sex education had been inadequate and too late; however, more young men held this view than young women. The young men reported that they had learned about sex largely from their peers, and that the picture they had been given was that sex equates with vaginal penetration, that the earlier a boy loses his virginity the better and that boys and men have the responsibility to initiate sexual intercourse. In other words the male is regarded as the knowing sexual agent, and the pleasure-seeking actor; the women as unknowing, acted upon and passive (see also Holland et al, 1994). This image has implications for the sexual behaviour of males because it puts "pressure on young men to become 'real men' in their sexual relationships with young women" (Holland et al, 1994: 127) and clearly increases their risk of HIV infection.

The girls who participated in the discussions acknowledged that they had had more formal opportunities to discuss sexuality issues than boys. For example most mentioned that an older relative taught them something about sex during the time when they were experiencing their first menstruation. However they lamented that such information portrayed sex in negative terms. For instance they had been told to avoid contact with boys, as this could lead to pregnancy. Girls also

have opportunities to talk about sexuality issues when they go for family planning. Studies on the utilisation patterns of health services have shown that women and girls use health services more, thus gaining access to health information, while men and boys remain uninformed on these matters. There are no prevention programs that focus on males in Botswana, hence the relative ignorance of males about both HIV and other health issues (Phaladze and Tlou, 2001). This exclusion of males can only increase their risk of HIV infection, particularly as in Botswana males are the ones who are expected to control sexual decision-making.

Social and Cultural Factors

Social norms in Botswana tolerate the idea of males having multiple partners. These norms are portrayed through the Setswana language, among other things. In turn language affects how people think and behave (Henley, 1989; Chilisa, 2000; Maundeni, 2001a). Thus there is a connection between the use of language that portrays males as superior to females, especially in relation to sexual matters, and people's beliefs, practices, and behaviours. Males tend to internalise the stereotypes of masculinity that culture (through the use of language) expects them to conform to. Some males therefore end up believing that they must have more than one sexual partner in order to be 'real' men. They are also likely to pass on this belief to their children, and so the practice becomes a vicious circle.

Before I show how the Setswana language portrays males as superior to females in sexual matters, some information is necessary to enable readers to understand the examples of language use that will be given. First most Botswana males start sexual activity at the age of 15 (Palai, et al. 1999). Second the proponents of the social learning theory contend that the environment plays a key role in people's behaviour. Thus boys who grow up in environments where people use language that portrays males as superior in sexual matters, or as being expected to have multiple sexual partners, are likely to behave accordingly. Third, according to the Marriage Act of Botswana, the marriage age is 18 and, culturally, once a person is married, he or she is treated as an adult. Fourth the definition of the boy child as used in this paper refers to all male persons below the age of 21. Fifth Setswana is the national language of Botswana and is the mother tongue of approximately 80 percent of the population. According to Anderson and Janson (1997: 27) "Setswana is acknowledged as the language in daily use by most of the population, and the language that has a dominant role in daily life in the country". It is against this background that examples will be given of Setswana expressions that put males at a high risk of HIV infection.

The Setswana language is characterised by numerous expressions and proverbs that not only portray males as superior to females in sexual matters, but also influence them to engage in behaviour that exposes them to HIV infection. Some of these expressions and proverbs convey the message that it is right for males to have more than one sexual partner. One example is the proverb "*monna ke selepe, o tsamaya a rema*". This literally means "a man is an axe, he goes around cutting", but the point is that a man is expected to go around having sex with as many women as he pleases. Another example is "*monna poo gaa agelwe lesaka*" which translates literally as "a man, like a bull, cannot be confined to a kraal". This means that a man will have sex with other women even if he is married, just like a bull is free to mate with many cows. The same

image is found in the proverb "*monna phahana, oa hapaanelwa*" that can be literally translated to mean that "a man is a beer mug or calabash" and, like one of these in traditional drinking etiquette, should rotate among a number of people. The use of such expressions and proverbs is bound to influence at least some boys and men to have more than one sexual partner, which in turn contributes to the spread of HIV/AIDS. Language helps make it culturally acceptable for men to have more than one sexual partner as well as for married men to have girlfriends (Macdonald, 1996; Doehlie and Maswabi, 1998).

Language is not the only aspect of culture in Botswana that puts boys and men at risk of HIV infection. Most Batswana are socialised to accept that men are superior to women and that a "man's word is final" (Doehlie and Maswabi, 1998: 8). This imbalance of social and cultural power itself encourages some men to practice high-risk behaviours such as having multiple partners. Moreover, as Doehlie and Maswabi point out, "it is not uncommon for men to practice unsafe sex simply to prove their manhood and because they feel it is what is expected of them" (8). Children do not grow up in a vacuum. They are raised in an environment in which they learn certain behaviours. For instance a boy who grows up surrounded by members of a social network who not only use language that encourages males to be promiscuous, but who also engage in such behaviour, is likely to end up behaving in the same way. This is particularly so if we bear in mind the theory of social learning. Already there is abundant evidence from research that shows that the majority of males aged 15-19 in Botswana are sexually active and most have had more than one sexual partner (Palai et al, 1999). One other cultural factor, the unpopularity of male circumcision, only adds to the problem. As Campbell and Rakgoasi observe (2002: 58), "[u]nlike West African populations, male circumcision is not widely practiced in Southern Africa". However numerous studies indicate that uncircumcised males are more likely to be infected with HIV than their circumcised counterparts (Seed et al,1995; Best, 1998).

The 'Sugar Mummy' Syndrome

Another factor that makes boys vulnerable to HIV infection is the fashion of having sexual relations with older women, which I call the sugar mummy syndrome. Through discussions with some University of Botswana students in March 2003, I learned that love affairs between boys and older women are increasingly popular. Some of the factors that entice boys into relationships with older women are the belief that older women make better lovers, the fact that older women are more likely to have money of their own, the unavailability or unwillingness of the boys' female peers and the feeling that female peers are immature. Some boys also complained that their female peers usually insist that a boyfriend must commit himself to the relationship and promise marriage, while sugar mummies do not. This line of thinking was buttressed by female students who participated in the discussion.

Male participants also asserted that although culture dictates that boys should initiate love affairs, this is not always the case when it comes to sexual relations with older women. In other words older women sometimes initiate such relationships with boys largely because they believe boys are energetic. A point worth highlighting is that some boys do not practice safer sex with sugar mummies. Evidence to substantiate this has been provided by, among other things, the

author's informal discussions with some social workers, who indicated that they sometimes counsel women who have been impregnated by boys. Male participants in the seminars also asserted that it is difficult for boys to practice safer sex with older women. This is because the women are often in control of the relationship, as they have more resources than boys. This shows that sexual activity is an issue that is closely linked to power and resources. It also contradicts the commonly held belief that males are powerful and always in control of relationships. It shows too that, although many people believe that boys are more powerful than girls, boys are in fact vulnerable to sexual exploitation also. It should also be noted that some boys, perhaps encouraged by the idea that "real" men should have multiple sexual partners, further multiply their risk of HIV infection by having have love affairs with more than one sugar mummy.

Peer Pressure

Male participants in the seminars emphasised that peer pressure is a strong factor that exposes boys to HIV infection. Participants spoke at length about the struggles and challenges that boys go through in their attempts to live up to the image of masculinity propagated by their peer networks. For instance pressure from male peers often influences boys to engage in early sexual activity simply to prove that they are 'real' men. Participants also pointed that there are no incentives to encourage boys to resist this pressure. This is a valid complaint which needs to be given serious attention by stakeholders. By and large we have tended to focus more on encouraging girls to remain virgins than on encouraging boys to do so.

The power that peer pressure has on shaping boys' sexual behaviour is well documented in existing literature. Palai et al (1999) note that boys in Botswana are pressured by peers to become sexually active, since having sex is seen as an achievement and a mark of maturity. Research from other countries shows that people who live under constant pressure from their peer networks usually do not feel they have control over important aspects of their lives, or in other words they have a low level of self-efficacy. Such people are more likely to engage in behaviours that put their health at risk (Bandura, 1996).

Challenges and the Way Forward

This paper has explored why and how the issue of the boy child has been neglected in relation to risks from HIV. It has also discussed some of the factors that contribute to the spread of HIV among boys. Efforts to curb the spread of the disease among boys must therefore be aimed at addressing such factors. As we have seen programs and strategies aimed specifically at preventing HIV among boys are very scarce in this country. Thus there is a clear need for more interventions that can persuade boys and young men to avoid risky sexual behaviour. In addition, however, psychosocial support programs for children are lacking in Botswana. Professionals trained to help children with psychosocial needs are not employed in schools. Instead they are mainly employed by councils and have little contact with children, except for orphans. In numerous workshops that the author either facilitated or participated in, social workers countrywide have urged that the social and community development section in councils be restructured in order to enable social workers to devote the bulk of their time to counselling. However counselling is not

a one-off approach. It needs to take place over a prolonged period of time and depends for success on the regular availability of adequate staff. Furthermore, in a country like Botswana, where income inequalities are huge and poverty is widespread, more attention is likely to be given to meeting basic needs rather than other needs. Thus there is need for social workers to be placed in schools where children with psychosocial problems can receive the long-term attention they need (see the paper by Maundeni and Ntseane in this issue of *Pula* for a detailed discussion of why social workers are needed in schools).

This paper has also shown that boys have limited opportunities to learn about sexuality issues. Therefore it is recommended that sex education programmes be expanded and intensified in both primary and secondary schools. Although HIV education has been infused to some extent in school topics and subjects, the content remains biased towards the technical aspects of HIV, and the programme has only recently begun to target primary school students in Standards 6 and 7 (Kinghorn et al, 2002). It is crucial that HIV education programs should be started before children begin to engage in sexual activity in order to enable them to think through certain issues and delay first sex.

One of the biggest challenges to a more thorough approach to sex education and HIV prevention is that people in Botswana have strongly held views about sex education in schools. Though some support it, others fervently believe that it will influence children to engage in sexual activity at even earlier ages, despite numerous evaluations of sex education programmes in various countries which show that they improve attitudes towards sexuality, delay intercourse and increase contraceptive use (Waszak, 1993). Moreover school-based sex education is more effective when it emphasises skills and social norms rather than technical knowledge. It is better when it focuses on communication skills, strategies for resisting peer and other social pressures, decision-making skills, assertiveness skills and how to identify risk situations and behaviours, negotiate safer sex (or say no to sex), recognise potentially abusive situations and find and use existing social services. In equipping youngsters with the above skills, it is crucial that approaches that make children active participants are used. These include giving youngsters a chance to write plays, tape music, distribute education materials and sometimes condoms. The emphasis on skills is crucial, as this is an area that has been severely neglected in sex education in Botswana (France, 1998).

The education system has a key role to play in preventing the spread of HIV among children because it has direct and prolonged access to children as they move through the system. It is high time for the education system to play a more proactive role in HIV prevention, particularly as research shows that "at current rates of infection, up to half of all students will become infected during or soon after their education" (Kinghorn et al, 2002: xi). However it is also crucial for parents, guardians and various stakeholders to be empowered with knowledge and skills that will enable them to talk to children about responsible sexual behaviour and the prevention of HIV/AIDS. The vision 2016 concept of *Botho* (the well-rounded, courteous, disciplined, assertive individual who realises his or her full potential as an integral part of the community) should be inculcated in children and youth (Phaladze and Tlou, 2001).

The media is undertaking HIV education to some extent but is constrained by its reliance on

English and its lack of capacity to communicate with all citizens through a language of their choice. Furthermore advertising and education campaigns do not target children. It is therefore recommended that HIV messages should be formulated in different languages so that all people, including children, can benefit from them. Thus advertising and education campaigns must use language that is child-friendly.

Above all there is an urgent need to critique and deconstruct standard notions of masculinity and femininity in the culture. In particular the way masculinity is constructed creates many problems for both boys and girls. As Gordon observes (1998: 53):

> ...stereotypes of masculinity to which boys are exposed in schools, family and all sectors of society, and which they internalise are considered non-problematic. Interventions and policies appear to exclude any dimension aimed at boys and the deconstruction of masculinity.

Our society has to move away from traditional notions of a 'real' male and begin to perceive manhood/masculinity in ways that will empower boys and men to live their sexuality differently and to take active personal and communal responsibility. In this way we can begin to openly address issues of sexual abuse of boys and male rape which contribute to HIV infection among males. The key question that needs to be addressed now is: how can young men themselves participate in the deconstruction of masculinity?

This paper has shown that research on HIV and the boy child is neglected in Botswana. It is therefore crucial that stakeholders who are interested in boys' issues should begin to conduct research that addresses the needs of boys as a special population. This research should use participatory methods to enable people and organisations to get involved in evaluation and implementation. It is vital that researchers engage boys themselves as active agents in the research process. We have often taken a top-down approach to research on children and young people. It is high time that researchers involve youngsters in all stages of the research process, from the designing of questions to the final stages of the process. One of the challenges however is that donors want to see fairly short-term results that they can report to their governments and principals. As a result they are more likely to fund projects and programmes that involve implementation rather than research.

Research from other countries (World Health Organisation, 1992) has shown that street children are particularly vulnerable to both drug use and sexual abuse. In Botswana an overwhelming majority of children who live in the streets are boys. Similarly more boys than girls are in prison. The above two environments expose boys to homosexual relations – a phenomena that is closely related to HIV. No systematic research has been conducted about the issue of homosexuality in Botswana prisons, although sometimes local newspapers carry anecdotal reports of homosexual relations in prisons. There is need for systematic research that explores the sexuality of both street children and prisoners.

Lastly there is need for objective data on the number of boys and girls who are HIV positive. In the absence of such figures it is difficult to design appropriate policies and interventions. It is encouraging to note that the Central Statistics Office (CSO) in Botswana and the National AIDS Coordinating Agency (NACA) are planning to conduct a countrywide survey in

order to come up with figures that show the actual prevalence of HIV in the country. The survey will involve testing all people from two months onwards for HIV. It is hoped that the results of the survey will provide a more objective figure of, *inter alia*, the numbers of boys and girls who are HIV positive. But looking beyond the results of the survey, one other challenge that will still exist in relation to HIV and children is how to enable children to test voluntarily for HIV just like adults. Quite often adults are told that the earlier they know their status the better. But children are vulnerable to HIV infection too, and they need to be given the option to test voluntarily so that they also can benefit from available services before their health deteriorates. However allowing children to test voluntarily for HIV has serious implications for staff training and resources because currently very few human service professionals have been trained to counsel children.

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