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ORIGINAL ARTICLE

Perceptions of key participants about Botswana adolescents' risks of unplanned pregnancy, sexually transmitted diseases, and HIV: Qualitative findings

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Abstract

Aim: The qualitative research findings are reported on the perceptions of key participants in Botswana about adolescent sexuality problems and the feasibility (with suggestions) of an adolescent prevention intervention.

Methods: Twenty adult key participants who were selected through purposive sampling from schools and youth centers responded to open-ended questions during face-to-face individual in-depth interviews that were conducted between December, 2011 and January, 2012 in Gaborone, Botswana.

Results: The data were analyzed by using an inductive content analysis. Five major themes and 12 subthemes emerged from the interviews. The key participants discussed situations that exposed adolescents to HIV, sexually transmitted infections, and pregnancy. They also discussed unsafe sexual practices, the consequences of unprotected sex, poor parent–adolescent communication on sexuality, and the need for a sexuality education program.

Conclusion: Policy changes are needed to improve collaboration between adolescents, parents, teachers, and youth officers in order to address adolescent sexuality problems. Further research is needed to explore the ways in which to improve sexuality communication between these groups. The results of the study provide valuable information on the sexuality risks that expose adolescents to HIV, pregnancy, and sexually transmitted infections and the strategies for the prevention of these risks, thus informing targeted interventions for risk reduction for adolescents.

Key words: adolescent sexuality education, HIV prevention, parental involvement.

INTRODUCTION

HIV and AIDS remain major public health concerns worldwide and in Botswana United States President's Emergency Fund for AIDS Relief (2010). With a general population prevalence of 18.5%, Botswana has among the highest HIV infection rates worldwide, according to the Botswana AIDS Impact Survey 1V (BAIS) (Statistics Botswana, 2014).

The Botswana Government embarked on a massive public education campaign and condom marketing, among other strategies to combat HIV, to prevent sexuality-related problems, such as sexually transmitted infections (STIs) and unintended pregnancy. In 2010, the Ministry of Education and Skills Development introduced sexuality education into schools through the delivery of a Ministry-developed comprehensive junior secondary school (8th-to-10th grade) curriculum. This was intended to ensure that learners acquire knowledge,

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attitudes, moral standards, life skills, and health practices that would reduce the risk of HIV, STIs, and unplanned pregnancies (Ministry of Education and Skills Development, 2010). Furthermore, although some positive consequences were realized, such as the reduction of teen pregnancy and adolescent parenting, STIs are still rife throughout Botswana.

The 2004, 2008, and 2013 BAIS studies showed that the HIV epidemic was low among those aged ≤19 years, with a prevalence of 3.7% and an incidence rate of 0.7%. However, the risk of infection remains a concern because of the risky behaviors that are associated with a low level of knowledge prevention (Sabone *et al.*, 2007). It also was revealed that, among youth aged 15–24 years, only 43% could correctly name the ways of preventing the sexual transmission of HIV, such as the possibility of HIV infection in a seemingly healthy person, correct condom use every time one has sex, and having one uninfected faithful partner.

Despite the efficacy of male circumcision in reducing female-to-male transmission of HIV and STIs (WHO/UNAIDS Technical Consultation on Male Circumcision and HIV Prevention, 2007), only 5% of the teenagers who were aged 15–19 years in Botswana have been circumcised because this is not part of the Botswana culture, thus losing the benefit of this prevention strategy. Currently, the uptake is slow because of inadequate knowledge about its safety, especially for older men, the fear of pain, and criteria of selecting only HIV-negative men (Sabone *et al.*, 2013, 2015).

Encouragingly, 78% of adolescents reported using condoms every time they had sex with non-regular partners over the past 12 months. However, the youth remain at risk of an early sexual debut, unprotected sex, casual sex, and concurrent sex partners that traditionally have placed them at risk of STIs, early pregnancy, and HIV (Ntsayagae *et al.*, 2008; Seloilwe *et al.*, 2001; Thupayagale-Tshweneyagae, Seboni, & Seloilwe, 2009). This calls for comprehensive and adolescent-friendly interventions to empower them to protect themselves from sexuality-related problems. Stakeholders' understanding of the problems and risks of adolescents is also critical in informing evidence-based prevention interventions, such as the one that is proposed. These stakeholders, the teachers, sport masters, youth officers, and counselors, worked closely with adolescents in and out of school on a day-to-day basis. They were more likely to have unbiased observations of the adolescents' behaviors than the adolescents themselves.

METHODS

Aim

This article reports the results of a qualitative cross-sectional assessment of key participants' perceptions about the common problems and risks of pregnancy, STIs, and HIV among adolescents in Botswana. The study was part of a joint comprehensive research project between the University of Botswana, Gaborone, Botswana, and Mississippi State University, Meridian, MS, USA, and was conducted in Gaborone, Botswana, between December, 2011 and January, 2012 in order to inform the development of a Botswana adolescents' HIV, STI, and pregnancy prevention program.

The key research questions were on the perceived problems and behaviors that place adolescents aged 14–19 years at risk of HIV, STIs, and pregnancy, including:

1 What are the contextual and phenomenological experiences of adolescents and the common problems that lead to unprotected sexual risk?
2 What are the risks of alcohol, other substances, and high-risk venues where adolescents hang out?
3 Suggestions for improving the planned Botswana adolescents' intervention program.

Methods

A cross-sectional qualitative study was conducted among adult key participants who worked with adolescents in different capacities (teacher, parents, sport masters, school counselors, and youth officers) and who were selected through purposive sampling. A semistructured interview guide was used to ask the key questions addressing the risks of HIV, STIs, and unplanned pregnancy. Purposive sampling was used to recruit the key participants from schools, youth offices, and youth programs in governmental and non-governmental organizations in greater Gaborone. The participants were contacted individually and were requested to participate in individual in-depth interviews. If they agreed, they were scheduled for the interviews, which were conducted in English. All of those who were approached agreed to be interviewed in their office, the study was fully explained to them, and informed consent was obtained prior to the interviews.

The individual interviews were audio-recorded with permission from the respondents and transcribed verbatim to text. The interviews took an average of 1 h each. Credibility was confirmed by using field notes and audio-tapes to enable the researchers to probe and to

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understand in-depth the key participants' perceptions. Confirmability was confirmed by using independent reviewers of the audio-tapes and recording of the themes. Transferability was ensured through the use of member-checking by co-investigators through paraphrasing and rephrasing of the respondents' statements to ensure clarity. Dependability was ensured by using more than one reviewer for the transcripts during the analysis.

Each transcript was read line by line in its entirety and analyzed by using an inductive descriptive content analysis. The themes were coded directly from, and supported by, excerpts from the data (Hsieh & Shannon, 2005) in order to capture the respondents' expression of their perceptions on Botswana adolescents' problems and risk exposure. The study was approved by The University of Botswana and the Ministry of Education, Skills and Development in Botswana and Mississippi State University Institutional Review Board in the USA.

RESULTS

Demographics

The characteristics of the sample of key participants are included in Table 1. Thirteen respondents were men and seven were women, making a total of 20. Their ages ranged between 30 and 45 years and they were connected to the adolescents through their formal employment. They were class teachers, house teachers, or just school teachers in different subjects like biology, guidance and counseling, science, mathematics, and development studies, some of which included sexuality-related content, addressing teen pregnancy, HIV/AIDS, and STIs. Other key participants said they were youth officers and youth tutors in governmental and non-governmental offices that assist adolescents in and out of school to confront the social challenges that they encounter. Uniformly, the key participants were confident about their knowledge of adolescent problems and risk behavior from their daily experience in dealing with them. One respondent was a parent of an adolescent in addition to her role as a teacher.

Table 1 Characteristics of the key participants (n = 20)

KPM (n = 13)	N	KPF (n = 7)	N
School head	1	Guidance and counseling teacher	5
Guidance and counseling head teacher	1	English teacher	1
Biology teacher	3	Setswana teacher	1
Mathematics teacher	2		
Agriculture teacher	1		
Development studies teacher	1		
Youth officer	2		
Youth tutor	2		

KPF, key participant female; KPM, key participant male.

Qualitative interview results

Five major themes and 12 subthemes emerged from the in-depth qualitative interviews. The five overarching themes included:

1 Perceived common sexuality problems among adolescents.
2 Situations that expose adolescents to HIV, STIs, and pregnancy risk.
3 Consequences of unprotected sex.
4 Suggestions for reducing adolescent risks for HIV, STIs, and pregnancy.
5 Attitudes towards a school-based sexuality education.

A discussion of each of these themes and subthemes is presented below with supporting verbatim excerpts.

Perceived common sexuality problems among adolescents

Some of the subthemes that arose under this heading included:

Unsafe sexual practices. Some of the unsafe sexual practices that were mentioned included an early sexual debut and unprotected sex, multiple concurrent or serial relationships, and intergenerational sex. The key participants explained that the adolescents conducted their sexual debut at ~15 years, often with multiple concurrent or serial partners and intergenerational relationships with older people who are out of school. The girls engaged in unprotected sex with multiple concurrent partners more frequently than did the boys, both with boys in school and with older men outside school:

> *Boys tend to have sex with age mates in schools. Girls do engage in sex with boys in school and with older people in the community. This creates conflict because boys become jealous about older men taking their girls.* (key participant male [KPM], teacher)

> *Girls engage in sex with multiple partners to gain money or clothes, cell phones, and hair styling and sometimes just for prestige of being in fancy cars. We*

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do see them here at school and as a teacher you try to intervene. (key participant female [KPF], teacher)

Parties. Other activities that were cited by the key participants included house sessions (parties), where adolescents held parties in their home on weekends in the absence of parents. During these parties, there was alcohol and drug use that were accompanied by unscrupulous sexual activities, often without using protection. The concept of *mozwane* also was introduced during discussions. This was explained as a practice where adolescents would hire a *combi* (minibus) for a weekend out, telling their unsuspecting parents or guardians that they were going for a school trip or attending a funeral of a schoolmate. They then would drink and engage in sexual activities in which they exchanged casual sexual partners. The *combi* driver, who was usually a young person, also participated. One key participant said this, explaining how they obtained information about *mozwane*:

These are often in the absence of elders. As a youth officer, they tend to be free with me and they tell me about how they spent their weekend. This is where all the unscrupulous behaviors occur. (KPM, youth officer)

Uncertainty about condom use among adolescents. Although the key participants had a general notion that adolescents were engaging in unprotected sex, they could not confirm the prevalence of unprotected sex, condom use, or other means of sexual protection. But, they said condom use was unlikely, given the rate of school dropouts due to pregnancy. The key participants also said that condoms were not usually made available in schools, making it hard to draw conclusions about condom use among adolescents.

Situations that expose adolescents to unsafe sexual practices

Substance abuse and delinquency. Some of the factors that exposed adolescents to unsafe sexual practices, as cited by the key participants, included truancy, delinquency, hanging out in unsafe places, and substance abuse, especially alcohol and marijuana (or "weed"), which made the adolescents engage in unsafe sex once they became "high":

Many of these kids skip school without a good explanation; some may even go for good. When you call the parents, you find that the parents may not even know where the child was. (KPF, school teacher)

One can ask for permission to go to the toilet and when he comes back, he is high … some students sell dagga *[marijuana/cannabis/weed] in school; some even get it from their parents to sell it in school.* (KPF, school teacher)

Some adolescents were caught frequently in troubles that often led to imprisonment:

Some had to be reported to the police because of violent behavior in school, others got in trouble because of street fights. There was a case of one student who stabbed another with a knife. (KPF, teacher)

This would typically occur under the influence of alcohol or drugs.

The key participants said that some adolescents hung out in the wrong places, such as *shebeens* (local drinking spots) and bars, especially on weekends, and "that is where they are exposed to alcohol and drugs" (KPM, youth officer).

The key participants believed that some adolescents were sent by their parents to buy alcohol for them and that the bar attendants rarely required identification, which would deter adolescents from entering a bar. The most common alcoholic drinks reported to be consumed by adolescents were beer and wine at concerts and parties. The most commonly used drug was marijuana and the youth had little access to the expensive, rare drugs like cocaine, heroin, ecstasy, and methamphetamine. The drugs were obtained from older people outside schools and parents.

Lack of parental guidance and poor communication between parents and adolescents about sexuality-related matters. The key participants observed that many parents seemed to be too trusting and inadequately guided their adolescents. Often, the adolescents were unsupervised and left in the care of house maids, other siblings, or alone. These adolescents had a lot of idle time and misappropriated their attention to undesirable behaviors. The parents often were reluctant to initiate discussions about sexual matters with their adolescents and relegated that responsibility to school teachers and relatives, such as aunts:

Most parents often assume that their children are innocent and ignorant about sexual matters and that if they introduced sexuality-related discussions, they

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will be encouraging them to engage in sex. They expect us teachers to teach their children on these issues, but we are also not sure how far to go because some parents may turn around and say we are saying bad things to their children. (KPF, school teacher)

Parents expect us to talk to their children, but we have the school syllabus to focus on and there is very little subject matter that addresses this area. Perhaps, guidance and counseling teachers can, but the difficulty is with the teacher–student relationship, which can be a barrier. So, parents must take responsibility and not shift it to us. These are their children. The children remind us all the time that "You are not my mother," so parents need to be closer to their children. (KPM, school teacher)

Clearly, there is a gray area about who should take the responsibility. The teachers thought that the parents must take responsibility for the education of their adolescents because they would know how far to go, while the parents thought the teachers should do it.

Sharing sharps. The other risks that were identified included exchanging razors and tweezers (for picking out eyebrows) by girls without proper cleaning between users and without knowing that this could potentially expose them to HIV. One of the key participants said this was a common practice among older adolescents who are ≥16 years.

Caring for HIV-infected family members. The key participants also explained that the adolescents could be exposed to HIV during the provision of care for sick relatives. One teacher cited an example that one girl had to quit school because her mother was ill for a long time and it was suspected that she had AIDS. The girl never returned to school and they later learnt that she also died. They suspected she died from AIDS, although they could not confirm how long after caring for her sick mother that she died. This might be just a rumor as it could not be substantiated with facts and might reflect the teacher's possible ignorance about HIV transmission.

Consequences of unprotected sex

This theme addresses the perceptions of the participants about the outcomes of unprotected sex.

Teen pregnancy, early parenting, school dropouts, and sexually transmitted infections. The key participants believed that the consequences of unprotected adolescent sex were early parenting and STIs. Many girls dropped out of school because of an early pregnancy. However, the key participants lacked data to substantiate the prevalence of school dropouts or teenage pregnancy. They also could not substantiate the magnitude of the allegedly high number of STIs among adolescents.

Inability to find meaningful engagements. Some adolescents were said to have difficulty in finding meaningful engagements and use of time after school. They then engaged in risky activities due to irresponsible idling. One key participant said:

Young people express that they are bored and it is difficult to find what to do. There are very few places they can hang out and few things to do, especially after school and on weekends. Some parents also do not know how to keep their kids busy with housework because all the chores are done by house maids [hired house help]. (KPM, youth tutor)

Inability to find meaningful relationships. The adolescents also had problems in finding meaningful relationships. One key participant expressed that:

They lack knowledge in choosing their mate and easily get disappointed with relationships with people their own age. Hence, they fall into the wrong hands of people who attract them with money and gifts, thinking that this is love. (KPF, parent/teacher)

Lack of understanding of growth and developmental changes. The adolescents also lacked an understanding of their own developmental and related sexual changes. This caused confusion, pressure, and uninformed decision-making:

Boys often think that they must have sex to demonstrate their manhood and this leads to early irrational sex. (KPM, science teacher)

Peer pressure also was mentioned as a source of unintended sexual practices. The girls would see others wearing nice clothes or having expensive cell phones and envied them:

They think that transacting in sex can get them what they need; some parents also seem to encourage this

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because they never question where their children got the expensive gifts. Some are actually happy when a child brings groceries home and never question when a child is dropped home in an expensive car. (KPF, school teacher)

Suggestions for reducing the adolescent risks for HIV, sexually transmitted infections, and pregnancy

The respondents offered a number of suggestions to reduce the risk of HIV and AIDS, pregnancy, and STIs among adolescents.

For adolescents. The key participants suggested that education on sexuality-related matters should be intensified and offered by both well-trained parents and teachers. They further suggested that the adolescents should be open-minded and work with parents and teachers to learn how to protect themselves from sexuality-related risks. One respondent said:

Things have changed. Children today don't listen to anyone but themselves, they think they know more than elders, and believe that their parents are old-fashioned and "lack understanding," and they frequently reject parental guidance. (female teacher)

She also emphasized that adolescents should know that they are the responsibility of, and should be guided by, parents as long as they still live at home.

The respondents agreed that the prevention program being proposed for adolescent HIV, STIs, and pregnancy could assist adolescents to deal with their problems and reduce the risks. They suggested that this program could be offered in schools, youth centers, and at the University of Botswana to increase access. They suggested that it should be offered after school, at ~15.00 hours or on weekends, and should involve both teachers and parents. They added that special sessions for parent–adolescent dyads were needed so that both could practice open and meaningful discussions about sexuality-related topics.

For parents. The key participants observed that some parents were not good role models for their children and they engaged in multiple relationships; thus, their children copied these behaviors, making it very difficult to discipline these children. One key participant stated:

There was a case in which one girl was said to have been misbehaving, sleeping around [having casual sex] with men. When the house head at school realized that there was an absenteeism record for the girl, he called the parent and during discussion the girl said, "Even you mum, there are always different boyfriends coming, you can't be saying this to me." (KPM, school teacher)

The key participants suggested that the main responsibility of teaching adolescents about sexuality-related topics lies with parents, but acknowledged that the parents often lacked the knowledge and willpower to do so. They emphasized that the parents should be empowered with the correct information, parenting skills, a change in attitude, and self-efficacy to play their role. They believed that this also could improve school performance. Children also might like it better, listen more, and even improve when their parents get involved. The topics that were suggested for parental education were communication skills, responsible decision-making, and responsible parenting:

Parents need to be taught how to talk to their children and to take full responsibility. They need to learn how to make decisions regarding the welfare and safety of their children. Some parents are just not responsible enough and they are not exemplary. (KPM, school head)

For the school teacher and the school system. Although the Ministry of Education has integrated human sexuality concepts into the school syllabus, the respondents strongly felt that the parents should be responsible for teaching their children about sexuality. However, they accepted that the guidance and counseling teachers could participate. Some science teachers also said that they covered HIV, pregnancy, and STI prevention. This indicated an interest that should be harnessed to ensure that the joint efforts of parents and teachers are maintained and that the correct information and skills are available to them in order to communicate comfortably and effectively about sensitive sexual topics.

In considering when the proposed program could be offered, the key participants suggested that because most parents in Gaborone work during the week, their program could be offered on Saturday afternoons in order to enable them to finish household chores in the morning. Sundays are usually family church days and therefore should be avoided. Encouraging the involvement of male parents was emphasized, as when both

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parents are involved, the adolescents tend to be more serious. Very few key participants suggested churches as an appropriate location, although that could be an unharnessed potential avenue.

Involvement of house maids in the program. There was disagreement regarding whether the house helpers should be involved in the program. Some respondents were of the opinion that because the house helpers spent a lot of time with the adolescents and were like surrogate parents, this warranted their participation. However, others felt that the role of house maids should be limited to housework. This group emphasized that the house helpers lacked the skill and the commitment to take on parental responsibilities. Caution was advanced that some maids might be too lenient with the adolescents out of fear of the very parents who want to give them the parental responsibility and that others could abuse the role. They also re-iterated the need for parents to avoid relegating their responsibilities to everyone else, except themselves.

Attitudes towards a school-based sexuality education

Many of the key participants suggested improved school-based programs on sexuality education. However, teachers in this study in Botswana called for inclusion of the parents because they felt overwhelmed with teaching, suggesting a balance of responsibilities between them and parents in preparing adolescents to handle risks.

DISCUSSION

Some of the key participants felt that some of their roles could be interpreted as conflicting. For example, some teachers found it difficult to play the counselor/advisor role, which requires a friendlier approach, than the more formal role of teacher, which requires more of a disciplinarian role when interacting with the adolescents. The teachers were also in the awkward position of needing to balance the provision of accurate information in regards to a wide range of community values and parental preferences to be silent about sexual matters (Eisenberg, Madsen, Oliphant, & Resnick, 2011).

Some common developmental concerns that contributed to adolescent behaviors have been documented (Friedman, 1992). South African adolescents engaged in sexual intercourse with inconsistent condom use, increasing the risk of pregnancy, STIs, and HIV (Brook, Morejele, Zhang, & Brook, 2006). In addition, an individual's age, family poverty, poor parent–child relationship, vulnerable and behavioral attributes, and the deviant behavior of peers contributed to youths' risky sexual behaviors. Bullying and sexual violence also were reported (Espelage, Basile, & Hamburger, 2012).

Brook *et al.* (2006) and Morejele, Brook, and Kachieng'A (2006) cited truancy, delinquent peer networks, hanging out in unsafe places, alcohol use, rebelliousness or deviant behavior or tendencies to violate societal norms, drug abuse, and unprotected sex as leading to HIV, STIs, and pregnancy among South African adolescents. Unlike in Botswana, the use of methamphetamines has been associated with adolescents' risky sexual behavior and exposure to delinquent peers elsewhere (Zapata, Hillis, Marchbanks, Curtis, & Lowry, 2008).

Recent studies on adolescents' risk behaviors indicated a general increase in sexual experience among youth CDC (2014) and Tulloch and Kaufman (2013), underscoring the importance of effective and culturally appropriate programs that encourage the delay of sexual debut and reduce risky sexual behaviors for sexually active adolescents. Culturally contextual research is needed on the relationship between adolescent behavioral problems and sexual debut in Botswana.

Parental involvement in their children's lives represents a critical factor in adolescents' sexual behaviors. Brook *et al.* (2006) explained the role of parent–adolescent communication about sexuality and condom or contraceptive use as an intermediate factor in adolescents' safer or riskier behavior among South African adolescents. Ikramullah, Manlove, Cui, and Moore (2009) indicated a strong parent relationship, quality communication, and monitoring and awareness of adolescent activities were associated with delayed sexual initiation and a reduced risk of teen pregnancy. Furthermore, those adolescents who were close to their parents could be more comfortable in discussing and sharing sexual issues and could be influenced by their parents' values and live up to their expectations. Guilamo-Ramos *et al.* (2007) added that maternal communication was associated with adolescent expectancies about whether or not to engage in sexual intercourse. However, parental involvement in sexuality education is lacking because of perceived barriers and low self-efficacy in communicating about HIV, STIs, and pregnancy with their children (Brock & Beazley, 2009). Turnbull, van Wersch, and

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van Schaik (2008) supported the notion of parents as the primary educators in sexuality education and that children want to learn from their parents. This current study corroborated these findings because the key participants reported that the adolescents also expressed the desire to first learn about sexuality topics from their parents. The difficulty that was allegedly expressed by parents and their lack of confidence in educating their children about sexual matters make the proposed program for parents and their adolescents more critical. The parents need to work with the school system on sexuality education in order to guide their adolescents and to discuss with them openly how to reduce risky behaviors. Further analysis of the data is required in order to compare the perspectives of the key participants, parents, and adolescents regarding the issues to be addressed.

The suggestion by the key participants about school-based programs to reduce adolescent risks is consistent with the CDC's (2011, 2012) assertion that schools are a critical setting and are effective in helping young persons to take responsibility for their own health. Teachers form a critical resource in providing sexuality education, but the sample educator participants in this study indicated that they struggled with teaching responsibilities for other subjects in the syllabus, as well as with the sexuality-related subject matter that sometimes causes controversies about the limits of the content, which is value-laden and personal in nature (Eisenberg *et al.*, 2011). In addition, the teachers felt that sexuality education differed from other topics because it required constant interaction with parents to seek consent for the child's participation or to respond to queries and concerns about the subject matter from parents and administrators who held divergent views about what their children should learn about sexuality. The irony here is that the very parents who are most reluctant to address the subject with their children can be the source of great difficulty. This might explain the reluctance of teachers to be solely responsible about addressing sexuality in the classroom.

Although parents in Botswana might not necessarily pose a barrier, their non-involvement could raise the suspicion that they do not want their children to be taught the sensitive information in school. One question that needs critical examination is whether schools involve parents in sexuality education. Do teachers and youth officers ever come together with parents and discuss these issues? If this is the case, then perhaps the belief that parents should teach their children these matters without receiving the necessary support might be an unjustified expectation.

In another multicomponent HIV, sexually transmitted disease (STD), and pregnancy prevention program for high school students, Basen-Engguist *et al.* (2001) found that 31 months after the program, students in the Safer Choices schools reported having sexual intercourse with fewer partners without a condom. Although the program seemed to create a positive psychological climate for HIV, STD, and pregnancy prevention, it did not influence the prevalence of recent sexual intercourse. This suggests that there was a need to focus on the sexually active older adolescents, compared to the younger ones, in order to address the need for correct and consistent condom use. As the key participants did not have statistics to substantiate some of the problems that they had identified, there is a need for Botswana to conduct behavioral surveys in these areas to help determine the magnitude of the problems and to develop targeted intervention programs.

CONCLUSION

The perceptions of the key participants about adolescent problems that could expose them to HIV, STIs, and pregnancy have been reported in the literature and are concerning. The Botswana adolescents and parents have to further deal with some of the socio-cultural and personal barriers that prevent effective sexuality-related communication and education to prevent these problems. A united force of parents, adolescents, and the school system is necessary in developing and implementing an effective parent–adolescent program to address the identified concerns and to reduce their impact, thus saving future generations. The interventions are required to address the information needs of the teachers and parents, as identified by the key participants, and to strengthen a school-based sexuality education program. Further research is required in order to determine other non-sexual risky behaviors and an early sexual debut. This study reflects the voices of the key participants alone. The parents and adolescents also were included and their thoughts and opinions are represented in other papers.

CONFLICTS OF INTEREST

No conflict of interest has been declared by the authors.

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AUTHOR CONTRIBUTIONS

M. K. M. participated in the data collection, data analysis, and data interpretation and drafted the manuscript; E. S. co-developed the proposal, management of the study, and data management and analysis; K. D. participated in the data collection and data analysis and interpretation; J. S. L. conceptualized the study's framework, design, methodology, data collection tools, data analysis and interpretation, and edited the manuscript.

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