

Youth unemployment and HIV and AIDS: Insights from the 2013 Botswana AIDS Impact Survey

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Abstract

HIV and AIDS and youth unemployment are still a major concern for Botswana despite interventions by stakeholders and a number of programmes put in place by the government. The current prevalence rate of HIV in Botswana is 18.5 % (BAIS IV of 2013) which is a significant increase from 17.6 % in the BAIS III survey conducted in 2008. While many programmes and policies were designed to address young people's needs, many fail to take into account the diverse circumstances that shape HIV vulnerabilities of the unemployed youth. Results from the BAIS results show that there is a direct relationship between the HIV prevalence and unemployment among the youth. Young people who are HIV positive may be unemployed due to stigma as well as opportunistic diseases that weaken their immune system and render them unable to function normally. But unemployment may also lead to young people engaging in high risk sexual behaviours that expose them and others to the virus. Youth employment initiatives can mitigate the impact of HIV and poverty on young people.

Keywords: HIV and AIDS, Youth, Prevention, Practices, Unemployment

Introduction

Botswana is one of the developing countries in Africa (World Bank, 2015). The discovery of diamonds contributed significantly to the developments of the country and propelled its status to the middle income category (Mokopakgosi, 2010). However, the country continues to experience economic challenges which negatively affect the wellbeing of the citizens. Among these challenges are unemployment, HIV and AIDS, poverty, and substance abuse, all of which threaten the economic gains the country has made in the last three decades.

The 2010 Revised National Youth Policy defines a youth as any person between the ages of 18 and 35 years. The 2011 population census estimates that there are 941,371 youths in Botswana, which constitutes 46.5% of the country's population of 2,155,784 (Majelantle, 2014). In a focus group discussion conducted by the US Embassy with youth aged 19-25 in 2011, teenage pregnancy, alcohol and drug abuse, HIV and AIDS and unemployment were identified as the four major social problems in Botswana (US Embassy, 2011). For instance, HIV and AIDS can jeopardize the decent work agenda for the youth. This article discusses youth unemployment and its link to HIV and AIDS, as well as how this problem can be addressed. The article outlines how the HIV and AIDS epidemic and youth unemployment pose a threat to young people, and how the two are interconnected. It also recommends how the government and other stakeholders should deal with youth unemployment and HIV and AIDS.

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Youth unemployment in Botswana

Youth unemployment is currently a topical issue in Botswana and in the rest of the world. According to Pigou (2013), unemployment is defined as a state of having no economic activity to sustain a livelihood. Youth unemployment, in the context of Botswana, is a state in which people aged between 18 and 35 years are not engaged in any sustainable economic activity which can support their livelihood (Ministry of Youth, 2011).

The global youth unemployment rate is estimated at 12.6% (International Labour Office, 2013). Similarly, Botswana is experiencing rising numbers of unemployed youth. It has a high number of youths who are idle, and this may lead to engagement in high risk sexual behaviours that expose them and others to HIV and AIDS. The current national unemployment status as of February 2016 is that 20% of the total number of youths in the country is unemployed (Central Statistics Botswana, 2016). Although the government has introduced various programmes to address the situation, the focus has been on short-term and unsustainable programmes with little impact on job creation” (Nthomang & Diraditsile, 2015).

HIV and AIDS among the youth in Botswana

Botswana is one of the countries hardest hit by HIV. The Botswana AIDS Impact Survey IV (BAIS IV, 2013) points to moderate gains across some areas in the response to HIV. Although HIV prevalence is estimated at 18.5% for the general population, with females at 19.2% and males at 14.1%, this indicates a slight increase since BAIS III (2008) which estimated 17.6% prevalence, (20.4% for females and 14.2% for males). HIV prevalence among boys and girls is almost the same for up to 14 years of age (Botswana AIDS Impact Survey III, 2008). However, among the age groups 15-19 and 20-24, girls are twice more likely to be infected than boys. The 2008 Botswana AIDS Impact Survey shows that about 18 000 children aged 10-19 are HIV positive and many of these are undiagnosed and therefore, they do not know their status. Furthermore, it was reported that HIV prevalence among the 20-24 age group is three times as high as that for the 15-19 age group (Global AIDS Response Progress Report, 2014).

Methodology

This paper utilised secondary data from the Botswana AIDS Impact Survey of 2013 (BIAS IV). The data was collected throughout Botswana with the sample size of 8, 275 households who were interviewed using an interview guide. Tablets were used to record the responses from the respondents. Statistical package for social sciences was used to filter the data on HIV prevalence in Botswana, employment status and HIV prevalence, and employment among youth who are HIV positive. In addition, secondary data from journal articles, newspapers, reports and books on youth unemployment and HIV and AIDS were used to deliberate on the issue.

Theoretical framework

Human behaviour is influenced by multiple factors in the human social environment. These factors are found at the micro-level (molecular and biological) and the macro-level (social and environmental), and often interact in mutually reciprocal relationships (Stolte et al., 2012). The social behaviours most closely linked to the epidemiology of AIDS which are sexual contact, the

injection of addictive drugs, and intimate activities are strongly driven by individuals in their environment (Young, 2014).

Theoretical models, primarily the psychological, that dominate studies of HIV risk behaviour fall into two major groups: those that predict risk behaviour and those that predict behaviour change. Models that predict risk behaviour attempt to identify variables that explain, for example, why some members of a given population behave in a particular way at a given time while others do not (Fishbein & Ajzen, 2010). Models that predict behaviour change focus on stages which the individual go through in an attempt to change their behaviour (Fishbein & Ajzen, 2010). Below is a discussion of the model adopted in the article to interpret the results of BAIS IV, and how HIV and AIDS are inextricably linked to youth unemployment.

The health belief model

The health belief model is adopted to elaborate on the interrelationship between youth unemployment and HIV and AIDS further. It was developed in the 1950's by social psychologists Hochbaum (1958), Rosenstock (1966) and Kegels (1966). It is a psychological model used to address behaviour problem that evoke health concerns focusing on the attitudes and beliefs of an individual. The model states that a person's health related behaviour depends on the individual's perceptions, mediating factors and the possible actions. Furthermore, the model postulates that the individual's decision to adopt a preventive measure against a particular disease is influenced by four perceived beliefs: susceptibility, severity, benefits, and barriers. However, the Health Belief Model is a framework for motivating people to take positive health-related action using the desire to avoid a negative health consequence as the prime motivation regardless of their socio-economic status.

Perceived susceptibility means one's belief about the chances of contracting a disease, which means that the unemployed youth are unlikely to change their health behaviours unless they believe that they are at risk of being exposed to HIV infection. Many young people engage in risky behaviours such as alcohol and other forms of substance abuse, and alcohol abuse has been found to be a major factor in the spread of HIV and AIDS (Seloilwe, 2005). Youth are increasingly vulnerable because excessive alcohol consumption leads to promiscuous irresponsible, high-risk sexual behaviours, and it interferes with the ability to make prudent decisions, such as engaging in safe and protected sex (Seloilwe, 2005).

The health belief model states that for an individual to change his/her behaviour to avoid a consequence depends on how serious he/she considers the consequence of such behaviour to be. Most young people believe that the consequences of getting Sexually Transmitted Infections (STIs), including HIV, are significant enough to try to avoid them, yet they put their lives at risk by frequently changing partners and engaging in unprotected sexual activities (Seloilwe, 2005). Young people change partners for material gain such as money, gifts, clothing, and mobile phones, which makes them vulnerable to HIV.

Lack of socio-economic resources is linked to risky sexual behaviours, which can lead to contracting HIV. These behaviours include early initiation of sexual activity and less frequent use of condoms (Adler, 2006). Among women, lower social standing and stress are associated with risky sexual practices. While ethnicity is a critical factor in the HIV and AIDS epidemic for women, social class is also an important risk factor in HIV infection (Ickovics et al., 2002).

Unstable housing and unsafe sexual behaviours have been linked to the risk of HIV infection (Aidala et al., 2005), and those who live in poor housing are significantly more likely to be infected with HIV than those in more stable housing environments (Culhane et al., 2001). Some young people are exposed to such challenges and this puts them at risk of being infected by HIV.

The health belief model states that certain actions, events, and strategies should be put in place to activate or prompt a desire to make a health change. More educational programmes are required to educate people about high-risk behaviours (HIV and AIDS Policy Fact Sheet, 2002). The messages have to target the risky behaviour, but we concede that behaviour is often very difficult to change. However, persistent and constant behaviour-targeted messages can effect change, eventually. Therefore, it is crucial to identify changes and actions that put young people at risk of HIV infections, and the services that will help them take responsibility for their lives and make the necessary change, so that they engage in protected sex and have one sexual partner.

BIAS IV Results

The objective of this paper is to discuss the relationship between youth unemployment and HIV and AIDS based on the findings of BIAS IV of 2013, and the role that the Government and other stakeholders play in combating the impact of the intersection of unemployment and HIV on the welfare of the youth. There is a bidirectional relationship between youth unemployment and HIV and AIDS. Unemployment may lead to risky sexual behaviours when young people search for the means to survive harsh economic circumstances. Risky sexual behaviour may lead to an increase in HIV prevalence. BIAS III estimated the overall youth unemployment rate at 26.2%. Females have an unemployment rate of (31.2%) compared to their male counterparts at 21.9 %. Unemployment is higher for females residing in rural areas at (39%) compared to those in urban areas at (27%).

When disaggregated by age group and gender, unemployment is higher among females aged 20-49 years (28.6%) whereas for males in the same age group it is 20.3%. Between 2008 and 2013 the unemployment rate among males aged 20-24 years was 36.0% while it was 54.9% for females. When the estimates of unemployment rates in BIAS III of 2008 and BIAS IV of 2013 are compared, the 2013 unemployment rate among the population aged 18 years and above was 19.8% compared with 17.6% in 2008 BIAS III. The unemployment rate among persons aged 15 years and above was estimated at 20% (BIAS IV, 2013) and was largely concentrated among the youth aged 18-34.

Figure 1 shows the results of people who tested for HIV while Table 1.a shows the employment status of youth recorded in 2013. It also shows the percentage of young people in terms of their HIV and employment status.

Figure 1: Results for HIV test in 2013

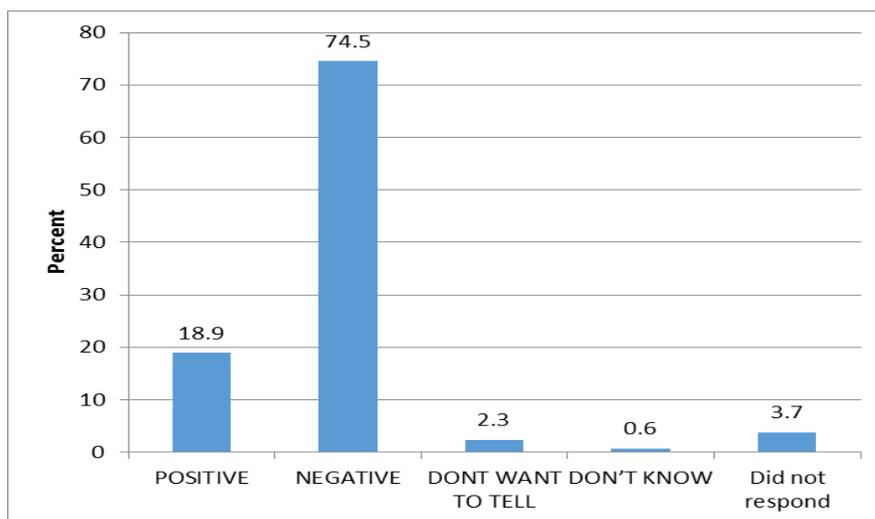


Figure 1 shows the respondents who tested for HIV, those who did not want to reveal their status, those who did not know their status and those who did not respond to the question for BIAS IV. The results reflect responses from individuals who participated in the study only. Figure 1 indicates that, overall 18.9% reported that they were HIV positive while 74.5% stated that they were negative. 2.3% did not want to share their status, and 3.7% did not respond to the question at all. 0.6% of the individuals indicated that they did not know their status.

Table 1: Employment and unemployment status of youth recorded in 2013

Age in completed years	HIV status	Employment Status			
		Employed		Unemployed	
		Number	%	Number	%
15-19	Positive	107	2.7	3925	97.3
	Negative	3436	9.8	31732	90.2
20-24	Positive	2972	35.2	5469	64.8
	Negative	39368	37.1	66755	62.9
25-29	Positive	4767	34.5	9050	65.5
	Negative	70394	63.6	40294	36.4
30-34	Positive	14878	58.6	10523	41.4
	Negative	60685	75.9	19239	24.1
35-39	Positive	18426	72.8	6872	27.2
	Negative	46946	81.6	10578	18.4

Table 1 indicates the HIV status of the youth according to their age group as well as their employment status. Of the youths aged between 15-19, only 2.7% of those who are HIV positive are employed while 97.3% are unemployed. Of those who are HIV negative, 9.8% are employed.

Two trends emerge from the data; it shows that in youths younger than 30 years old, being HIV positive is associated with the likelihood of being unemployed; while in those above 30 years old, employment seems to be associated with being HIV-positive. Some 58.6% and 72.8% HIV-positive youths were respectively in the age groups 30-34 and 35-39 years old among employed youths. The age group 20-24 had high HIV prevalence rate as it was estimated that 64.8% of unemployed youths were HIV positive and only 35.2% of employed youth were HIV positive. Similarly, in the age groups 15-19, 20-24 and 25-29 there was a high prevalence of HIV among the unemployed group while age groups had high prevalence of HIV in the employed youth group. According to Table 1, overall 58.6% of the employed youths were HIV positive, and 41.1% of the unemployed youths were HIV positive. It may be argued that unemployment and HIV are directly linked for youths below 30 years old as the reports from BAIS IV show that there is a higher prevalence of HIV infection among unemployed than employed youths in this category.

In addition, the report also indicates that early sexual debut was found to be at 4.4% for men and women aged 15-24 at they had sexual intercourse before the age of 15 compared to BAIS III in which it was only 4%. The percentage for both sexes aged 15-49 who had had multiple concurrent sexual partners in the 12 months leading to the survey was found to be 15.8%. Amongst the same population, 81.9% reported having used a condom during last sexual intercourse.

Overall, 65.2% of the population aged 15-24 said that they always use a condom with a non-marital or non-regular partner. Almost the same proportion (66.4%) of those who were HIV negative reported using a condom with a non-regular partner. This proportion drops to 57.2% among those aged 15-24 who were HIV positive. The percentages are much lower among the population aged 25 to 64. Only 30% of those who were HIV negative were reportedly using condoms consistently, while of those who were HIV positive, only one in three reported consistent condom use.

Table 2: Prevalence rate among different unemployed age groups

Age	POSITIVE		NEGATIVE	
	Number	%	Number	%
15-19	4032	10.3	35169	89.7
20-24	8442	7.4	106123	92.6
25-29	13817	11.1	110688	88.9
30-34	25400	24.1	79924	75.9
35-39	25298	30.5	57524	69.5

Table 2 indicates that the age group 20-24 has a lower HIV prevalence rate of 7.4% positive and 92.6 % negative. Young people aged 35-39 have a high HIV prevalence rate of 30.5%. In addition, unemployed youth aged 25-29 have a lower prevalence rate (11.1%) than those aged 30-34 whose estimated prevalence rate is 24.1%. Overall, the prevalence of HIV in this group is increasing with age.

Discussion

Botswana has made significant strides in the fight against HIV and AIDS in the terms of prevention, education, treatment, care, and support. However, there is a gap in addressing the connection between youth employment and HIV. As a result, young people, especially those who are poor and unemployed, are most affected by the epidemic due to their economic vulnerability. In the same vein, not much research has focused on the link between unemployment and HIV.

The Botswana Core Welfare Indicator Survey (BCWIS, 2010) found that unemployment is largely concentrated among youths aged 18-34, and this exposes them to greater risk of HIV infection. This is mainly because many complete their Botswana general secondary certificate education (BGSCCE) at 18 years and, if they perform poorly, it is difficult to secure a place in tertiary institutions or find employment. At the same time, those who have excelled are enrolled in tertiary institutions and graduate after four or five years. However, with the influx of unemployed graduates in the market place competing for limited employment opportunities, the prospects for employment are limited, and those with BSGCE may not find job. As a result, they are at risk as they join other unemployed young people who aim at surviving by any means (Collins, 2001; Collins & Rau, 2000).

The percentage of youth unemployed youths aged 20-24 and 25-29 according to BAIS IV shows that being unemployed carries an increased risk of infection. These are the groups who have to provide for themselves and their dependants. Therefore they are more likely to engage in high risk activities to earn a living, and in the process can contract HIV. (Cohen & Trussell, 1996). In addition, the youth who are working may face another challenge that, when they are employed and become critically ill they may lose their jobs and become unemployed (Cloete, Strelbel, Simbayi, vanWyk, Henda & Nqeketo, 2010). Another issue that may complicate their lives further is that the ones who are HIV positive may face discrimination in their communities, and this makes it harder for them to find work, retain a job, and be productive. This creates a vicious cycle of unemployment and poverty (Chinguta & Roach, 2005; Greener, Jefferis & Siphambe, 2000). Similarly, youth vulnerability to HIV is exacerbated by the absence of decent work opportunities or a social support network as there are lot of graduate youths who are not absorbed into the job market in Botswana. Therefore they are forced to engage in risky sexual behaviours that may lead to one contracting HIV virus in order to earn a living as contrary to the health belief model (Parker, 2011; Collins and Rau, 2000; Cohen, 1996).

The conceptualisation of factors contributing to the spread of the epidemic and linking it to issues such as unemployment, poverty, income inequalities, and gender relations are crucial to understanding HIV and AIDS and its impact on society, and households in particular (Jefferis et al., 2006). From this discussion it is clear that unemployment and poverty increase vulnerability to HIV infection among youth.

In addition, for many years, labour migration and mobility have been largely male phenomena. However, more recently such mobility includes young women seeking work, are engaged in informal employment (hawking goods, domestic work, farm labour and various trades) as well as involved in the hospitality and civil service sectors. Although women tend to migrate shorter distances than men, and for a more limited duration, such mobility increases the potential for multiple sexual partnerships, including overlapping partners in different geographic locations. Young people, especially women seeking work or engaged in low-income work, are particularly vulnerable as they may be exposed to rape, exploitation and can be drawn into transactional sex or

sex work to secure shelter or money (National AIDS Coordinating Agency [NACA], 2006). Equally, youths over 30 years old who are employed run a risk of using their earning power to live a reckless lives and expose themselves to HIV and other sexually transmitted infections as they have the means to procure sex as the data presented here suggest.

Youth HIV and AIDS related knowledge

Studies from across the globe have established that the vast majority of young people have no idea how HIV is transmitted or how to protect themselves from the infection. Two thirds of young people in Botswana thought they could tell if someone was infected with the virus by looking at them, and they believe that they could screen out risky partners by appearance alone (Majelantle, Keetile, Bainame & Nkawana, 2014). This misconception is especially dangerous in a country where one in three of their potential sex partners are infected with HIV. Misconceptions about HIV and AIDS are widespread among young people and vary from one culture to another. Specific myths gain currency in some populations both on how HIV is spread (by mosquito bites or witchcraft, for example) and on how it can be avoided (by eating a certain type of fish, or having sex with a virgin).

In addition, it has been demonstrated that increased knowledge about AIDS is not a predictor of behavioural change although knowledge about the disease is a prerequisite for change. In Botswana, young people continue to engage in risky sexual behaviour despite widespread information on and knowledge about HIV and AIDS (Majelantle, Keetile, Bainame, & Nkawana, 2014). By 2008, in Botswana, only 43% of young people aged 15-24 had comprehensive HIV related knowledge and almost half of them could not correctly identify the common misconceptions about HIV and AIDS transmission (Majelantle, Keetile, Bainame, & Nkawana, 2014). Therefore, there is still lack of knowledge which is one of the major vulnerability factors to HIV infection among youth in Botswana (Mogomotsi, 2004).

The role of government and other agencies in tackling HIV and AIDS and unemployment

Young people face significant challenges in finding decent work. The 2008 global financial crisis has disproportionately impacted youth across the world. The global economic crisis weakened throughout 2012 and 2013, and in 2013 the global youth unemployment rate was estimated at 12.6%. Based on the International Labour Organisation's calculations, more than 73 million young people are currently unemployed and are over-represented among those in poor-quality jobs and, in some instances, encounter low pay as they are willing to settle for any kind of employment. The reason they take low paying jobs is that they are desperate for any means to provide for their families. As a result, the economic and social costs of unemployment, under-employment, discouragement, and widespread low-quality jobs for young women and men continue to increase (International Labour Organization, 2014). In addition, young people continue to face challenges in the labour market and often engage in work that is below their qualifications, or the take jobs that are dangerous and/or illegal, sometimes leading to risky behaviours and higher exposure to HIV infection. Moreover, youth living with HIV or affected by the epidemic also encounter challenges in accessing employment opportunities because of HIV related stigma and discrimination in society and industry (Cloete, Strebel, Simbayi, vanWyk, Henda & Nqeketo, 2010).

From a positive perspective, the Botswana National Policy on HIV and AIDS (2012) states that the workplace plays a major role in employees' health and there has to be policies that ensure that the employees are protected. The government, the private sector, and parastatal organisations have to manage staff infected and affected by HIV and AIDS, and make decisions regarding recruitment, deployment, training, payment of terminal benefits, and retirement due to ill-health to ensure equal treatment as any other worker with an illness. Furthermore, those in the workplace should be protected against stigmatisation and discrimination by colleagues, employers, unions and/or clients. This protection should be ensured through relevant education and information programmes.

HIV and AIDS was declared a national crisis in Botswana in the mid-1980s garnering support from the private sector, civil society, and government through programmes of prevention, care and support, impact mitigation, and the elimination of stigma and discrimination. Behavioural change has also been identified as one of the essential preventive measures in the fight against HIV and AIDS (Central Statistics Office, 2008). Changing societal behaviours in terms of sex, stigmatisation, gender inequality, and other social relations that underpin negative actions and reactions are key to HIV prevention.

The National AIDS coordinating agency and other corporate bodies have supported country-wide road shows with the aim of spreading prevention messages, specifically those related to condom use, safe sex practices, and stigma. The media, as well as other advertising entities such as public space advertisements, have also been utilised to spread the message (Central Statistics Office, 2008). In addition, peer education has been a useful behavioural change intervention especially in schools to teach the youth about the epidemic. Furthermore, there are community based organisations, and support groups on HIV and AIDS which have been formed and they implement intervention activities in communities. These organisations include the Botswana Network of People Living with AIDS (BONEPWA), the Coping Centre for People Living with HIV and AIDS (COCEPWA), and the Botswana Network on Ethics, Law, and HIV/AIDS (BONELA). These bodies play a very important role in addressing the needs of their clients as well as ensuring that information on HIV and AIDS prevention, care, and support is available for target populations (National AIDS Coordinating Agency [NACA], 2014).

There are several projects initiated by the government and by young people themselves that address youth issues related to HIV and AIDS and other matters of concern. The government of Botswana, the UN Foundation and UNAIDS initiated an Urban Youth Project aimed at improving sexual and reproductive health (SRH) for youth in urban areas. Urban youth may be classified as a high risk group. These urban youths include street children, orphans, young commercial sex workers, and unemployed youth. Activities for the project are categorised under education, communication and skills building, youth friendly health services, advocacy, gender equality and income generation.

Recommendations

The government should develop relevant programmes to create youth employment to mitigate young people's susceptibility and vulnerability to HIV and AIDS. This does not necessarily imply totally redesigning initiatives but modifying what is already planned or structured to make it more relevant to the youth. Young people struggle to have their voices heard; it is important that they are included in the design and implementation of the country's policies and strategies. This would

enhance social development through the incorporation of their characteristically divergent and potentially insightful perspectives.

The youth should be seen as important in the area of poverty reduction and universal primary education. If the government can build a solid educational foundation for the youth, this would enable young people to learn preventive measures at an early age. HIV prevention through information and education should reach all parts of the country, and organisations need to commit themselves to developing awareness-raising campaigns and train all their employees in information and dissemination. They should also create partnerships with national AIDS programmes and organisations engaged in HIV activities which can be useful in developing training content and a format relevant to the organisation concerned (International Labour Organization, 2014).

Government departments and organisations engaged in youth employment initiatives should assess and improve the extent and effectiveness of their programmes with regard to reaching all people living with HIV in different parts of the country. These organisations can then make plans to provide HIV education and training on youth employment services. Partnering with other specialised organisations is an important starting point (International Labour Organization, 2014). For example, vocational training institutions, employment services and business development centres can partner with organisations working on HIV and related issues. Lastly, enterprise and business skills development can help create employment and improve youth livelihoods. Although it is not for everyone, entrepreneurship can be a pathway to more materially and psychologically rewarding work and a better option for some young people affected and infected by HIV, particularly those who are unemployed or underemployed (International Labour Organization, 2014).

Furthermore, Nthomang & Diraditsile (2015) emphasise the need for research to guide policy frameworks in order to design effective programmes for young people. They suggest a re-assessment of past and current approaches to youth unemployment with a view to developing more effective, relevant, and sustainable solutions. Furthermore, there is need for greater emphasis on research to generate current and reliable data for the support of initiatives for addressing youth unemployment in the country.

Young people are the target audience of HIV and AIDS programmes and services as they have a great potential to be programme designers and deliverers. As key stakeholders, they make a large and valuable resource in combating the epidemic. When given training and opportunities, they can contribute significantly to prevention, care, and treatment initiatives and interventions. To ensure that services are effective, young people must be included in all aspects of research, programme design, implementation, outreach, monitoring, and evaluation. This is because they understand the interests and needs of their peers, as well as the best ways to reach them. They can guide the development of stigma free messages that speak to the reality of young lives and help ensure that all care is “youth-friendly.” Young people can also help to combat HIV and AIDS by serving on policy bodies, collecting data such as community assessments or even epidemiologic or etiologic data to determine priorities for policies, programmes, and services; and engaging in advocacy such as educating and mobilising other young people to work for change through the media and other channels.

Implications for research

The paper has explored the relationship between youth unemployment and HIV and AIDS and has found omissions regarding the information provided by documents such as BAIS IV. The BIAS IV statistics do not show or compare prevalence rates of unemployed youth infected by HIV and AIDS in rural and urban areas. This affects the extent to which a comparative analysis of issues in these areas can be done. Furthermore, there is lack of information on infected females who are unemployed, infected unemployed males as well as youth who are infected but have migrated from villages to urban areas in search of jobs.

It is therefore important that more research is conducted in to the types of programmes that help young people avoid risky sexual behaviours and to encourage condom use, delay in sexual initiation, reduction in partner numbers and early HIV testing and treatment. However, some groups of young people are at higher risk of HIV due to factors beyond their control. Research and resources must be directed towards addressing the underlying social factors influencing HIV infection among the youth. Furthermore, policies and programmes should promote structural and socio-economic change to ameliorate these factors.

Conclusion

Surveys indicate that although many young people across the country have heard about the HIV and AIDS epidemic, awareness is not universal. Many sexually active young people at risk for HIV do not perceive the threat. Moreover, most of this group do not know whether they are infected and that being infected with another sexually transmitted disease (STD) increases the likelihood of both acquiring and transmitting HIV. Therefore, the level of available resources and how they are utilised will continue to challenge global and national leaders. Prevention interventions directed at youth need to be altered during the course of the epidemic.

This article attempted to address the combined effect of HIV and AIDS and employment issues facing young people in Botswana because they are currently at the centre of an employment crisis and are severely affected by the epidemic. Youth employment initiatives can be effective platforms to reach young people with HIV prevention, treatment, care, and support measures in order to maximise their optimal efficiency.

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