



Botswana AIDS Impact Survey II: Popular Report

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NACA In collaboration with CSO and other
development Partners



UN, ACHAP, UNDP



Preface

The Botswana AIDS Impact Survey II (BAIS II) is the second sexual behavioural survey implemented jointly by CSO and NACA at a national population level in Botswana while the first was BAIS I in 2001. The survey has been conducted in collaboration with the multi-sectoral stakeholders in the Botswana's National HIV /AIDS response. The survey will now become one of the regular surveys in the CSO's programme of household surveys. The regularity of the surveys serves to assist in the monitoring of HIV trends in Botswana.

Botswana joined other countries in 2001 in conducting its first national population based household sexual behavioural survey (Botswana AIDS Impact Survey I – BAIS I). During BAIS I, no HIV testing was undertaken. However, the 2004 BAIS II survey included a component on HIV testing in order to enhance the link between behavioural and biological data. Both BAIS I and BAIS II surveys are conducted partially in fulfillment of data collection efforts geared towards the international reporting obligations signed by government in June 2001 in New York; **UNGASS Declaration on HIV/AIDS**.

The HIV testing in the 2004 BAIS II survey extends beyond the more traditional “first generation surveillance methodology,” since it involved using blood that had been collected for other purposes at health facilities and then testing that blood for HIV antibodies in an unlinked and anonymous fashion. The results of the HIV tests were then aggregated and the prevalence of HIV and trends projected. However, this approach did not provide an opportunity for tracking risky behaviours that could be contributing to the continued spread of the epidemic in Botswana. The approach used in BAIS II is limited in that it did not provide a link between behavioural and biological data. Nonetheless, the 2004 BIAS II survey is a step in moving beyond the first generation surveillance methodology and using techniques that can explain the epidemiological patterns of the HIV infection and changes in prevalence observed over time together with the changing patterns of sexual behaviour.

The consultative process and planning for BAIS II started in 2002 when several meetings were held under the stewardship of the National AIDS Coordinating Agency (NACA) representing the National AIDS Council. In February 2003, a one week protocol development workshop was undertaken. This attracted all development partners in the Botswana's HIV /AIDS national response and other international stakeholders from the SADC region and beyond. Indeed, a protocol for BAIS II was developed with all the implementing structures agreed upon. NACA took the lead in mobilization of resources and coordination of the implementing partners.

The survey field work started in February 2004 and ended in August 2004, whilst the data analysis and report writing started with a workshop in mid November and ended in December 2004. Having drawn a representative sample of households, the behavioural segment of the survey targeted household members between 10 and 64 years old while the biomarker segment of the survey covered people aged 18 months and older. The HIV test was only offered to household members who gave consent to be tested. The HIV information was made anonymous as the specimen was uniquely bar-coded and submitted to a testing laboratory.

The BAIS II survey has five major components. These are:

- 1 The Community schedule.
- 2 The Household schedule.
- 3 The individual schedule.
- 4 Workplace schedule and
- 5 HIV testing.

It is anticipated that this report will provide information for use in informing policy and national strategic plan, programme development, meeting Botswana's international reporting obligations, policy formulation and re-direction in the management of HIV/AIDS in the country.

Foreword

Three years have elapsed since the first Botswana AIDS Impact Survey I (BAIS I) was conducted. In the interim, Botswana's response to HIV/AIDS has continued to develop. These include new strategies for an ARV programme and the introduction of VCT. Other programmes such as PMTCT have been scaled up. It is appropriate to take stock now of where we are and what difference, if any, we are making. The gathering of the new data from BAIS II will reinforce the monitoring of behavioural change trends and serves to benchmark the national HIV prevalence. It is for these reasons that NACA and CSO, in collaboration with other stakeholders, have undertaken the second national HIV behavioural survey in the country.

BAIS II provides information on the population's sexual behavioural patterns and on HIV/AIDS prevalence rates. This information will be utilized in guiding the formulation and development of national and district HIV/AIDS and other health-related policies and programmes.

BAIS II was developed with multiple objectives. The survey was designed to generate nationally representative, population-based estimates of HIV/AIDS prevalence amongst the population. The survey was also designed to identify and document those factors (i.e. behaviour, knowledge, attitudes, and cultural factors) that are associated with the HIV. The survey results are intended to establish benchmarks against which successive progress on the impact of the National Response to HIV/AIDS can be measured. It is further hoped that the survey might assist in breaking the silence around HIV/AIDS. The survey and the subsequent results can assist in opening up discussions about the sexual risk factors responsible for spreading the HIV virus at household, community, and national levels.

The implementation of this survey was strategic and inclusive and has achieved the stated objectives. The survey focused primarily on capturing quantitative information related to the following topical areas of the HIV/AIDS epidemic: knowledge about the HIV/AIDS, its consequences, prevention methods, available services within the national response, attitudes towards staying negative, being infected and/or affected, orphans and vulnerable children, utilization of available sexual and reproductive health (SRH) programmes, HIV/AIDS services and programmes, sexual behavioural and practices of men, women, and the youth, HIV/AIDS status of the population aged 18 months and above and some cultural determinants of the epidemic.

The summation of the results of this survey will contribute to an environment that is open and progressive as Botswana confronts the HIV/AIDS crisis. The results will also provide the basis for analysis and possible solutions to the impact of HIV/AIDS scourge in the country and thus contribute to achieving Vision 2016.

Acknowledgements

The survey has been possible through the tireless efforts of the Botswana HIV/AIDS Response Information Management System (BHRIMS) Technical Working Group who provided the media for all stakeholders to fully participate. The extended Reference group of CSO has contributed immensely by providing policy guidance. The inputs of the Community Advisory Committee were very valuable as the communities had an independent forum in which they could submit their issues for onward transmission to the implementers and the National AIDS Council.

Botswana have indeed provided their input into the national response by participating in the survey. They have been brave to confront the HIV enemy head on by embracing the new concept of collecting biological specimens for HIV testing at a household level in the face of the prevalent stigma for this disease. We sincerely thank them for embracing such a new concept.

Special thanks and gratitude go to the UN-family, ACHAP and other development partners for all the financial and technical support provided in consultancy services, reference group meetings, training of the field teams, workshops and printing of the final report.

The invaluable contribution of the CRISTATUS team in compiling this report is also acknowledged.

Name:

Signature

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List of acronyms

ACHAP	African Comprehensive HIV/AIDS Partnerships
AIDS	Acquired Immuno-deficiency Syndrome
ANC	Antenatal Clinics
ARV	Anti-retroviral
ASU	AIDS and STD Unit
BAIS	Botswana AIDS Impact Survey
BHHRL	Botswana Harvard HIV Reference Laboratory
BHP	Botswana Harvard Project
BHRIMS	Botswana HIV Response Information Management System
BOCAIP	Botswana Christian AIDS Intervention Programme
BONASO	Botswana Network of AIDS Service Organizations
BONELA	Botswana Network of Ethics and Law on HIV /AIDS
BONEPWA+	Botswana Network of People living with HIV/AIDS
BOTUSA	Partnership between Botswana and the United States of America Governments
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention, Atlanta, Georgia
CI	Confidence Interval
CSO	Central Statistics Office
DHT	District Health Team
DMSAC	District Multi-sectoral AIDS Committee
HAART	Highly Active Anti-Retroviral Therapy
HIV	Human Immunodeficiency Virus
HSRC	Human Science and Research Council, South Africa
MOH	Ministry of Health
NAC	National AIDS Council
NACA	National AIDS Coordinating Agency
NGO	Non-Governmental Organization
PMR	Proportional Mortality Ratio
PMTCT	Prevention of mother-to-child Transmission
MCT	Mother to Child Transmission
SADC	Southern African Development Community
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WHO/AFRO	World Health Organization Regional Office for Africa

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Figure 1: Map of HIV Prevalence for BAIS II 2004

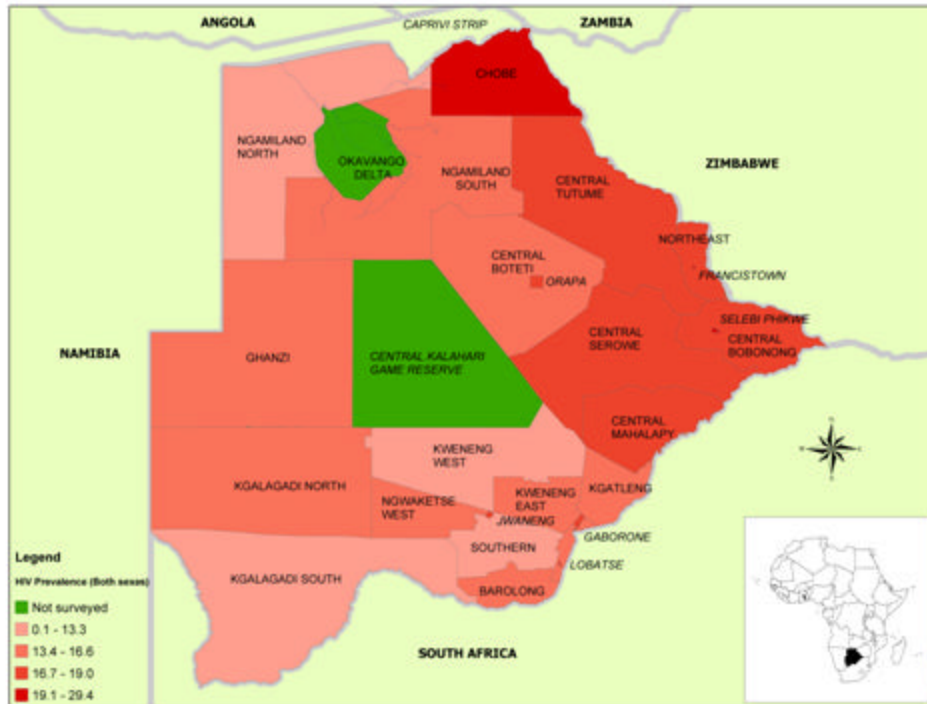


Figure 2: Map of HIV Prevalence for BAIS II 2004 (Males and Females)



Executive Summary

i. Justification and Objectives:

The BAIS-II was designed to identify and measure factors (behaviour, knowledge, attitudes, and cultural influences) that are associated with the HIV epidemic in Botswana. The survey focuses on issues related to the prevention and impact of HIV/AIDS amongst the population aged 10-64 years, and also estimates HIV/AIDS prevalence amongst the population aged 18 months and over.

In particular, BAIS-II attempts to:

- Generate a nationally representative population-based estimate of HIV/AIDS prevalence amongst the population 18 months and over.
- Identify and document factors (i.e. behaviour, knowledge, attitudes, cultural) that are associated with the HIV epidemic prevention, infection and impact mitigation amongst the population aged 10-64 years.
- Establish core benchmarks against which successive progress on the impact of the National Response to HIV/AIDS can be measured.

ii. Summary of Findings:

The 2004 Botswana AIDS Impact Survey (BAIS) II informs the public on the nature and the extent of the HIV/AIDS epidemic in Botswana. BAIS II provides data about the socio-economic, demographic, behavioural and biological factors of HIV infection as well as its prevalence. The survey examined how Botswana is coping with the pandemic. Although Botswana has recently passed milestones such as the introduction of the national ARV program in 2002, the introduction of Routine HIV testing in public hospitals, and the provision of preventive programs such as VCT and condom distribution, the survey also highlights some of the challenges ahead as the country continues to tackle HIV/AIDS.

A summary of the prevalence results is presented first and this is followed by a summary of factors that have played a role in the spread (and management) of HIV/AIDS. The findings reported below are descriptive. That is, the results highlighted in this report summarize the data that were collected. The results reported here, though, do not attempt an analysis of causality or any behavioural modeling.

ii. (a) Prevalence of HIV/AIDS

BAIS-II found the national HIV prevalence to be 17.1 percent (19.8 percent for females and 13.9 percent for males). People living in towns had a higher prevalence rate (21.3 percent) compared to those living in cities (20.2 percent) and rural areas (15.6 percent.) These summary figures hide tremendous heterogeneity. Some five-year age cohorts had prevalence rates exceeding 35 percent while others had prevalence rates below 10 percent. Furthermore, within age cohorts, there often were large differences in male and female prevalence rates. Finally, rates vary considerably by district.

While BAIS-II is a tremendous improvement over previous attempts at measuring prevalence, the prevalence results from BAIS-II must still be viewed with some caution since about 39 percent of those eligible for HIV testing did not elect to provide a sample. The issues this raises are discussed in more detail in the main text.

Detailed results on HIV prevalence are reported in Section 2.2 of this report.

ii. (b) General Community Information

The main economic activities in the communities surveyed are crop farming (67.2 percent) and livestock (58.8 percent). Each of these activities is dependant on rainfall, and rainfall is unreliable in Botswana. Drought, then, is always a possibility and too frequently a reality. Drought contributes to poverty and poverty plays an indirect role in making individuals vulnerable to HIV infection.

The community survey finds that TB (63 percent) and STI (31.2 percent) are the most often reported health problems, and since these are known health conditions for people with HIV infections, it is a cause for concern. STIs are also of important concern since they are known to increase the risk of HIV infection.

Death from AIDS is widely acknowledged. Almost 70 percent of respondents report that AIDS is the leading cause of death in their community. TB was listed as the leading cause by 20.6 percent of the respondents.

There remains an opportunity for yet more effort in the public health campaign and further education on HIV prevention, care and mitigation in the communities. It is indicative from the individual and community schedules that a significant number of Batswana know about the intervention programmes. Information gathered from the community schedule shows that 69 percent of respondents report that their community has an HIV/AIDS committee, and yet there are those few who do not know anything about the structures and programmes of the HIV/AIDS response. Some sectors continue to fall behind in their response against HIV/AIDS. For example, only 7.2 percent of respondents reported that traditional healers were participating in the HIV/AIDS prevention campaign in their community.

ii. (c) Education

The analysis found a high level of literacy. About 69 percent of the respondents were able to read English and/or Setswana, whilst 20 percent were able to do so with difficulty and 12 percent could not do so at all. Overall school attendance for persons aged 6-18 years is 86 percent of males and 89 percent of females. The high levels of literacy suggest that public education about HIV/AIDS that is in written format will reach many, but not all, citizens. The high levels of school attendance suggest that HIV/AIDS education in the schools is likely to reach most school age children. However, those who can not read or are out of school could be reached by other communication media such as radio, television, and theatre.

ii. (d) Employment

About 57 percent of the respondents over the age of 12 are economically active, while 24.6 percent are unemployed. The rest are either engaged in housework, retired, sick, or are students.

The survey also shows that most of the respondents who are employed are between the ages of 20 and 49. Males make a higher proportion of the employed as compared to females and this is true in all places of residence (cities, towns, urban village or rural).

Although the national unemployment rate is 24.6 percent, this hides a lot of variation across age groups. For example, unemployment is estimated to be 45.6 percent for those aged 20-24 years. The prevalence rate for females in this age group is 26.2 percent. The highest prevalence rate for the same sex is in the age group 30-34 at 43.7 percent. Among males the prevalence rate is estimated to be 9.1 percent for the age group 20 – 24 years. The highest prevalence rate among males is recorded at 36.2 percent in the age group 30-34 years. The unemployment rates appear to be lower in towns and cities than they are in rural areas. Since the study did not determine the relationship between unemployment, illness, and poverty, it is unclear whether the illness is causing the unemployment or whether the unemployment leads to poverty which may indirectly lead to increased rates of infection.

ii. (e) Prevention of HIV/AIDS

About 92 percent of the respondents between the ages of 10 and 64 years had heard of HIV and AIDS. Furthermore, about 82 percent of these respondents knew at least one way to prevent HIV/AIDS. The most widely known methods of prevention were consistent use of a condom (72.6 percent of respondents knew this was a way to prevent HIV transmission) and abstinence (listed by about 50 percent of respondents.) While these figures are high, they also point out the continued need for public health efforts since if about 73 percent of respondents knew that consistent use of condoms prevents transmission; fully 27 percent do not know this.

Women aged 15-49 years were mostly aware of the ways in which HIV can be transmitted from mother to child. About 80 percent of these women knew that AIDS can be transmitted from mother to child. Furthermore, 76 percent of women aged 15-49 years knew that it was possible to transmit HIV through breast milk while 63 percent knew that transmission at delivery was possible. These figures show the success of public health education programs. The fact that 20.5 percent of these women did not know any specific way in which HIV might be transmitted from mother to child suggests that it would be premature to halt these programs. Rather, continued efforts are appropriate.

ii. (f) Attitudes towards people with AIDS and stigma

Attitudes towards people living with HIV/AIDS were largely positive. About 92 percent of the respondents showed willingness to take care of a family member who is sick with HIV/AIDS. Seventy percent of the respondents believed that a teacher infected with HIV/AIDS should be allowed to continue to teach. Illustrating the extent of the impact of HIV/AIDS, about 30 percent

of the respondents said they knew someone with HIV while about 40 percent said they knew someone with AIDS.

ii. (g) HIV/AIDS and the Workplace

Only about half (53.1 percent) of the surveyed workplaces reported having an HIV/AIDS policy. Of the surveyed workplaces, 65 percent reported that they offered an HIV/AIDS educational programme. Among those that have an HIV/AIDS policy in the private sector, 75.9 percent had an education programme. This compares with 91.4 percent in the public sector. Fully 83 percent of the workplaces in these sectors have HIV/AIDS educational programmes in place. These figures understate the impact of workplace programmes on the populace since the sectors that employ the most people (public administration and education and health) are more likely to have workplaces with programmes and policies in place. Workplace screening of potential employees for HIV/AIDS is not common but it does occur. About 11 percent of the surveyed workplaces reported a prescreening process in their recruitment of staff.

ii. (h) The Impact of HIV/AIDS

The first and foremost impact of HIV/AIDS is felt by the individuals and their families. It is important, amidst the many tables and figures in this report, not to lose sight of this.

The impacts of HIV/AIDS may include loss of income, increased expenditure on medical care and funeral costs, and depleted savings as assets such as land and cattle are sold to cover the costs associated with HIV/AIDS. It is widely believed that HIV/AIDS can push families deeper into poverty, although the BAIS II survey did not examine issues of income and expenditure—the usual metrics by which poverty is typically measured. It is hoped that perhaps future waves of the BAIS might be extended to include questions concerning household income and expenditure. HIV/AIDS may also impact the very structure of the family, as families struggle to cope with orphans, deceased heads of households, and the need to care for ill household members. The longer term impacts of HIV/AIDS on the household are not yet known, but future waves of the BAIS survey may help inform policymakers on questions concerning the longer term consequences of HIV/AIDS such as the impact of orphanhood on educational outcomes and the socio-economic impact of living with HIV/AIDS as more people live with the virus for long periods of time.

At the macroeconomic level, HIV/AIDS impacts the country's output, government revenues and the allocation of government spending. For example, economic output is likely to fall with the loss of adults in their productive years, government expenditures on health will rise as Botswana confronts the illness, and indices such as the Human Development Index will probably decrease. The extent of these macroeconomic effects, though, may take several years to be fully realized.

The demographic impacts of HIV/AIDS are likely to include an increase in the infant mortality rate, a fall in life expectancy, an increase in adult mortality rates, and the resulting major changes on the size and structure of the population, and in particular, an increase in the number of orphans. The orphan issue illustrates the wider societal impact of the epidemic. From the survey, orphans (0-18 years) constituted 17.7 percent of all children aged 0-18 years.

It is hoped that the findings of this survey will prove useful to policy makers, analysts and stakeholders for the effective management of HIV/AIDS in Botswana.

ii. (i) Changes since BAIS-1

BAIS II was preceded by BAIS I. This affords the opportunity to compare changes in the three years between the surveys. Table of UN summary indicators in annex 1 organizes this comparison by examining many of the UN AIDS indicators. While it is certainly informative to examine changes in these indicators over the past few years, it is also important to keep in mind that the surveys are not directly comparable. In particular, BAIS II had almost four times as many respondents as BAIS I. With this caveat in mind, it still seems apparent that there has been significant improvement in many of the UN AIDS indicators since BAIS I. In particular, the use of VCT, knowledge about many of the ways that HIV is transmitted, and condom use have improved since 2001.

Chapter 1: Survey Methodology

1.1. How the survey was conducted

The BAISII is a nationally representative survey. That is, the respondents have been selected so as to accurately represent the country as a whole. This was done through the use of standard survey methodology. The sampling frame was based on the 2001 Population and Housing Census. In all, 8380 households were selected to participate in the survey.

The survey was conducted between 12 February 2004 and 31 July 2004. Over this period, a team of 52 supervisors and 144 enumerators surveyed households, individuals in those households, workplaces, and communities. There were, then, four survey instruments—a household questionnaire, an individual questionnaire, a workplace questionnaire and a community questionnaire.

The target population for the behavioural segment of the survey was those household members 10 to 64 years old. For the biomarker segment of the survey, the target population was household members above the age of 18 months.

Editing and coding the data began in March 2004 and was completed in August 2004.

A survey such as this one involved several ethical considerations. A verbal informed consent was sought from each participant for both the behavioural data collection and the HIV specimen collection. If the participant agreed to participate, he or she was then administered the questionnaire. For the HIV specimen collection, consent by the participant (if forthcoming) was then followed by a demonstration of how the specimen will be collected. Oral mucosal transudate (OMT) specimens were collected.

The survey included minors (under 18 years of age) and for them consent was sought from a parent or guardian. For minors that qualified for participation in the behavioural survey, a verbal consent was sought from them in the presence of their parent or guardian prior to administering the questionnaire or obtaining the specimen. However, the parent or guardian was not present during the behavioural interview.

Both households and individuals in those households were surveyed. Some questions were answered only at the household level. Examples of household-level information include information on household size, whether the household had any ill household members, and information about the dwelling in which the household resides. Other questions were answered at the individual level. Examples include information on one's age, gender, and, when applicable, one's views about AIDS and information on one's sexual practices.

Table 1 provides summary information about the households in BAIS II. This table also illustrates another important idea about survey and that is the concept of "weights." Table 1 provides both weighted and unweighted data on where households reside, household size, and whether the household has any children in it. Unweighted data refers to the count of the survey responses. For example, in the top line of Table 1, there are 1083 households listed for Gaborone. This is simply the number of households that participated in the survey in Gaborone. The survey responses are then weighted so that the weighted results are nationally

representative. The weights used are from the 2001 census. Put another way, the 1083 households that participated in the survey were representing the 65,243 households that, it is estimated, live in Gaborone. Although Table 1 reports both weighted and unweighted results, most of the tables that follow will only report the weighted results.

The first panel of Table 1 lists the geographic distribution of households in Botswana. The second panel of that table lists the urban/rural breakdown. There are slightly more urban households (54.8 Percent) than there are rural households (45.2 Percent.) Household size is listed in the third panel. The modal household size is two to three household members. There are a substantial number of large households with over 10 percent of the households being comprised of eight or more members. The bottom panel of Table 1 reports that just over half (53.5 Percent) of households have at least one child under the age of 15 in the household. In total, there are 509,788 households represented by the survey.

As Table 1 reported summary statistics on the households in the sample, Table 2 reports a few summary statistics on the individuals in the sample. That table lists the age distribution by gender for the country. The leftmost panel gives the (weighted) figures for males, the middle panel for females, and the rightmost for everyone. For example, that table indicates that there are slightly more male babies under the age of 1 (23,631) than there are female babies (21,673). When one does a similar calculation for men and women between the ages of 30 and 49, there are 175,793 men and 216,792 women. There are many possible reasons for the discrepancy. For example, men may be more likely to be working outside of the country and/or men may have higher mortality rates. Table 2 shows the large fraction of the population that is ages 14 and under—about 37 percent. Table 2 also indicates that the population overall is just over 1.9 million—a number slightly higher than most previous estimates. This may reflect some combination of population growth and/or different weights used to go from the survey responses to the weighted responses.

1.2 Sample sizes and response rates

Like any survey, not every household and person selected to be included in the survey elected to participate. Table 3 gives information on the number of sampled households and individuals and the fraction that agreed to participate. From table 3 it is evident that 8,275 households were initially selected into the sample and 92 percent of those ended up participating. To be eligible for the individual-level questionnaire, one had to be between the ages of 10 and 64. There were 15,878 individuals successfully interviewed—a response rate of 93 percent. Response rates of less than 100 percent are common, and in them are not causes for much concern. Problems arise if the non-responses are not random, and this does not appear to be the case in terms of whether individuals agreed to be interviewed.

To be eligible for the HIV testing, an individual had to be at least 18 months old. There were 24,756 people eligible for the HIV test and of these, 15,161 provided a specimen. The participation rate for the HIV test, then, was 61 percent. Two issues immediately arise. First, is this participation rate “high” or “low” and what biases might this rate introduce in the results. There are not definitive answers to either, but both deserve some discussion.

There is no firm metric for whether the 61 percent response rate is high or low. There have been very few surveys to which to compare this figure. One nationally representative survey to which BAIS II can be compared is the South African HSRC Study of HIV/AIDS undertaken in 2002. That survey interviewed 9,963 persons — a smaller sample size than that of BAIS II for a

country with a population more than twenty times larger. Like BAIS II, the HSRC survey collected biomarker data. There is some confusion over the percent of individuals who agreed to provide specimens. Appendix Table A1 of the HSRC report notes that 62 percent of the participants in that study agreed to provide specimens for HIV testing. Others have noted that there was a 71 percent response rate of households and a 74 percent response rate of individuals, which implies a response rate of 52 percent for the study. Given that 62 percent of individuals agreed to be tested, the response rate for the prevalence survey comes to about 44 percent. This 62 percent figure is remarkably close to the 61 percent response rate in BAIS II. The HSRC report notes that “A response rate of 50 percent in any survey is considered adequate, 60 percent good, and 75 percent very good” Babbie (1990).

The second issue is what biases might be introduced by a response rate less than 100 percent. Again, there are no hard and fast answers. It may be that persons living with AIDS or those at high risk of HIV infection are less likely to participate in surveys involving HIV testing. This could also be the case if, for example, people did not want to provide specimens due to a fear of witchcraft. These same people may be at higher risk than the population overall. On the other hand, it may be that some refuse to take the HIV test because they are very concerned with cleanliness and do not want to take the risk of taking what in fact is a safe test. These people may be at lower risk than the population overall. At this point, the question of whether prevalence rate estimates are biased (and in which direction) by refusal rates is an open question. It is important to keep the 61 percent response rate in mind when reviewing results, but at this point, it is not clear how this impacts the estimated prevalence rates. The fact that the prevalence rates measured by BAIS II are quite close to the estimates of the UN AIDS model suggests, albeit indirectly, that any bias is probably not large (or that the UN AIDS model is flawed). This issue is discussed in more detail in the results below.

1.3. Summarizing Survey Responses: The Impacts of HIV/AIDS

BAIS II asked many questions related to HIV/AIDS at an individual, household, community and workplace levels. This report divides those questions into two broad groups—questions about how HIV/AIDS has impacted Botswana and questions about how Botswana has in turn responded to the challenges posed by HIV/AIDS. This section addresses the first of these categories. Summarizing the impacts of HIV/AIDS, this section discusses the prevalence of HIV/AIDS in Botswana and how HIV/AIDS has impacted the living arrangements of children. First, though, details of just who was surveyed are reported.

Chapter 2: Results

2.1. Summaries of the households, individuals, communities and workplaces surveyed

In the households that were surveyed both the household schedule and individual schedule were administered. Some of the questions were answered only at the household level. Examples of household-level information include information on household size, whether the household had any ill household members, and information about the dwelling in which the household resides. Other questions were answered at the individual level. Examples include information on one's age, gender, and, when applicable, one's views about AIDS and information on one's sexual practices.

Table 1 provides summary information about the households in BAIS II. This table also illustrates another important idea about survey and that is the concept of "weights." Table 1 provides both weighted and un-weighted data on where households reside, household size, and whether the household has any children in it. Un-weighted data refers to the count of the survey responses. For example, in the top line of Table 1, there are 1083 households listed for Gaborone. This is simply the number of households that participated in the survey in Gaborone. The survey responses are then weighted so that the weighted results are nationally representative. The weights used are from the 2001 census. Put another way, the 1083 households that participated in the survey were representing the 65,243 households that, it is estimated, live in Gaborone. Although Table 1 reports both weighted and un-weighted results, most of the tables that follow will only report the weighted results.

The first panel of Table 1 lists the geographic distribution of households in Botswana. The second panel of that table lists the urban/rural breakdown. There are slightly more urban households (54.8 Percent) than there are rural households (45.2 Percent). Household size is listed in the third panel. The modal household size is two to three household members. There are a substantial number of large households with over 10 percent of the households being comprised of eight or more members. The bottom panel of Table 1 reports that just over half (53.5 Percent) of households have at least one child under the age of 15 in the household. In total, there are 509,788 households represented by the survey.

As Table 1 reported summary statistics on the households in the sample, Table 2 reports a few summary statistics on the individuals in the sample. That table lists the age distribution by gender for the country. The leftmost panel gives the (weighted) figures for males, the middle panel for females, and the rightmost for everyone. For example, that table indicates that there are slightly more male babies under the age of 1 (23,631) than there are female babies (21,673). When one does a similar calculation for men and women between the ages of 30 and 49, there are 175,793 men and 216,792 women. There are many possible reasons for the discrepancy. For example, men may be more likely to be working outside of the country and/or men may have higher mortality rates. Table 2 shows the large fraction of the population that is ages 14 and under—about 37 percent. Table 2 also indicates that the population overall is just over 1.9 million—a number slightly higher than most previous estimates. This may reflect some combination of population growth and/or different weights used from the survey responses to the weighted responses.

In addition to sampling households and individuals, BAIS II also collected information at the community level and at the workplace level. The community level information was provided by a community leader and the exact role played in the community by the respondent varied. Common roles in the community played by the respondent include that of a religious leader (11.6 percent of the community-level respondents), a village health worker (9.8 percent), or a councilor (10.4 percent.) The questions posed in the community level survey were designed to be ones that would apply to everyone in the community. Examples include variables about access to the community (i.e. type of roads), the main economic activity of that community, and the type of health facility available in the community. These questions were only asked at the community level since, by design, the answer is the same for everyone in the community. Asking everyone, then, would be repetitive and constitute a poor use of individual respondent's time. A 100 percent enumeration would also escalate survey costs.

Table 4 summarizes the main economic activities at the community level. The top panel lists main activities by whether they are towns/cities, urban villages, rural villages, or other rural communities. In BAIS II, then, 67 percent of the community responses reported that crop farming was a main economic activity—a figure that was 85 percent for rural communities. Respondents for the communities were asked to list all the main activities of that community, not just one. Hence, while 67 percent of community responses overall listed crop farming as a main economic activity, 59 percent also listed livestock. Overall Government accounted for the third largest economic activity in the country (this confirms that Government remains the largest employer in Botswana). The division is as expected for towns/cities versus the rest of the country. In the towns and cities, crop and livestock farming were negligible while government was listed as a main economic activity for almost half of the community respondents in these locations. The main message of Table 4 is that the survey covers the complete gamut of communities in Botswana. In the results reported below, the survey investigates how these very disparate communities are being impacted by and responding to HIV/AIDS.

Finally, BAIS II also surveyed workplaces. There were 419 workplaces surveyed and they represented sectors of the economy as diverse as agriculture, education, and construction. The focus of the workplace survey was mostly on the interface between the workplace and HIV/AIDS. Hence, much of the workplace questionnaire was devoted to whether workplaces offered HIV/AIDS educational programmes, whether they prescreened employees for HIV/AIDS when recruiting, and whether they provided workers with condoms. Table 5 gives the number of workplaces surveyed by the sector in which the workplace is located. The education and health sector had the most workplaces surveyed while public administration was the second most heavily represented sector in terms of workplaces surveyed. Not all workplaces, though, are of the same size and in terms of employees; the public administration workplaces represent more employment than any of the other sectors. This information, as well as the gender breakdown of the employees at the surveyed workplaces is given in Table 6. Perhaps not surprisingly, the workplaces in the education and health sectors employ a disproportionate fraction of women. In BAIS II, the proportions of women in education and health sectors were more than 3 women for each man in these workplaces.

2.2. HIV Prevalence

As noted above, the survey included anonymous testing for HIV. In this section, the results of that testing are summarized. More detailed tables for this, as well as other sections of the survey, are available in the Botswana AIDS Impact Survey II Technical Report. In all, 15,161

individuals were tested for HIV. Of these tests, 14,005 or 92.3 percent were valid. The remainders were invalid due to technical difficulties such as broken tips of the swabs, lack of barcodes, and insufficient specimen volumes. Recalling the discussion of sampling weights, all the prevalence results reported below are weighted so as to provide nationally representative results.

Table 7 gives data on the location of those who were eligible to take the HIV test (the population aged 18 months and above) as well as the fraction who elected to provide samples and the fraction that did not provide a specimen. This table sets the stage for the prevalence results that follow, since it shows just who is taking the HIV test. Table 7 shows that the eligible population is 54.5 percent in urban areas and 45.5 percent in rural areas. Of those in urban areas, 53 percent provided a specimen and 47 percent declined to do so. The take-up rate was higher in rural areas where 59.5 percent provided a specimen and 40.5 percent declined. In general, then, respondents in rural areas were more likely to participate in the HIV testing. There is substantial variation across districts in terms of the fraction of eligible respondents who provided specimens. In the bottom panel of table 7, one notes that in districts such as Chobe, Ghanzi, Kgalagadi South and Kgalagadi North, more than 75 percent of those eligible provided samples while in Lobatse, almost 75 percent of those eligible declined to provide specimens. As already noted, it is just not known whether lower response rates in terms of HIV testing biases the resulting prevalence estimates.

2.2.1 Overall HIV Prevalence

Tables 8, 9, and 10 report the HIV prevalence rates overall, for men only, and for women only respectively. Each is discussed in turn.

Table 8 reports the HIV prevalence rates for both men and women by age cohort and place of residence. The overall prevalence rate measured in BAIS II is 17.1 percent. This HIV prevalence relates to citizens aged 18 months and over who provided a specimen for HIV testing. This figure hides tremendous and crucial heterogeneity across age cohorts. For the very young, ages 18 months to 4 years old, 6.3 percent were HIV positive. For those between the ages of 30 and 34, 40.2 percent were HIV positive. In general, the highest prevalence rates are for those between 25 to 44 years old. Depending on the specific age cohort, prevalence rates were roughly between 30 and 40 percent. Among the young, ages 19 and under and among the old, ages 65 and above, prevalence rates are typically below 10 percent. The exception is the 70-74 year old cohort where the prevalence rate was 13.1 percent.

It is instructive to compare the prevalence rates in Table 8 with estimates from the United Nations Global AIDS model. It should be recalled, though, that the UN estimates are based on modeling assumptions and the BAIS II estimates are based on actual results from a nationally representative survey. The United Nations Programme on HIV/AIDS estimates that in 2003, the national prevalence rate for those between the ages of 15 and 49 was 37.3 percent. The results in Table 8, appropriately aggregated, reveal a prevalence rate of 25.2 percent for the same age group. One possible reason for the discrepancy is the relatively lower prevalence rate for 15-19 year olds (6.6 percent) and 20-24 year olds (19.0 percent) in the BAIS II sample. The UN AIDS model predicted the highest prevalence rates among 25-29 year olds (see <http://www.unaids.org/EN/Geographical+Area/by+country/botswana.asp>).

While the prevalence rates in Table 8 show higher rates for those 30-39 years old, there are certainly differences between the UN AIDS model *estimates* and the BAIS *survey responses*.

The overall prevalence rate from BAIS II for individuals between the ages of 30 and 49 is about the same as the predicted prevalence rate for those between the ages of 15 and 49 from the UN AIDS model.

The bottom panels of Table 8 give the prevalence rates by district and by place of residence. Across districts, Chobe had the highest prevalence rate (and perhaps coincidentally about the highest fraction of those who provided HIV specimens). In Chobe, the measured prevalence rate is 29.4 percent. Relatively high prevalence rates are also reported for Francistown (24.6 percent) and Selebi-Phikwe (23.3 percent.) Districts reporting lower prevalence rates include Southern (12.4 percent), Kweneng West (10.8 percent), and Kgalagadi South (11.8 percent.) In general, Table 8 shows a higher prevalence rate in urban (18.5 percent) locations than in rural locations (15.6 percent.)

Tables 9 and 10 give the information provided in Table 8 broken down by gender. Table 9 gives results for males while Table 10 gives results for females. Each table is discussed in turn.

The overall prevalence rate for males in Table 9 is 13.9 percent. Hence, prevalence for males is less than the national average (and by implication less than that for females.) The general pattern is not that different than that in Table 8. The prevalence rates are highest for men between the ages of 30 and 49, while for females the prevalence rates are high between the ages 25-39. The prevalence rates for all these 5-year cohorts each exceed 30 percent. The cohort with the highest prevalence rate among males is the 30-34 years old group for which the prevalence rate is 36.2 percent. As in Table 8, prevalence rates in urban areas exceeded those for rural areas.

Table 10 reports the prevalence results for females. The results are sobering. The overall prevalence rate for females is 19.8 percent, and this hides tremendous variation across age cohorts. Females 25-29 years have a prevalence rate of 41 percent and for females 30-34 years; the prevalence rate is 43.7 percent. After the age of 34, rates begin to slowly decline, although the cohort of females 50-54 years old still reports a prevalence rate of 19.3 percent. As in Table 8, the prevalence rate is higher in urban areas than in rural areas and there is substantial geographic variation.

2.2.2 Covariates of HIV Prevalence

The previous section reported on overall HIV prevalence rates. This section examines how those rates vary by different criteria. Table 11 presents HIV prevalence rates as they vary across several individual attributes. In order to examine how prevalence rates vary by attribute, it is necessary to use information from both the biomarker testing and the individual questionnaire. Hence, the results in this section only pertain to those individuals who took the biomarker test and who also completed the individual questionnaire. In particular, only individuals above the age of 10 completed the individual questionnaire. Hence the results in this section exclude those children aged 18 months but less than 10 years who took the HIV test. For this reason, the results in this section are not directly comparable to the overall prevalence rates reported above.

Table 11 reports prevalence rates by various categories. The first panel lists HIV status by gender. Almost 17 percent of males were HIV positive and 24.2 percent of females tested positive. The higher prevalence among women mimics patterns found in most studies.

When prevalence is reported by marital status, those never married had the lowest prevalence rate at 16.4 percent. This figure probably reflects the lower prevalence rate among children older than 10 but not yet sexually active, since the results include individuals aged 10 and older. Married individuals have the next lowest prevalence rate—20.5 percent. Individuals who were living together, separated, or divorced all had comparable rates in the 32-34 percent range. The highest prevalence rate is for widowed individuals and this probably reflects the frequently positive status of widows who lost their spouse to AIDS.

Prevalence rates also vary significantly by educational attainment. The general pattern is one in which prevalence falls with educational attainment. Prevalence rates are almost a full 5 points higher for individuals who have no formal education against those with formal education.

Highly mobile populations are sometimes regarded as a high risk group. In this sample, that pattern is not supported. Those who have been away from home for 30 consecutive days or more have about the same prevalence rate as those who have not.

Although there is no clear relation between prevalence rates and the number of days in a week that a person consumes alcohol, weekly recreational drug users have prominently higher prevalence rates.

The survey also investigated intergenerational relationships. The results show that prevalence rates are about 5 points higher among those who had partners that were 10 years younger or older than themselves.

Table 12 reports prevalence rates by whether the respondent knows someone with HIV/AIDS, knows someone who has died from HIV/AIDS, and whether they have ever been previously tested themselves. Prevalence rates are about 5 points higher among those who know someone with HIV/AIDS than those who didn't know, and they are about 3 points higher among those who know someone who has died from HIV/AIDS. Each of these may reflect the same dynamics that resulted in very high prevalence rates among widows in the previous table. Prevalence rates are almost 12 points higher among those who have previously been tested for HIV. This suggests significant self-selection into who elects to be tested. If this pattern held for decision to participate in the HIV biomarker testing in BAIS II, it suggests that the roughly 60 percent of the population who took the test for BAIS II may have higher prevalence rates than the 40 percent who opted out. If it were the case, measured prevalence rates will overestimate the true population prevalence rates. The fact that 18 percent of the sample had never been tested before, and hence could not know their status, but are in fact positive is a cause for concern.

Table 13 speaks to perceptions about women protecting themselves from HIV. The top panel lists prevalence rates for both men and women depending on whether the respondent believes it is acceptable for women to obtain condoms. Somewhat counter-intuitively, women who think it is not acceptable for a woman to obtain a condom have lower prevalence rates than those who find it acceptable.

Tables 14-19 all examine HIV prevalence for those with STI symptoms. These tables report HIV prevalence rates for those respondents with genital ulcers. While the tables report results by gender, place of residence, age cohort, and educational attainment, the general picture is fairly clear. HIV prevalence is higher among those with genital ulcers than it is among the

population overall and this is true for all the covariates. It should be noted that these tables only report prevalence rates for those who report having genital ulcers. Botswana has an efficient system for treating sexually transmitted diseases.

Table 20 lists the age at first marriage for those who are HIV positive. The results show that the age at first marriage is not that different for those who are HIV positive than it is for the population overall.

Table's 21-23 list HIV prevalence according to the age at first sexual intercourse for males and females and both sexes respectively. For both males and females, prevalence rates are highest for those (few) respondents who had sex at a very young age.

Table's 24-25 examine prevalence rates by levels of knowledge about how to prevent HIV transmission. This table shows that information alone is not enough. Prevalence rates are higher for those with some information than it is for those with no such information. This suggests that there may be structural reasons behind HIV infection that information alone is unlikely to alleviate.

Table 26 examines prevalence rates by whether the respondent has ever had STI symptoms and whether they sought advice about these symptoms. Prevalence rates are higher for those with STI symptoms than those without and rates are higher for those who did not seek advice than for those who did.

Table 27 reports prevalence rates according to whether the respondent knew about ways in which HIV can be transmitted from mother to unborn child and to a born child. Prevalence rates are higher for those who know how HIV can be transmitted from mother to unborn child. This speaks well to the impact of existing education programs since it is especially important for HIV positive expectant mothers to know about MTC of HIV.

Table 28 reports prevalence rates by occupation. Rates are especially low among professionals—a result that mimics the results for those with higher education. The prevalence rates are quite high among those in elementary occupations and for clerks. These results may simply reflect the demographics of those employed in these occupations.

Finally, Table 29 report prevalence rates by whether the respondent (or the respondent's partner) used a condom. Results differ for whether the partner was a spouse or not. HIV prevalence was higher among those that did not use a condom when the partner was not a spouse. Prevalence was lower for those who did not use a condom when the partner was a spouse. These results are intuitive.

HIV prevalence results speak to how the virus directly impacts those infected. One group that may be HIV negative yet still greatly impacted by HIV is children. The next section summarizes results regarding the living arrangements of children.

2.3. Living Arrangements of Children

One way in which illness impacts families is through living arrangements. Children in particular are potentially vulnerable. If a child's parents become ill and are unable to provide for the child, the child might find him/herself living in the absence of one or both parents. Of course, there

are other reasons a child might live apart from one or both biological parents. Table 30 reports the findings from BAIS II as they concern children's living arrangements.

Each column of Table 30 lists one possible living arrangement for a child. The rows give the results by age group, gender, and place of residence. The table shows that overall, 26.5 percent of children live with both of their parents. A larger fraction, 28.8 percent, lives with only with their mother, and their father is alive.

If orphans are defined as children who have lost at least one parent through death, then slightly over 15 percent of children under the age of 18 in Botswana are orphans. In Chobe, the district that reported the highest HIV prevalence rate, that figure is 27 percent. Older children are of course more likely to have parents who have died of natural causes. Even for younger children aged 5 to 9 years old, 14.2 percent in the country overall have lost a mother, a father, or both—a figure that differs only slightly from the average for children of all ages. This suggests, albeit indirectly, that death by natural causes is not behind the large fraction of children living without parents.

BAIS II also solicited information from households with orphans (continuing to define an orphan as a child under the age of 18 who has lost at least one of his or her parents.) Table 31 reports on the findings. Of those households (34,450) that report having an orphan, assistance was provided to 13,891(40.3 percent) of the households. The assistance was almost always monthly and it took two principle forms. Assistance came in the form of school expenses at 40.7 percent of the time and in the form of extra food; 44 percent of the time. Miscellaneous sources of assistance accounted for the rest. Somewhat surprisingly, when assistance was provided, it came from relatives only about a third of the time while the other two thirds of the time the assistance came from other sources.

If orphans are defined as children under the age of 18 for whom neither parent is still living, 2.9 percent of children in Botswana are orphans. Again, this figure hides tremendous heterogeneity. In results not reported in Table 30 (but available in the technical report), 5.5 percent of children in Chobe and 4.0 percent in SelebiPhikwe are orphans—again districts that have reported relatively high HIV prevalence rates. There is also heterogeneity across age groups of children in terms of orphan hood. While 2.9 percent of children are reported as orphans overall, that figure is 4.9 percent for children between the ages of 10 and 14, and the figure is 5.9 percent for children ages 15-18. There are only small differences across genders in terms of the living arrangements of children.

2.4. Confronting HIV/AIDS

In this section, results are reported for the many ways that Botswana is responding to HIV/AIDS. BAIS II informs how attitudes and knowledge are responding to the crisis as well as how sexual practices might be changing. The survey also examines medical responses to HIV/AIDS, workplace responses, and community responses. Each type of response is discussed in turn.

2.4.1 Attitudes, Knowledge and HIV/AIDS prevention

BAIS II collected information on the state of attitudes and knowledge about HIV/AIDS. Attitudes toward those with HIV/AIDS are important. With ready access to ARVs, medical barriers to care have declined dramatically. Social barriers, though, may still exist. For example, where stigma is strong, infected individuals may fail to seek care. It is therefore important for future public health policy targeting that there is an understanding of the barriers that social stigma poses in HIV/AIDS prevention, care and treatment. The survey also investigates the state of knowledge about HIV/AIDS in Botswana. What do people know, and, conversely, where do the remaining challenges for public health education lie?

Table 32 presents information on the extent of stigma surrounding HIV/AIDS. The first column lists the percentage of people who state that they know someone who is HIV positive while the second column lists the percentage that state that they know someone with AIDS. Forty percent state that they know someone with AIDS—a statistic that illustrates the pervasiveness of AIDS in Botswana society. Only about 30 percent state that they know someone who is HIV positive. Since all those with AIDS are likely to show clinical signs of the disease their status may be known as compared to those who are HIV positive (they are at different stages of the progression of the infection). This situation brings into the forefront the reinforcement of shared confidentiality policy in the case of HIV status. Over 92 percent of the sample state that they are willing to care for a family member with HIV/AIDS. The table lists various measures of social stigma. About 70 percent state that a teacher who is HIV positive should be allowed to teach. This is an informed and liberal view and the figure suggests that social stigma is not overwhelming. About two thirds of the respondents would not want to keep their HIV status secret from family members while a third would. This suggests that even if medical care is available, there are still social forces that might keep some from availing themselves to the care offered. On the other hand, only about half the sample would buy food from a shopkeeper who was HIV positive or had AIDS. If half of a businessperson's clients would not do business with him or her should he/she be HIV positive, this is an important dissuader to being open about one's positive status. This suggests the role for more public education about just how HIV might be transmitted.

Table 33 directly addresses the state of knowledge on how to avoid transmission of HIV/AIDS while Table 34 addresses the extent of common misconceptions about the transmission of HIV/AIDS. Table 33 shows that over 92 percent of respondents had heard of HIV/AIDS. This figure is closer to 95 percent when one excludes 10 to 14 year old children. Table 33 lists three ways of preventing HIV/AIDS transmission—having a single faithful and uninfected sex partner, consistent use of a condom, and abstaining from sex. About 83 percent of the respondents knew at least one way to avoid transmission while only 13 percent knew all three ways. The first statistic is especially important since it only takes knowing one way to avoid transmission. Of the three listed ways to avoid HIV/AIDS, consistent use of a condom was the most often cited. Table 33 also shows the importance of education as those with higher formal education were better informed.

Table 34 addresses three common misconceptions about HIV/AIDS. Three quarters of respondents knew that a healthy looking person could in fact be infected. On the other hand, only about half knew that AIDS cannot be transmitted by a mosquito bite. Among the elderly, almost two thirds thought AIDS could be transmitted by mosquito bites. Seventy percent knew that AIDS could not be transmitted by supernatural means, which implies that a full thirty

percent thought it could. This illustrates the relatively high prevalence of misinformation on this topic. Taken together, Tables 33 and 34 show that while awareness of HIV/AIDS is high, misperceptions persist and knowledge about how to prevent transmission is broad based but not universal.

A separate set of tables address the issue of mother-to-child transmission of HIV. Table 35 gives the percentage of people who could correctly identify the means of MTC transmission of HIV. About 83 percent of women knew that HIV can be transmitted from mother to child. The survey listed three transmission avenues—during pregnancy, during birth and through breast milk. About 80 percent of women know about transmission via breast milk while 75 percent knew about transmission during pregnancy. Only about two thirds of women knew that HIV could be transmitted at delivery. Table 36 lists the percentage of people who could correctly identify ways to avoid MTC HIV transmission. This table also speaks to the efficacy of public health education programs. While Table 35 informs on whether people know how HIV can be transmitted from mother to child, Table 36 speaks to whether people know how to avoid MTC transmission. Only about 65 percent of women knew a way to avoid MTC transmission to a newborn child. This figure, though, is lower due to the inclusion of respondents aged 10-14 years. Not many children knew how to prevent MTC transmission but this is not necessarily a cause for great concern. The cohorts with the highest awareness are those directly impacted—women of childbearing age. In table 36, less than 9 percent of women knew that AZT administered prior to and during delivery can help avoid MTC transmission. Making the therapy available is only half the battle. It is also important that women know that it is an effective way to reduce MTC transmission of HIV. By far, avoiding breastfeeding was the most well-known way to avoid MTC transmission. Not surprisingly, men's knowledge of MTC transmission was far exceeded by that of women. This calls for public health education programs that will address this gap.

Probably the most important aspect of knowledge about HIV concerns knowing one's own HIV status. Table 37 lists, among other things, the fraction of respondents that have been tested for HIV. Totals are biased downward by the inclusion of children aged 10-14 years, virtually none of whom have been tested (Not surprisingly so since they require permission of a parent or legal guardian in order to test for HIV, according to the laws of Botswana). Even in those cohorts that are most at risk of HIV as indicated by BAIS II's prevalence results, HIV testing rates never exceed 50 percent. Most people simply do not know their HIV status. Women are more likely to have been tested than men. Once tested, it appears that most were given the results and received counseling. The overall message from Table 37 is a cause for concern—most Botswana simply do not know their HIV status. However, the recent introduction of Routine HIV testing is likely to improve this situation.

Botswana has a very progressive set of social and medical services available to help cope with HIV/AIDS. These policies can only achieve their intended effect, though, if citizens are aware of them. Table 38 lists the percentage of respondents that are aware of some of these programmes. For example, while about 84 percent of respondents were aware of orphan care programmes, only half of the respondents were aware of the life-saving ARV programme. Further, there are large differences in awareness of this programme between urban residents (more of whom know about it) and rural residents (fewer of whom know about it.) There are no marked differences in programme awareness across gender. The best known programmes are the orphan care and Destitute Programme while the least well-known programmes are the PLWHA Support Programme, the IPT Programme, and the ARV Programme. The latter programmes are least known probably because they have recently been introduced while the

former have been in existence for a longer period. Table 38 suggests that implementing programmes for helping those with HIV/AIDS such as the ARV and PLWHA programmes is only part of the battle. Greater public awareness is needed if the intended beneficiaries of these policies are going to actually benefit the population of Botswana.

2.4.2 Sexual Practices

One way that Botswana's citizens will confront HIV/AIDS is by adopting sexual practices that minimize the chances of transmitting the HIV. The BAIS II asked several questions that speak to this issue. Of particular pertinence to confronting HIV/AIDS is the issue of condom use. Table's 39-40 lists the percentage of people aged 10-64 who used a condom in three circumstances. The first column lists the fraction that used a condom the first time they had sex with their most recent partner and the second column the percentage that used a condom the last time they had sex with their partner. The last column is probably the most salient and it lists the percentage of respondents that always use a condom. About 60 percent of men reported that they always use a condom. Not surprisingly, condom usage is somewhat lower (25.6 percent) among the married. It worth noting that 71.8 percent of respondents reported using condoms consistently with non-regular partners use, while 69.6 percent reported using condoms consistently with commercial sex workers. The data in Table's 39-40 suggest that condom usage is quite prevalent and this is hopeful news in the fight to prevent transmission of HIV.

2.4.3 Medical Responses

Botswana has responded to HIV/AIDS with a variety of medical responses. These range from counseling at local clinics to antenatal clinics to care for the bedridden. Several questions in the BAIS II survey address the prevalence of these programs and users satisfaction with them. This section describes some of those findings.

Table 41 opens the discussion by reporting the cause of deaths reported by those households that have suffered a death in the last 12 months. The table gives the distribution of deaths by the age of the deceased, by the number of months the deceased was ill before dying, and the cause of death. Results are reported separately for both urban and rural areas. In urban areas, 14 percent of reported deaths were between the ages of 0 and 4. The figure for the same age group was 8.6 percent in rural areas. These deaths reflect infant mortality, and AIDS presumably increases these figures in the instances of mother-to-child transmission. The percentages of deaths among children 0-4 years and adults 20-44 years is high as shown in Table 41. The high mortality in the aforementioned age groups and in conjunction with the HIV prevalence results could suggest that AIDS may be responsible. When listing cause of death, AIDS is listed as responsible for only 3.6 percent of urban deaths and 11.6 percent of rural deaths. These numbers are probably biased downward due to social stigma and because many AIDS victims succumb to related illnesses. For example, TB is listed as the cause of death for 21.2 percent of urban deaths and 18 percent of rural deaths. In many of these cases, compromised immune systems may have played a critical role. Car and road accidents remain a prominent cause of death. In urban areas, they are listed as killing more people than AIDS, but, again, this may be due to underreported AIDS deaths. The largest category of cause of death is some combination of those not listed and it is difficult to know what to make of this. The data on the number of months one was ill before dying suggest that long-term illness

before death is common. In urban areas, for example, over half of all deaths were preceded by 3-12 months of being sick. The figure is only slightly lower in rural areas.

The question arises as to who cared for these long-term ill people and what type of help they received. Some 6.7 percent of the households reported having had a usual member of their household bedridden for at least 3 months; 36.6 percent of these reported having had no care or assistance from outside. This is likely to pose challenges to the affected households in terms of increased spending needs to cover medical costs, food, housing and other households' needs. Table 42 depicts those who received care or assistance by type of care provided. Table 42 shows the type of assistance or care received. The analysis shows a relatively high proportion of young people in their prime reported as having been bedridden for at least three months.

Table 42 further shows that it is generally the households with bedridden persons aged 25-44 years, who have received assistance from various sources. Relatively equal numbers are reported as having received care from hospitals/clinics. Reporting of Social worker's assistance was concentrated in the age group 30-34. The households reported that friends and relatives assisted ill persons in age groups 20-24 and 30-34 years. The community or non governmental organizations' help featured prominently in the age group 25-34 years.

Most households (86.4percent) reported that they received the care and assistance on a monthly basis. In response to the question on how satisfied the households were with the care and support received, 45.9 percent said they were satisfied while the remaining households expressed dissatisfaction. Among those who expressed satisfaction, 25.7 percent were very satisfied while 28.4 percent indicated that they were satisfied with the care and support received.

Table 44 lists where people first sought advice and or treatment if they had symptoms of a sexually transmitted infection (STI). About 66 percent of men first sought advice and or treatment from a health worker while 14 percent first went to a traditional healer. The other large category was friends and relatives. About 10 percent of men first went to friends or relatives. For women, fewer went to traditional healers (only about 4 percent) and more went to see a health worker (almost 79 percent.) Visits to private doctors accounted for only about 6 percent of the initial contacts. There are some important differences across levels of education. Those with no formal education are much more likely to first seek help from a traditional healer while virtually no respondents with post-secondary education do so. Those with higher education are much more likely to see a private doctor—an outcome that reflects both education and income.

Table 45 lists the reasons why persons with STI have sought advice and/or treatment from a particular source. Respondents to this question were asked to check all the reasons that applied, hence row sums exceed 100 percent. By far, the most important reason help was sought from a particular source was the effectiveness of the treatment. About 43 percent of respondents listed this as a reason. Low cost of the service was also a motivation for selecting a place for treatment. About 20 percent listed this as a reason. Privacy and confidentiality were also important. A friendly environment and proximity were less frequently mentioned.

Table 46 addresses another aspect of responding to HIV/AIDS. The table lists the percentage of women who attended an antenatal clinic during their last pregnancy. This is an important indicator because the more prevalent these visits are, the better situated ANC's are to provide

care and counseling on issues related to mother-to-child transmission. Also, since ANCs routinely offer HIV testing, the more prospective mothers use these clinics, the more likely they are to know their HIV status. Table 46 provides hopeful data. About 94 percent of urban women attended an ANC during their last pregnancy and fully 93 percent of rural women did so. These very high rates speak to the success of the national ANC system. The only group that has troublingly low rates of ANC attendance are women with no formal education. Public health education targeting of these women should remain a priority and authorities will need to be creative in how these women are reached. Standard education through the schools, for example, is not going to be effective since the women who do not attend the ANCs typically do not attend school. This is suggestive of the need to refocus the role of other means of health education, which can reach illiterate women and those who do not attend ANCs. For instance, the Family welfare educators could play a role in addressing this gap.

2.4.4 Workplace Responses

Thus far, this report has focused on how individuals and households have been impacted by and responded to HIV/AIDS. BAIS II also surveyed workplaces in an attempt to learn what role they are playing in the fight against HIV/AIDS. The survey queried 419 workplaces around the country. These workplaces represented various sectors of the economy. Tables 47 and 48 give the distribution of workplaces by sector and then report what fraction of workplaces in each sector provides a referral mechanism for voluntary counseling and testing services and what fraction provide condoms. Although there are 419 workplaces surveyed, Table 46 shows that more than half of these were either in the public administration or education and health sectors. In terms of offering counseling, there is substantial variation across sectors. In general, in most sectors about half the workplaces offer a referral mechanism for voluntary counseling and testing. The fraction is lowest in retail trade, hotels, and restaurants and manufacturing. It is highest in utilities, finance and real estate, and public administration.

Table 48 gives the fraction of workplaces that provide condoms. All the workplaces in the mining and finance and real estate sectors provided condoms. In general, more than half of the workplaces provided condoms in almost all the surveyed sectors. The fact that there are large differences across industries suggests that workplace provision of condoms is far from universal. To the extent that public health officials think that all workplaces should provide condoms, there is substantial room for improvement.

A cautionary note is in order when interpreting the workplace responses. Individual and households have been selected to provide a random sample and then the careful use of statistical weighting techniques insured that the results of individual and household responses were nationally representative. Workplace responses are not guaranteed to provide a nationally representative sample. Hence, the results in Tables 47 and 48 may not be nationally representative. They are, nonetheless, informative.

2.4.5 Community Responses

Some responses to HIV/AIDS occur at the community level. The presence of clinics, hospitals, or prevention campaigns occurs in the community as opposed to in the household. BAIS II surveyed information about communities throughout Botswana. The individuals who responded on behalf of their communities included religious leaders, councilors, village health workers,

and other community leaders who would be expected to know the answers to the community-level questions. There were slightly over a thousand respondents to the community survey.

Table 49 presents data on what fraction of communities have at least one doctor, nurse, social worker, and/or family welfare educator present. Nurses are present in almost every town, city, urban village, and rural village. Only in other rural areas are nurses sometimes present. And even in other rural areas, 75 percent of these communities report the presence of a nurse. Doctors, on the other hand, are less likely than nurses to be present. Only about a quarter of the rural villages reported a doctor present and virtually none of the other rural areas had a doctor. Of course, it makes economic sense to place doctors where people are more densely situated so this result is neither surprising nor necessarily a cause for alarm. The wide prevalence of nurses relative to doctors, though, speaks to the importance of medical responses to HIV/AIDS that can be adequately overseen by a nurse and which do not require doctors. The presence of social workers is roughly similar to that of nurses. Most communities have them with the exception being other rural communities. Even these most rural communities, though, usually have a family welfare educator.

Table 50 presents community level information about the leading cause of death in the community. This table contrasts somewhat with the individual responses about causes of death. In many ways, it is probable that Table 50 is the most informative since it is often health workers or community leaders who are providing the information. Overall, almost 70 percent of the respondents listed AIDS as a leading cause of death in their community. The other commonly listed leading causes were TB and car accidents.

Table 51 lists the factors in the community that are associated with a decrease in deaths from AIDS. Possible responses included ARV therapy, MTC transmission prevention, village health committees, peer educators, as well as other choices. Somewhat surprisingly, only about 12 percent listed ARV therapy as being associated with a decline in AIDS deaths and only about 5 percent listed prevention of MTC transmission.

Table 52 lists percent of respondents reporting various HIV/AIDS preventative strategies in their community. Over 90 percent of the respondents in towns/cities and urban villages report that at least something is being done to help prevent HIV/AIDS in their community. That figure is about 80 percent for rural villages and only 47 percent for other rural areas. The most common preventative strategy is the presence of a health education campaign followed by education in schools.

Another community level question dealt with whether or not there was a place for HIV testing in the community. Overall, about 80 percent of the community respondents replied that they had a health facility that offered HIV testing. Only one percent of the respondents reported that in their community, there was nowhere to go for HIV testing. This suggests that if one wants to know one's HIV status that option exists in virtually every community in Botswana. The sole exceptions seem to be the most rural areas.

Chapter 3: Conclusions

The BAIS II survey is path-breaking. It is one of only very few nationally representative surveys globally, which investigated the impact of HIV/AIDS with a component on HIV testing. The survey provides hard numbers where before there were only informed suspicions.

In some dimensions, the picture is frightening. HIV prevalence among women in their 30's is remarkably high in Botswana. The proportion of children who have lost a parent is sobering and, given the current prevalence rates, the issue of orphans is not going to improve in the near term. The policy challenges are significant. How will Botswana cope with the social, economic, and medical issues that arise? Some of these challenges are current (i.e. orphanhood) while others are less so (i.e. the labor market consequences of the high prevalence rates for men and women in the prime of their working lives).

In other dimensions, BAIS II reveals cause for hope. The survey has quantified some of the successes of the public health education programme. Stigma, while still present, is less severe than many might have suspected. The populace is generally aware of HIV/AIDS and of at least some ways of preventing transmission of the virus. Even where formal education may be limited, people are mostly cognizant of the HIV/AIDS threat.

BAIS II, as was noted at the outset, serves the important task of providing a firm benchmark against which future HIV prevalence results might be measured. At the end of the day, the success or failure of public policy on dealing with HIV/AIDS must confront infection rates. While epidemiology suggests that comparisons of prevalence rates across time are nuanced exercises, if policy is successful, infection rates must be lower than they would otherwise be. By providing concrete data at a discrete point in time, BAIS II will enhance the public debate about the efficacy of policy to confront empirical reality.

The value of BAIS II will surely become even greater as future waves of BAIS are conducted. Because this is the first time that biomarker data were collected, inter-temporal comparisons are not yet possible. The commitment of the government to ongoing waves of BAIS II is to be applauded, and the willingness to conduct such studies is welcomed.

This Popular Report serves the purpose of getting the core data out into the public eye soon after the data were collected. More considered analysis of the causal links between policy and HIV/AIDS will require more time, but is both quite do-able and equally important. This report is intended to start a conversation informed by data. It is by no means the last word.

Chapter 4: Recommendations

The interpretation of the results of the survey further suggest that policies and efforts against HIV/AIDS should not only be based on sexual behaviours and education activities, but should also integrate other social issues such as gender inequality, poverty, empowerment of women and girls, income and ensure asset equality. For example, there is a need to study and understand cultural contexts within which HIV risky behaviours occur for effective behaviour change interventions. The environment within which HIV/AIDS response is stemmed should ensure openness about the disease in order to curb stigma and discrimination.

Furthermore, a better understanding of just how the reported prevalence rates will impact Botswana will require further analysis of the survey results. The HIV test data are de-linked from the individual-level files, and this limits the ability of analysts to investigate individual-level covariates of HIV-status. Nonetheless one can exploit the age cohort, gender, and regional differences to investigate how these "cells" co-vary with, for example, awareness of public health programs, awareness of HIV/AIDS symptoms, and educational/occupational status.

Moving beyond the HIV prevalence results, there are many other interesting issues that exploit the detailed individual-level survey data that has been collected. The BAIS II results bring to light many questions that bear further study and for which the BAIS II data will be informative. These include:

- How has awareness of symptoms of HIV/AIDS changed since BAIS I?
- Has the stigma associated with HIV/AIDS declined and if so, for which groups? Are these the same groups that seem to have been most exposed to public health services?
- Has access to clinics increased since BAIS I and, if so, for whom? For which sorts of people has it not changed?
- Do sexual practices seem to be correlated with information about HIV/AIDS and are these correlations growing over time?
- In what ways do households that are caring for orphans differ from those that do not? Similarly, what are some of the ramifications of caring for a household member who has been bedridden for at least 3 months and does the answer depend on the age of the ill person?

A cautionary note is also needed. There are some issues that, at this point, BAIS II results cannot inform. The survey, for example, is not a panel. That is, although BAIS I asked many of the same questions, the results of BAIS I and BAIS II do not allow one to track a particular individual over time. This means that questions concerning individual-level transitions are not addressable. For example, one should *not* use BAIS I and BAIS II in tandem to conclude that members of households in which someone is bedridden become unemployed while they care for the ill person. This, of course, may be true, but individual-level transitions are not observable in the absence of panel data.

Strategies need to be put in place to protect women's rights and reduce their vulnerability to HIV/AIDS through elimination of all forms of discrimination against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence and battering. This was the target set back in 2001 at the U.N. General Assembly Special Sessions on HIV and AIDS. However, it is important that in developing and implementing intervention programs that address issues of gender equality, both men and women are involved.

Lastly, from the findings already presented, the survey recommends the following for a more concerted effort in fighting HIV/AIDS and scaling up an effective national response:

- Addressing HIV/AIDS should be a cross-cutting issue on all areas whether corporate philanthropy for AIDS, environment, ethical, legal and/or socio-economic and cultural aspects.
- Greater mobilization of communities on HIV/AIDS initiatives is needed.
- The bargaining power of the private sector should be tapped as a vehicle to expanding and managing HIV/AIDS responses in the world of work and in the community.
- Advocacy and rights about HIV/AIDS should not be underestimated; hence all levels of leadership should be mobilized to serve as advocacy agents for HIV/AIDS interventions.
- There is a need for an effective and continued monitoring and evaluation of the impacts of HIV/AIDS on all the sectors.
- Partnerships should be forged between the Government, worker organizations, NGOs, civil society and all sectors in mounting their responses to HIV/AIDS.

- Workplace policies should be made comprehensive and include elements such as prevention, treatment, care and support.

Annex 1: TABLE OF SUMMARY INDICATORS

	Indicator Name	Indicator Type	Years		
			2000	2001	2004
1	Percentage of people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	Millennium, National, UNGASS	35.4	36.3	28.1
2	Percentage of women who are married or in union aged 15-49 who are using (or whose partner is using) a contraceptive method				55.2
3	Percentage of women aged 15-49 who knows the three main ways of preventing HIV transmission				15.8
4	Percentage of people aged 15-49 years who correctly identify three ways of HIV prevention	National	67.4		88.6
5	Percentage of people aged 15-49 with no incorrect beliefs about AIDS	National	30.7	46.1	40.6
	<i>Percentage of people aged 15-49 who reject two common misconceptions and know that a healthy looking person can be HIV-infected.</i>				
6	Percentage of people aged 15-49 who believe women can negotiate safer sex with partners	National		71.6	83.6
	<i>Percentage of people aged 15-49 who believe that, if her partner has an STI, a woman can refuse to have sex with him or propose condom use.</i>				
7	Percentage of people aged 15-24 who report more than one sex partner in the last 12 months	National		10.6	5.4
8	Percentage of young people 15-24 reporting the use of condoms	National	15.7		72.4
9	Percentage of people aged 15-24 years reporting the use of condoms with non regular partner in the last 12 months	Millennium, National, UNGASS		81.5	87.1
10	Percentage of people aged 15-24 reporting unprotected sex after consuming alcohol	National			14.7

11	Percentage of respondents aged 15-49 ever taking up voluntary counseling and testing at district and national levels	National	19.3	18.2	31.2
12	Percentage of households receiving care/assistance for people who have been seriously ill for at least three (3) months	National		57	64.4
13	Percentage of households with orphans receiving care and support for orphans	National		3.3	34.3
14	Ratio of current school attendance among orphans to that of non orphans (10-14 years)	Millennium, National, UNGASS		2:7	2:7
15	Percentage of people aged 15-24 years who are HIV infected	Millennium, National, UNGASS			12.6
16	Percentage of people aged 25-49 years who are HIV infected	National			34.4
17	Percentage of people aged 15-49 years who are HIV infected	National, UNGASS			25.3
18	Percentage of sectors and large enterprises / companies which have HIV/AIDS workplace policies and programmes	National, UNGASS			69.2
19	National Crude Mortality Rate	National		12.42 per 1000	18.83 per 1000

Annex 2: BAIS I & II SUMMARY OF INDICATORS

INDICATORS		BAIS I	BAIS II
Care and support (for chronically ill persons)	Percentage of households with an adult aged 15-59 years, who has been ill for at least three consecutive months and received external help	7.4 ¹	64.6
Care and support (for orphans)	Percentage of households caring for orphans and are receiving external free help	3.3	43.5
Impact (percentage of orphans)	Percentage of children who are orphans living in households (one or both parents died)	12.7 ²	16.7
Impact (ratio of orphans to non-orphans in schools)	The percentage of orphans currently attending school to children who are currently attending school	2:7	2:7
Stigma and discrimination	Percentage of people 10-64 years expressing accepting attitudes towards people with HIV <ul style="list-style-type: none"> o Willingness to care <ul style="list-style-type: none"> 10-14 15-19 20-30 31-49 50-64 10-64 o Continue to teach <ul style="list-style-type: none"> 10-14 15-19 20-30 31-49 50-64 10-64 o Buy vegetables <ul style="list-style-type: none"> 10-14 15-19 20-30 31-49 50-64 10-64 	 53.9 80.9 89.5 91.8 89.9 - 22.8 56.0 62.5 56.1 41.6 - 17.2 37.3 46.0 40.0 32.4 -	 81.7 89.2 94.5 95.6 94.8 92.3 43.0 68.9 80.3 74.7 63.0 70.1 30.0 53.7 62.1 57.5 45.1 53.4
Knowledge (prevention methods)			
Knowledge (incorrect beliefs)	Percentage of people aged 10-64 years who correctly rejects the two most common misconceptions <ul style="list-style-type: none"> o Supernatural <ul style="list-style-type: none"> 10-14 15-19 20-30 31-49 50-64 o Mosquito bites <ul style="list-style-type: none"> 10-14 15-19 20-30 31-49 50-64 	 69.5 79.8 76.8 73.6 67.7 58.3 61.3 52.1 43.8 39.0	 84.6 90.2 88.0 81.8 78.8 69.2 71.6 65.4 55.0 45.4

¹ The percentage for 2001 refers to adults 15-59 years while that of 2004 refer to all members of the household

² The percentage for 2001 refers to children aged 0-14 years while that of 2004 refer to children aged 0-18 years.

	<ul style="list-style-type: none"> o Knows at least one misconception (out of three) 		
	10-14	94.0	66.2
	15-19	98.5	88.8
	20-30	98.1	89.4
	31-49	97.4	80.4
	50-64	93.9	75.4
Knowledge (prevention of HIV mother to child (newborn))	Percentage of people aged 10-64 years who know that transmission of HIV from mother to child can be reduced		
	<ul style="list-style-type: none"> o Through anti-retroviral therapy³ 		
	10-14	9.3	80.5
	15-19	23.3	88.3
	20-30	35.1	92.5
	31-49	38.1	91.3
	50-64	25.6	89.5
	<ul style="list-style-type: none"> o Avoiding breastfeeding⁴ 		
	10-14	23.9	89.3
	15-19	42.3	92.5
	20-30	56.7	90.8
	31-49	59.1	90.7
	50-64	48.5	87.7

³ Indices were based on prevention of HIV from mother to child (unborn)

⁴ Indices were based on prevention of HIV from mother to child (newborn)

INDICATORS		BAIS I	BAIS II
Voluntary counseling and testing (past 12 months)	Percentage of people 10-64 years who		
	○ Ever had the test		
	10-14	1.5	0.8
	15-19	7.4	10.6
	20-30	21.7	40.5
	31-49	21.6	37.6
	50-64	7.7	19.4
	○ Had the test during past 12 months		
	10-14	13.0	27.3
	15-19	60.9	62.7
	20-30	54.0	63.0
	31-49	50.2	56.9
	50-64	37.7	57.5
	○ Received the results (among those who received HIV test during the past 12 months)		
	10-14	27.2	50.6
15-19	88.3	93.1	
20-30	94.4	93.9	
31-49	92.5	92.8	
50-64	88.1	93.2	
Mother to child transmission	Proportion of women who were		
	○ Counseled about HIV during antenatal care for their most recent pregnancy		
	10-14	-	-
	15-19	69.9	64.4
	20-30	57.6	55.6
	31-49	48.4	33.6
	50-64	10.5	9.6
	○ Offered an HIV test		
	10-14	-	-
	15-19	38.4	78.3
	20-30	31.1	62.0
	31-49	21.8	35.3
	50-64	1.9	7.0
	○ Received the test (among those who were offered the test)		
	10-14	-	-
15-19	81.4	86.9	
20-30	79.7	78.7	
31-49	82.3	74.2	
50-64	71.3	76.8	

INDICATORS		BAIS I	BAIS II
	<ul style="list-style-type: none"> o Received the results (among those who were offered the test) 		
	10-14	-	-
	15-19	83.0	94.8
	20-30	80.2	91.2
	31-49	73.9	91.6
	50-64	100.0	96.9
Sexual negotiation	The percentage of people 10-64 years who believe that if a husband has an STD		
	<ul style="list-style-type: none"> o A woman can refuse to have sex with him 		
	10-14	40.0	17.5
	15-19	35.2	27.7
	20-30	28.0	25.0
	31-49	26.8	23.1
	50-64	25.6	21.3
	<ul style="list-style-type: none"> o A woman can insist on condom use 		
	10-14	60.0	37.5
	15-19	60.4	68.2
	20-30	67.2	79.0
	31-49	62.7	75.2
	50-64	45.0	58.7
Sexual behaviour	Percentage of people aged 10-64 years who have had sex with a non-marital, or cohabiting partner (past 12 months)		
	10-14	66.6	65.6
	15-19	81.0	80.9
	20-30	64.5	60.4
	31-49	30.7	27.6
	50-64	9.5	9.7
Sexual behaviour (mean age at first sex)	The mean age by which people aged 10-64 have had sex for the first time		
	10-14	14	12.4
	15-64	24	18.5
Sexual behaviour (pre-marital sex)	Percentage of people aged 10-19 years who had sex during the last 12 months		
	10-14	0.1	0.7
	15-19	27.7	31.4
Sexual behaviour of single men (used condom)	Percent of men aged 10-19 who are not married/cohabiting who used a condom the last time they had sex with		
	Most recent partner		
	10-14	66.7	46.4
	15-19	81.3	95.3
	Next most recent partner		
	10-14	-	47.5
	15-19	26.4	92.2

INDICATORS		BAIS I	BAIS II
	Second most recent partner 10-14 15-19	- -	- 100
Sexual behaviour of single women (used condom)	Percent of women aged 10-19 who are not married/cohabiting who used a condom the last time they had sex with Most recent partner 10-14 15-19 Next most recent partner 10-14 15-19 Second most recent partner 10-14 15-19	50.0 71.1 - 14.4 - 3.3	77.3 82.4 - 81.3 - 54.4
Sexual behaviour (more than one partner)	Percentage of people aged 10-19 years who had sex with more than one partner during the last 12 months 10-14 15-19	- 0.3	27.7 17.7
Sexual behaviour (used condom last time)	Percentage of people aged 10-19 years who have had sex during the last 12 months and used a condom at last sex with a non-marital partner, or cohabiting partner Most recent partner 10-14 15-19 Next most recent partner 10-14 15-19 Second most recent partner 10-14 15-19	75.0 84.7 - 22.4 - 2.4	68.9 85.1 68.2 88.6 - 96.6
Sexual behaviour (used condom first time)	Percentage of people aged 10-19 years who used a condom at first sex with most recent partner Most recent partner 10-14 15-19 Next most recent partner 10-14 15-19 Second most recent partner 10-14 15-19	33.3 82.4 - 26.4 - 4.4	57.2 92.9 68.2 92.9 - 100

INDICATORS		BAIS I	BAIS II
Sexually Transmitted disease (women)	Percentage of women aged 10-64 who reported genital ulcer during the last 12 months and sought treatment		
	10-14	-	-
	15-19	38.7	40.7
	20-30	96.1	91.4
	31-49	92.3	95.1
	50-64	59.3	100.0
Sexually Transmitted disease (men)	Percentage of men aged 10-64 who reported genital ulcer during the last 12 months and sought treatment		
	10-14	-	100.0
	15-19	77.0	59.7
	20-30	95.9	86.7
	31-49	90.5	93.0
	50-64	100	96.5
Use of safe drinking water	Percentage of population who use safe drinking water source	96.2	95.8
Use of sanitary means of excreta disposal	Percentage of population who use sanitary means of excreta disposal	81.7	79.9
Antenatal care	Percentage of women aged 15-49 who attended ANC at least once during pregnancy by skilled personnel	99.8	93.7
Sectors with policies and education programmes	Percentage of sectors with policies		
	Private		154 (35.1)*
	Public		227 (71.4)
	Percentage of sectors with education programme for the general workforce		
	Private		153 (46.4)
	Public		229 (83.0)
	Percentage of sectors with both policies and education programme for the general workforce		
	Private		54 (75.9)
	Public		162 (91.4)
	Percentage of sectors with policies and no education programme for the general workforce		
	Private		54 (24.1)
	Public		162 (8.6)
	Percentage of sectors with no policies but have education programme for the general workforce		
Private		99 (30.3)	
Public		65 (63.1)	

* Percentages are in parenthesis

Annex 3: List of Tables

Table 1: Percent distribution of households by district, residence, number of household members and age categories, Botswana, 2004

District	Percent	Weighted	Unweighted
Gaborone	12.8	65244	1083
Francistown	5.1	25795	396
Lobatse	1.9	9923	139
Selibe-Phikwe	3.1	15916	277
Orapa	0.6	2855	55
Jwaneng	0.8	4028	74
Sowa	0.2	985	58
Southern	6.9	35332	453
Barolong	2.7	13888	187
Ngwaketse West	0.6	3165	91
Southeast	2.9	14883	279
Kweneng East	10.7	54428	791
Kweneng West	2.6	13142	170
Kgatleng	4.4	22656	321
Central-Serowe	8.8	44957	634
Central-Mahalapye	6.6	33890	449
Central-Bobonong	4.5	23037	260
Central-Boteti	2.5	12573	165
Central-Tutume	7.2	36937	525
Northeast	2.8	14316	214
Ngamiland South	4.1	20816	292
Ngamiland North	2.4	12278	193
Chobe	1.2	6139	130
Ghanzi	2.0	10111	147
Kgalagadi South	1.5	7846	140
Kgalagadi North	0.9	4646	89
Total	100.0	509789	7612
Place of residence			
Urban	54.8	279574	4401
Rural	45.2	230215	3211
Total	100.0	509789	7612
Number of household members			
Missing reply	0.0	146	2
1	25.5	130197	1974
2-3	30.7	156276	2315
4-5	22.4	114176	1713
6-7	11.1	56507	838
8-9	5.8	29785	446
10+	4.5	22703	324
Total	100.0	509789	7612
At least one child age < 15	53.5	509789	7612
At least one child age < 5	30.1	509789	7612
At least one person aged 10-64	94.2	509789	7612

Table 2: Distribution of population by place of residence, sex and age group, Botswana, 2004

	Male						
	Age group						
Place of residence	<1	1-14	15-29	30-49	50+	Not known	Total
Urban	11,043	154,869	162,351	107,471	41,833		477,568
Rural	12,588	168,144	100,734	68,321	70,124	46	419,958
Total	23,631	323,013	263,085	175,793	111,957	46	897,526
	Female						
	Age group						
Place of residence	<1	1-14	15-29	30-49	50+	Not known	Total
Urban	10,451	162,450	187,628	125,683	57,417		543,630
Rural	11,221	162,701	103,846	91,109	91,042	185	460,104
Total	21,673	325,151	291,474	216,792	148,460	185	1,003,734
	Both Sexes						
	Age group						
Place of residence	<1	1-14	15-29	30-49	50+	Not known	Total
Urban	21,494	317,320	349,980	233,154	99,250		1,021,198
Rural	23,810	330,845	204,580	159,430	161,166	231	880,062
Total	45,304	648,164	554,560	392,585	260,416	231	1,901,260

Table 3: Number of Households and eligible persons, and response rates, Botswana, 2004

	Place of Residence				
	Cities	Towns	Urban villages	Rural	Total
Sampled households	1,635	675	2,490	3,475	8,275
Completed households	1,446	607	2,333	3,214	7,600
Household response rate	88	90	94	92	92
Eligible persons	3,280	1,309	5,984	6,419	16,992
Completed eligible persons	2,937	1,194	5,653	6,094	15,878
Individual response rate	90	91	94	95	93
Eligible for HIV testing	4,065	1,638	8,504	10,549	24,756
Provided specimen for HIV testing	2,248	915	5,147	6,851	15,161
HIV testing participation rate	55	56	61	65	61

Table 4: Percent of informants reporting main economic activity in the community by place of residence, district and main economic activity Botswana, 2004

Locality Description	Main Economic Activity											Total Number
	Crop farming Percent	Livestock Percent	Fishing Percent	Trade Percent	Hotel Percent	Tourism Percent	Manufacturing Percent	Government Percent	Mining Percent	Poultry Percent	Other Percent	
Towns/cities	3.5	2.9	1.2	34.7	4.6	2.3	24.9	46.8	15.0	2.3	48.6	173
Urban village	71.9	68.3	0.7	32.7	7.2	2.2	15.5	34.9	2.5	9.0	23.0	278
Rural village	85.1	72.2	3.4	11.0	1.7	0.9	2.2	19.4	2.8	6.0	22.8	536
Other rural	68.8	56.3	0.0	5.0	1.3	0.0	1.3	30.0	0.0	5.0	28.8	80
Total	67.2	58.8	2.1	20.1	3.6	1.4	9.3	28.7	4.5	6.1	27.5	1067
District												
Gaborone	3.8	0.9	1.9	26.4	2.8	2.8	26.4	53.8	1.9	1.9	56.6	106
Francistown	1.9	0.0	0.0	62.3	0.0	0.0	15.1	20.8	1.9	3.8	32.1	53
Selibe -Phikwe	4.2	4.2	0.0	29.2	12.5	0.0	33.3	33.3	62.5	4.2	54.2	24
Jwaneng	66.7	66.7	0.0	100.0	33.3	0.0	0.0	66.7	100.0	0.0	0.0	3
Sowa	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.3	85.7	0.0	57.1	7
Southern	85.0	35.0	0.0	17.5	0.0	0.0	0.0	15.0	0.0	0.0	50.0	40
Barolong	60.0	42.5	0.0	2.5	0.0	0.0	0.0	65.0	0.0	0.0	25.0	40
Ngwaketse West	93.3	100.0	6.7	73.3	6.7	0.0	0.0	0.0	0.0	6.7	33.3	15
Southeast	61.7	53.2	0.0	23.4	0.0	0.0	25.5	44.7	2.1	38.3	19.1	47
Kweneng East	84.5	80.2	0.0	1.7	0.0	0.0	13.8	39.7	0.0	18.1	22.4	116
Kweneng West	68.4	63.2	0.0	13.2	0.0	0.0	0.0	26.3	0.0	0.0	47.4	38
Kgatleng	83.8	75.7	0.0	54.1	0.0	0.0	5.4	48.6	0.0	0.0	45.9	37
Central-Serowe	95.3	77.4	0.0	17.9	14.2	0.9	4.7	27.4	5.7	6.6	15.1	106
Central-Mahalapye	87.0	73.9	0.0	30.4	2.9	0.0	18.8	21.7	0.0	0.0	36.2	69
Central-Bobonong	100.0	83.3	0.0	0.0	0.0	0.0	0.0	0.0	2.4	4.8	21.4	42
Central-Boteti	87.5	93.8	3.1	6.3	0.0	3.1	0.0	21.9	31.3	0.0	12.5	32
Central-Tutume	91.7	67.5	0.0	10.8	6.7	2.5	0.8	11.7	0.8	3.3	7.5	120
Northeast	100.0	65.0	7.5	42.5	0.0	2.5	12.5	27.5	5.0	17.5	17.5	40
Ngamiland South	100.0	84.2	5.3	0.0	21.1	21.1	5.3	21.1	0.0	0.0	10.5	19
Ngamiland North	95.2	71.4	52.4	4.8	0.0	4.8	0.0	4.8	0.0	0.0	14.3	21
Chobe	55.6	29.6	11.1	0.0	3.7	0.0	0.0	48.1	0.0	0.0	40.7	27
Ghanzi	10.3	100.0	0.0	3.4	0.0	3.4	0.0	6.9	0.0	0.0	0.0	29
Kgalagadi South	40.0	100.0	0.0	60.0	0.0	0.0	0.0	5.0	5.0	0.0	45.0	20
Kgalagadi North	52.0	80.0	0.0	0.0	0.0	0.0	0.0	12.0	0.0	0.0	0.0	25
Total	67.2	58.8	2.0	19.9	3.5	1.4	9.2	28.4	4.6	6.0	27.3	1076

Table 5: Percent distribution of surveyed workplaces, Botswana, 2004

Industry	Number	Percent
Agriculture and related industry	4	1.0
Mining	2	0.5
Manufacturing	36	8.6
Utilities (e.g. Water supply)	9	2.1
Construction	8	1.9
Retail trade, hotels & restaurants	75	17.9
Transport & communications	22	5.3
Finance & real estate	4	1.0
Public administration	86	20.5
Education & Health	151	36.0
Other industry	19	4.5
Not classified	3	0.7
Total	419	100.0

Table 6: Percent distribution of employees by sex and industry, Botswana, 2004

Industry	Males		Females		Employees	
	Number	Percent	Number	Percent	Number	Percent
Agriculture and related industry	66	0.2	28	0.1	94	0.2
Mining	467	1.3	131	0.5	598	1.1
Manufacturing	2797	7.6	1172	4.7	6271	11.3
Utilities (e.g. Water supply)	702	1.9	570	2.3	1272	2.3
Construction	459	1.2	140	0.6	1054	1.9
Retail trade, hotels & restaurants	617	1.7	903	3.6	1520	2.7
Transport & communications	973	2.6	251	1.0	1224	2.2
Finance & real estate	18	0.0	36	0.1	54	0.1
Public administration	5875	15.9	2973	11.8	18847	34.1
Education & Health	12291	33.3	3655	14.5	15946	28.8
Other industry	12534	34.0	15302	60.7	8358	15.1
Not classified	71	0.2	28	0.1	99	0.2
Total	36870	100.0	25189	100.0	55337	100.0

Table 7: Percent distribution of population Eligible for HIV testing and those who provided specimens by place of residence, Botswana, 2004

Place of residence	Eligible for HIV		Provided specimen		Did not provide		Within age group	
	Number	Percent	Number	Percent	Number	Percent	Provided specimen	Did not provide specimen
Urban	936720	54.5	496091	51.6	440629	58.1	53.0	47.0
Rural	783544	45.5	465819	48.4	317725	41.9	59.5	40.5
Total	1720264	100.0	961910	100.0	758354	100.0	55.9	44.1
District								
Gaborone	178738	10.4	88339	9.2	90400	11.9	49.4	50.6
Francistown	77424	4.5	43240	4.5	34184	4.5	55.8	44.2
Lobatse	29020	1.7	7595	0.8	21425	2.8	26.2	73.8
Selebi-Phikwe	45998	2.7	26373	2.7	19625	2.6	57.3	42.7
Orapa	8020	0.5	4323	0.4	3697	0.5	53.9	46.1
Jwaneng	10591	0.6	5913	0.6	4678	0.6	55.8	44.2
Sowa	2893	0.2	1896	0.2	996	0.1	65.6	34.4
Southern	136713	7.9	67645	7.0	69068	9.1	49.5	50.5
Barolong	56540	3.3	30727	3.2	25813	3.4	54.3	45.7
Ngwaketse West	10951	0.6	8046	0.8	2905	0.4	73.5	26.5
Southeast	53985	3.1	29509	3.1	24476	3.2	54.7	45.3
Kweneng East	184896	10.7	101250	10.5	83646	11.0	54.8	45.2
Kweneng West	41905	2.4	22786	2.4	19119	2.5	54.4	45.6
Kgatleng	83555	4.9	44148	4.6	39406	5.2	52.8	47.2
Central-Serowe	145684	8.5	80473	8.4	65211	8.6	55.2	44.8
Central-Mahalapye	139227	8.1	69883	7.3	69344	9.1	50.2	49.8
Central-Bobonong	78999	4.6	53122	5.5	25876	3.4	67.2	32.8
Central-Boteti	42560	2.5	20310	2.1	22250	2.9	47.7	52.3
Central-Tutume	135080	7.9	88884	9.2	46196	6.1	65.8	34.2
Northeast	46159	2.7	32332	3.4	13827	1.8	70.0	30.0
Ngamiland South	73136	4.3	46157	4.8	26979	3.6	63.1	36.9
Ngamiland North	48730	2.8	19125	2.0	29605	3.9	39.2	60.8
Chobe	20637	1.2	16770	1.7	3867	0.5	81.3	18.7
Ghanzi	26713	1.6	20298	2.1	6415	0.8	76.0	24.0
Kgalagadi South	27582	1.6	20898	2.2	6684	0.9	75.8	24.2
Kgalagadi North	14528	0.8	11868	1.2	2660	0.4	81.7	18.3
Total	1720264	100.0	961910	100	758354	100.0	55.9	44.1

Table 8: HIV Prevalence by age group, district and place of residence, Botswana, 2004 (Both sexes)

Age group	HIV Test Result				Total
	Negative		Positive		
	Number	Percent	Number	Percent	
1.5-4	70033	93.7	4748	6.3	74781
5-9	117115	94.0	7514	6.0	124629
10-14	106549	96.1	4281	3.9	110830
15-19	101762	93.4	7175	6.6	108937
20-24	82880	81.0	19414	19.0	102295
25-29	57544	67.0	28329	33.0	85872
30-34	41871	59.8	28152	40.2	70024
35-39	34260	64.1	19195	35.9	53455
40-44	33896	69.7	14751	30.3	48647
45-49	25409	70.6	10577	29.4	35986
50-54	22600	79.1	5983	20.9	28583
55-59	19435	86.0	3175	14.0	22610
60-64	12142	88.0	1663	12.0	13805
65-69	18411	91.0	1830	9.0	20242
70-74	10660	86.9	1605	13.1	12266
75-79	7086	96.1	290	3.9	7376
80-84	5196	94.0	329	6.0	5526
85-89	2665	97.8	60	2.2	2725
90-94	886	100.0			886
95-98	511	100.0			511
NOT STATED	139	70.0	60	30.0	199
District					
Gaborone	70496	81.7	15827	18.3	86323
Francistown	29747	75.4	9682	24.6	39429
Lobatse	6245	82.2	1350	17.8	7595
Selebi-Phikwe	20115	76.7	6095	23.3	26210
Orapa	3534	81.8	788	18.2	4323
Jwaneng	4748	81.0	1111	19.0	5859
Sowa	1526	81.2	354	18.8	1880
Southern	58627	87.6	8305	12.4	66932
Barolong	23802	85.8	3946	14.2	27748
Ngwaketse West	6626	84.0	1259	16.0	7884
Southeast	24882	85.8	4122	14.2	29003
Kweneng East	85028	84.8	15276	15.2	100304
Kweneng West	17035	89.2	2052	10.8	19087
Kgatleng	37432	85.3	6448	14.7	43881
Central-Serowe	64218	81.8	14292	18.2	78511
Central-Mahalapye	54231	82.1	11830	17.9	66061
Central-Bobonong	42992	81.8	9568	18.2	52559
Central-Boteti	16662	84.0	3180	16.0	19842
Central-Tutume	69577	81.1	16192	18.9	85768
Northeast	26279	81.9	5804	18.1	32083
Ngamiland South	37842	83.4	7527	16.6	45369
Ngamiland North	16418	86.7	2512	13.3	18931
Chobe	11474	70.6	4783	29.4	16257
Ghanzi	16618	84.4	3073	15.6	19690
Kgalagadi South	15492	88.2	2070	11.8	17562
Kgalagadi North	9406	84.8	1687	15.2	11092
Place of residence					
Cities	101378	79.8	25698	20.2	127075
Towns	35034	78.7	9508	21.3	44542
Urban villages	256149	82.6	53875	17.4	310023
Rural	378490	84.4	70052	15.6	448542
Urban	392560	81.5	89081	18.5	481640
Rural	378490	84.4	70052	15.6	448542
Total	771050	82.9	159133	17.1	930183

Table 9: HIV Prevalence by age group, district and place of residence, Botswana, 2004 (Males)

Age group	HIV Test Results				Total
	Negative		Positive		
	Number	Percent	Number	Percent	
1.5-4	35.135	94.1	2.215	5.9	37.350
5-9	58.503	94.1	3.663	5.9	62.166
10-14	52.234	96.2	2.082	3.8	54.315
15-19	51.259	96.9	1.664	3.1	52.922
20-24	39.453	90.9	3.962	9.1	43.416
25-29	29.333	77.1	8.697	22.9	38.030
30-34	20.677	63.8	11.711	36.2	32.388
35-39	14.685	66.7	7.323	33.3	22.008
40-44	13.189	66.4	6.669	33.6	19.858
45-49	9.646	68.3	4.479	31.7	14.125
50-54	8.922	76.7	2.715	23.3	11.637
55-59	8.506	89.0	1.053	11.0	9.559
60-64	5.673	84.8	1.020	15.2	6.693
65-69	6.707	91.9	592	8.1	7.299
70-74	5.021	84.2	942	15.8	5.963
75-79	2.869	98.1	55	1.9	2.924
80-84	1.970	100.0	0	0.0	1,970
85-89	909	100.0	0	0.0	909
90-94	208	100.0	0	0.0	208
95-98	444	100.0	0	0.0	444
NOT STATED	57	100.0	0	0.0	57
District					
Gaborone	34,405	84.8	6,186	15.2	37,350
Francistown	14,993	80.9	3,534	19.1	62,166
Lobatse	3,582	95.4	174	4.6	54,315
Selebi-Phikwe	9,347	81.8	2,074	18.2	52,922
Orapa	1,671	80.3	411	19.7	43,416
Jwaneng	2,152	78.9	574	21.1	38,030
Sowa	951	83.6	186	16.4	32,388
Southern	27,243	87.2	94	12.8	22,008
Barolong	11,521	92.7	94	7.3	19,858
Ngwaketse West	3,808	90.3	96	9.7	14,125
Southeast	11,013	85.9	97	14.1	11,637
Kweneng East	39,390	85.7	91	14.3	9,559
Kweneng West	6,570	88.5	77	11.5	6,693
Kgatleng	16,707	85.2	64	14.8	7,299
Central-Serowe	29,837	85.6	67	14.4	5,963
Central-Mahalapye	25,824	87.9	3,560	12.1	2,924
Central-Bobonong	21,153	87.3	3,066	12.7	1,970
Central-Boteti	7,751	84.5	1,418	15.5	909
Central-Tutume	31,155	85.9	5,126	14.1	208
Northeast	13,390	87.6	1,896	12.4	444
Ngamiland South	18,467	86.5	2,878	13.5	57
Ngamiland North	7,427	91.6	683	8.4	8,110
Chobe	5,951	74.6	2,027	25.4	7,979
Ghanzi	8,670	86.1	1,404	13.9	10,074
Kgalagadi South	7,529	93.5	526	6.5	8,055
Kgalagadi North	4,888	87.8	682	12.2	5,570
Place of residence					
Cities	49,871	83.6	9,767	16.4	59,638
Towns	17,230	83.6	3,373	16.4	20,603
Urban villages	116,221	85.2	20,202	14.8	136,423
Rural	182,077	87.7	25,501	12.3	207,578
Urban	183,322	84.6	33,342	15.4	216,664
Rural	182,077	87.7	25,501	12.3	207,578
Total	365,399	86.1	58,843	13.9	424,242

Table 10: HIV Prevalence by age group, district and place of residence, Botswana, 2004 (Females)

Age group	HIV testing				Total Number
	Negative		Positive		
	Number	Percent	Number	Percent	
1.5-4	34,897	93.2	2,533	6.8	37,431
5-9	58,612	93.8	3,851	6.2	62,463
10-14	54,315	96.1	2,200	3.9	56,515
15-19	50,503	90.2	5,512	9.8	56,014
20-24	43,427	73.8	15,452	26.2	58,879
25-29	28,211	59.0	19,631	41.0	47,842
30-34	21,195	56.3	16,441	43.7	37,636
35-39	19,575	62.2	11,872	37.8	31,447
40-44	20,707	71.9	8,082	28.1	28,789
45-49	15,763	72.1	6,098	27.9	21,861
50-54	13,679	80.7	3,268	19.3	16,946
55-59	10,929	83.7	2,121	16.3	13,051
60-64	6,469	91.0	643	9.0	7,112
65-69	11,704	90.4	1,238	9.6	12,942
70-74	5,639	89.5	663	10.5	6,302
75-79	4,217	94.7	236	5.3	4,452
80-84	3,227	90.7	329	9.3	3,556
85-89	1,757	96.7	60	3.3	1,816
90-94	678	100.0	0	0.0	678
95-98	67	100.0	0	0.0	67
NOT STATED	82	58.0	60	42.0	142
District					
Gaborone	36,090	78.9	9,641	21.1	45,731
Francistown	14,755	70.6	6,147	29.4	20,902
Lobatse	2,663	69.4	1,175	30.6	3,838
Selebi-Phikwe	10,768	72.8	4,021	27.2	14,789
Orapa	1,863	83.2	377	16.8	2,240
Jwaneng	2,596	82.9	537	17.1	3,132
Sowa	576	77.4	168	22.6	744
Southern	31,383	87.9	4,318	12.1	35,702
Barolong	12,281	80.1	3,044	19.9	15,325
Ngwaketse West	2,817	76.8	851	23.2	3,669
Southeast	13,868	85.7	2,313	14.3	16,181
Kweneng East	45,637	83.9	8,729	16.1	54,366
Kweneng West	10,465	89.7	1,202	10.3	11,667
Kgatleng	20,725	85.4	3,538	14.6	24,262
Central-Serowe	34,381	78.8	9,269	21.2	43,650
Central-Mahalapye	28,407	77.5	8,270	22.5	36,677
Central-Bobonong	21,838	77.1	6,502	22.9	28,340
Central-Boteti	8,910	83.5	1,762	16.5	10,673
Central-Tutume	38,422	77.6	11,066	22.4	49,487
Northeast	12,889	76.7	3,909	23.3	16,797
Ngamiland South	19,375	80.7	4,648	19.3	24,023
Ngamiland North	8,991	83.1	1,829	16.9	10,820
Chobe	5,523	66.7	2,756	33.3	8,278
Ghanzi	7,948	82.6	1,669	17.4	9,617
Kgalagadi South	7,963	83.8	1,544	16.2	9,507
Kgalagadi North	4,517	81.8	1,005	18.2	5,522
Place of residence					
Cities	51,507	76.4	15,931	23.6	67,437
Towns	17,804	74.4	6,136	25.6	23,939
Urban villages	139,928	80.6	33,673	19.4	173,600
Rural	196,413	81.5	44,551	18.5	240,964
Urban	209,238	79.0	55,739	21.0	264,977
Rural	196,413	81.5	44,551	18.5	240,964
Total	405,651	80.2	100,290	19.8	505,941

Table 11: HIV prevalence among respondents 10-64 years by sex, marital status, frequency of intake of alcohol and recreational drugs, Botswana, 2004

Sex	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
Male	245,551	83.1	49,824	16.9	295,375
Female	275,921	75.8	87,981	24.2	363,902
Total	521,472	79.1	137,805	20.9	659,277
Marital status					
Married	78,000	79.5	20,088	20.5	98,088
Living together	87,400	67.6	41,828	32.4	129,228
Separated	4,605	67.2	2,244	32.8	6,849
Divorced	11,383	66.7	5,671	33.3	17,055
Widowed	3,397	65.7	1,771	34.3	5,168
Never married	336,312	83.6	66,154	16.4	402,466
Total	521,098	79.1	137,755	20.9	658,853
Educational attainment					
Not stated	395	67.7	188	32.3	583
Never attended	57,478	75.2	19,005	24.8	76,484
Non-formal	3,824	74.7	1,292	25.3	5,116
Primary	182,449	79.5	46,975	20.5	229,424
Secondary	219,301	79.0	58,418	21.0	277,719
Higher	58,025	83.0	11,926	17.0	69,951
Total	521,472	79.1	137,805	20.9	659,277
Ever been away from home for more than 30 days					
Yes	99,174	79.3	25,814	20.7	124,989
No	421,904	79.0	111,941	21.0	533,845
Missing	76	100.0			76
Total	521,154	79.1	137,755	20.9	658,909
Number of days in week (Alcohol)					
0	12,384	75.8	3,952	24.2	16,336
1	48,741	74.2	16,905	25.8	65,646
2	39,440	72.1	15,271	27.9	54,711
3	12,684	77.8	3,619	22.2	16,303
4	4,455	81.3	1,022	18.7	5,477
5	2,512	75.6	813	24.4	3,324
6	933	75.2	308	24.8	1,241
7	17,171	72.6	6,486	27.4	23,657
Other	500	94.8	27	5.2	527
Total	138,819	74.1	48,402	25.9	187,222
Frequency of intake of recreational drugs					
0	140	100.0			140
Daily	5,430	81.5	1,234	18.5	6,664
Weekly	1,927	65.1	1,031	34.9	2,958
Monthly	1,008	96.1	41	3.9	1,049
Occasionally	2,542	77.9	719	22.1	3,261
Don't Know			138	100.0	138
Total	11,046	77.7	3,163	22.3	14,209
Ever had sexual partner 10 years younger or old					
Yes	56,677	67.8	26,894	32.2	83,571
No	214,012	73.0	79,300	27.0	293,312
Don't Know	50	34.2	96	65.8	145
Total	270,739	71.8	106,290	28.2	377,029

Table 12: HIV prevalence among respondents aged 10-64 years by whether they know someone with HIV/AIDS, who has died from HIV/AIDS and ever tested for HIV/AIDS, Botswana, 2004

Knows someone with HIV/AIDS	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
Yes	134,356	74.6	45,815	25.4	180,171
No	323,461	80.0	80,851	20.0	404,313
Don't Know	3,535	79.7	898	20.3	4,433
Total	461,352	78.3	127,564	21.7	588,916
Knows someone who died from HIV/AIDS					
Yes	190,066	76.9	57,098	23.1	247,164
No	264,403	79.4	68,393	20.6	332,796
Don't Know	6,139	76.2	1,914	23.8	8,053
Total	460,607	78.3	127,405	21.7	588,012
Ever tested for HIV/AIDS					
Yes	118,052	70.0	50,481	30.0	168,533
No	343,179	81.7	77,083	18.3	420,262
Total	461,230	78.3	127,563.9	21.7	588,794

Table 13: HIV prevalence among respondents 10-64 by whether a woman can obtain male condoms and can protect herself if partner has STI, Botswana, 2004

Acceptable for women to obtain male	HIV Prevalence rate			Total Number		
	Male	Female	Both sexes	Male	Female	Both sexes
Yes	19.7	26.9	23.7	195,674	252,202	447,875
No	12.0	18.0	14.9	68,343	64,092	132,435
Not Sure	9.1	12.0	10.8	18,873	28,500	47,372
Total	17.1	24.0	20.9	282,889	344,793	627,682
Woman protect herself from getting STI						
Yes	18.5	25.9	22.6	218,152	279,924	498,076
No	14.7	19.3	16.8	35,643	30,420	66,064
Don't Know	9.3	13.0	11.3	28,418	33,838	62,256
Total	17.1	24.0	20.9	282,213	344,182	626,395

Table 14: HIV prevalence among respondents 10-64 years who had genital ulcers by residence, Botswana, 2004

District	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
Gaborone	1,237	63.6	709	36.4	1,946
Francistown	202	47.6	223	52.4	425
Lobatse			54	100.0	54
Selebi-Phikwe	187	30.5	426	69.5	612
Orapa	113	100.0			113
Jwaneng	68	50.0	68	50.0	136
Southern	483	46.9	547	53.1	1,030
Barolong			222	100.0	222
Ngwaketse West	44	37.8	72	62.2	116
Southeast	200	74.6	68	25.4	269
Kweneng East	543	45.6	647	54.4	1,190
Kweneng West	50	100.0			50
Kgatleng	588	53.2	517	46.8	1,105
Central-Serowe	1,205	65.7	629	34.3	1,834
Central-Mahalapye	286	25.5	837	74.5	1,123
Central-Bobonong	71	8.6	760	91.4	832
Central-Boteti	386	89.3	46	10.7	433
Central-Tutume	807	62.0	494	38.0	1,301
Northeast			212	100.0	212
Ngamiland South	252	67.2	123	32.8	375
Ngamiland North	216	78.8	58	21.2	274
Chobe	54	11.8	400	88.2	454
Ghanzi	459	54.6	382	45.4	842
Kgalagadi South	133	67.3	65	32.7	197
Kgalagadi North	238	100.0			238
Total	7,822	50.8	7,561	49.2	15,383
Place of residence					
Urban	4,042	49.7	4,087	50.3	8,130
Cities	1,439	60.7	932	39.3	2,372
Towns	368	40.2	548	59.8	916
Urban villages	2,235	46.2	2,607	53.8	4,842
Rural	3,780	52.1	3,473	47.9	7,253
Total	7,822	50.8	7,561	49.2	15,383

Table 15: HIV prevalence among respondents 10-64 years who had genital ulcers by age group and level of education, Botswana, 2004

Age group	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
10 - 14	57	100.0			57
15 - 19	196	36.8	337	63.2	533
20 - 24	2,071	74.6	704	25.4	2,775
25 - 29	1,383	44.6	1,718	55.4	3,101
30 - 34	854	31.5	1,859	68.5	2,713
35 - 39	856	50.3	846	49.7	1,702
40 - 44	720	46.9	814	53.1	1,534
45 - 49	439	38.6	698	61.4	1,137
50 - 54	666	62.2	404	37.8	1,070
55 - 59	484	87.2	71	12.8	556
60 - 64			46	100.0	46
Total	7,726	50.7	7,498	49.3	15,224
Educational attainment					
Never attended	1,241	46.9	1,407	53.1	2,649
Non-formal	152	100.0			152
Primary	2,525	43.9	3,231	56.1	5,756
Secondary	3,269	55.8	2,591	44.2	5,861
Higher	634	65.7	332	34.3	965
Total	7,822	50.8	7,561	49.2	15,383

Table 16: HIV prevalence among male respondents 10-64 years who had genital ulcers by residence, Botswana, 2004

District	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
Gaborone	884	69.9	381	30.1	1,265
Francistown	156	58.7	110	41.3	265
Lobatse	-	-	-	-	-
Selebi-Phikwe	-	-	124	100.0	124
Orapa	56	100.0	-	-	56
Jwaneng	-	-	68	100.0	68
Southern	147	53.3	129	46.7	276
Barolong	-	-	-	-	-
Ngwaketse West	44	50.0	44	50.0	88
Southeast	102	60.0	68	40.0	170
Kweneng East	188	39.1	293	60.9	481
Kweneng West	-	-	-	-	-
Kgatleng	286	68.4	132	31.6	418
Central-Serowe	589	81.7	132	18.3	720
Central-Mahalapye	81	17.5	382	82.5	463
Central-Bobonong	-	-	261	100.0	261
Central-Boteti	262	85.0	46	15.0	309
Central-Tutume	347	75.8	111	24.2	459
Northeast	-	-	74	100.0	74
Ngamiland South	-	-	123	100.0	123
Ngamiland North	142	71.1	58	28.9	200
Chobe	-	-	101	100.0	101
Ghanzi	300	77.3	88	22.7	388
Kgalagadi South	65	100.0	-	-	65
Kgalagadi North	238	100.0	-	-	238
Total	3,886	58.8	2,725	41.2	6,611
Place of residence					
Urban	1,853	48.1	1,999	51.9	3,851
Cities	1,039	67.9	490	32.1	1,530
Towns	56	22.7	192	77.3	249
Urban villages	757	36.5	1,316	63.5	2,072
Rural	2,033	73.7	726	26.3	2,759
Total	3,886	58.8	2,725	41.2	6,611

Table 17: HIV prevalence among male respondents 10-64 years who had genital ulcers by age group and level of education, Botswana, 2004

Age group	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
10 - 14	57	100.0	-	-	57
15 - 19	53	100.0	-	-	53
20 - 24	1,220	83.1	249	16.9	1,469
25 - 29	547	47.9	596	52.1	1,143
30 - 34	480	34.9	896	65.1	1,377
35 - 39	394	74.9	132	25.1	526
40 - 44	302	47.5	334	52.5	636
45 - 49	217	45.7	258	54.3	475
50 - 54	286	65.5	150	34.5	436
55 - 59	233	100.0	-	-	233
60 - 64			46	100.0	46
Total	3,790	58.7	2,662	41.3	6,452
Educational attainment					
Never attended	739	55.2	599	44.8	1,338
Non-formal	152	100.0	-	-	152
Primary	1,144	48.9	1,195	51.1	2,339
Secondary	1,525	67.8	724	32.2	2,250
Higher	325	61.1	207	38.9	532
Total	3,886	58.8	2,725	41.2	6,611

Table 18: HIV prevalence among female respondents 10-64 years who had genital ulcers by residence, Botswana, 2004

District	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
Gaborone	354	51.8	328	48.2	682
Francistown	47	29.1	113	70.9	160
Lobatse			54	100.0	54
Selebi-Phikwe	187	38.3	301	61.7	488
Orapa	56	100.0			56
Jwaneng	68	100.0			68
Southern	336	44.5	418	55.5	754
Barolong			222	100.0	222
Ngwaketse West			28	100.0	28
Southeast	98	100.0			98
Kweneng East	355	50.0	355	50.0	710
Kweneng West	50	100.0			50
Kgatleng	302	44.0	385	56.0	687
Central-Serowe	617	55.4	497	44.6	1,114
Central-Mahalapye	205	31.1	455	68.9	660
Central-Bobonong	71	12.5	499	87.5	570
Central-Boteti	124	100.0			124
Central-Tutume	459	54.5	383	45.5	842
Northeast			138	100.0	138
Ngamiland South	252	100.0			252
Ngamiland North	74	100.0			74
Chobe	54	15.2	300	84.8	353
Ghanzi	159	35.1	294	64.9	453
Kgalagadi South	68	51.3	65	48.7	133
Kgalagadi North					
Total	3,936	44.9	4,836	55.1	8,772
Place of residence					
Urban	2,190	51.2	2,089	48.8	4,278
Cities	400	47.5	442	52.5	842
Towns	311	46.7	356	53.3	667
Urban villages	1,478	53.4	1,291	46.6	2,769
Rural	1,746	38.9	2,747	61.1	4,494
Total	3,936	44.9	4,836	55.1	8,772

Table 19: HIV prevalence among female respondents 10-64 years who had genital ulcers by age group and level of education, Botswana, 2004

Age group	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
10 - 14					
15 - 19	143	29.8	337	70.2	480
20 - 24	851	65.2	455	34.8	1,306
25 - 29	836	42.7	1,122	57.3	1,958
30 - 34	374	28.0	963	72.0	1,337
35 - 39	462	39.3	714	60.7	1,176
40 - 44	418	46.5	480	53.5	898
45 - 49	221	33.5	440	66.5	661
50 - 54	380	59.9	254	40.1	634
55 - 59	251	77.9	71	22.1	322
60 - 64					
Total	3,936	44.9	4,836	55.1	8,772
Educational attainment					
Never attended	502	38.3	809	61.7	1,311
Non-formal					
Primary	1,381	40.4	2,035	59.6	3,417
Secondary	1,744	48.3	1,867	51.7	3,611
Higher	309	71.2	125	28.8	434
Total	3,936	44.9	4,836	55.1	8,772

Table 20: Average age at first marriage for those who are HIV positive by sex and residence, Botswana, 2004

Sex	Mean age at first marriage	Median age at first marriage
Male	30.4	28
Female	25.4	23
Total	27.3	25
Place of residence		
Urban	26.9	25
Cities	27.5	26
Towns	28.2	25
Urban villages	26.3	25
Rural	27.9	26
Total	27.3	25

Table 21: HIV prevalence among male respondents 10-64 years who have ever had sex by level of education, residence and age at first sexual intercourse, Botswana, 2004

	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
Educational attainment					
Not stated	240	63.4	139	36.6	379
Never attended	28,489	75.1	9,462	24.9	37,951
Non-formal	1,183	72.8	443	27.2	1,627
Primary	32,415	68.5	14,915	31.5	47,330
Secondary	56,336	79.4	14,637	20.6	70,973
Higher	28,919	82.0	6,361	18.0	35,280
Total	147,582	76.3	45,957	23.7	193,539
Place of residence					
Urban	85,111	75.5	27,559	24.5	112,670
Cities	28,390	77.5	8,231	22.5	36,622
Towns	9,989	76.0	3,160	24.0	13,149
Urban villages	46,731	74.3	16,168	25.7	62,899
Rural	62,471	77.2	18,398	22.8	80,869
Total	147,582	76.3	45,957	23.7	193,539
Age at first sexual intercourse					
<= 10	5,394	68.3	2,502	31.7	7,896
11 - 15	17,061	78.9	4,564	21.1	21,625
16 - 20	81,542	77.2	24,050	22.8	105,592
21 - 25	25,404	75.5	8,222	24.5	33,626
26 - 30	4,607	66.1	2,363	33.9	6,969
31 - 35	1,104	71.8	433	28.2	1,537
36 - 40	772	89.1	94	10.9	866
41 - 45	245	100.0	-	-	245
46 - 50	39	100.0	-	-	39
51+	-	-	-	-	-
Total	136,168	76.3	42,228	23.7	178,396

Table 22: HIV prevalence among female respondents 10-64 years who have ever had sex by level of education, residence and age at first sexual intercourse, Botswana, 2004

	HIV Negative		HIV Positive		Total
Educational attainment	Number	Percent	Number	Percent	Number
Not stated	-	-	-	-	-
Never attended	24,059	72.9	8,936	27.1	32,995
Non-formal	2,538	79.8	644	20.2	3,182
Primary	54,965	66.5	27,657	33.5	82,622
Secondary	77,945	66.0	40,175	34.0	118,120
Higher	25,775	82.9	5,308	17.1	31,083
Total	185,282	69.1	82,720	30.9	268,003
Place of residence					
Urban	101,547	68.3	47,087	31.7	148,635
Cities	29,055	68.8	13,177	31.2	42,232
Towns	9,291	62.7	5,524	37.3	14,815
Urban villages	63,201	69.0	28,386	31.0	91,587
Rural	83,735	70.1	35,633	29.9	119,368
Total	185,282	69.1	82,720	30.9	268,003
Age at first sexual intercourse					
<= 10	3,551	62.3	2,152	37.7	5,703
11 - 15	16,566	68.6	7,571	31.4	24,138
16 - 20	128,557	69.1	57,473	30.9	186,030
21 - 25	21,488	68.3	9,974	31.7	31,462
26 - 30	2,556	78.7	691	21.3	3,247
31 - 35	537	87.8	75	12.2	611
36 - 40	-	-	-	-	-
41 - 45	-	-	-	-	-
46 - 50	-	-	-	-	-
51+	-	-	63	100.0	63
Total	173,255	69.0	77,999	31.0	251,254

Table 23: HIV prevalence among respondents 10-64 years who have ever had sex by level of education, residence and age at first sexual intercourse, Botswana, 2004

	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
Educational attainment					
Not stated	240	63.4	139	36.6	379
Never attended	52,548	74.1	18,398	25.9	70,946
Non-formal	3,722	77.4	1,087	22.6	4,809
Primary	87,380	67.2	42,573	32.8	129,952
Secondary	134,281	71.0	54,812	29.0	189,093
Higher	54,694	82.4	11,669	17.6	66,363
Total	332,864	72.1	128,678	27.9	461,542
Place of residence					
Urban	186,658	71.4	74,646	28.6	261,305
Cities	57,445	72.9	21,408	27.1	78,854
Towns	19,280	68.9	8,684	31.1	27,964
Urban villages	109,932	71.2	44,554	28.8	154,486
Rural	146,206	73.0	54,031	27.0	200,237
Total	332,864	72.1	128,678	27.9	461,542
Age at first sexual intercourse					
<= 10	8,945	65.8	4,654	34.2	13,599
11 - 15	33,628	73.5	12,135	26.5	45,763
16 - 20	210,099	72.0	81,523	28.0	291,622
21 - 25	46,891	72.0	18,196	28.0	65,088
26 - 30	7,163	70.1	3,054	29.9	10,216
31 - 35	1,641	76.4	508	23.6	2,149
36 - 40	772	89.1	94	10.9	866
41 - 45	245	100.0			245
46 - 50	39	100.0			39
51+			63	100.0	63
Total	309,423	72.0	120,227	28.0	429,649

Table 24: HIV prevalence among respondents 10-64 years by knowledge about HIV prevention, Botswana, 2004

	HIV Positive				
	Male		Female		Total
One partner	62,724	17.6	75,747	21.8	138,470
Condom use	206,940	18.4	261,994	26.2	468,934
Abstinence	138,192	17.3	184,744	24.6	322,936
Knows one way	98,426	18.1	112,093	25.0	210,519
Knows two ways	97,491	18.5	133,437	27.3	230,928
Knows three ways	38,150	16.8	47,839	20.5	85,989
Knows at least one way	234,066	18.1	293,369	25.3	527,435
Knows none	61,056	12.4	70,472	19.4	131,528
Total	295,122	16.9	363,841	24.2	658,964

Table 25: HIV prevalence among respondents 10-64 years by level of education and knowledge about HIV prevention, Botswana, 2004

Educational attainment	One partner		Condom use		Abstinence		Knows none		Knows one way		Knows two ways		Knows three ways		Knows at least one way		Total	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Not stated	100	75	72.1	192	72.2	192	20.8	240	0	107	100	63	100	75	56.4	246	38.8	486
Never attended	27.2	7,476	26.8	40,598	26.4	18,332	21.7	29,425	27.2	29,455	25.7	15,860	30.3	1,743	26.8	47,059	24.8	76,484
Non-formal	15.4	718	18	3,690	12.2	1,778	42	1,186	31.5	2,041	6.7	1,523	13.2	367	20.2	3,930	25.3	5,116
Primary	27.4	26,970	25.3	141,246	25.8	78,287	11.8	68,483	20.4	87,105	28.7	61,864	27.8	11,890	24.2	160,859	20.5	229,342
Secondary	18.8	74,335	21.8	223,788	20.6	172,274	19.4	27,562	21.3	79,435	22.4	120,983	18.4	49,665	21.2	250,083	21	277,645
Higher	13.8	28,896	17.5	59,420	16.1	52,072	19.7	4,633	19.5	12,376	17.7	30,634	14.2	22,248	16.9	65,258	17.1	69,891
Total	19.9	138,470	22.8	468,934	21.5	322,936	16.2	131,528	21.8	210,519	23.6	230,928	18.9	85,989	22.1	527,435	20.9	658,964

Table 26: HIV prevalence among respondents 10-64 years and whether they have ever had STI symptoms and whether advice was sought, Botswana, 2004

	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
Ever had STI symptoms					
Not stated	15,478	70.3	6,550	29.7	22,028
Had STI symptoms	60	18.2	268	81.8	328
No STI symptoms	317,327	72.3	121,860	27.7	439,186
Total	332,864	72.1	128,678	27.9	461,542
Sought advice					
Not applicable	286,665	73.8	101,916	26.2	388,581
Sought advice	450	69.1	201	30.9	651
Did not seek advice	45,749	63.3	26,560	36.7	72,310
Total	332,864	72.1	128,678	27.9	461,542

Table 27: HIV prevalence among respondents 10-64 years by Knowledge about HIV transmission, Botswana, 2004

	HIV Negative		HIV Positive		Total
	Number	Percent	Number	Percent	Number
HIV transmission mother to unborn child					
Not stated	207,452	84.8	37,219	15.2	244,671
Knows all	273,622	75.1	90,948	24.9	364,570
Knows none	40,084	80.6	9,638	19.4	49,722
Total	521,158	79.1	137,805	20.9	658,964
HIV transmission mother to born child					
Not stated	234,305	83.5	46,235	16.5	280,540
Knows none	6,485	74.6	2,203	25.4	8,689
Knows one way	280,367	75.8	89,367	24.2	369,735
Total	521,158	79.1	137,805	20.9	658,964

Table 28: HIV prevalence among respondents 10-64 years by occupation, Botswana, 2004

Occupation	HIV Negative		HIV Positive		Total Number
	Number	Percent	Number	Percent	
Legislators, administrators & managers	8,615	75.7	2,762	24.3	11,378
Professionals	13,469	86.2	2,155	13.8	15,624
Technicians & associate professionals	18,732	77.4	5,456	22.6	24,188
Clerks	11,281	69.0	5,064	31.0	16,345
Service workers & shop/market sales	27,453	71.2	11,129	28.8	38,582
Skilled agricultural	20,250	75.2	6,672	24.8	26,922
Craft & related trade	352,460	82.7	73,898	17.3	426,358
Plant & machine operators/assemblers	10,692	70.0	4,575	30.0	15,266
Elementary occupations	56,271	68.8	25,499	31.2	81,770
Not stated	1,341	76.4	414	23.6	1,755
Missing	594	76.6	182	23.4	776
Total	521,158	79.1	137,805	20.9	658,964

Table 29: HIV prevalence among respondents 10-64 years by condom use and marital partners, Botswana, 2004

	HIV prevalence							
	Used condom		Did not use condom		Don't know		Total	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Marital partner	30.9	90,016	26.3	108,528	-	-	28.4	198,779
Non marital partner	26.8	139,907	32.0	48,474	65.8	145	28.1	188,527
Total	28.3	222,988	28.1	151,459	65.8	145	20.9	651,057

Table 30: Living arrangements of children

Place of residence	Living arrangement											Total
	Impossible to determine	Living with both parents	Living with neither: only father alive	Living with neither: only mother alive	Living with neither: both are alive	Living with neither: both are dead	Living with mother only: father alive	Living with mother only: father dead	Living with father only: mother alive	Living with father only: mother dead		
Urban	5.5	30.9	2.2	2.5	15.7	2.6	30.3	7.0	2.7	0.6	100.0	
Rural	8.8	22.0	2.4	3.2	24.4	3.2	27.2	7.0	1.6	0.3	100.0	
Total	7.1	26.5	2.3	2.9	20.0	2.9	28.8	7.0	2.2	0.4	100.0	
Sex												
Male	7.4	26.3	2.5	2.9	19.1	2.9	28.7	7.3	2.5	0.4	100.0	
Female	6.8	26.6	2.1	2.9	20.9	2.8	28.8	6.8	1.9	0.5	100.0	
Total	7.1	26.5	2.3	2.9	20.0	2.9	28.8	7.0	2.2	0.4	100.0	
Age group												
0 - 4	6.9	27.9	0.8	1.2	18.6	0.6	37.7	4.5	1.7	0.2	100.0	
5 - 9	6.7	27.0	2.2	2.8	21.1	2.0	29.0	6.8	2.1	0.4	100.0	
10 - 14	7.7	25.9	3.2	3.5	19.5	4.9	23.4	8.6	2.6	0.5	100.0	
15 - 18	7.6	23.4	4.2	5.2	20.9	5.9	19.7	9.6	2.5	1.0	100.0	
Total	7.1	26.5	2.3	2.9	20.0	2.9	28.8	7.0	2.2	0.4	100.0	

Table 31: Percent distribution of households with orphans by type of help received, provider, and assistance, Botswana, 2004

		Orphans reported in the household	
		Percent	Number
How often was the care and assistance provided	Daily	1.9	267
	Weekly	4.5	631
	Monthly	88.8	12329
	Once	4.2	585
	Other	0.6	79
Kind of help household received	Counseling	0.4	54
	Money	0.6	85
	Extra food	44.0	6069
	Free medicine	1.6	220
	Help with child care	7.2	989
	Help with school expenses	40.7	5622
	Income generating project	0.4	55
	Help with food preparation	1.4	194
	Spiritual/religious support	1.7	241
	Support group	1.6	221
	Hospice	0.4	60
"Who provided assistance"	Relatives	34.3	386
	Other	65.7	739

Table 32: Percentage of persons aged 10-64 years by attitudes towards people living with HIV, sex, age group, and education, Botswana, 2004

	Knows someone who has HIV	Knows someone who has AIDS	Has shared a meal with a person suspected had HIV/AIDS	Willingness to care for a family member with HIV/AIDS	Teacher infected with HIV/AIDS should be allowed to teach	Would buy food from Shopkeeper who has HIV/AIDS	Would not want to keep secret HIV/AIDS status of family member	Positive attitude	Negative attitude	Number of persons
Sex										
Male	27.1	40.5	9.8	90.7	66.3	51.0	68.9	3.9	9.7	458,757
Female	32.6	41.0	14.4	93.5	73.4	55.4	63.8	5.9	8.7	545,523
Age group										
10-14	11.5	15.8	2.6	81.7	43.0	30.0	64.8	0.3	26.3	163,547
15-19	20.9	30.9	6.0	89.2	68.9	53.7	68.5	2.1	7.0	154,518
20-24	32.4	43.5	11.5	93.3	79.2	59.2	68.0	4.9	4.8	145,283
25-29	37.8	49.7	17.1	95.9	81.3	63.9	68.0	8.2	3.3	131,990
30-34	39.7	50.7	18.9	94.8	79.3	64.9	65.3	8.1	4.5	105,361
35-39	39.6	49.3	20.2	95.2	74.9	57.1	63.0	8.8	5.8	80,113
40-44	36.5	49.0	17.2	96.1	72.3	52.6	65.9	7.0	6.7	69,647
45-49	39.0	52.6	17.6	96.3	71.6	55.1	63.9	7.7	8.0	55,198
50-54	32.4	44.2	11.8	96.0	67.5	49.0	64.6	4.5	6.6	43,249
55-59	25.8	43.7	10.8	94.4	61.3	42.9	62.7	3.2	8.9	35,219
60-64	23.6	46.5	5.6	93.0	55.7	40.0	63.0	2.8	11.3	20,098
School Attendance										
Never attended	18.3	31.4	7.3	91.5	44.9	32.3	63.4	1.2	15.6	118,548
Non-formal	34.8	39.3	13.3	93.8	57.7	42.1	57.4	5.0	3.9	7,317
Primary	22.2	31.3	7.8	88.4	53.9	37.0	62.6	2.1	16.2	349,431
Secondary	30.8	41.5	11.7	94.1	80.6	62.4	68.0	5.1	3.1	412,707
Higher	59.2	72.2	30.8	96.8	95.6	84.3	72.1	17.5	2.0	114,699
Not stated	16.8	31.0	19.0	100.0	88.0	52.9	76.1	4.8	71.6	1,577
Total	30.1	40.8	12.3	92.3	70.1	53.4	66.1	5.0	9.2	1,004,280

Table 33: Percentage of persons aged 10-64 who know the main ways of preventing HIV transmission by sex, age group and education, Botswana, 2004

Sex	Heard of HIV and AIDS	Have only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way	Doesn't know any way	Number of persons
Male	92.6	21.1	72.0	49.0	12.7	81.5	18.5	458,757
Female	92.7	20.9	73.2	52.1	13.1	83.1	16.9	545,523
Age group								
10-14	78.5	6.1	50.8	31.4	4.0	59.8	40.2	163,547
15-19	95.2	21.5	75.2	61.2	15.5	87.9	12.1	154,518
20-24	96.3	27.5	82.5	61.3	19.2	90.8	9.2	145,283
25-29	97.3	30.0	82.6	59.9	18.7	92.0	8.0	131,990
30-34	96.4	25.7	82.4	57.1	15.6	90.5	9.5	105,361
35-39	95.6	25.0	77.0	52.7	13.6	86.1	13.9	80,113
40-44	94.2	20.4	77.4	47.1	10.2	85.6	14.4	69,647
45-49	93.2	20.5	70.5	43.3	11.3	80.3	19.7	55,198
50-54	94.4	18.3	66.1	39.6	8.3	77.2	22.8	43,249
55-59	92.3	15.4	59.3	32.7	4.8	71.2	28.8	35,219
60-64	90.1	11.3	51.9	35.8	4.6	65.9	34.1	20,098
School Attendance								
Never attended	86.3	9.6	51.1	23.5	2.4	60.1	39.9	118,548
Non-formal	96.8	16.0	76.1	38.1	7.3	84.3	15.7	7,317
Primary	86.8	11.3	62.5	34.7	4.9	71.4	28.6	349,431
Secondary	98.0	26.8	83.5	65.1	17.7	94.3	5.7	412,707
Higher	98.3	41.9	87.3	77.0	31.7	96.7	3.3	114,699
Not stated	28.4	4.8	15.3	15.3	4.8	18.7	81.3	1,577
Total	92.7	21.0	72.6	50.7	12.9	82.4	17.6	1,004,280

Table 34: Percentage of people aged 10-64 who correctly identify misconceptions about HIV/AIDS by sex, age group and education, Botswana, 2004

	Heard about AIDS	AIDS can't be transmitted by supernatural means	AIDS can't be transmitted by mosquito bites	A healthy looking person can be infected	Knows all three misconceptions	Knows at least one misconception	Doesn't correctly identify any misconception	Number of persons
Sex								
Male	92.6	69.0	49.4	74.6	35.8	87.6	12.4	458,757
Female	92.7	69.5	49.6	76.1	35.7	88.4	11.6	545,523
Age group								
10-14	78.5	52.5	46.3	44.7	22.5	68.9	31.1	163,547
15-19	95.2	77.0	62.4	79.2	46.8	92.3	7.7	154,518
20-24	96.3	78.3	55.8	85.1	44.0	94.1	5.9	145,283
25-29	97.3	76.8	54.1	86.9	43.6	95.3	4.7	131,990
30-34	96.4	72.4	50.2	85.2	39.7	93.3	6.7	105,361
35-39	95.6	70.9	45.7	82.6	35.9	90.8	9.2	80,113
40-44	94.2	65.6	40.9	79.8	31.3	89.7	10.3	69,647
45-49	93.2	64.7	38.2	77.4	27.3	87.7	12.3	55,198
50-54	94.4	63.3	34.9	74.8	22.9	87.8	12.2	43,249
55-59	92.3	60.8	33.6	68.8	20.8	85.0	15.0	35,219
60-64	90.1	61.6	33.0	61.1	18.2	80.8	19.2	20,098
School Attendance								
Never attended	86.3	49.3	23.2	57.8	11.6	75.3	24.7	118,548
Non-formal	96.8	69.6	34.5	86.0	25.2	92.4	7.6	7,317
Primary	86.8	57.9	37.1	61.0	20.5	79.2	20.8	349,431
Secondary	98.0	80.7	61.0	87.3	48.1	96.5	3.5	412,707
Higher	98.3	84.0	74.8	94.5	63.8	98.0	2.0	114,699
Not stated	28.4	19.0	10.2	16.5	6.6	25.0	75.0	1,577
Total	92.7	69.3	49.5	75.4	35.7	88.0	12.0	1,004,280

Table 35: Percentage of people who correctly identify means of HIV transmission from mother to child by sex, age group and education, Botswana, 2004

Sex	Know AIDS can be transmitted from mother to child	Transmission during pregnancy possible	Transmission at delivery possible	Transmission through breast milk possible	Knows all three	Did not know any specific way	Number of persons
Male	76.6	67.4	59.4	71.4	51.0	24.0	458757
Female	82.9	74.6	66.3	79.8	59.0	17.5	545523
Age group							
10-14	53.6	43.4	32.8	47.8	26.6	47.8	163547
15-19	85.4	73.7	61.7	81.0	51.5	15.1	154518
20-24	88.2	77.3	70.8	84.3	60.6	11.9	145283
25-29	90.4	80.9	75.7	87.0	66.8	10.1	131990
30-34	87.3	80.1	74.1	84.4	66.6	12.6	105361
35-39	84.5	78.6	72.2	81.1	65.7	15.4	80113
40-44	83.1	77.7	68.5	79.8	62.6	17.0	69647
45-49	80.1	75.2	66.4	76.0	60.8	20.5	55198
50-54	76.5	70.5	62.8	73.6	57.5	23.9	43249
55-59	77.2	72.8	64.8	71.8	60.4	23.7	35219
60-64	72.0	66.8	59.5	67.3	53.4	28.5	20098
School Attendance							
Never attended	62.6	59.1	50.6	60.0	48.0	37.8	118548
Non-formal	85.2	80.9	62.9	79.3	58.4	15.4	7317
Primary	68.1	60.8	50.1	64.4	45.2	32.6	349431
Secondary	90.9	80.7	71.9	87.0	62.5	9.5	412707
Higher	95.5	82.3	84.9	88.5	68.8	4.7	114699
Not stated	28.4	24.7	17.3	24.7	17.3	75.3	1577
Total	80.1	71.3	63.1	76.0	55.4	20.5	1004280

Table 36: Percentage of persons aged 10-64 who correctly identify means to avoid HIV transmission from mother to a new born child, Botswana

	Know way to avoid transmission from mother to newborn child	Antiretroviral therapy	Not breastfeeding	Knows all two ways	Knows at least one	Did not know any specific way	Number of persons
Sex							
Male	51.2	6.6	46.2	2.8	50.0	50.0	458,757
Female	64.1	8.6	58.6	4.1	63.2	36.8	545,523
Age group							
10-14	22.9	2.5	20.6	0.9	22.2	77.8	163,547
15-19	58.4	6.1	54.1	3.0	57.2	42.8	154,518
20-24	68.6	8.6	62.6	3.9	67.3	32.7	145,283
25-29	72.9	11.1	66.2	4.8	72.4	27.6	131,990
30-34	70.8	9.5	64.9	4.9	69.4	30.6	105,361
35-39	68.0	8.5	62.5	4.0	67.1	32.9	80,113
40-44	66.3	8.1	59.6	3.3	64.4	35.6	69,647
45-49	60.4	9.6	54.2	4.6	59.2	40.8	55,198
50-54	56.0	9.7	50.1	4.6	55.1	44.9	43,249
55-59	54.8	8.0	49.1	3.3	53.8	46.2	35,219
60-64	43.5	10.7	35.8	4.3	42.3	57.7	20,098
School Attendance							
Never attended	36.6	4.5	33.3	2.1	35.7	64.3	118,548
Non-formal	60.8	7.4	58.2	5.0	60.6	39.4	7,317
Primary	43.2	5.5	39.1	2.4	42.3	57.7	349,431
Secondary	70.6	8.9	64.4	3.9	69.5	30.5	412,707
Higher	81.9	13.2	74.1	7.0	80.3	19.7	114,699
Not stated	21.3	3.2	18.2	0.0	21.3	78.7	1,577
Total	58.2	7.7	52.9	3.5	57.1	42.9	1,004,280

Table 37: Percentage of persons aged 10-64 years who were counseled about HIV by sex, age group and education, Botswana, 2004

	Have been tested for HIV	Have been tested for HIV in last 12 months	Were counselled before test	Were told results	Received counselling when received results	Counselled at least once	Has not been counselled	Number of persons
Sex								
Male	19.5	11.1	9.7	10.3	9.1	10.2	89.8	458,757
Female	30.3	18.7	17.1	17.4	15.8	17.8	82.2	545,523
Age group								
10-14	0.6	0.2	0.1	0.1	0.0	0.1	99.9	163,547
15-19	10.1	6.4	5.9	5.9	5.0	6.0	94.0	154,518
20-24	35.3	23.3	21.5	21.8	20.3	22.4	77.6	145,283
25-29	42.4	25.4	22.8	23.9	21.6	23.8	76.2	131,990
30-34	38.9	23.3	21.6	21.6	19.9	22.3	77.7	105,361
35-39	39.2	23.8	21.1	21.8	19.2	21.9	78.1	80,113
40-44	33.7	17.9	15.7	16.5	14.5	16.3	83.7	69,647
45-49	31.0	16.7	14.4	15.8	13.7	15.4	84.6	55,198
50-54	23.0	14.3	12.6	13.5	11.9	13.0	87.0	43,249
55-59	15.9	7.1	6.4	6.3	5.4	6.5	93.5	35,219
60-64	10.7	7.6	5.7	7.3	6.3	6.3	93.7	20,098
School Attendance								
Never attended	15.3	9.5	8.5	8.4	7.6	8.9	91.1	118,548
Non-formal	28.3	19.4	18.1	18.7	17.3	19.4	80.6	7,317
Primary	16.4	9.9	9.1	9.1	8.5	9.4	90.6	349,431
Secondary	28.6	17.3	16.1	16.0	14.7	16.7	83.3	412,707
Higher	51.6	29.8	24.5	28.9	23.7	25.9	74.1	114,699
Not stated	12.2	4.0	4.0	0.0	0.0	4.0	96.0	1,577
Total	25.4	15.2	13.7	14.2	12.7	14.3	85.7	1,004,280

Table 38: Percent aware of availability of social and medical services by sex and residence, Botswana, 2004

	Place of residence				Sex of the respondent				Total	
	Urban		Rural		Male		Female		Number	Percent
AVAILABILITY OF SOCIAL AND MEDICAL SERVICES	Number	Percent	Number	Percent	Number	Percent	Number	Percent		
Home Based Care	359226	77.6	205341	74.4	233133	72.4	331434	79.5	564567	76.4
Orphan Care	389025	84	231156	83.8	264464	82.2	355718	85.3	620181	83.9
PLWHA Support.	255997	55.3	87663	31.8	141233	43.9	202426	48.5	343660	46.5
Destitute Programme	384920	83.1	233973	84.8	270936	84.2	347957	83.4	618893	83.7
ARV Programme.	291895	63	84565	30.6	161424	50.2	215036	51.5	376460	50.9
PMTCT Programme	337500	72.9	120518	43.7	184816	57.4	273202	65.5	458018	62
IPT Programme.	217628	47	73139	26.5	290767	36.8	172336	41.3	290767	39.3
Total	463060	100	275971	100	321870	100	417160	100	739031	100

Table 39: Percentage of persons aged 10-64 who ever had sex by place of residence and condom use, Botswana, 2004

District	Condom use during first sexual intercourse with partner		Total	Condom use during last sexual intercourse with partner		Total	Condom use every time have sexual intercourse with partner		
	Number	Percent		Number	Number		Percent	Number	Percent
Gaborone	59,687	72.9	81,923	56,800	69.3	81,923	50,214	61.3	81,923
Francistown	19,704	70.1	28,113	19,151	68.1	28,113	16,396	58.3	28,113
Lobatse	5,913	57.2	10,331	5,880	56.9	10,331	5,240	50.7	10,331
Selebi-Phikwe	11,482	61.3	18,739	12,289	65.6	18,739	11,334	60.5	18,739
Orapa	3,380	73.9	4,572	3,392	74.2	4,572	3,158	69.1	4,572
Jwaneng	4,512	75.8	5,956	3,770	63.3	5,956	3,540	59.4	5,956
Sowa	1,173	77.5	1,514	1,154	76.2	1,514	1,098	72.5	1,514
Southern	18,699	59.3	31,538	17,921	56.8	31,538	15,037	47.7	31,538
Barolong	4,518	45.0	10,042	5,117	51.0	10,042	4,377	43.6	10,042
Ngwaketse West	1,592	55.4	2,871	1,440	50.1	2,871	1,152	40.1	2,871
Southeast	13,765	70.1	19,624	14,040	71.5	19,624	12,907	65.8	19,624
Kweneng East	41,157	65.5	62,797	39,638	63.1	62,797	34,830	55.5	62,797
Kweneng West	4,436	57.0	7,788	4,409	56.6	7,788	3,966	50.9	7,788
Kgatleng	17,290	63.7	27,143	17,602	64.8	27,143	15,257	56.2	27,143
Central-Serowe	26,268	59.6	44,058	26,301	59.7	44,058	23,534	53.4	44,058
Central-Mahalapye	19,003	62.8	30,254	18,751	62.0	30,254	15,937	52.7	30,254
Central-Bobonong	9,205	54.8	16,811	9,172	54.6	16,811	8,426	50.1	16,811
Central-Boteti	6,885	57.3	12,014	6,576	54.7	12,014	5,779	48.1	12,014
Central-Tutume	16,306	52.3	31,186	16,383	52.5	31,186	13,597	43.6	31,186
Northeast	7,712	62.3	12,380	6,821	55.1	12,380	5,701	46.0	12,380
Ngamiland South	19,160	69.3	27,666	19,573	70.7	27,666	17,531	63.4	27,666
Ngamiland North	5,660	55.2	10,258	5,436	53.0	10,258	4,361	42.5	10,258
Chobe	6,223	66.1	9,420	5,170	54.9	9,420	4,355	46.2	9,420
Ghanzi	5,230	56.2	9,304	5,032	54.1	9,304	4,306	46.3	9,304
Kgalagadi South	3,964	63.8	6,212	3,305	53.2	6,212	2,709	43.6	6,212
Kgalagadi North	3,559	68.5	5,194	3,395	65.4	5,194	3,040	58.5	5,194
Total	336,485	63.8	527,708	328,515	62.3	527,708	287,783	54.5	527,708
Place of residence									
Urban	236,674	69.6	340,003	230,751	67.9	340,003	203,768	59.9	340,003
Rural	99,812	53.2	187,705	97,764	52.1	187,705	84,014	44.8	187,705
Total	336,485	63.8	527,708	328,515	62.3	527,708	287,783	54.5	527,708
Place of residence									
Cities	79,391	72.2	110,036	75,950	69.0	110,036	66,610	60.5	110,036
Towns	26,460	64.4	41,113	26,485	64.4	41,113	24,370	59.3	41,113
Urban villages	130,822	69.3	188,854	128,316	67.9	188,854	112,788	59.7	188,854
Rural	99,812	53.2	187,705	97,764	52.1	187,705	84,014	44.8	187,705
Total	336,485	63.8	527,708	328,515	62.3	527,708	287,783	54.5	527,708

Table 40: Percentage of persons aged 10-64 who ever had sex by sex, religion, education, marital status of partner, type of partner and condom use, Botswana, 2004

	Condom use during first sexual intercourse with partner		Total	Condom use during last sexual intercourse with partner		Total	Condom use every time have sexual intercourse with partner		
	Number	Percent		Number	Number		Percent	Number	Percent
Sex of the respondent									
Male	170,132	66.4	256,282	168,270	65.7	256,282	150,568	58.8	256,282
Female	166,353	61.3	271,426	160,245	59.0	271,426	137,215	50.6	271,426
Total	336,485	63.8	527,708	328,515	62.3	527,708	287,783	54.5	527,708
Religion									
Christian	261,441	62.6	417,723	256,242	61.3	417,723	223,731	53.6	417,723
Muslim	1,679	48.6	3,454	1,774	51.4	3,454	1,340	38.8	3,454
Bahai	0	0.0	0	0	0.0	0	0	0.0	0
Hindu	1,295	41.7	3,108	1,374	44.2	3,108	1,206	38.8	3,108
Badimo	15,855	65.2	24,316	14,197	58.4	24,316	12,798	52.6	24,316
Other	3,748	84.9	4,416	3,678	83.3	4,416	3,429	77.6	4,416
No Religion	52,066	70.3	74,022	50,996	68.9	74,022	45,026	60.8	74,022
Total	336,083	63.8	527,039	328,262	62.3	527,039	287,529	54.6	527,039
Level of education									
Never attended	17,159	27.4	62,615	18,817	30.1	62,615	15,755	25.2	62,615
Non-formal	1,427	30.9	4,627	1,646	35.6	4,627	1,447	31.3	4,627
Primary	55,066	42.3	130,212	61,180	47.0	130,212	51,006	39.2	130,212
Secondary	189,458	81.1	233,569	178,190	76.3	233,569	159,683	68.4	233,569
Higher	73,169	76.1	96,168	68,414	71.1	96,168	59,624	62.0	96,168
Missing	206	39.8	519	268	51.7	519	268	51.7	519
Total	336,485	63.8	527,708	328,515	62.3	527,708	287,783	54.5	527,708
Relationship with your partner									
Husband/Wife	31,958	27.5	116,113	39,636	34.1	116,113	29,683	25.6	116,113
Live-in Partner	78,240	58.5	133,668	72,185	54.0	133,668	60,151	45.0	133,668
Girl/Boyfriend not living with you	208,758	81.6	255,756	200,241	78.3	255,756	182,254	71.3	255,756
Someone whom you paid	857	75.2	1,139	888	77.9	1,139	793	69.6	1,139
Casual Acquaintance	14,176	85.3	16,615	13,578	81.7	16,615	13,204	79.5	16,615
Other	1,922	83.2	2,310	1,636	70.8	2,310	1,347	58.3	2,310
Total	335,911	63.9	525,601	328,164	62.4	525,601	287,432	54.7	525,601
Type of partner									
Regular/Live in partner	110,198	44.1	249,781	111,821	44.8	249,781	89,834	36.0	249,781
Non regular partner	222,934	81.8	272,371	213,819	78.5	272,371	195,458	71.8	272,371
Sex worker	857	75.2	1,139	888	77.9	1,139	793	69.6	1,139
Total	333,989	63.8	523,291	326,528	62.4	523,291	286,085	54.7	523,291
Missing	206	39.8	519	268	51.7	519	268	51.7	519

Table 41: Percent distribution of deaths in the past 12 months by residence, age at death, duration of illness and cause of death, Botswana, 2004

Age at death	Place of residence			
	Urban		Rural	
	Number	Percent	Number	Percent
0 - 4	563	14.0	2522	8.6
5 - 9	31	.8	643	2.2
10 - 14	140	3.5	175	.6
15 - 19	0	.0	474	1.6
20 - 24	544	13.5	1055	3.6
25 - 29	331	8.2	2196	7.5
30 - 34	653	16.2	4179	14.2
35 - 39	660	16.4	2516	8.6
40 - 44	187	4.6	2622	8.9
45 - 49	26	.6	1194	4.1
50 - 54	116	2.9	2169	7.4
55 - 59	100	2.5	949	3.2
60 - 64	105	2.6	922	3.1
65+	153	3.8	4420	15.1
Not stated	424	10.5	3302	11.3
Number of months had been sick before dying				
0	513	13.5	5150	18.6
1-2	668	17.6	4854	17.5
3-6	1048	27.6	7800	28.1
7-12	856	22.5	4646	16.8
13-24	119	3.1	2246	8.1
25+	226	6.0	1818	6.6
Not Known	368	9.7	1202	4.3
Cause of death				
AIDS	138	3.6	3217	11.6
TB	814	21.2	4983	18.0
Malaria	0	.0	312	1.1
Heart disease	340	8.9	2164	7.8
Stroke	69	1.8	2261	8.2
Violence	0	0	941	3.4
Road/Car accident	222	5.8	683	2.5
Other****	2095	54.5	11667	42.1
Not Known	163	4.3	1508	5.4
Total	3842	100.0	27737	100.0

****Includes other values, other than specified.

Table 42: Percent distribution of household members who were bedridden for at least 3 months in the past 12 months, who received care/assistance by age and type of care provider, Botswana, 2004

Age of ill person	Provision of care or assistance							
	Clinic / hospital		Social Worker		Friends/Relatives		Community / Non-governmental	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-4	768	3.7	108	3.2	135	3.1	347	5.8
5-9	1,085	5.2	115	3.5	142	3.2	0	0.0
10-14	924	4.4	88	2.7	81	1.8	312	5.2
15--19	829	4.0	74	2.2	98	2.2	187	3.1
20-24	1,313	6.3	132	4.0	477	10.8	532	8.8
25--29	2,494	11.9	363	10.9	450	10.2	754	12.5
30-34	2,626	12.5	563	16.9	494	11.2	1,201	19.9
35-39	2,391	11.4	343	10.3	538	12.1	510	8.5
40-44	1,849	8.8	377	11.3	416	9.4	511	8.5
45-49	1,253	6.0	114	3.4	337	7.6	338	5.6
50-54	925	4.4	96	2.9	296	6.7	360	6.0
55-59	626	3.0	107	3.2	310	7.0	80	1.3
60-64	702	3.3	207	6.2	333	7.5	144	2.4
65-69	682	3.3	106	3.2	0	0.0	172	2.9
70-74	633	3.0	78	2.3	0	0.0	195	3.2
75-79	573	2.7	106	3.2	56	1.3	138	2.3
80-84	496	2.4	140	4.2	0	0.0	0	0.0
85-89	431	2.1	210	6.3	104	2.4	243	4.0
90-94	78	0.4	0	0.0	78	1.8	0	0.0
95-98	0	0.0	0	0.0	81	1.8	0	0.0
Unknown	277	1.3	0	0.0	0	0.0	0	0.0
Total	20,955	100.0	3,328	100.0	4,426	100.0	6,023	100.0

Table 43: Percent distribution of households with members who were bedridden for at least 3 months in the past 12 months, who received care/assistance by age and type of assistance, Botswana, 2004

Age of ill person	Type of help received												Total	
	Counselling		Free medicines		Extra food		Money		Help with toiletry, Chairs, etc		Other(specify)		Number	Percent
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent		
0-4	298	3.1	838	3.7	313	5.5	59	4.2	123	3.6	53	7.8	838	3.5
5-9	353	3.7	1,085	4.8	232	4.1	115	8.2	64	1.9	0	0.0	1,085	4.6
10-14	291	3.0	830	3.7	153	2.7	81	5.7	65	1.9	0	0.0	918	3.9
15--19	405	4.2	851	3.8	203	3.6	52	3.7	186	5.4	0	0.0	904	3.8
20-24	813	8.4	1,546	6.9	181	3.2	186	13.2	57	1.7	0	0.0	1,669	7.0
25--29	1,327	13.8	2,547	11.3	594	10.5	168	11.9	591	17.1	118	17.5	2,679	11.2
30-34	1,498	15.6	2,916	13.0	656	11.6	0	0.0	326	9.4	0	0.0	2,944	12.3
35-39	1,077	11.2	2,475	11.0	423	7.5	0	0.0	364	10.5	50	7.4	2,736	11.5
40-44	972	10.1	1,824	8.1	496	8.7	47	3.3	159	4.6	71	10.5	2,056	8.6
45-49	361	3.7	1,466	6.5	135	2.4	161	11.4	205	5.9	0	0.0	1,518	6.4
50-54	506	5.3	1,062	4.7	402	7.1	227	16.1	264	7.6	194	28.6	1,121	4.7
55-59	385	4.0	733	3.3	252	4.5	0	0.0	252	7.3	0	0.0	733	3.1
60-64	444	4.6	813	3.6	447	7.9	0	0.0	231	6.7	0	0.0	813	3.4
65-69	216	2.2	778	3.5	282	5.0	0	0.0	106	3.1	0	0.0	892	3.7
70-74	50	0.5	633	2.8	160	2.8	62	4.4	82	2.4	0	0.0	695	2.9
75-79	171	1.8	623	2.8	249	4.4	81	5.8	136	3.9	56	8.3	680	2.8
80-84	81	0.8	496	2.2	215	3.8	0	0.0	81	2.3	0	0.0	556	2.3
85-89	142	1.5	576	2.6	196	3.5	173	12.2	90	2.6	135	19.9	576	2.4
90-94	78	0.8	78	0.3	78	1.4	0	0.0	78	2.2	0	0.0	78	0.3
95-98	81	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	81	0.3
Unknown	82	0.9	277	1.2	0	0.0	0	0.0	0	0.0	0	0.0	277	1.2
Total	9,631	100.0	22,445	100.0	5,668	100.0	1,412	100.0	3,460	100.0	678	100.0	23,846	100.0

Table 44: Percent of persons aged 10-64 years (ever had sexual intercourse) who had symptoms of STI's by where they first sought advice/treatment, sex, marital status and level of education, Botswana, 2004

	When you had these symptoms, what was the first thing you did?															
	Sought advice/treatment from a health worker		Sought advice/treatment from a traditional/Spiritual healer		Sought advice/treatment from a shop or pharmacy?		Asked for advice/treatment from friends or relatives		Private doctor		Nothing		Other		Group Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Number
Sex																
Male	19,920	65.9	4,304	14.2	483	1.6	3,163	10.5	1,957	6.5	136	0.5	245	0.8	30,208	296,132
Female	39,649	78.6	2,171	4.3	738	1.5	2,640	5.2	3,187	6.3	1,618	3.2	428	0.8	50,429	400,138
Total	59,569	73.9	6,475	8.0	1,221	1.5	5,803	7.2	5,143	6.4	1,754	2.2	672	0.8	80,637	696,270
Current marital status																
Married	9,202	70.4	980	7.5	417	3.2	240	1.8	1,888	14.4	151	1.2	194	1.5	13,073	156,142
Living together	22,410	78.4	2,003	7.0	444	1.6	1,855	6.5	792	2.8	855	3.0	221	0.8	28,580	185,547
Separated	1,041	95.2	53	4.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1,093	9,653
Divorced	1,924	70.4	381	13.9	0	0.0	50	1.8	259	9.5	88	3.2	31	1.1	2,733	24,824
Widowed	923	83.5	183	16.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1,106	7,344
Never married	24,069	70.7	2,875	8.4	360	1.1	3,658	10.7	2,204	6.5	660	1.9	226	0.7	34,051	312,760
Total	59,569	73.9	6,475	8.0	1,221	1.5	5,803	7.2	5,143	6.4	1,754	2.2	672	0.8	80,637	696,270
Level of education																
Never attended	9,323	74.9	1,875	15.1	0	0.0	595	4.8	279	2.2	310	2.5	62	0.5	12,444	109,162
Non-formal	961	81.5	218	18.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1,179	7,078
Primary	19,129	80.7	2,181	9.2	244	1.0	1,296	5.5	640	2.7	186	0.8	31	0.1	23,705	194,390
Secondary	24,058	72.9	2,090	6.3	521	1.6	3,170	9.6	1,738	5.3	1,131	3.4	296	0.9	33,003	278,042
Higher	6,035	58.9	111	1.1	456	4.5	743	7.3	2,487	24.3	127	1.2	283	2.8	10,242	107,112
Missing	63	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	63	486
Total	59,569	73.9	6,475	8.0	1,221	1.5	5,803	7.2	5,143	6.4	1,754	2.2	672	0.8	80,637	696,270

Table 45: Percentage of persons aged 10-64 years who had STI's by reason for seeking advice/treatment from source, sex, age group and marital status, Botswana, 2004

	Reason help was sought from source																Total	
	Privacy/Confidentiality		High Quality Service		Low Cost		Short Waiting Time		Better/More effective treatment		Friendly Environment		Close and Convenient		Other		Total	
Sex	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Total	
Male	3,808	13.0	6,381	21.7	5,267	17.9	1,974	6.7	13,036	44.4	1,973	6.7	3,589	12.2	1,604	5.5	29,372	
Female	8,385	17.3	10,616	21.9	10,423	21.5	3,190	6.6	20,083	41.4	2,305	4.8	3,912	8.1	2,015	4.2	48,508	
Total	12,193	15.7	16,997	21.8	15,690	20.1	5,164	6.6	33,119	42.5	4,278	5.5	7,501	9.6	3,619	4.6	77,880	
Age group																		
10-14	57	50.0	57	50.0	0	0.0	0	0.0	57	50.0	0	0.0	0	0.0	57	50.0	114	
15-19	500	13.8	292	8.1	723	20.0	214	5.9	1,246	34.5	349	9.7	635	17.6	194	5.4	3,610	
20-24	2,563	17.8	2,894	20.1	2,665	18.6	696	4.8	5,838	40.6	1,095	7.6	1,503	10.5	786	5.5	14,364	
25-29	2,569	15.0	3,862	22.6	4,083	23.9	1,414	8.3	7,245	42.4	1,136	6.6	1,154	6.7	805	4.7	17,104	
30-34	1,821	14.2	2,488	19.5	2,613	20.4	638	5.0	5,222	40.9	700	5.5	1,495	11.7	515	4.0	12,782	
35-39	1,447	17.4	1,490	18.0	1,397	16.8	514	6.2	4,431	53.4	180	2.2	446	5.4	252	3.0	8,296	
40-44	1,848	23.2	2,525	31.7	1,634	20.5	718	9.0	3,040	38.1	233	2.9	678	8.5	247	3.1	7,971	
45-49	460	9.9	1,072	23.1	1,069	23.0	153	3.3	2,203	47.5	302	6.5	731	15.8	324	7.0	4,639	
50-54	473	10.9	1,356	31.4	617	14.3	435	10.0	1,741	40.2	76	1.8	303	7.0	135	3.1	4,325	
55-59	209	7.6	453	16.5	457	16.6	118	4.3	1,405	51.2	145	5.3	426	15.5	205	7.5	2,743	
60-64	247	12.8	509	26.4	434	22.5	265	13.7	692	35.8	63	3.2	130	6.7	99	5.1	1,932	
Total	12,193	15.7	16,997	21.8	15,690	20.1	5,164	6.6	33,119	42.5	4,278	5.5	7,501	9.6	3,619	4.6	77,880	
Current marital status																		
Married	2,070	16.4	4,131	32.7	1,883	14.9	997	7.9	5,368	42.5	288	2.3	1,369	10.9	902	7.1	12,618	
Living together	3,420	12.4	5,028	18.3	5,759	20.9	1,834	6.7	12,501	45.5	1,270	4.6	2,580	9.4	1,116	4.1	27,502	
Separated	312	28.5	282	25.8	104	9.5	0	0.0	434	39.7	53	4.8	0	0.0	58	5.3	1,093	
Divorced	185	7.1	581	22.2	481	18.4	276	10.6	1,439	55.1	65	2.5	106	4.1	122	4.6	2,614	
Widowed	237	21.4	344	31.1	249	22.5	0	0.0	532	48.1	142	12.9	201	18.2	0	0.0	1,106	
Never married/Neverliving	5,969	18.1	6,631	20.1	7,215	21.9	2,057	6.2	12,845	39.0	2,461	7.5	3,245	9.9	1,421	4.3	32,947	
Total	12,193	15.7	16,997	21.8	15,690	20.1	5,164	6.6	33,119	42.5	4,278	5.5	7,501	9.6	3,619	4.6	77,880	

Table 46: Percentage of women aged 15-49 who attended ANC during their last pregnancy by residence, age group, marital status and education, Botswana, 2004

	Antenatal attendance during last pregnancy				Total
	Yes		No		
	Percent	Number	Percent	Number	Number
Place of residence					
Urban	94.3	154,888	5.7	9,423	251,878
Rural	93.0	111,897	7.0	8,474	154,309
Age group					
15-19	88.9	8,895	11.1	1,109	76,901
20-24	96.4	43,470	3.6	1,638	79,106
25-29	95.8	58,875	4.2	2,577	73,085
30-34	94.1	48,555	5.9	3,069	56,254
35-39	93.8	42,443	6.2	2,811	47,260
40-44	92.0	36,492	8.0	3,160	41,166
45-49	88.8	28,055	11.2	3,532	32,415
Current marital status					
Married	93.7	60,759	6.3	4,097	67,536
Living together	93.6	83,446	6.4	5,676	102,116
Separated	92.5	3,849	7.5	311	4,388
Divorced	88.4	8,580	11.6	1,122	10,030
Widowed	98.2	3,575	1.8	64	3,979
Never married	94.1	106,577	5.9	6,627	217,590
Level of education					
Never attended	82.6	27,367	17.4	5,758	35,702
Non-formal	88.9	3,107	11.1	387	3,535
Primary	93.7	83,020	6.3	5,589	99,819
Secondary	96.5	120,041	3.5	4,320	216,891
Higher	94.8	33,250	5.2	1,842	49,783
Not stated	0.0	0	0.0	0	456
Total	93.7	266,785	6.3	17,896	406,187

Table 47: Percent distribution of industry with referral mechanism for voluntary counseling and testing services, Botswana, 2004

Industry	Referral mechanism for voluntary counseling and testing services	
	Yes Percent	Total Number
Agriculture and related industry	50.0	4
Mining	50.0	2
Manufacturing	33.3	36
Utilities(e.g. Water supply)	77.8	9
Construction	50.0	8
Retail trade, hotels & restaurants	20.5	75
Transport & communications	38.1	22
Finance & real estate	75.0	4
Public administration	60.0	86
Education & Health	46.4	151
Other industry	52.6	19
Not classified	50.0	3
Total	44.4	419

Table 48: Percent distribution of industry that provide condoms, Botswana, 2004

Industry	Provide condoms	
	Percent	Number
Agriculture and related industry	50.0	4
Mining	100.0	2
Manufacturing	48.6	36
Utilities(e.g. Water supply)	77.8	9
Construction	87.5	8
Retail trade, hotels & restaurants	44.6	75
Transport & communications	52.4	22
Finance & real estate	100.0	4
Public administration	87.2	86
Education & Health	54.4	151
Other industry	68.4	19
Not classified	100.0	3
Total	61.5	419

Table 49: Percent of informants reporting type of health worker in the community by place of residence, district and main economic activity Botswana, 2004

Locality Description	Community has at least one:				Total Number
	Nurse Percent	Doctor Percent	Social worker Percent	Family welfare educator Percent	
Towns/cities	96.0	78.6	87.3	86.7	173
Urban village	98.2	62.9	89.9	92.8	278
Rural village	94.4	26.4	66.5	86.7	536
Other rural	75.0	1.3	35.0	73.8	80
Total	94.2	42.5	73.6	87.3	1067
District					
Gaborone	99.0	72.4	92.4	88.6	106
Francistown	86.8	79.2	75.5	75.5	53
Selibe-Phikwe	100.0	37.5	95.8	100.0	24
Jwaneng	100.0	100.0	100.0	100.0	3
Sowa	100.0	100.0	100.0	100.0	7
Southern	80.0	5.0	37.5	62.5	40
Barolong	90.0	2.5	17.5	90.0	40
Ngwaketse West	100.0	0.0	100.0	100.0	15
Southeast	97.9	74.5	97.9	93.6	47
Kweneng East	94.8	58.6	79.3	94.0	116
Kweneng West	76.3	26.3	42.1	76.3	38
Kgatleng	100.0	32.4	100.0	100.0	37
Central-Serowe	100.0	31.4	69.5	95.2	106
Central-Mahalapye	100.0	11.6	79.7	97.1	69
Central-Bobonong	95.2	26.2	83.3	95.2	42
Central-Boteti	100.0	43.8	71.9	100.0	32
Central-Tutume	89.2	45.0	60.0	53.3	120
Northeast	95.0	17.5	65.0	100.0	40
Ngamiland South	94.7	57.9	73.7	78.9	19
Ngamiland North	90.5	23.8	90.5	90.5	21
Chobe	77.8	25.9	37.0	92.6	27
Ghanzi	100.0	65.5	100.0	100.0	29
Kgalagadi South	100.0	35.0	80.0	100.0	20
Kgalagadi North	100.0	52.0	84.0	100.0	25
Total	94.2	42.3	73.6	87.3	1076
Main economic activity					
Crop farming	93.5	24.7	50.6	79.2	77
Livestock	93.5	36.9	74.4	85.4	309
Fishing	100.0	9.1	90.9	90.9	11
Trade	97.4	60.3	91.0	79.5	78
Hotel	100.0	77.8	88.9	88.9	9
Tourism	100.0	100.0	100.0	100.0	5
Manufacturing	100.0	70.8	83.3	79.2	24
Government	94.7	44.4	67.3	88.9	171
Mining	100.0	81.1	94.6	97.3	37
Poultry	100.0	68.5	92.6	98.1	54
Other	91.5	34.4	70.1	89.8	294
Not stated	80.0	0.0	40.0	80.0	7
Total	94.2	42.3	73.6	87.3	1076

Table 50: Percent of informants reporting leading causes of death in the community by place of residence, district and main economic activity Botswana, 2004

Place of residence	Leading Causes of Death in the Community													Number
	AIDS Percent	Malaria Percent	TB Percent	Diarrheal Percent	Respirator Percent	Heart dise Percent	Measles Percent	Cancer Percent	Malnutritio Percent	Sexually t Percent	Road traffi Percent	Don't know Percent	Other Percent	
Towns/cities	63.6	1.2	25.4	1.7	1.7	0.0	0.0	0.6	1.2	4.6	26.0	23.7	9.2	173
Urban village	76.6	1.8	22.3	1.1	1.1	1.4	0.0	1.1	0.0	5.4	20.9	11.9	10.8	278
Rural village	67.2	5.0	18.8	3.5	2.1	1.9	0.0	1.1	0.4	7.3	9.5	10.4	13.8	536
Other rural	55.0	1.3	16.3	0.0	0.0	1.3	0.0	0.0	0.0	11.3	5.0	30.0	15.0	80
Total	68.1	3.3	20.6	2.3	1.6	1.4	0.0	0.9	0.4	6.7	14.8	14.4	12.4	1067
District														
Gaborone	55.7	0.0	23.6	0.0	0.9	0.0	0.0	0.0	0.0	1.9	12.3	32.1	11.3	106
Francistown	79.2	0.0	26.3	1.9	1.9	0.0	0.0	0.0	3.8	5.7	50.9	13.2	9.4	53
Selebi-Phikwe	62.5	4.2	29.2	8.3	8.3	0.0	0.0	4.2	0.0	12.5	8.3	8.3	0.0	24
Jwaneng	100.0	0.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.7	0.0	0.0	3
Sowa	42.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	42.9	28.6	28.6	7
Southern	55.0	0.0	20.0	0.0	0.0	7.5	0.0	5.0	0.0	5.0	12.5	5.0	5.0	40
Barolong	60.0	2.5	15.0	0.0	0.0	2.5	0.0	2.5	0.0	5.0	5.0	22.5	20.0	40
Ngwaketse West	73.3	0.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	40.0	15
Southeast	68.1	0.0	42.6	0.0	0.0	2.1	0.0	2.1	0.0	17.0	19.1	8.5	8.5	47
Kweneng East	74.1	0.0	28.4	0.0	0.0	0.9	0.0	0.0	0.0	3.4	10.3	8.6	10.3	116
Kweneng West	78.9	0.0	13.2	0.0	0.0	0.0	0.0	0.0	0.0	7.9	18.4	15.8	13.2	38
Kgatleng	54.1	0.0	24.3	2.7	2.7	0.0	0.0	0.0	0.0	27.0	27.0	18.9	16.2	37
Central-Serowe	58.5	0.9	11.3	2.8	0.0	0.9	0.0	0.0	0.0	11.3	7.5	27.4	8.5	106
Central-Mahalapye	78.3	0.0	5.8	0.0	4.3	1.4	0.0	0.0	0.0	4.3	7.2	13.0	13.0	69
Central-Bobonong	54.8	0.0	14.3	4.8	0.0	4.8	0.0	2.4	0.0	0.0	0.0	2.4	0.0	42
Central-Boteti	50.0	6.3	15.6	0.0	0.0	0.0	0.0	0.0	0.0	9.4	6.3	15.6	9.4	32
Central-Tutume	85.0	4.2	22.5	5.0	2.5	0.8	0.0	0.0	0.0	7.5	25.0	5.8	21.7	120
Northeast	62.5	0.0	15.0	5.0	5.0	5.0	0.0	0.0	0.0	5.0	15.0	7.5	5.0	40
Ngamiland South	68.4	26.3	15.8	5.3	10.5	0.0	0.0	0.0	0.0	5.3	15.8	10.5	36.8	19
Ngamiland North	85.7	33.3	28.6	23.8	4.8	0.0	0.0	0.0	4.8	14.3	4.8	14.3	19.0	21
Chobe	66.7	40.7	14.8	3.7	0.0	0.0	0.0	0.0	0.0	3.7	0.0	18.5	3.7	27
Ghanzi	86.2	3.4	17.2	0.0	0.0	3.4	0.0	3.4	0.0	0.0	13.8	10.3	3.4	29
Kgalagadi South	65.0	0.0	25.0	5.0	0.0	0.0	0.0	10.0	5.0	0.0	15.0	0.0	35.0	20
Kgalagadi North	56.0	4.0	24.0	0.0	8.0	4.0	0.0	4.0	0.0	4.0	4.0	20.0	4.0	25
Total	67.8	3.3	20.7	2.3	1.7	1.4	0.0	0.9	0.4	6.7	14.7	14.4	12.3	1076
Main economic activity														
Crop farming	70.1	5.2	10.4	2.6	1.3	1.3	0.0	1.3	0.0	7.8	7.8	14.3	10.4	77
Livestock	68.0	3.6	17.8	3.6	2.6	1.6	0.0	1.0	0.6	8.7	12.3	11.3	11.3	309
Fishing	90.9	45.5	36.4	18.2	0.0	0.0	0.0	0.0	0.0	0.0	9.1	9.1	27.3	11
Trade	80.8	0.0	35.9	2.6	2.6	2.6	0.0	1.3	0.0	3.8	43.6	3.8	16.7	78
Hotel	77.8	0.0	11.1	11.1	11.1	0.0	0.0	0.0	0.0	0.0	33.3	22.2	33.3	9
Tourism	80.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40.0	0.0	20.0	20.0	5
Manufacturing	95.8	0.0	29.2	0.0	0.0	4.2	0.0	0.0	0.0	8.3	45.8	0.0	8.3	24
Government	65.5	3.5	20.5	1.2	0.0	1.8	0.0	1.2	0.0	5.8	12.9	17.5	8.8	171
Mining	56.8	8.1	21.6	5.4	5.4	2.7	0.0	2.7	0.0	8.1	18.9	16.2	13.5	37
Poultry	68.5	0.0	31.5	1.9	1.9	0.0	0.0	1.9	0.0	11.1	16.7	13.0	7.4	54
Other	62.9	1.7	19.7	0.7	1.0	0.7	0.0	0.3	0.7	4.4	9.2	20.1	13.9	294
Not stated	57.1	0.0	28.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.6	7
Total	67.8	3.3	20.7	2.3	1.7	1.4	0.0	0.9	0.4	6.7	14.7	14.4	12.3	1076

Table 51: Percent of informants reporting factors associated with a decrease in deaths in the community by place of residence, district and main economic activity Botswana, 2004

Locality Description	Factors associated with a decrease in deaths in the community									Total
	Antiretroviral Therapy	Prevention of Mother to Child Transmission	Isonized Preventive Therapy	Youth groups	Village health committee	Peer educators	Don't know	Other	Percent	
Towns/cities	15.6	6.4	6.9	0.0	1.2	2.9	47.4	9.2	173	
Urban village	11.2	5.0	1.8	0.4	2.2	0.7	45.0	3.6	278	
Rural village	12.5	5.4	3.5	1.1	2.2	0.9	47.8	5.8	536	
Other rural	3.8	0.0	1.3	0.0	2.5	1.3	63.8	12.5	80	
Total	12.0	5.1	3.5	0.7	2.1	1.2	48.2	6.3	1067	
District										
Gaborone	15.1	3.8	5.7	0.0	0.9	0.9	63.2	10.4	106	
Francistown	15.1	7.5	3.8	0.0	1.9	0.0	37.7	7.5	53	
Selebi-Phikwe	25.0	16.7	16.7	0.0	4.2	8.3	0.0	0.0	24	
Jwaneng	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3	
Sowa	28.6	14.3	14.3	0.0	0.0	28.6	28.6	28.6	7	
Southern	5.0	0.0	0.0	0.0	0.0	0.0	75.0	5.0	40	
Barolong	0.0	0.0	5.0	0.0	0.0	0.0	70.0	2.5	40	
Ngwaketse West	13.3	13.3	6.7	13.3	20.0	0.0	0.0	6.7	15	
Southeast	10.6	6.4	0.0	0.0	2.1	6.4	51.1	6.4	47	
Kweneng East	15.5	11.2	11.2	0.9	1.7	2.6	19.8	6.0	116	
Kweneng West	7.9	0.0	0.0	0.0	2.6	0.0	73.7	5.3	38	
Kgatleng	8.1	2.7	0.0	0.0	2.7	0.0	59.5	5.4	37	
Central-Serowe	21.7	6.6	0.0	0.0	1.9	0.0	53.8	8.5	106	
Central-Mahalapye	10.1	4.3	1.4	1.4	2.9	0.0	42.0	8.7	69	
Central-Bobonong	35.7	11.9	0.0	0.0	0.0	2.4	23.8	2.4	42	
Central-Boteti	12.5	3.1	3.1	0.0	3.1	0.0	43.8	9.4	32	
Central-Tutume	5.0	0.0	0.0	0.8	0.0	0.8	57.5	1.7	120	
Northeast	15.0	10.0	10.0	0.0	2.5	0.0	5.0	7.5	40	
Ngamiland South	5.3	5.3	0.0	0.0	5.3	0.0	52.6	0.0	19	
Ngamiland North	0.0	0.0	0.0	0.0	0.0	0.0	76.2	4.8	21	
Chobe	0.0	0.0	0.0	0.0	0.0	0.0	88.9	7.4	27	
Ghanzi	0.0	0.0	0.0	0.0	0.0	0.0	96.6	0.0	29	
Kgalagadi South	5.0	0.0	0.0	10.0	15.0	0.0	0.0	15.0	20	
Kgalagadi North	4.0	4.0	8.0	0.0	4.0	0.0	60.0	16.0	25	
Total	12.0	5.0	3.4	0.7	2.0	1.2	48.1	6.4	1076	
Main economic activity										
Crop farming	9.1	1.3	2.6	0.0	0.0	0.0	53.2	6.5	77	
Livestock	12.3	4.5	1.3	0.3	1.6	0.3	53.7	5.2	309	
Fishing	0.0	0.0	0.0	0.0	0.0	0.0	54.5	9.1	11	
Trade	5.1	3.8	2.6	3.8	5.1	0.0	38.5	3.8	78	
Hotel	22.2	11.1	0.0	0.0	0.0	0.0	33.3	0.0	9	
Tourism	20.0	0.0	0.0	0.0	0.0	0.0	40.0	0.0	5	
Manufacturing	0.0	0.0	0.0	0.0	0.0	0.0	54.2	4.2	24	
Government	12.3	7.0	7.0	0.0	2.3	1.8	54.4	7.6	171	
Mining	16.2	10.8	10.8	0.0	2.7	8.1	18.9	5.4	37	
Poultry	22.2	14.8	5.6	0.0	1.9	7.4	27.8	7.4	54	
Other	12.9	3.7	3.4	1.0	2.4	0.7	47.3	8.2	294	
Not stated	0.0	0.0	0.0	0.0	0.0	0.0	42.9	0.0	7	
Total	12.0	5.0	3.4	0.7	2.0	1.2	48.1	6.4	1076	

Table 52: Percent of informants reporting HIV/AIDS preventive strategy in the community by place of residence, district and main economic activity Botswana, 2004

Locality Description	HIV/AIDS Preventive Strategy										Number
	Community done anything to help prevent HIV/AIDS	Health education campaigns	Education in schools	Youth programs	Men's programs	Women's programs	Condom distribution campaign	VCT	Peer education programs	Other	
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent	
Towns/cities	90.9	74.6	33.5	27.2	0.6	2.9	28.9	13.9	12.7	24.9	173
Urban village	91.4	72.7	43.9	23.4	2.2	5.4	29.9	10.8	7.6	25.9	278
Rural village	79.1	65.1	32.1	16.4	1.9	3.9	19.6	6.9	7.8	19.0	536
Other rural	47.4	40.0	13.8	3.8	0.0	1.3	7.5	2.5	3.8	13.8	80
Total	81.7	66.7	34.0	19.0	1.6	3.9	22.9	8.7	8.2	21.4	1067
District											
Gaborone	95.0	72.6	49.1	33.0	0.9	2.8	25.5	4.7	9.4	33.0	106
Francistown	78.0	69.8	15.1	20.8	0.0	1.9	35.8	13.2	13.2	11.3	53
Selebi-Phikwe	91.7	83.3	29.2	0.0	0.0	0.0	25.0	25.0	4.2	29.2	24
Jwaneng	100.0	100.0	66.7	66.7	0.0	33.3	100.0	100.0	33.3	0.0	3
Sowa	100.0	57.1	14.3	28.6	0.0	0.0	14.3	28.6	28.6	85.7	7
Southern	66.7	50.0	10.0	7.5	0.0	0.0	2.5	0.0	5.0	15.0	40
Barolong	47.5	40.0	15.0	12.5	0.0	2.5	0.0	2.5	5.0	12.5	40
Ngwaketse West	100.0	93.3	40.0	46.7	0.0	0.0	100.0	33.3	0.0	60.0	15
Southeast	91.1	83.0	46.8	17.0	4.3	10.6	36.2	14.9	10.6	10.6	47
Kweneng East	91.1	81.9	72.4	25.0	1.7	4.3	16.4	0.9	12.1	7.8	116
Kweneng West	60.5	50.0	21.1	7.9	0.0	0.0	23.7	5.3	10.5	18.4	38
Kgatleng	82.9	67.6	27.0	24.3	2.7	2.7	16.2	2.7	8.1	37.8	37
Central-Serowe	76.5	62.3	12.3	8.5	0.0	2.8	20.8	8.5	5.7	25.5	106
Central-Mahalapye	95.5	75.4	24.6	15.9	0.0	2.9	13.0	4.3	4.3	52.2	69
Central-Bobonong	65.9	54.8	23.8	31.0	0.0	4.8	19.0	0.0	4.8	4.8	42
Central-Boteti	75.0	50.0	25.0	12.5	3.1	9.4	18.8	18.8	3.1	25.0	32
Central-Tutume	88.2	75.0	29.2	10.0	1.7	4.2	22.5	7.5	8.3	11.7	120
Northeast	87.2	72.5	50.0	15.0	10.0	15.0	12.5	17.5	0.0	15.0	40
Ngamiland South	70.6	42.1	26.3	21.1	0.0	0.0	21.1	5.3	5.3	15.8	19
Ngamiland North	95.0	81.0	52.4	9.5	0.0	4.8	23.8	0.0	14.3	14.3	21
Chobe	65.2	48.1	7.4	14.8	0.0	0.0	14.8	14.8	11.1	3.7	27
Ghanzi	77.8	41.4	62.1	62.1	10.3	10.3	41.4	10.3	17.2	41.4	29
Kgalagadi South	73.7	55.0	10.0	20.0	0.0	0.0	55.0	20.0	10.0	50.0	20
Kgalagadi North	56.0	44.0	56.0	8.0	4.0	0.0	32.0	28.0	4.0	0.0	25
Total	81.6	66.6	33.9	18.9	1.6	3.9	22.7	8.6	8.2	21.5	1076
Main economic activity											
Crop farming	83.6	70.1	15.6	3.9	0.0	2.6	15.6	1.3	1.3	13.0	77
Livestock	78.0	64.1	36.6	18.8	2.6	6.1	22.7	5.8	8.4	18.4	309
Fishing	100.0	90.9	90.9	18.2	0.0	9.1	45.5	9.1	27.3	9.1	11
Trade	89.5	74.4	32.1	26.9	1.3	1.3	59.0	14.1	10.3	20.5	78
Hotel	83.3	44.4	33.3	22.2	11.1	11.1	33.3	0.0	11.1	11.1	9
Tourism	80.0	60.0	40.0	20.0	20.0	20.0	40.0	0.0	0.0	40.0	5
Manufacturing	91.3	87.5	50.0	16.7	0.0	4.2	29.2	12.5	8.3	16.7	24
Government	82.7	69.6	40.9	27.5	0.6	2.3	17.0	6.4	8.8	21.6	171
Mining	91.7	62.2	45.9	18.9	10.8	13.5	43.2	45.9	24.3	40.5	37
Poultry	94.3	83.3	74.1	18.5	1.9	5.6	20.4	20.4	5.6	9.3	54
Other	77.1	60.5	20.7	16.0	0.0	1.4	14.6	6.8	6.8	27.9	294
Not stated	66.7	57.1	0.0	14.3	0.0	0.0	0.0	0.0	0.0	14.3	7
Total	81.6	66.6	33.9	18.9	1.6	3.9	22.7	8.6	8.2	21.5	1076