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Editors: Tapologo Maundeni and Maria Nnyepi
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THARI YA BANA
We are pleased to share with you the fourth edition of the joint UNICEF and University of Botswana (UB) publication ‘Thari Ya Bana: Reflections on Children in Botswana 2013’.

It has been four years since UNICEF and the University of Botswana entered into a partnership to provide a platform to share and reflect on child-centred research. A journey which we believe has borne fruit, as evidenced by the articles we continue to receive each year for the publication. We see the publication as a tool that provides the much needed dialogue on issues of children. It is our hope that the findings shared in this publication will not only keep children’s issues in the agenda of all stakeholders but they will also inform policy. Our aim is to bridge the gap between research and practice.

The papers presented in this edition mainly cover three areas; Child Development; Children’s Rights and Psychosocial Support. These thought provoking papers examine areas such as violence against children, quality education and models and tools for interventions that address children’s psychosocial needs. Each section starts with a brief overview of the articles presented. To complement the research papers, a compilation of the most current data available on a wide range of indicators of child wellbeing has been included in the annex.

As you enjoy reading this year’s edition of ‘Thari Ya Bana’, we hope you will reflect and think of what you can do to improve the wellbeing of Batswana children. We thank all of you who contributed to make this edition possible, and look forward to receiving more quality research papers on children’s issues next year.

Prof. Totolo
Deputy Vice Chancellor (Academic Affairs)
University of Botswana

Dr. Doreen Mulenga
Representative
UNICEF
Increasingly, children are finding themselves on the wrong side of the law, as issues such as HIV and poverty deprive them of a family environment where they can get the necessary love and support to develop into well-rounded and balanced human beings. It is estimated that there are over one million children worldwide in detention facilities.

Articles 37 and 40 of the UN Convention on the Rights of the Child (CRC) require countries to establish child-centred, specialized justice systems, whose primary aim is to ensure that children’s rights are respected and that they are rehabilitated and reintegrated into society. Studies have shown that, in many cases, violence is a major cause of children coming into conflict with the law in the first place. It is in this regard that the media can play a role in advocating for children’s rights and in reporting in a manner that protects children’s rights and sense of dignity and worth.

The two articles featured in this section discuss issues around justice and violence against children. The first paper by Macharia-Mokobi reviews legal principles, the framework of sentencing law and its practice, as well as the quality of Botswana’s sentencing options and institutional capacity in terms of sentencing of children. The paper concludes that institutional capacity within the juvenile justice system in Botswana requires strengthening, recommending development of a comprehensive policy for children in conflict with the law.

The second article by Jankey explores the effects of intimate femicide on children of the victims, and their exposure to violence and murder, with regard to the way the media reports on femicide cases. The author contends that reporting on children as victims of femicide in detail would sensitise the society and compel policy makers to develop appropriate interventions.
1. Sentencing Of Children in Conflict With the Law in Botswana

Mrs Elizabeth Macharia-Mokobi is a Lecturer in the Department of Law, University of Botswana. The focus of her teaching is public international law, international humanitarian law. Her research interests are criminal law and procedure. She is currently pursuing her doctoral studies at the University of Pretoria on sentencing law and practice in Botswana. She has published in local and international journals in the areas of criminal law and procedure and international law. Ms. Macharia-Mokobi also serves as secretary of the UB Law Journal.

Introduction

Children in conflict with the law are present in every society. The criminal justice system has a responsibility to address the crimes committed by such children. In Botswana, children in conflict with the law are tried and sentenced for their offences. These children are liable to certain penalties for criminal conduct in Botswana. These penalties are listed in section 85(a) – (e) of the Children’s Act, 2009 as probation, admission to a school of industries, community service, corporal punishment and imprisonment.

The application of these sentences against children raises important questions. For instance:

- Are the sentencing options and institutional capacity to manage sentencing antiquated today?
- Is there need for law reform in the sentencing of children in Botswana?

This article seeks to answer these questions. First, the article identifies principles underpinning the law of sentencing of children. This includes an examination of Botswana’s international obligations in the area of sentencing and children. Secondly, the article outlines the framework of sentencing law and practice with regard to children in Botswana. Thirdly, the article assesses the quality of Botswana’s sentencing options and institutional capacity with respect to the sentencing of children. Lastly, the article makes proposals for law reform.

Principles underpinning sentencing of children

Aims of punishment

The aims of sentencing are traditionally recognised as retribution, incapacitation, deterrence and rehabilitation. Retribution implies that an offender should receive a punishment commensurate to his crime and that he ought to be punished because he has erred (Rabie & Strauss, 1981). Retribution is often criticized as vengeful (Rabie and Strauss, 1981). Incapacitation seeks to remove the offender from society, whether permanently, as with the death penalty, or for a time, as occurs with imprisonment (Terblanche, 1999). The purpose of this type of punishment is to relieve the greater community of the presence of the offender. Deterrence seeks to send a message to the individual offender and to society as a whole that criminal conduct will be punished (Terblanche, 1999). The idea behind deterrence is that receiving a punishment for criminal behaviour, or seeing others punished, as the case may be, should prevent others from engaging in proscribed criminal activities. Rehabilitation seeks to rebuild the offender, offering him new tools or skills to assist him to depart from his life of crime and to enable him to become a productive, law-abiding member of society (von Hirsh and Ashworth, 1988).

Currently Botswana has no sentencing policy for children or for offenders in general. The country has a draft policy paper currently under discussion by government and relevant stakeholders authored by Mr. Peter J Purseglove SC that proposes the development of a sentencing policy encompassing alternatives to imprisonment. However, the principles informing sentencing options and practice with regard to children can only be discovered by an examination of Botswana’s laws and the rulings of her higher courts in this area.

A cursory look at the sentencing options of probation, attendance of a school of industries or community service suggests that Botswana’s unwritten policy with respect to the sentencing of children is decidedly rehabilitative in nature. This view is supported by the fact that the aim of these three sentencing options would be to preserve the child from the prison environment and to attempt, through close supervision and in some instances through training, to rebuild the individual, offering them skills to enable them to become productive members of society.

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Letsidini v the State 2010 1 BLR 18 CA

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S V Juvenile [1990] (4) SA 151 (ZSC)

S V Williams and Others (Cc20/94) [1990] ZACC 6; 1995 (3) SA 632; 1995 (7) BCLR 891 (CC) (9 JUNE 1995)

State v Mokapi 2005 (2) BLR 106 (Cc)

State V. Jane Moseki 1968-1970 BLR 406 (HC)

State V. Khudung 1988 BLR 281 (HC)

State V. Molaudzi and Others 1988 BLR 214 (CA)
However, the sentencing options of corporal punishment and imprisonment suggest a different policy direction. Corporal punishment and imprisonment are retributive and deterrent. They are retributive because they seek to punish the offender or give him his just desserts for his deviant conduct. They are deterrent as they are meant to dissuade the individual offender and other potential offenders from committing offences by ensuring that such offences are met with punishment. Imprisonment incapacitates the offender and ideally deters the offender himself and potential offenders.

It would appear therefore that Botswana relies on all sentencing aims in selecting sentencing options for children in conflict with the law.

An examination of sentencing options with respect to children would not be complete without a discussion on Botswana’s international obligations. The next section considers Botswana’s obligations with respect to sentencing of children in light of treaties to which it is a state party.

International treaties

The United Nations Convention on the Rights of the Child (CRC) is the primary treaty dealing with the protection of children. Botswana acceded to this treaty on 14 March 1995. Botswana is also a state party to the African Charter on the Rights and Welfare of the Child (African Charter), which it ratified on 10 July 2001. Both the CRC and the African Charter contain several rules protecting children in conflict with the law that are discussed below.

Articles 19(1) and 37(a) of the CRC as well as article 16(1) of the African Charter provide that states parties are to protect children from all forms of physical and mental violence, torture and other cruel, inhuman or degrading forms of treatment or punishment. The Committee on the Rights of the Child periodically issues guidance on the legal interpretation of provisions of the CRC called general comments. The provision of the CRC requiring protection from physical and mental violence has been interpreted by the Committee on the Rights of the Child as the legal basis for outlawing corporal punishment of children. In General Comment no. 8 (2006) on corporal punishment and other cruel and degrading forms of punishment, the Committee on the Rights of the Child stated that it was the obligation of all states to prohibit and eliminate all forms of corporal punishment and other forms of cruel and degrading punishments of children. The Committee goes on to state as follows:

“there is no ambiguity “all forms of physical or mental violence” does not leave room for any level of legalized violence against children. Corporal punishment and other cruel or degrading forms of punishment are forms of violence and states must take appropriate legislative, administrative, social and educational measures to eliminate them.”

(Committee on the Rights of the Child, 2006, p.6)

Article 37(a) of the CRC and article 5(9) of the African Charter provide that the death penalty should not be pronounced for offences committed by a child. Article 37(a) of the CRC also provides that life imprisonment without the possibility of release is specifically excluded for persons under the age of 18.

Article 37(b) of the CRC provides that children should be protected from unlawful or arbitrary deprivation of their liberty. In addition, article 37(c) of the CRC provides that the arrest, detention or imprisonment of a child should be in conformity with the law, should be used only as a measure of last resort and for the shortest possible time. Article 37 also provides that children deprived of their liberty are to be availed prompt access to legal and other appropriate assistance.

Article 40(1) of the CRC and article 17(1) of the African Charter provide that every child accused of having committed a crime should be treated in a manner that promotes the child's dignity and self-worth, reinforces their respect for human rights and the fundamental freedoms of others. Further, every child accused of having committed a crime should be treated in a manner that takes into account the child's age and the desirability for reintegration into society.

To this end, the child enjoys certain procedural safeguards. Procedural safeguards are protections afforded to an accused person by the law in order to ensure a just trial. In terms of article 40(2) of the CRC and article 17(2) of the African Charter, a child in conflict with the law should be afforded the following protections: non retroactivity of criminal legislation; the presumption of innocence; the right to be informed of the charges against him, if appropriate through his parents or guardians;
the right to legal representation or appropriate assistance to present his case; the right to a hearing before a competent, independent and impartial body; the right to remain silent; the right to present and examine witness; the right to cross examine adverse witnesses; the right to an appeal, the right to an interpreter; and the right to privacy.

Article 40(3) of the CRC provides that states parties should promote the establishment of relevant laws and institutions to assist children in conflict with the law. Further, states are required to establish a minimum age of criminal responsibility and measures to divert children, where appropriate from judicial proceedings through care, guidance and supervision orders, counselling, probation, foster care, education and vocational training programs.

Having acceded to these two instruments, Botswana is under a legal obligation to amend her domestic laws in order to give effect to the treaties. Section 27 of the Vienna Convention on the Law of Treaties provides for this obligation with respect to all states that adopt any treaty. Several international soft law documents that have a bearing on sentencing and children will be examined in the next section. These documents are instructive in assessing the standard that Botswana has achieved with respect to the sentencing of children.

Soft Law

There exists international law documents of a non-binding nature that set out standards or guidelines for the treatment of children in conflict with the law. Whilst these documents have no coercive legal nature, they are benchmarks of best practice in juvenile justice. Botswana's law and practice shall also be assessed against these documents in order to create a realistic picture of the country's level of conformity with international standards of juvenile justice.

The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) provide, in article 17, that the following principles should guide the adjudication and disposition of juvenile matters by competent tribunals:

- That the reaction of the tribunal shall always be proportional to the circumstances, the offence, the needs of the juvenile and those of society;
- That restrictions on the personal liberty of the juvenile should be imposed after careful consideration and for the shortest possible time;
- That deprivation of personal liberty shall not be imposed unless the juvenile has committed a serious act involving violence against another person or persistently commits serious offences and unless there is no other appropriate response;
- That the well-being of the juvenile shall be the guiding factor;
- That capital punishment should not be imposed on any juvenile;
- That juveniles should not be subjected to corporal punishment;
- In addition, that there should be a competent authority with power to discontinue criminal proceedings against a juvenile at any time.

Article 18 of the Beijing Rules also sets out desirable disposition measures which may include: care, guidance and supervision orders; probation; community service orders; fines, compensation and restitution; intermediate treatment and other treatment offers; orders to undergo group counselling and similar activities; orders concerning foster care, living communities or other educational settings and other relevant orders.

Article 19 of the Beijing Rules provides that the imprisonment of juveniles shall be the last resort and for a minimum period. Article 28 provides that where a child must be institutionalised, the objective is to provide care, protection, education, vocational, medical and physical assistance in order to assist institutionalised juveniles to reintegrate into society.

In order to provide effective implementation of disposition orders, article 23 of the Beijing rules also requires that appropriate provision be made for the implementation of orders of the competent juvenile court.

Another soft law document on juvenile justice is the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty. The aim of these rules is to establish minimum standards for protection of juveniles deprived of their liberty. States are encouraged to incorporate these rules into their national child protection legislation.
The United Nations Standard Minimum Rules for Non-Custodial Measures (the Tokyo Rules) are also relevant for juvenile justice. They contain, under articles 8 and 9, a raft of non-custodial measures that a sentencing tribunal should take into consideration in order to avoid institutionalisation of child offenders. These are particularly relevant to juvenile offenders for whom rehabilitation is a paramount consideration.

The United Nations Guidelines for the Prevention of Juvenile Delinquency, (the Riyadh Guidelines), as well as the Guidelines for Action on Children in the Criminal Justice System, both contain standards for the implementation of juvenile justice. Having laid out international treaty and soft law applying to children in the criminal justice system, the next section shall assess whether Botswana’s sentencing options for children are aligned to international obligations and standards.

**Sentencing under the Children’s Act, 2009**

The Children’s Act, 2009 governs the sentencing of children in conflict with the law in Botswana. This Act was promulgated after wide consultation with the public with a view to ratifying the Convention on the Rights of the Child, which Botswana acceded to in 1995. Public opinion regarding questions like the continued legality of corporal punishment and the concept of a children’s bill of rights was conservative and difficult to shift. Nevertheless, the Children’s Act was finally promulgated overhauling the 1981 statute of the same name. The act contains principles and institutional arrangements that form the backbone or the framework upon which children in conflict with the law are sentenced. These principles and institutions include the best interests of the child principle; the definition of a child; the age of criminal responsibility and the institution of the Children’s Courts. These principles and institutions warrant examination as they are the basis upon which sentencing of child offenders occurs.

**The best interests of the child**

According to section 5 of the Children’s Act 2009, the overarching consideration in dealing with children in terms of the Children’s Act is the ‘best interests of the child’. The factors to be considered in determining what is in the best interests of the child are set out in section 6 of the Children’s Act, 2009. These are: the need to protect the child; the capacity of the child’s parents or guardians to protect the child; the child’s spiritual, emotional, physical and educational needs; the child’s cultural, ethnic or religious identity; the effect on the child of any change in his circumstances; the importance of continuity and stability in the child’s living arrangements; and the child’s wishes.

**Children’s Courts**

The Children’s Act 2009 confers jurisdiction over all matters concerning children in conflict with the law to the Children’s Court. Where there are no specialised, courts what obtains is that all Magistrates courts are created as children’s courts by section 36(1) as read with section 37(1) of the Children’s Act, 2009. Where there is no Magistrate’s Court, the Children’s Act, 2009 provides under section 37(2) that the District Commissioner or the District Officer in charge of the administrative district shall deal with all matters concerning children.

The Children’s Court has power to ‘hear and determine cases against children aged between 14 and 18 years old’. Section 36(3) preserves the High Court’s inherent jurisdiction to deal with matters concerning children in its capacity as the upper guardian of all minors. The Magistrate’s court rules apply in the Children’s Court with certain exceptions that make the atmosphere conducive to hearing matters concerning children. The relevant amendments are contained in section 38 and 39 of the Children’s Act, 2009.

In listing courts that may sit as Children’s Courts, the Children’s Act 2009 does not include customary courts. This is a notable omission because customary courts are more accessible to the ordinary citizen than are common law courts. Moreover, customary courts deal with the bulk of criminal matters processed through the criminal justice system.

The most probable argument for the exclusion of customary courts as Children’s Courts is questions often raised about due process and judicial safeguards that are lacking in trials before customary courts. Boko notes that lawyers have no right of appearance in customary courts and presiding officers are often not legally trained in spite of the fact that the courts apply penal statues (Boko, 2000).
In practice, however, the Draft Policy Paper on sentencing confirms that customary courts continue to hear cases involving children. Sadly, this practice is completely outside the framework of the law. This situation, though suffering from a lack of legal recognition, is not unusual. In the writer’s opinion, factors that exacerbate the practice are first, that Magistrate’s Courts are not present in every locality in Botswana, whereas in contrast, a Kgosi (chief) or Kgosana would be present in every village in the country. Secondly, customary courts have the confidence of the general population who believe in the adjudication process including cases involving children. Steps should be taken by Government to clarify the institutional capacity of customary courts to try child offenders. Recommendations in this regard are made in the recommendations section of this paper.

Who is a child?
Section 2 of the Children’s Act, 2009 defines a child as ‘any person who is below the age of 18 years’. This definition is in consonance with that in the Convention on the Rights of the Child (CRC), which provides in article 1 that a child is every human being under the age of 18 years unless, under the law applicable to the child, majority is attained earlier. In this regard, Botswana is compliant with her international obligations under the CRC.

Prior to the promulgation of the Children’s Act 2009, there was some debate as to who could avail themselves of the protections of the Children’s Act 1981 in sentencing. The repealed Children’s Act, 1981, was silent on the question of whether a suspect was to be treated as a juvenile depending on his age at the time he committed the offence or his age at the time of trial and sentence.

Sentencing options for juveniles under the repealed Children’s Act 1981 were extremely limited. Under the 1981 Act, the court was only at liberty to: discharge the accused; put the accused on probation; send the accused to a school of industries; or order that their parent or guardian pay a fine. There was no possibility of imprisonment of juveniles under the repealed Children’s Act 1981. (State v Moalusi 1988; State v Khudung, 1988; Dikgang v the State, 1990; Moseki v the State, 1990).

There arose a prosecutorial practice, particularly where juveniles had committed serious offences, of the prosecution waiting until the suspect attained majority age before charging him as an adult. This practice was meant to ensure the possibility of a custodial sentence for juveniles committing serious offences. The juvenile was denied the possibility of being tried and sentenced in a children’s court. This practice has been the subject of some interesting decisions.

In Oodira v the State (2006), the Court of Appeal held as follows when considering when a suspect would be entitled to a trial and sentence before a juvenile court:

“[t]he crucial determination in the age of a young person is the date of his sentence rather than the date of the commission of the crime.’

It is difficult to accept that a juvenile offender could be deprived of a trial and a sentence under the Children’s Act and the attendant privileges of being tried before a Children’s Court simply because of administrative processes that are inadvertently, but sometimes deliberately, slow.

In State v Mfazi (2009) it was held that it was not proper to unduly delay the prosecution of a juvenile in order to have him tried as an adult. In this case, the accused was 16 when he raped a young girl aged 10. He was arraigned when he was 18 years old and tried as an adult. While noting that the accused ought to have been tried as a juvenile, the court declined to interfere with his minimum mandatory sentence of 10 years because the accused had received a competent sentence from a competent court.

The court also noted in Mfazi that a juvenile did not enjoy a right under the Children’s Act to be tried in a Children’s Court and that the Director of Public Prosecution was at liberty to have the accused tried in a Children’s Court or a court of competent jurisdiction. This is a worrisome decision given Botswana’s obligations under the CRC to provide an efficient juvenile justice system that treats juveniles differently because of their age and greater possibility of rehabilitation.

In Mogodu v the State (2005), Chinengo J. held that a person who committed an offence as a juvenile but who was not a juvenile at the time of his trial could not benefit from the protections under the Children’s Act and that the trial court need not be constrained in sentencing by the Children’s Act. He also added that it was therefore important that juvenile cases be dealt with expeditiously.
Section 82(2) Children’s Act 2009 specifically addresses this practice. It provides that in determining if a person should be charged as a child or not, the law will have regard to the age of the offender at the time they committed the offence. This provision seems to have made little difference. In Letsididi v the State (2010), an offender who was 16 at the time he committed the offence of manslaughter, was treated as an adult for purposes of sentencing in spite of the provisions of the Children’s Act 2009. The court did not advert its mind to the relevant provisions of the Act. The decision in Oodira was cited with approval in Letsididi. Perhaps the court was unaware of the protections of section 82(2) of the Children’s Act 2009. Either way, it is submitted that the decision of the Court of Appeal in Oodira may be in need of reconsideration in light of Botswana’s international obligations. Dingake J adopted a different view in Outlwile & Another v the State (2010) where he states:

‘It is crucial to point out that the case of Oodira (supra) held that crucial determination in the age of a young person is the date of his sentence rather than the date of the commission of the crime (see also Monnapudi v the State (Crim app 39/08), unreported. Whilst I hold the view that it is just and proper that the culpability and/or moral blameworthiness of a wrongdoer should be assessed at the time of the commission of the offence, my view counts for nothing if it conflicts with that of the Court of Appeal. In fact this court is bound by the decision of the Court of Appeal if the facts of the case under consideration are similar to that of the case of Oodira (supra).’

The Outlwile case was decided under the old Children’s Act. The view expressed in Outlwile now forms the content of section 82(2). It is hoped that juveniles will be treated as such for purposes of trial and sentencing, the crucial determining factor being their age at the time of commission of the offence.

The age of criminal responsibility

According to section 13(1) of the Children’s Act 2009, the age of criminal responsibility in Botswana is 8 years. Children under the age of 8 years are incapable of committing a crime or doli incapax. Section 13(2) of the Penal Code provides that children between the ages of 8 and under the age of 14 may be held criminally responsible for their conduct if it is proved that the child committing the offence had capacity to know that they ought not to do so. This provision is mirrored in section 82(1) of the Children’s Act 2009. The presumption of lack of capacity is a rebuttable one and the onus to prove criminal responsibility lies on the state on a criminal standard, that is beyond reasonable doubt.

The CRC does not set an age of criminal responsibility for children. There is a wide variance with respect to state practice in this regard. In South Africa, the age of criminal responsibility is seven, and in the United Kingdom, the age of criminal responsibility is ten. Article 40(3) of the CRC provides that state parties to the Convention should establish a minimum age below which children are presumed not to have the capacity to infringe criminal law.

The age of criminal responsibility is not fixed at international law. The Beijing Rules provide that the age of criminal responsibility should not be fixed at too low a level bearing in mind the facts of emotional, mental and intellectual maturity. The commentary regarding this rule states as follows:

“The minimum age of criminal responsibility differs widely owing to history and culture. The modern approach would be to consider whether a child can live up to the moral and psychological components of criminal responsibility; that is, whether a child, by virtue of her or his individual discernment and understanding, can be held responsible for essentially anti-social behavior. If the age of criminal responsibility is fixed too low or if there is no lower age limit at all, the notion of responsibility for delinquent or criminal behaviour would become meaningless. In general, there is a close relationship between the notion of responsibility for delinquent for criminal behaviour and other social rights and responsibilities (such as marital status, civil majority, etc.). Efforts should thereof be made to agree on a reasonable lower age limit that is applicable internationally.”

The draft Policy Paper on Sentencing, 2013 has proposed the raising of the minimum age of criminal responsibility as a possible area for law reform with respect to children in conflict with the law. However, there does not appear to be much need for such proposed reforms given the protection of a rebuttable presumption of capacity to understand their actions, which is available to children aged 8 to 14 years.
The next section contains a review of the sentencing options currently available to the Children’s Court in order to establish if they are adequate or effective in dealing with children in conflict with the law.

**A review of sentencing options**

Section 85 (a – e) of the Children’s Act 2009 provides the following sentencing options for children tried and convicted in a Children’s Court in Botswana: probation, attendance of a school of industries, community service, corporal punishment and imprisonment. The efficacy of each sentencing option will be considered below.

**Probation**

Section 85(a) of the Children’s Act 2009 provides that the Children’s Court may sentence a juvenile offender to probation for a period of 6 months to 3 years. The probation order works as a good behaviour bond. The court is required to inform the juvenile offender clearly in a language that he understands the terms of their probation and to inform the juvenile offender that should they breach the terms of the probation they shall be sentenced for the first offence and any other offence for which they may subsequently be tried. Once a sentence of probation is handed down, the juvenile’s probation officer should receive a copy of the order. A probation order may be varied at the instance of the offender or their probation officer.

The minister is empowered to appoint probation officers who must be of good character and qualified to work with children, as well as a probation committee to oversee the work of probation officers. The functions of probation officers include: risk assessment of the offender, preparing a pre-sentence report for the court, devising and implementing measures to reduce delinquency in children, supervising probation and resettling children released from prison back into the community.

Challenges facing this sentencing option are that there is currently no probation service in Botswana and the minister has not appointed any probation officers. Social welfare officers, who have yet to be trained in this role, carry out the tasks envisaged for probation officers. This institutional and training gap hampers the administration of the system dealing with children in conflict with the law.
School of industries
Section 85(b) of the Children’s Act 2009 provides that pursuant to a conviction for an offence in a Children’s Court, children may be sent to a school of industries for a period not exceeding three years or until the age of 21. Botswana has one school of industries, Ikago, in Molepolo. The draft Policy Paper on Sentencing 2013 provides that Ikago School of Industries can admit up to 100 children. However, the present number of children admitted is 9. At its height, admission was 48 boys in 2009. The mandate of the school of industries is to cater for children in conflict with the law from the age of 8 – 18 years and to provide a place of safety for children in need of care aged 8 – 14 years. Currently, the school caters for only the first group of potential students.

- The school has been criticized in the draft Policy Paper on Sentencing 2013 as being under-utilized and having lost its way. Some of the concerns raised in the draft policy paper are:
  - The school is designed as a place of safety and not a prison. Security is therefore lax;
  - There is a poor relationship between the boys admitted at the school and villagers making it difficult to gain community acceptance of the boys;
  - Poor literacy skills of the boys admitted means they cannot take full advantage of the vocational courses offered at the school;
  - The school runs without any regulations and has never been reviewed;
  - The school has no specialist staff in the area of child psychology, criminology or child justice;
  - There is no structure of discipline at the school and there is a need for a structured rehabilitation program;
  - The school’s mandate as a place of safety is not utilized but is solely focused on detention of children in conflict with the law;
  - The school should be moved from the remit of the Ministry of Local Government and placed under the Ministry of Justice, Defence and Security where its facilities maybe tapped to better assist in the rehabilitation of juveniles and young offenders aged 18 – 21 who are currently housed at Moshupa boys prison which does not have adequate facilities.

The failure to optimize institutional capacity has serious impact on juvenile justice.

Community service
Community service is the third sentencing option available to Children’s Courts in terms of section 85(c) of the Children’s Act 2009. This sentencing option is in actual fact not available because structures and regulations for its implementation have not been created.

Community service is a valuable method of diverting offenders from custodial sentences. It is lamentable that the Children’s Act has been in force for 4 years without the necessary structures to implement this sentencing option.

In contrast, community service is in fact operational in the customary courts where offenders are often sentenced to extramural labour in terms of section 91 of the Prisons Act. The presiding officer at a customary court will, at the sentencing hearing, inform the offender what tasks he will have to fulfill in the community as his sentence. This could be, for instance, working at the Kgotla or at the local clinic.

It is not possible to establish if extramural labour is being ordered for juveniles at the customary courts as record keeping is poor and customary courts have no jurisdiction to hear juvenile matters, even though the practice is that some matters involving children are disposed of by customary courts.

The lack of institutional capacity is hampering the effective utilization of community service as a sentencing option for juvenile offenders.

Corporal punishment
Section 85 (d) of the Children’s Act, 2009 provides that a child may be sentenced to corporal punishment. Section 90 (1) of the Children’s Act 2009 and section 28(1) of the Penal Code
provide that corporal punishment of children is restricted to six strokes of the cane which must be administered in accordance with the provisions of the Penal Code and the Criminal Procedure and Evidence Act governing corporal punishment. In terms of section 28 of the Penal Code, corporal punishment should be inflicted only once. This was reiterated in the Clover Petrus decision (1984). Section 305 of the Criminal Procedure and Evidence Act provides more detail on the manner in which a sentence of judicial corporal punishment should be inflicted.

The legality of corporal punishment in Botswana is undisputed. The Constitution contains, in section 7(2) a savings clause preserving the legality of corporal punishment. Corporal punishment is used in the common law and customary law courts. In many countries, judicial corporal punishment has been outlawed. There is a need to consider the possibility of the abolition of judicial corporal punishment and the introduction of alternative sentencing methods.

Imprisonment
Section 85(e) of the Children’s Act 2009 provides that a Children's Court may sentence a child to imprisonment. According to section 88 of the Children's Act 2009, imprisonment is a mandatory punishment for repeat juvenile offenders. This is a radical departure from the Children's Act 1981, which did not provide for custodial sentences for children. The Children’s Act 2009 is clear at section 88 that only repeat offenders should be sentenced to a term of imprisonment. There is a further safeguard protecting juveniles from the harsh realities of imprisonment in section 27(1) of the Penal Code, which provides that children under the age of 14 years may not be sentenced to a term of imprisonment. This is in keeping with article 37(b) of the CRC that provides that the imprisonment of a child shall only be used as a last resort. It is debatable whether this new development of mandatory imprisonment of repeat juvenile offenders is an improvement to be applauded or a step backwards in child protection in Botswana. In the writer’s view, imprisonment is justifiable as a tool of last resort in the effort to rehabilitate a juvenile in conflict with the law. However, it is not to be preferred to alternative sentencing methods that keep juveniles out of jail.

In Moatshe and Another v the State (2003), Kirby J outlined the correct approach to the sentencing of minors. He stated:

‘...it is true that the court will generally try to avoid sending young first offenders to prison, where such restraint is permissible. But, under Botswana’s penal system, the cut-off point at which an accused person ceases to be regarded as a juvenile and is treated as an adult is 18 years. So, by 26(2) of the Penal Code, a person under 18 years of age convicted of murder is not to be sentenced to death, but is to be detained at the president’s pleasure. By 28(2), a person under 18 may receive no more than six strokes of the cane, where a sentence of corporal punishment is imposed. By 28(4), where a person under 18 is convicted of an offence punishable by imprisonment, he may be ordered to undergo corporal punishment in addition to or in substitution for such imprisonment. In terms of 27(1), no person under 14 may be sentenced to imprisonment. Again, in terms of s 304(1) of the Criminal Procedure and Evidence Act, any court in which a person under the age of 18 years has been convicted of any offence may, instead of imposing any punishment upon him for that offence, order that he be placed in the custody of any suitable person designated in the order for a specific period. So particular provision is made for the sentencing of juveniles. Since these sections are all special in nature and are for the protection of juveniles, they take precedence over the general punishment provision of s 292(2), and indeed over all other provisions which decree statutory minimum punishments. At 18 a young man is entitled to vote, enlist in the armed forces, drive a motor vehicle, and enter licensed premises. He is in all respects an adult, albeit a young adult, and must bear the duties and responsibilities of adulthood as well as enjoying the privileges which accompany this status.’

The question whether a juvenile would be subjected to a statutory mandatory minimum sentence has also been considered by the courts. In State v Moatlhaping (2008), the court held that where an accused person committed an offence as a juvenile but was tried as an adult due to an unreasonable delay by the state in bringing him to trial, this would constitute an exceptional extenuating circumstance entitling him to imposition of less than the mandatory sentence. This case was decided relying on section 27(4) of the Penal Code, which allows a departure from a statutory minimum sentence where the sentence would be grossly disproportionate in the circumstances.
In Mokone & Another v the State (2003), Molokomme J arrived at a similar conclusion relying on the ‘constitutional exemption’ discussed by Kirby J in Moatshe and Another v the State to depart from a statutory mandatory minimum sentence. Molokomme J stated,

‘The two appellants were juveniles on 30 September 1998, which is when they committed the offence. This in itself constitutes a special circumstance, which makes a sentence of 10 years disproportionate, and one which a reasonable person would not impose. I must also express my grave concern at the fact that these young people, who were juveniles at the time of the commission of the offence, were not taken before a juvenile court before they turned 18 years of age. I am deeply concerned by the revelation they made before me that when they were first arrested in September 1998, the police had released them on discovering that they had not yet turned 18 years of age. After finding out from their parents when they would turn 18 years, the police apparently promised to return the following year. According to the appellants, the police had indeed returned in 1999 and proceeded to charge them under the normal rules of criminal procedure applicable to adults...unfortunately for the appellants, although they were juveniles at the time they committed the offence, they were not brought before the courts timeously. By the time they were, they had ceased to be juveniles and therefore the special provisions discussed above were no longer applicable to them. In other words, they were prejudiced by the delay in charging them, because they would have been subjected to a different set of rules and procedures regarding sentence, which are less stringent than those which were applied...however, I must once again repeat that if the police officers involved indeed waited deliberately until the appellants turned 18 years before they charged them - as alleged by the latter, this was highly improper. It is my hope that in future, police officers responsible for such cases will be more sensitive and responsive to the special provisions enacted for the protection of juveniles...I have come to the conclusion that having regard to the circumstances of the offence committed by the appellants in casu, as well as their personal circumstances, especially the fact that they were juveniles when they committed the offence, the sentence of 10 years imprisonment is grossly disproportionate. I believe that this case deserves to be one of those rare and exceptional cases in which the court should decline to pass the statutory minimum sentence, and should proceed to pass a lesser and appropriate sentence’

Having enacted the imprisonment of juveniles, the challenge currently facing the administration of juvenile justice with respect to the imprisonment of juveniles aged 14 – 18 years is one of institutional capacity. They cannot be detained at the school of industries because the school is not used as a facility for incarceration.

Further, juveniles should not be detained at the Boy’s Prison, Moshupa that admits young boys aged 18 – 21 years. International law requires that children deprived of their liberty be separated from adults deprived of their liberty. The question remains whether the justice system has the capacity to detain these juveniles in conditions that meet international standards.

**Conclusions and recommendations**

**Children’s courts**

Inadequate institutional capacity is a recurring constraint in the juvenile justice system in Botswana. As noted above, the sentencing options of probation, the school of industries and community service are unused or not put to optimal use on account of institutional challenges ranging from lack of properly trained officers, to lack of regulations to run particular programs or institutions. This problem is not new to Botswana’s juvenile justice system. In State v. Jane Moseki (1968 – 1970), the court noted as follows with respect to juvenile delinquency:

‘as the law stands the courts have no adequate machinery with which to cope with this problem and this situation must be regarded as a painful flaw in Botswana justice. Simply to send youths to a state prison is not the answer. As parens patriae the state is in [sic] duty bound to assume responsibility for these strays and guide them in the direction of good citizenship. There is no escape from this obligation.’

The duty to provide an adequate criminal justice system falls squarely on the state. The Convention on the Rights of the Child requires, at article 40(4) that a variety of non-custodial dispositions be made available to ensure that children are dealt with in a manner appropriate to their wellbeing and proportionate to their circumstances and the offence they have committed. Article 11 of the Beijing Rules also encourages the process of diversion in order to rehabilitate the offender, reintegrate the
offender into the community and avoid processing the offender through the criminal justice system. Where diversion away from the criminal justice system is not possible, article 18 of the Beijing Rules recommends that a large variety of disposition measures be available to the courts in order to avoid institutionalization of juveniles. Article 14 (a) of the guidelines for action on children in the criminal justice system requires that states provide a comprehensive, child centered juvenile justice process. Further, article 23 of the Beijing Rules calls for effective implementation of disposition orders.

It is a matter of concern that alternative disposition orders for juveniles in Botswana are not effectively enforced. The lack of probation officers impacts directly on possibilities for rehabilitation of juvenile offenders. It is recommended that a cadre of probation officers be trained and a probation service created in order to give effect to section 85(a) of the Children’s Act 2009.

The school of industries is under-utilized and hampered by the lack of regulations to run it. It is also seemingly misplaced in the Ministry of Local Government, given that imprisonment of juveniles is a sentencing option under the Children’s Act. It is recommended that the mandate of this facility should be reconsidered and realigned to meet the needs of the criminal justice system which is a place of incarceration for juveniles aged 14 –18 who are sentenced to imprisonment. This would entail moving the facility to the Ministry of Defence Justice and Security to be managed by the Prisons Service.

It would be useful to see Children’s Courts better utilize the possibility to sentence juveniles to community service. It is recommended that section 91 of the Prisons Act be amended to allow for an extension of its provisions to juvenile offenders and Children’s Courts. The Children’s Court would also have to devise a community service register and method of determining a list of tasks that need to be carried out in the community suitable for juvenile offenders. There is also clear need for community service regulations. Offenders would have the dignity of giving back to their community and have the opportunity to mend fences and be a force for good in the community. Community service would greatly assist juvenile offenders in their rehabilitation and re-integration.

Customary courts

As mentioned elsewhere in this chapter, the practice on the ground is that customary courts regularly adjudicate on criminal matters concerning children. This adjudication is outside the ambit of the law since customary courts are not created as children’s courts.

The argument may be made that it would be prudent to formally recognise customary court’s jurisdiction to hear and determine matters affecting children in conflict with the law. This argument must be accompanied by the promulgation of a comprehensive set of regulations to regulate the prosecution of child offenders in customary courts.

In particular, such regulations would have to address due process rights guaranteed to every child by the Children’s Act 2009 and CRC and the African Charter. In particular, the right to legal representation in terms of section 95(1) and section 95(2) of the Children’s Act 2009, as well as the right to a hearing in private and the right to have a social worker present as set out in section 39 of the Children’s Act 2009 would have to be guaranteed.

It is submitted that these requirements would be virtually impossible to implement and supervise in the customary court system today. Customary Courts do not have the capacity to deal with juvenile offenders in a manner consistent with international law. The modifications that would be necessary to achieve necessary procedural safeguards could not be effected without substantially altering the nature of the courts. It is therefore recommended that the practice of prosecution of children before customary courts be stopped as a matter of urgency because it lacks legality.

The abolition of judicial corporal punishment of juveniles

Corporal punishment is legal in Botswana. Section 61 of the Children’s Act 2009 prohibits torture, cruel or inhuman punishment of a child. However, section 61(3) of the Children’s Act, 2009 provides that the section should not be construed as prohibiting the corporal punishment of any child under the Children’s Act or under any other law.

The Committee on the Rights of the Child, in General Comment no. 15, has stated that corporal punishment of children is a violation of the prohibition against cruel and inhuman treatment of punishment. However, Botswana maintains that it has no plans to abandon corporal punishment.
Public opinion in Botswana is firmly in favour of the retention of corporal punishment. There is no cultural taboo against corporal punishment; in fact one could argue that the perception of the majority would be that corporal punishment is essential for the upbringing of children – a case of spare the rod, spoil the child. Consequently, corporal punishment is used widely in homes, in schools, and in common law and customary law courts.

There is a groundswell of opinion internationally that corporal punishment amounts to cruel and inhuman punishment. The constitutionality of judicial corporal punishment was considered by Botswana courts in the Clover Petrus (1984) decision, which case presented an opportunity for a restatement of the law. The court only went as far as holding that corporal punishment had to be inflicted once and that it was cruel and inhuman to inflict it in installments. There has been no legal challenge to corporal punishment of children.

It is important to point out that the corporal punishment of children provided for in the Children’s Act 2009 is in fact contrary to the provisions of the CRC, which under article 19, provides that ‘all children should be protected from all forms of physical and mental violence.’ The committee on the rights of the child in General Comment no.8 (2006) states:

“... There is no ambiguity: ‘all forms of physical or mental violence’ does not leave room for any level of legalized violence against children. Corporal punishment and other cruel or degrading forms of punishment are forms of violence and the state must take all appropriate legislative, administrative, social and educational measures to eliminate them.”

In State v Williams (1995), corporal punishment was declared unconstitutional in South Africa. It was held that corporal punishment debases everyone involved, that there is no compelling interest to justify it, that it is not a deterrent, that it coarsens rather than rehabilitates the offender, that there are alternatives available and that it is unnecessary and had been abandoned by many countries in the civilised world a long time ago. A similar decision was reached in Namibia in Ex Parte: Attorney-General, In Re: Corporal Punishment by Organs of State (1991) and in Zimbabwe in S v Juvenile (1990). The Global Initiative to End All Corporal Punishment of Children reports that in 33 countries worldwide, children are protected by law from all forms of corporal punishment.

It is recommended that Botswana reconsider the continued efficacy of corporal punishment against children in the criminal justice system in light of developments in the international plane. Strengthening alternatives sentencing options like probation and community service will pave the way for a move away from corporal punishment.

**Imprisonment of juveniles**

Article 26 of the Beijing Rules provides that the objective of institutional treatment is to provide care, protection, education and vocational skills to juveniles. The rules for the protection of juveniles deprived of their liberty provide that imprisonment should be used as a last resort and that detained juveniles should be guaranteed meaningful activities and programs that promote health, self-respect and foster their sense of responsibility and human development. These rules also confirm the right to education of detained juveniles, that juveniles should be kept separate from adults and that children deprived of their liberty should be treated in a manner that provides for the needs of their age.

In creating a new sentencing option providing for the imprisonment of children, government has the attendant duty to ensure that imprisoned children are availed necessary facilities for rehabilitation and education.

Currently, there is no facility for incarceration of juveniles aged 14 – 18 years. The boys prison in Moshupa receives youths aged 18 – 21. International law prohibits the incarceration of children with adults. If juvenile offenders were to serve out their sentences at Moshupa, they would have to be separated from the adult population. Educational and vocational facilities would have to be availed to incarcerated children. The draft Policy Paper on Sentencing (2013) notes that as at June 2013, the educational facilities at Moshupa Boy’s Prison have yet to be constructed.

In addition to this, the school of industries that has complete facilities and could presumably be used to incarcerate juveniles aged 14 - 18, is not designated as a prison for juveniles. It operates under the Ministry of Local Government and is not tailored for incarceration.
It is recommended that suitable arrangements for the incarceration of juveniles be prioritised in order to ensure greater effectiveness of the criminal justice system.

Conclusion

The aim of this article was to assess whether sentencing options for children in Botswana today are antiquated, whether institutional arrangements are sufficient and to propose areas for reform. The findings of this chapter have been that there is a need to review sentencing options and institutional arrangements in Botswana to ensure effectiveness. A robust Children’s Act without robust regulations and institutions to support it results in failures in child protection. Recommendations have also been made to end the adjudication of children’s criminal matters in the customary courts. Finally, a recommendation was made for the abolition of the judicial corporal punishment of children in favour of stronger alternatives to custodial sentences. A final cross cutting recommendation is that a comprehensive policy for juvenile justice should be developed for Botswana in line with general comment no. 10 (2007) of the United Nations Committee on the Rights of the Child.

Dr. Odireleng Jankey (Ph.D., MSW) is a senior lecturer in the Department of Social Work at the University of Botswana. She graduated from the University of Utah, USA with a PhD in Social Work. She has a Masters degree in Social Work with a research specialization. She has done extensive research in the area of Youth through the Ministry of Labour and Home affairs at local, regional and international level. Her areas of interest are social development with particular focus on issues of poverty, HIV/AIDS with greater emphasis on caregivers, linking HIV/AIDS, alcohol abuse and gender based violence, intimate partner violence and intimate femicide. She has participated in several studies including: Evaluation of Disability programmes in Botswana, linking alcohol abuse, gender-based violence and HIV/AIDS in Botswana, assessing the magnitude of disability, teenage pregnancy as well as substance use and abuse, coping strategies of informal caregivers in Botswana and the evaluation of District Multi-sectoral AIDS Committee (DMASAC). She has published fairly extensively on issues pertaining to social protection. She has experience working with NGO’s, FBO’s and communities through the Ministry of Labour and Home Affairs as a social worker.

Introduction

The media is a powerful source of information. Information communicated through various media outlets shape people’s opinions and perceptions on diverse issues. Also, it is not uncommon for the public to take, as a matter of fact, issues that the media have published. Given the tremendous power at the disposal of media houses, it is important that media reports are accurate, and for some issues, carry the sensitivity that the content of the story presented deserves.

In Botswana, media houses have played a major role in creating awareness about intimate femicide. In fact, most media reports indicate that intimate femicide, commonly known as ‘passion killings, has become an issue of public concern in Botswana. This is further backed by the findings of recent studies. In particular, the gender-based violence indicator study has revealed that intimate femicide has increased by 122% between 2003 and 2011 (Machisa & Dorp, 2012)

![Figure 1. Number of women who lost their lives to intimate partners between 2003 and 2011. Sourced from Machisa & Dorp, 2012](image)

Unfortunately, media reports have not always been comprehensive and sensitive in their reporting on intimate femicide. It has been observed that a large number of media reports on intimate femicide often do not provide the necessary context (Jankey 2011). Some reports read as though the media houses legitimize men’s violence, blame the victims, excuse the perpetrator and/or romanticize the intimate femicide. In some print media in particular, the headlines for the intimate femicide reports are humorous, and often use wrong terminology.

Additionally, in most of the media reports on intimate femicide, the women who are killed are usually portrayed as the only victims. Other victims such as the children, parents, siblings, members of the extended family, and bystanders are often not mentioned. In this study, the author examines intimate femicide media reports to shed more light on the other victims of intimate femicide, especially children. It is hoped that this study will help sensitize the society about the adverse consequences of intimate femicide. A full awareness of these victims is particularly important for practitioners and policy makers who design specific interventions for victims, as well as legislation for curbing the problem.
Statement of the Problem
Given that the media is a powerful source of information that shapes people’s view on issues in their environment, consistent omission of children, parents, siblings, extended family members, and bystanders as victims of intimate femicide in media reports undermines the gravity of intimate femicide and misguides the community. Further, the exclusion of these victims in reports is likely to lead to the victims’ omission by those responsible for designing and implementing intervention programs. In failing to adequately identify the victims of intimate femicide, the media also indirectly sets the agenda for policy and program development. Consequently, if children are omitted in media reports of intimate femicide, the chances that appropriate interventions will be designed for them are slim.

Theoretical framework
This study was guided by the Feminist Theory which believes that intimate femicide is a result of a patriarchal social structure that socializes men and women into gender specific roles (Dobash and Dobash, 1998). In patriarchal societies, men are privileged and their privileges allow them to have power and control over women in relationships. Men’s authority in the home allows them to use violence as a tool of power to control women (Harway & O’Neil, 1999). Feminists believe that male aggression is tolerated in a patriarchal society and that men have the right and the obligation to control their wives and children (Dobash & Dobash, 1998). From a feminist perspective, children are controlled together with their mothers. Given this mindset, it is not surprising that children are omitted in the media reports. Children, it could be argued, are lumped together with their mothers and there is no need to create a distinct category for them.

Children as victims of violence
Studies worldwide indicate that children who witness violence are most likely to be perpetrators of violence themselves. Every year, 3.3 million children are at risk of exposure to parental violence (Carlson, 1994). In Botswana at least 67.3% of women of all socio-economic classes, races, religions, and ethnic backgrounds have experienced some kind of gender based violence in their lives (Machisa & Dorp, 2012). Many times children are present when such violence occurs, either in the same room or in an adjacent room (Hughes, 1988). According to Meichenbaum, (1999) approximately, 45-70% of battered women in shelters in the United States of America reported the presence of children in the home during the violent episodes. Evidence suggests that witnessing violence does not necessarily mean being within a visible range of the violence and seeing it occur (McGee 1997; Edleson 1999).

The literature also indicates that children have described traumatic events that they have heard but not seen (McGee 1997; Edleson, 1999). Furthermore, it has been observed that children can also “witness” violence indirectly by seeing injuries sustained by their mothers, broken objects or their mother’s depression after a violent episode (McGee, 1997). The literature further indicates that children are victimised at different levels; some are killed along with their mothers or alone, some
remain orphans and are traumatized because their mother or both parents are killed, while others witness the horrific act, but their lives are spared (McGee 1997; Edleson 1999).

Most researchers are in agreement that children who witness domestic violence experience emotional trauma and may suffer serious lifelong consequences, even though they were never hit themselves (Nguyen & Larsen, 2012). Children who are repeatedly exposed to violence may develop post-traumatic stress disorder (PTSD). In support of this argument, Graham-Bermann (1994) concurs that children who witness domestic violence are more likely to show clinical levels of anxiety and PTSD. If these children do not receive treatment, they may be at risk of truancy, substance abuse, dropping out of school and lifelong interpersonal difficulties (Nguyen & Larsen, 2012). Several studies have documented multiple problems associated with a child's experience of one parent's assault of another in the home (Lemon, 1999; Groves, 1999; Mathews, 2000).

There is agreement in the literature that children who witness violence can either have short or long-term problems that include psychological and emotional problems, cognitive problems and other longer-term developmental problems. The common examples of the psychological and emotional problems that children may present with are social withdrawal, agitation, aggression, avoidance of reminders, behaviour problems, clinging to caregivers, distractibility, emotional numbing, emotional changes, flashbacks, general emotional distress, increased arousal, intense thoughts, insomnia, and irritability. Under cognitive problems, the typical examples are academic problems, lower verbal and quantitative skills, and the tendency to solve problems through violence. The longer-term developmental problems that children may present with are depression, trauma-related symptoms, and low self-esteem; nightmares; numbing of feelings; obsessive behaviours, phobias, poor problem-solving skills, post-traumatic stress disorder; and revenge seeking. (Carlson, 1984; Groves, 1999; Fantuzzo, Boruch, & Beriama, 1997; Fantuzzo, DePaola, & Lambert, 1991; Matthews, 2000; & Meichenbaum, 1994).

Role of the Media

The media is viewed as a source of leisure activity, a socialization agent, and a major institution that could be instrumental in shaping the political, economic, cultural, and social environment of most contemporary societies (Kellner, 2013). Researchers contend that the media is a powerful source of information (Radu, 2009; Losike-Sedimo & Ngwako (2011). In Botswana, in particular, Losike-Sedimo & Ngwako (2011) have argued that the media have been used to educate, raise public awareness, and stimulate individual actions to combat intimate femicide. Media houses are therefore in an excellent position to initiate social change, positively affect social problems, and help combat social ills and all acts that are considered deviant (Mshenry, 2008).

With respect to intimate femicide reports, for example, media houses are at liberty to decide who exercises the violence and who is defined as a victim. Furthermore, they decide what content is newsworthy. For example, if the media continuously depict women as the only victims of femicide, and ignore others such as children, the society may be robbed of the overall understanding of the issue. Unfortunately, as the media chooses what is worthy news, it also indirectly sets the agenda for interventions for practitioners. This therefore calls for the media to have the correct facts through investigation and presentation of issues in a balanced manner, without sensationalism and trivialization of social problems.

Given the important roles played by the media, some authors contend that, though the media has been instrumental in creating awareness regarding issues of femicide, they have also failed in addressing this social problem (Mshenry, 2008). For example, in Botswana, in presenting cases of intimate femicide the victim has continuously been blamed and the perpetrator excused. In addition, intimate femicide has been romanticised and the wrong terminology, such as, passion killings has been used (Jankey, 2011).

Though a considerable body of research has documented multiple problems associated with children witnessing domestic violence, when reporting incidences of femicide, the media in Botswana have omitted to show children as victims, despite the adverse consequences for them that is associated with the witnessing of such violence (Fantuzzo et al. 1997; Mohr et al. 2000; Levendosky et al. 2002).
Methods
This was an exploratory qualitative study. A total of 26 media reports on intimate femicide or "passion killings" in the country were explored. The stories used for analysis were sourced from the archives of two local newspapers in Botswana, namely “Mmegi Online” and “The Voice” newspaper. The search terms used to identify the stories were passion killings, violence against women, murder-suicide, women killed, and intimate femicide/girlfriend murder.

Stories that were selected were the ones that met the following criteria: reports of actual incidents of intimate femicide, where one of the partners was killed or was attempted to be killed. The study used thematic analysis. Two researchers read each story. Data collected from the stories were reduced and summarized into themes, patterns, and clusters. Using colour codes, the researchers kept track of dates, names, and titles of stories, chronologies, and descriptions in each story and the setting of the femicide incident (Marshall & Rossman, 2006).

Results
This section will present demographic data and an overview of themes. The observations are reported under each of the research questions.

The first question was how do the media reports portray children in articles of intimate femicide? The following major themes emerged under this study question: history of violence in the relationship, sub theme; children exposed to long periods of violence, children mentioned when they are primary victims, media omits reporting children when they are not the primary victims, children killed for revenge, children killed by their fathers or stepfathers, danger posed to children and brutal murder of children.

The second research question was “Who are the victims of intimate femicide as portrayed by the media? The major themes under this question were women mostly portrayed as victims. Children not specifically considered as victims.

Demographic data
There were 26 stories that met the set criteria. Ten (10) of the 26 stories came from “Mmegi” newspaper while 16 of the 26 stories were featured in “The Voice” newspaper. Only ten (10) of the 26 stories, mentioned children as victims. In these 10 stories, there were a total number of 12 children who were killed in the reported intimate femicide situation.

Six (6) of the 10 stories reported children who were killed. In these stories, children were either killed by their fathers, step-fathers or their mother’s boyfriends, except in one story where a young boy was beaten to death by both his mother and step-father. Of the 12 children killed, 8 were killed along with their mothers and 4 were killed alone. From the other 3 stories, it was reported that 8 children who were exposed to the violence were injured. In 1 of the 10 stories, the mother and her unborn child were threatened (threat to kill). In sixteen (16) of the 26 stories there was no mention of the presence of children when their mothers were killed.

Research question 1: How do the media portray children in intimate femicide stories?

First theme: History of violence by the couple
Out of the 26 stories analysed, 15 reported a history of violence between the couple, exposing children to long periods of violence. One reported: He said it was on record that the couple had a troubled love relationship that was characterized by violent attacks (Baraedi, 2011, Mmegi 18).

Another story illustrates:

In a separate development, diaries belonging to the couple released to The Voice by the accused woman’s shocked family, reveals the pair to be deeply troubled (The Voice October 28, 2011)

Second theme: Children mentioned when they are primary victims
Out of a total of 26 stories, only 10 mentioned children as victims. The story below shows a child being the primary victim:
The man from Manyana is said to have entered the house at 4 am and hit the duo (mother and baby) on their heads using the metal rod while they were asleep. The suspect was also in possession of a knife.

Another example of children being mentioned when they were the primary victims is as follows:

I picked the iron rod that had been in the house and hit Mary* on the head. In the process I injured the eight month old baby who was on her back. I then hit the two year old because I feared she would remain an orphan.

Even though there was mention of children in some stories, the media omits reporting on them when they are not the primary victims. In 16 stories, there was no mention of whether children were present when their mothers were being killed.

**Third theme: Children killed for revenge**

The results indicate that, in some stories, children were killed for revenge. Where the couple had a misunderstanding, children were killed to get back at their mothers. In all the stories where there was revenge seeking, children were killed by men, who could be their biological or stepfathers. The results indicate that children were also in danger when people in intimate relationships had relational conflict. One report read:

Disturbing details of the stepfather’s alleged elaborate plan to murder the 14-year old boy over an argument about his alleged cheating, which he had with the boy’s mom, came to the fore recently as the boy narrated the sad story (The Voice, July 22, 2011).

In another example, where children were killed by their step father, the report states:

Mourners at the funeral of the little boy who was brutally murdered by his mom and step dad heard how he was a vibrant boy whose bright future was cut short (The Voice 21 October, 2011).

**Fourth Theme: Children exposed to danger**

In stories of intimate femicide, children were brutally murdered with their mothers, the perpetrators using the same instruments to kill both. Some children were stabbed to death or killed with iron rods, sharp instruments, knives, or men’s bare hands. Brutality suffered by children is demonstrated in the following stories;

Public outcry over the cruel murder of the 11- year old boy, who was brutally beaten to death in a violent reaction to his arriving home late from school, mounted after The Voice brought the gruesome case to national attention three weeks ago (The Voice 21 October, 2011).

In yet another story of brutality suffered by children:

allegedly went berserk and repeatedly stabbed his ex-girlfriend’s sister before turning to the young boy killing him instantly. (The Voice, November 5, 2010)

**Research question 2: Who are the victims of intimate femicide as portrayed by the media?**

The results indicate that the media primarily report women as victims in intimate femicide stories. Children are only mentioned when they have been the primary targets or have perished along with their mothers. Even when they are mentioned, it is difficult for the reader to deduce that they are victims of intimate femicide.

**Discussion**

In this study, there is an under-reporting of the effects of intimate femicide on children, despite the fact that there are children in most homes, where a majority of violent episodes occur (McGee, 1997). The under reporting of children could also be linked to the feminist perspective, which supports the view that men could use their power to control women and children. From this mindset, the media could be lumping children with their mothers in their reporting, without necessarily finding children to be a distinct group that needs to be targeted on their own. The world over, most victims of intimate femicide are women, while the perpetrators are men (World Health Organization, 2005). From the articles analysed, the trend is no different in Botswana.
This study brings to the attention of policy makers, practitioners, and researchers that children are also victims of intimate femicide and are worthy of mention in stories of intimate femicide (Denbow and Thebe, 2006). The Media could be instrumental in promoting public awareness of problems, their definition, causal interpretation, moral evaluation, treatment and/or recommendation. Furthermore, the media should also raise issues of concern, in order to promote awareness and the need for action in this regard. (Etman, 1993). Given this scenario, if the media omits children in their reporting, social programming and intervention for such victims may not be prioritized.

The results of this study indicate that children are exposed to long periods of violence. In 15 of the 26 stories, parental relationships were characterized by a history of violence, which children may have observed in action through their mother’s injuries and depression. Though the stories do not report the consequences for children exposed to violence, this reality can no longer be ignored. The literature supports the fact that children who witness violence experience emotional trauma that may have serious lifelong consequences (Nguyen & Larsen, 2012). These results are suggestive of a broader problem that calls for practitioners to target specific interventions for children who are victims of intimate femicide. When the media does not characterize children in these stories as victims, society may not view them as such (Etman, 1993). How media constructs an issue or problem will affect whether or not the public believes it to be a social issue worthy of being addressed or not (Losike, 1999).

Children in these intimate femicide stories were brutally murdered and injured mostly by men. In all the 6 stories where children were murdered, only one child was beaten to death by his mother and step-father. Twelve children were either injured or murdered by their mother’s boyfriends, their fathers or their step-fathers. This finding emphasizes patriarchal values where men are socialized to be aggressive and dominant in the relationship (Jankey, 2011). Furthermore, men use excessive violence and brutality to gain control, in line with the expectations of a patriarchal society.

Limitations
The researcher used a convenient sample of two newspapers namely “Mmegi” and “The Voice”, even though other newspapers such as the Guardian, Sunday Standard, Midweek Sun, Mmegi Monitor, Echo, and Ngami Times were available. This may have led to a biased sample as important articles may have been missed. In-spite of these limitations, the results have implications for further research, intervention, and policy for children who have been exposed to violence, given that such services are limited in Botswana.

Implications
The observed under-reporting of children as victims in stories of intimate femicide may have extensive implications. There is need to validate this finding in a larger and representative study, because if the findings hold, special measures need to be taken to protect children (Exner & Thurston, 2009). At service level, this study suggests that practitioners who handle cases of intimate femicide probe more and establish that there were no forgotten children. There is need for practitioners to also develop interventions that benefit children exposed to intimate femicide. Professionals such as social workers, health care workers, psychologists, and school counsellors should focus on the many effects of violence on children, such as impaired school performance and judgment, vulnerability and high risk for substance abuse, victimization, and emotional disturbance (Shakoor & Chalmers, 1991). There is thus a need for further research, treatment and holistic intervention for children who are presenting with signs of trauma, anxiety, depression, and truancy and behaviour problems in schools, to determine their exposure to intimate femicide and violence.

Recommendations
The media should be assisted to recognize children as victims of intimate femicide. Further in reporting incidents of intimate femicide, they should be encouraged to also report on children who are victims, because they were killed during the incident or exposed to the traumatic situation. Further, they should be encouraged to report on the possible long and short-term consequences of children’s exposure to intimate femicide.

Practitioners should design holistic cognitive, behavioural, and emotional interventions for children who witness violence. Given the negative repercussions of children’s exposure to violence, there exists a need for programs that can help children cope and improve their potential for healthy psychological adjustment (Groves, 1999).
Health screening of children in schools should periodically include screening for violence. At risk children should then be referred to appropriate programmes. Furthermore, mental health and counselling services for children who have been traumatized by witnessing passion killings are lacking in Botswana. Efforts should be put in place to address this gap. Additionally, individuals who come into contact with children in daycare centers, schools, law enforcement agencies, and parenting education groups should receive training as part of their professional development.

**Conclusion**

Children witnessing violence in cases of intimate femicide have been overlooked in media reports despite the negative consequences that they suffer as a result of such exposure. This paper calls on the media to describe and frame intimate femicide stories in a way that will portray all its victims including children. In this way the media could be part of the solution by bringing to the attention of society the long-term consequences related to exposure to violence and advocate for the development of strategies to address the issue.
Globally, nearly 10 million children die annually before their fifth birthday. Further over 200 million children worldwide do not develop to their full potential - mainly because they live in an environment that does not provide the basic conditions needed for young children to survive and thrive. The early years of life are vital for cognitive, physical, social and emotional development. These critical domains of development form the basis of one’s personality, social behaviour, and capacity to learn and nurture one self.

Botswana has 196,329 children under the age of 5, this constitutes 26.5% of the total population of children. Of this population only 10% are in preschools and therefore have access to early childhood education. The prevalence of stunting which is usually related to lack of adequate nutrition and sometimes inadequate stimulation amongst other factors stands at 23% (Accelerated Child Survival and Development Strategy 2009/10 -2015/16, 2009). The results of the National Integrated Early Childhood Development Baseline Survey carried out in 2006 also indicate that there is limited promotion of child stimulation and play at both household and in existing national ECD programmes.

The three articles in this section contribute to the programming and monitoring of children’s interventions. The article by Galeforolwe examines critical areas of ECD and the importance of policy makers and relevant stakeholders’ appreciation of the critical domains in child development. The author points out that even though significant progress has been made in supporting ECD, there are other areas that still need much attention. In particular, issues relating to primary caregiver-infant attachment have not been given much attention.

The second paper by Shiraz Chakera discusses basic education enrolment at primary level. The paper ascertains that between 2002 and 2011, the Net Enrolment Rates (NER) of primary school going children did not go beyond 90%. The author notes, however, that there was a notable NER and Gross Enrolment Rate (GER) increase in 2012. The paper further points out that even though most children are in and progressing through school, there are gaps in access that need to be closed. It also calls for the improvement of administrative data, household survey data as well as Special Education Needs (SEN) information.

The third paper by Monteiro and colleagues examines constructs of childhood among young adults and adults in an urban Botswana community. It examines generational differences in defining the construct of childhood, by comparing the ideas and beliefs of the two groups. The results show striking differences between younger and older adults’ perceptions, suggestive of diverse and evolving cultural norms.
3. Understanding Critical Developmental Trajectories in the First Three Years of Life

Ms. Dipotoso Galeforolwe is a Lecturer in the Department of Family and Consumer Sciences, University of Botswana. She teaches courses in early childhood development, human development across lifespan, family counselling, parenting education and child development policy. Her research interest is parent-child relations, with special emphasis in early socio-emotional development and child outcomes.

Introduction

This article provides an overview of child development and the importance of the appreciation of early childhood development (ECD) by policy makers, practitioners and other stakeholders. Well-crafted, implementable policies and practices help children form proper cognitive, social and physical structures for further growth and development. This is important because during the first three years of life there is a great opportunity for intervention since all developmental trajectories are still malleable. It is for this reason that at policy and practice levels, a sound appreciation of early childhood development is critical. Limitations in this regard deprive children the opportunity for optimal development (Thompson, 2003).

In Botswana, government interventions in terms of policies are important and effective in specific related areas of ECD. This is evidenced by the gains that have been realized in the areas of health, child protection and early learning. However, there is much to do in other areas of ECD. In this paper, the author examines critical development trajectories for children aged 0-3 years in Botswana and related support systems. First, the author provides a brief outline of areas that need to be considered in early childhood development. These areas are physical, cognitive, emotional, and social development. Secondly, information on child maturation and attachment theories are outlined to provide a framework for understanding the importance of childhood development as it relates to the biological disposition of the child and environmental inputs and/or stimuli. Finally, maturation and attachment theories are used to examine and identify gaps that might affect the optimal development of children in the context of Botswana.

Domains of development in early childhood

The first three years of a child’s life are marked by rapid development. What happens during this phase influences development in later stages across its lifespan, most notably, during preschool years, middle childhood, adolescence, and early adulthood. In general, while all developmental processes in children are stable and predictable over time, because children’s physical, cognitive and language, emotional and social potential do not change, they can be modified by the environment in which they thrive. In addition, the domains (physical, emotional, social, and cognitive and language) are interrelated and interdependent, thus changes in any of the domains due to the environment will inevitably influence other domains.

The Physical domain: In the physical domain, the areas that develop are the body, the brain and the motor abilities. These areas need adequate nutrition, health and appropriate caregiving. In the absence of illness, and with adequate nutritional intake, most children will double their birth weight within six months and triple it by their first birthday. During this stage of development, changes occur in many areas. The child’s subcutaneous fat, which forms at about six weeks before birth continues to accumulate rapidly during the first nine months. The muscles are strengthened and lengthened throughout development. Unlike fatty tissues, no new muscles are formed. With respect to bone growth, which is related to height, mineral deposits occur in the bone and improve bone density. Deprivation in the child’s nutritional intake significantly slows the child’s rate of growth. In rare occasions, growth failure may occur for reasons other than nutrition. Commonly cited examples causing growth failure other than nutrition is child neglect (Block & Krebs, 2005; Chatoor, Ganiban, Virginia, Plumer, & Hamon, 1998).

Another important aspect in the physical process is the growth of brain weight. Brain development begins prenatally and continues to grow postnatally under favourable nutritional and caregiving environments. The brain growth spurt begins at about three months before birth, and continues to grow rapidly, such that by two years of age the child’s brain is about half the size that of an

References


adult. At the age of five, the child's brain weight is almost the same as that of an adult (Fogel, 2009). After birth, most brain development is largely due to the advancement of the neural connections and the pruning of unused neurons. The brain is said to be experience-expectant and experience-dependent. Experience-expectant means that the brain has all the necessary neuromotor pathways that prepare the infant for survival such as a baby crying because they feel pain. The experience-dependent neural connections are based on the individual infant's experiences, resulting in neural connections advancement or pruning (Fogel, 2009, Nelson, 2007). In other words, the connections occur following a child's experience of an event. Therefore, for the brain to develop optimally, the child must be involved in various developmentally appropriate experiences, such as adequate nutritional intake and consistent and responsive caregiving. Observations on the sensitivity of the brain to various experiences are supported by years of research work on institutionalized children (Maclean, 2003).

Institutions such as orphanages are known for lack of amenities. Children often lack adequate caregiving, particularly lack of consistent interaction and stimulation by caregivers. This is often the case because caregivers are overwhelmed with other duties in the institution. Nelson (2007) observed that children reared in institutions in their first year of life are more likely to experience negative effects on physical growth, language, cognitive and social-emotional development. The deficits in the mentioned dimensions are caused by inappropriate brain experiences. Furthermore, children raised in institutions are likely to have behavioural problems and low IQ. This is particularly so if they stayed in the institution for a period of at least eight months during the first year of life (Nelson, 2007; Nelson, Zeanaah & Fox, 2007; Maclean, 2003). These studies also found that redirecting atypical development after institutionalization to normal developmental trajectories was difficult (Nelson, 2007; Nelson, Zeanaah & Fox, 2007; Chiron, Jambaqué, Louines, Syrotla, & Dulac, 1997; Maclean, 2003). This further emphasises the importance of developmentally appropriate experiences for young children.

Another aspect of the physical domain is motor development. Motor development includes development of fine motor skills, gross motor skills and perceptual motor skills such as hearing, and vision acuity. Fine motor skills refer to the ability and proficiency in the use of smaller muscles in the hands. The gross motor skills on the other hand entail the use of large muscles such as the legs and the torso. From being a helpless infant with only reflexes at birth, at 31 months a child is capable of building a tower of eight blocks and can swing his/her legs to kick a ball. As the body and the brain develop, other parts of the body achieve proficiency. In terms of physical proficiency, two principles govern the direction of abilities and proficiency in motor development. These are the cephalocaudal and proximodistal principles. The cephalocaudal principle denotes that areas that are close to the head will develop or mature earlier than the areas in the legs and feet. An example of the cephalocaudal principle would be the ability of an infant to sit by itself before it can crawl. The proximodistal principle maintains that all areas that are close to the spinal cord will develop earlier than areas that are far from the spine. For an example consistent with the proximodistal principle is when a child is able to wave her whole hand, before she/he can use the hands to catch a ball, as the arms, which are closer to the spine than hands, will have better coordination. Since development is interconnected and interdependent, as the child gets to master their own body, it is able to move around and explore the environment, and gains experience in using the more complex tasks with his body, the child becomes more able to adapt to the environment (Fogel, 2009). Cognitive development and language: Different ways of processing information in early infancy progresses from orientating, habituation and imitation. Infants use perceptual sensory skills to gain knowledge from their environment. By the time children reach the middle of their second year of life, they are able to think perceptually using words or symbols. Exploration of the environment and constructing knowledge is facilitated by proficiency of the body, such as holding a toy and exploring its characteristics. Infants experience vocabulary spurt at 12 to 18 months and reach a multword speech at about 20 months. Cognitive development is dependent on appropriate stimulation, nutrition and sensitive and responsive caregiving (Fogel 2009). It is very important that people who work with young children understand what is developmentally appropriate for them. They also need to understand the stage when certain stimulations and programs should be presented to a child. This is crucial because inappropriate stimulation, such as over stimulation or under stimulation, in a learning environment can unknowingly harm a child's potential to develop (Thompson, 2003; Schore, 2000).
Emotional domain: The inner world of feelings is affected by the positive environment created by the primary caregiver. The child experiences expressions of inner feelings from their emotional system. Initially, infants as young as one month are able to express emotions of distress, and enjoyment. By two months, infants are able to smile during social interaction and vocalise their positive emotions by cooing. Anger begins at four months. Fear develops between four to six months, when children begin to creep or crawl. Wariness of strangers begins at six months. Thereafter, complex emotions such as pride, shame and embarrassment begin to emerge at about 18-20 months. The complexity of emotions is supported by complex cognitive and social gains. For example, a young baby in the first year of life can share a joke with a caregiver and express the enjoyment of the interaction through laughter (Fogel, 2009).

Social domain: The ability of an individual to cultivate a relationship is a social phenomenon that has its origins in infancy and many experts tie this to the socially inclined right brain processes (Grossmann & Johnson, 2007; Chiron, Jambaque, Lounes, Syrota, Dulac, 1997; Schore, 2000). Right brain processes such as facial processing and joint attention helps in self-regulation. By the time infants are 2-5 months; social behaviour depends on adults creating a suitable environment for infant’s emotional expression. If the caregiver matches their actions to that of their infants, they are able to share laughter, take turns and engage in many playful social activities. At about ten to twelve months, infants share objects with their parents and they are able to coordinate between the self and others. By one year, an infant engages in gestural communication such as pointing. Toys also are not just for exploration; rather they are also used to maintain social interactions (Fogel 2009).

The child’s development in the domains mentioned above show that nurturing is critical for all biological endowments to be effective. The successive transactions between the child and the environment lead to incremental changes and stability in all domains of development.

Maturation perspective

Maturation seems to be the core to many typical changes from conception to adulthood. The work of Darwin and Gesell on species and their natural environment forms the basic assumptions of maturation theory. The assumptions of the maturation theory are that adaptation to the environment is important for survival. Adaptation occurs when biological dispositions interact with the environment. It also assumes that all physical and behavioural changes are specified by biological depositions and are universal (Fogel, 2009). In a similar line of argument, Papalia, Olds & Feldman, (2007) define maturation as the “unfolding of natural sequences of physical and behaviour changes, including readiness to master new abilities” (p.14). For instance, motor development in young children is incremented by milestones that are sequential such as sitting, crawling, standing and eventually walking.


Attachment perspective

Attachment theory enlightens us on the importance of the early years in terms of the organization of the relationship of an infant with its primary caregiver. The altruistic behaviour that the parent/primary caregiver bestows to the child serves as a platform on which a relationship is formed as the child starts to develop the sense of self and others. Attachment theory is ethologically based in the premise that development occurs in a social context (Bowlby, 1988; Bowlby 1995).

The key assumption of the attachment theory is that infants need a consistent primary caregiver with whom to bond. Their attachment system depends on this relationship. The attachment system refers to the network of feelings and cognitions that are related to the object of attachment. It is through the interactive transactions between the primary caregiver and the infant that an internal working model is formed, and it is available to help the infant adapt to the environment (Bowlby 1995). Once the relationship is formed, the individual strives to maintain closeness to the object of attachment and act to ensure that the relationship continues (Bowlby 1988).

The quality of attachment between the infant and primary caregiver is assessed by the use of the Strange Situation Procedure (SSP) that measures patterns of attachment. The procedure (SSP) is suitable for children aged 12 to 18 months (Ainsworth, Blehar, Waters, & Wall, 1978). The procedure differentiates ways a child organizes his/her attachment to the primary caregiver and the patterns of attachment vary from secure attachment to insecure attachment. Ainsworth et al (1978) asserts that, it is from the secure attachment bond that is formed between the primary caregiver and the infant that helps the child to form a secure base from which to explore the environment. In the worst scenario, the infant-caregiver attachment could be disorganized/disoriented, which is later associated with pathological disorders (Hesse & Main, 2000, Main & Solomon, 1986). If the caregiving environment favours the attachment system in the parent/caregiver-infant dyad to the extent that it is secure, the developmental outcomes of the child are positive. If the environment is deprived and does not facilitate secure attachment the child outcomes would become negative.

Studies done on children reared in non-parental care settings such as orphanages support the importance of availability of an adult who consistently interacts with the child, especially the attachment of the caregiver to the child. These studies attest that, children reared in institutions which were hygienic and provided the fundamentals of nutrition and health, but lacked consistent caregiving were very limited in brain development, especially in areas that are related to emotions, cognitions and language (Nelson, 2007; Maclean, 2003; Nelson, Zeanah & Fox, 2007, Rolfe, 2004; Schore, 2000).

Importance of Perspectives in ECD

The maturation and attachment perspectives are vital in the development of the young children in the first year of life. They both recognise the importance of the environment for biological predispositions to unfold. The perspectives also recognise the importance of sensitive periods during which deprivation could have deleterious effect on children's development. Furthermore, they recognize that there is a sequential pattern at which growth or ability to learn occur, such as in milestones of motor development pattern, or the time when the child starts to be wary of strangers. For example, children start to be wary of the strangers at about six months, and at that time the child is able to creep or crawl away from the caregiver (secure base) to explore the environment (Grossmann & Johnson, 2007; Bohlin, & Hagekull, 2009).

However, there are differences in these theories. The maturation theory focuses on the interaction of biological dispositions with the environment. It views the environment from a global perspective such as health status, institutionalization, nutritional status or social relationships. It does not have a specific measure, but all aspects of development could be measured within the context of different dimensions of development. For example, in case of nutritional status, psychometric measurers or specific nutritional tests could be used to determine the adaptation or maladaptation situation of the child.

On the other hand, attachment theory concerns itself with the child's adaptation or maladaptation as related to the caregiving environment. It focuses on consistent caregiving and its impact on developmental trajectories. The patterns of attachment on the infant-caregiver relationships are measureable. Having specific assessment procedures, the attachment perspective gives researchers opportunities to study attachment and its impact in different domains of development for children under favourable and adverse situations. As a result, the importance of early...
attachment patterns on later development has been studied extensively. An attachment study by Sroufe, Engeland, Carlson, Collins, (2005) has shown the importance of a caregiver in the life of a child and has also been able to distinguish patterns of attachment to the extent that it was able to predict school dropout at three and half years based on the caregiving environment. The same study was also able to relate early successful caregiving environments with absence of criminality, substance abuse, and good educational attainment and later work efficacy, but negative outcomes occurred when the caregiving environment was not favourable (Sroufe, et al, 2005). In this regard, understanding the importance of caregiving through attachment perspective is critical for those who are developing programs and policies for children aged zero to three years. One such program was shown by Super, Herrera and Mora (1990) in Colombia where they conducted a comparative study between groups of children with malnutrition. One group of children was given treatment for malnutrition while the other group was given treatment for malnutrition that was combined with parenting education. The group that combined malnutrition treatment with parenting education yielded outcomes that were better than when only malnutrition was treated. These results strongly support the proponents of attachment theory who believe that besides adequate medical care and nutrition, human babies need consistent interactive relationships with other human beings, especially their primary caregivers.

Indicators of early childhood development support in Botswana

In the context of Botswana, several indicators demonstrate that progress has been made in support of early childhood development. The support includes publicly funded and universally accessed health programs, policies and guidelines in early childhood education and care for vulnerable children. At ministerial level, three ministries are directly involved with policies and services that directly support child development. These Ministries include the Ministry of Education and Skills Development (MOESD), Ministry of Health (MOH), and Ministry of Local Government and Rural Development (MLGRD). MOESD is responsible for education, including preschool education. The Ministry of Health provides all services that pertain to public health while the MLGRD is responsible for all that pertains to child social wellbeing, including protection.

Services provided by the Ministry of Health

Health: Services are provided for prenatal and postnatal care to the child and the mother. Policies and programs are already in place. Consistent research on health issues have been reported in Family Health Surveys as well as UNICEF’s annual reports. There is much focus on the mother’s health prenatally and postnatally because the mother’s health is related to the wellbeing of the child. For example, at the national level, 84% of the population have access to a health facility that is within a 5 kilometre radius. Mothers have free access to both prenatal and postnatal care, and as a result 95% of expectant mothers utilise the services. Most mothers (96%) deliver their children in health facilities assisted by qualified practitioners. Delivery in health facilities ensures hygienic conditions that prevent infection to both the mother and the child, thus reducing birth complications. This saves lives and reduces birth defects (Central Statistics Office (CSO), 2009).

Other areas that are supportive to early survival include the Expanded Program on Immunizations and access to the ARV program. For example, 94% of pregnant women with human immunodeficiency virus (HIV) access ARVs for prevention of mother to child transmission (PMCT). This endeavour has resulted in the reduction of transmission from 40% in 2001 and to 4% in 2008/9. Also, 90% of children have been immunized against preventable childhood diseases such as polio, tuberculosis, measles, diphtheria, tetanus, and Hepatitis B (Central statistics Office, 2009). Other areas of support include integrated management of early childhood illnesses (IMCI) and infant and young child feeding.

Nutritional status: Another supportive environment for development in the first 3 years of life is the availability of programs that relate to the nutritional status of the child. Nutrition is important for the child’s ability to survive and thrive. Its impact in brain development has deleterious consequences both prenatally and postnatally. Anthropometric data of the child could be associated with the general health and care of the child. Immediately after birth, every child has a standard welfare clinic card that records children’s admittance and treatment at the health facility, a record of immunization, and a monthly record of anthropometric data. Anthropometric data is used to assess children’s nutritional status. There is data on the following three indicators of child nutrition:
1. Weight for age, which measures acute and chronic malnutrition, has been reported at 13.5% of children being moderately underweight and about 3% are severely underweight (CSO, 2009).

2. Height for age, measuring linear growth, indicates that 26% of children are stunted (CSO, 2009).

3. Weight for height, assessing the relationship of weight to height, shows that 7.2% of children are thin for their height (CSO, 2009).

The health and nutrition programs instituted by the MOH, provide a supportive environment that assures child survival. However, stunting at 26% is very high given availability and access to health programs by both the child and mother.

Services provided by the Ministry of Local Government and Rural Development

The Social & community Development department under MLGRD is responsible for the social well-being of children, including care of orphans and vulnerable children (OVC). The ministry is responsible for issues of child protection, including legislations and acts. It provides guidelines, inspection and liaises with stakeholders to promote best practices in child development settings. Through this ministry, guiding documents such as the 2009 Children’s Act and National Guidelines of the Care of OVC are in place. Through this ministry, children who are in adverse situations are placed for adoption or in institutions. Also, this ministry provides licencing and inspectorate for day-care centres. A more prominent part of this ministry is its recognition of the importance of psychosocial variable in the life of children, outlined in their national guidelines on the care of OVC. For example, eligible OVC are provided with food, clothing, tuition and psychotherapy (Ministry of Local Government, 2008).

Services provided by the Ministry of Education & Skills Development

This ministry is responsible for preschool education in Botswana for children aged 0-6 years. Through the Preschool division, an Early Childhood Care and Education (ECC&E) policy has been developed (Ministry of Education, 2001). The ministry also envisages providing curriculum guidelines for young children in the future, separated into 0-3 and 3-6 to guide early stimulation and learning. It should be noted that most children eligible for ECC&E in the country do not have access to such programs. This is so because the responsibility to provide ECCE programs lies
largely with the private and civil society sectors rather than with the government. The government only provides an ‘enabling environment’.

This enabling environment refers to:

- Setting standards to be adhered to by all who provide early childhood education
- Supervision of pre-schools
- Registration of pre-school units in the country
- Training teachers for this level of education
- Developing the curriculum

Establishing the Pre-School Development Committee to coordinate and advice the Ministry on the development of the program (Republic of Botswana, 2001).

Although all the necessary attempts and interventions seem to point towards adequate support for early childhood development, there remains, however, the issue of optimal caregiving as it relates to the attachment bonds that need to develop between a primary caregiver and the infant. For example, the Ministry of Health provides various programs like growth monitoring and promotion and immunization to support the growth and survival of children. Similarly, the MLGRD provides social protection, while MOESD provides early stimulation and learning. On the contrary, supporting early development from an attachment perspective is missing. Most programs in the various ministries that deal with early childhood development focus on maturation as it pertains to the child, but leaving out caregiver-child attachment. But, this form of caregiver-child relationship helps a child in the first years of life to develop an internal working model for interacting with their environment in a way that will lead to holistic development. Supporting this relational environment of the child should be antecedent to all the support that is already available for the child to thrive.

**Implications**

Besides the fundamentals of health and nutrition, the concept of optimal caregiving in the form of primary caregiver-infant attachment bond has not been given much attention in the first three years of life. As already mentioned, at this time of development, the brain of the child is experience-dependent and experience-expectant, and having a secure base from which to explore the environment is one of the developmental trajectories that are very critical in meeting the needs of children in their infancy. Understanding that the human brain develops within a social context is essential, and attention to this information needs to be considered in early childhood development. This kind of understanding prompts us to think about the caregiver-infant dyad and its importance on developmental trajectories in the very early years of life. It is important to equip caregivers with skills that promote attachment. This is because all aspects of development hinge on the quality of attachment between the child and its caregiver, and lays the foundation for developmentally appropriate experiences.

The Department of Social Services (DSS) alludes to placing children from adverse environments into institutional settings. However, institutional rearing is associated with poor development in all domains, including some forms of psychopathology. Understanding the deleterious impact of institutionalization on development at this period of life should dissuade DSS from this option.

Places of safety keep vulnerable children who are abandoned, abused or neglected to the extent that their survival is threatened. Though the survival of children kept in places of safety is assured, placing them in these institutions for a long period may cause damage that may not be reversible. A better option would be placing children in an environment where there is chance for a bond to develop between a caregiver and the child.

Knowledge in early development also has implications in programing and policies for ECDC. This is particularly important for children in the zero to three age category attending pre-school. In pre-school, when brain development is mentioned, it is associated with academic learning. However, we know that in infancy the right hemisphere is dominant and is antecedent to many other developmental processes that will occur in the left brain as the child matures, including academic learning. Early deprivation of adult attention/attachment is associated with impairments in social and linguistic functions as well as brain abnormalities. If early deprivation causes these deficits to occur, they ruin a child’s chance to learn and become a well-functioning member of the society. To support development during the first three years, caregivers need to provide a supportive
environment for secure attachment to occur, especially if children are enrolled in early childhood education programs before their first birthday. Also, at this age, developmentally appropriate stimulation, such as caregiver interaction and joint attention, are more important than learning the basics of emergent literacy.

Based on the theories of child development, as they pertain to the first three years of life, recommendations are made for practice, policy and future research.

**Recommendations for Practice**

It is recommended that ECD programs should be supported by putting in place other programs that educate parents on ECD matters. It is important that such programs have resource materials that address issues of attachment relationships between the infant and caregiver and their role in the development of the child. Such programs should also target caregivers who are not necessarily the parents for the children being targeted.

In situations where children are removed from their parents for some time, the parents should be trained on positive child practices before the child is brought back under their care. In addition, appropriate measures need to be put in place to monitor parent-child interactions. It is also recommended that the assessment of children in need of protection should be done by a team of child development professionals, not DSS alone. While DSS staff are aware of regulations for protecting children, they are not authorities on issues of child development, so they may overlook important child development issues in the interventions that they are recommending for needy children. This also applies to nutritional assessments, since failure to thrive could be attributed to other causes, such as neglect, which may be missed by a team of nutrition experts.

**Recommendations for Policy**

With respect to policy, the following recommendations are advanced. First the Ministry of Local Government and Rural Development, Ministry of Health, and Ministry of Education and Skills Development should be clear on what each ministry is accountable for concerning the development of children in the first three years of life. This will increase coherence in service delivery. Secondly, a coordinated system to monitor environmental issues of children under the age of three should be put in place. This period of life is different from the others because it provides a window of opportunity for effective intervention, and if missed, some negative effects that may occur may not be reversed. Third, in their child protection policy, MLGRD should work towards deinstitutionalisation of children, even for a brief period if they are under the age of three years. The MLGRD also needs to put in place programs that address the needs of children zero to three years. In addition, support for OVC under-three years should be completely differentiated from the needs of other age groups of children, to improve services delivery. Legislative processes and procedures should be simplified to allow for minimum time for placing children in foster care or for adoption to take advantage of the most rapid and sensitive time of development in the first three years of life.

**Recommendations for research**

There is need for more research on the other domains of development other than health and nutrition. Such studies should target children three years and younger in both low risk and high risk environments. Longitudinal and cross-sectional studies should be conducted using multi-dimensional measures on cohorts of children prenatally, and across the lifespan in all domains, at national level.

**Conclusion**

The development of the child in the first three years is critical because of accelerated growth and sensitivity to deprivation. Understanding growth demands at this period will guide evaluation of our successes in supporting ECD and identifying gaps that exist locally, compared to work done globally. Such an initiative will guide us as we attempt to focus on what is important. The attention given to children’s health and nutrition in Botswana is of paramount importance to child survival and needs to be commended, but focusing on these alone does not really address the holistic developmental needs of children. It is therefore important that researchers, policy makers, and programmers in early childhood also appreciate “what really develops” beyond survival during the infancy and toddlerhood years.
4. Reaching Full School Enrolment: Quality Education for Every Motswana Child

Shiraz Chakera is currently working for UNICEF Botswana advising the Ministry of Education and Skills Development on reaching out of school children. He has worked in education policy, research and development for over twelve years focusing on teacher development, equity issues, curriculum development and innovation in teaching and learning. He holds a Masters Degree in Education and International Development from London’s Institute of Education. With experience from the UK, Kenya, India and Botswana, Chakera brings global insights into regional and local education systems.

Introduction
Botswana has made considerable progress since independence in providing equitable access to basic education, and nearly all children have an experience of primary schooling. In 2011, 97.1% of seven year olds were in primary school (Statistics Botswana, 2011a). With upper-middle income status, a mature and stable democracy and a strong political commitment to education, as characterised by a third of government expenditure allocated to education (EU Botswana, 2011), the discourse about Botswana’s basic education system is about developing a world class education system that reaches all children. It is in this context of success and ambition for the education sector that this paper asks how well primary and junior secondary schools are serving all Batswana children. To do this, the paper unpicks the headline enrolment data to provide a more nuanced picture, a picture where significant proportions are starting late, coming in and out of school, dropping out of the system and, critically, failing to achieve a quality education after ten years of schooling.

The starting point for this report is the Government’s ambition for full enrolment, articulated in the National Development Plan (NDP) 10 that runs from 2009 to 2016:

"Net enrolments at primary level (6-12 years) will be increased from 89.6 percent to 100 percent." (Government of Botswana, 2009, p. 101)

Net enrolments describe the percentage of children who are the official school aged, aged 6 to 12 for primary school in Botswana, who are actually in school. Given that Botswana has had primary school net enrolments stagnating at 90% since 1997 (Central Statistics Office, 2007), looking to reach 100% net enrolment is appropriate and overdue. 100% net enrolment means that all children enter school at the designated age, stay in school for the designated duration and progress with their peers without repeating a year or dropping out. This is a global ambition for education systems, as universal schooling provides a cost effective way of ensuring all children access a quality basic education.

Objective
In this context, the objective of the paper is to analyse the most recently available data on access, attendance and pupil performance to understand what barriers there are in reaching 100% primary school net enrolment in Botswana.

The objective will be met by looking at three issues:

- The pathways that pupils take through primary and junior secondary schools, specifically looking at school access and retention;
- Learning outcomes, by reviewing Primary School Leaving Examination (PLSE) and Junior Certification Examination (JCE) results; and
- Equity in education, by looking at divergence between boys and girls and between pupils from different parts of the country.

The next section will set out the methodology, which will be followed by the findings that include new analysis of data on access and attendance, retention through schooling, pupil performance and equity issues. The paper will finish with conclusions, setting out the key messages and implications that emerge from the data, and some recommendations for all those involved in the education of children in Botswana.

Methodology
The paper provides new analysis on publically available data from Statistics Botswana and
the Botswana Examinations Council, with the aim to understand the patterns of access and attendance, quality and equity in basic education (which is defined as 10 years of education, i.e., primary and junior secondary school). However, whilst the scope of the paper is on basic education, data on secondary education is only available up to 2008, with the exception of Junior Certification Examination, and so the primary focus will be on primary schooling.

The primary data drawn upon is set out below.

<table>
<thead>
<tr>
<th>Publication type and description</th>
<th>Data source used in this paper</th>
<th>Full reference(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a database compiled on primary schools that covers school enrolment and dropout and standard one repetition data. The data is broken down by standard, gender, age, geographical region and whether the school is government or private.</td>
<td>Education first release data 2011</td>
<td>• Central Statistics Office. (2011b). Stats Brief: Education Statistics Botswana. (2011). First term summary by regions (primary). Gaborone: Statistics Botswana (Education) [Unpublished].</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Publication type and description</th>
<th>Data source used in this paper</th>
<th>Full reference(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary reports</td>
<td></td>
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</tr>
<tr>
<td>These summary reports from Botswana Examinations Council (BEC) provide the aggregated results from the PSLE and JCE.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Examination Results Summary 2008 to 2012 | Examination Results Summary. Gaborone: Botswana Examinations Council.  

Education briefs and reports draw from data provided by schools using an annual census form. Prior to publication, the data is reviewed by regional and national education and statistical staff. The examination reports draw from the annual BEC analysis of Primary School Leaving Examinations (PSLE) and Junior Certificate Examinations (JCE).

The analyses follow the UNESCO technical guidelines (UNESCO Institute of Statistics, 2009).
**Findings**

The paper aims to understand the barriers to achieving 100% net enrolment rate by drawing on latest administrative and examination data. The key dimensions to this are fourfold: enrolment, retention, performance, and equity.

**Enrolment**

The overall picture of enrolment is captured through the Gross and Net Enrolment Rates, which are set out for the 11 year period from 2002 to 2012 in Figure 1. **Net Enrolment Rate (NER)** is the proportion of the official school going aged pupils (aged six to twelve in Botswana) enrolled in primary school against the total number of official school going age children. The **Gross Enrolment Rate (GER)** is the proportion of total pupils enrolled in primary school (even if they are aged under six and over twelve) against the total number of official school age children. The GER provides an indication of the total enrolment in school and provides information on the capacity of the education system.

![Figure 1: Primary school Gross and Net Enrolment Rates (GER and NER) 2002 to 2012](image)

Over the period between 2002 and 2011, the NER of primary aged children (aged 6 to 12) enrolled in primary school did not reach above 90%. However, an increase of approximately 3% in 2012 in NER and 7% in GER indicate a positive trend that suggests a growing number of primary aged children are enrolling in school.

The GER reaching above 100% indicates that there are many pupils that are below or above the official age of enrolment in primary school. The figures show that the primary school system in Botswana has the capacity to support all officially aged pupils, as many more pupils were in school (nearly 20% more in 2012) than there are 6-12 years old in the country.

The number of out of school children is calculated by subtracting the number of primary aged pupils in primary or secondary school from the total population of children 6 to 12 years old. Data from 2011 is presented in Table 1 below:

<table>
<thead>
<tr>
<th></th>
<th>Total 6-12 year olds</th>
<th>Number of 6-12 year olds in school</th>
<th>Number of out of school children</th>
<th>Proportion of out of school children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>149,004</td>
<td>133,974</td>
<td>15,030</td>
<td>10.1%</td>
</tr>
<tr>
<td>Female</td>
<td>146,452</td>
<td>133,832</td>
<td>12,620</td>
<td>8.6%</td>
</tr>
<tr>
<td>Total</td>
<td>295,456</td>
<td>267,806</td>
<td>27,650</td>
<td>9.4%</td>
</tr>
</tbody>
</table>
The 27,650 children identified as out of school are categorised in four groups:

- Children who have never attended, but will attend primary school later
- Children who have never attended and will not attend primary school later
- Children who have dropped out and will return to school
- Children who have dropped out and will not return to school.

Estimating the first two – the proportion of children who have never attended, but will or will not attend primary school later – can be deduced from looking at standard one intake and the Age Specific Enrolment Ratio.

The intake of new pupils into primary school provides a picture of the demand for primary schooling, the capacity of the education system and the proportion of official aged pupils entering at this stage. Table 2 provides the Gross Intake Ratio (GIR) and the Net Intake Ratio (NIR) in standard one for the years 2008 and 2011. GIR is the percentage of new entrants in standard one divided by the total population of six year olds (official starting age) and NIR in the first year of primary is the percentage of new entrants who are aged six in standard one divided by the total population of six year olds. GIR indicates the general level of access to primary education and, as it includes pupils above and below the official starting age (six years old in Botswana), GIR can go over 100%. NIR gives a measurement of access to primary education by the official age. Table 2 indicates the percentage of six year olds that started standard one in 2008 and 2011. For a 100% primary school net enrolment rate, NIR also should be 100%.

Table 2: Gross and Net Intake Ratio for standard one (primary) in 2011 and 2008

<table>
<thead>
<tr>
<th></th>
<th>GIR in standard one</th>
<th>NIR in standard one</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>102.2%</td>
<td>37.0%</td>
</tr>
<tr>
<td>2011</td>
<td>136.8%</td>
<td>58.0%</td>
</tr>
</tbody>
</table>

The data shows that many children are not starting standard one at age six, but that there has been a rapid increase from 37 to 58 per cent of children starting standard one at aged six over a three-year period. The GIR also indicates that overall enrolment has increased significantly over this period. Overall, there appears to be many children who do not enter primary school at aged six and are thus not including in net enrolment, but are likely to start later. Government, school and community efforts to ensure six year olds start primary school is a positive outcome, as starting school nearer to age six is correlated with decreased likelihood of dropping out at a later stage (Epstein, 2010).

The Age Specific Enrolment Ratio (ASER) provides information about the participation of a specific age group in school and is calculated by dividing the enrolment of a single age group in primary and secondary schools by the population of children of that age. Figure 2 presents the data for 2011.

Figure 2: The “ASER minimum” for children aged 6 to 12 in 2011

To calculate ASER the primary and secondary population should be available, but for 2011, only data on primary pupils was available; hence “ASER minimum”, which does not count the primary aged children in secondary school. However, whilst this means the “ASER minimum” is not 100% accurate, it is the lowest figure it can be and, based on previous data from 2008, it is possible to predict that there are very low numbers of primary aged children in secondary schools. In 2008, there were just 500 twelve year olds in Form one and two out of 42,093 of all 12 year olds in all grades, just 0.012%. If this proportion were to hold for 2011, the 12 year-old ASER would be 91.4%, a difference of 1.1%.
For 2011, only data on primary schools is available, so it is only possible to calculate an “ASER minimum” for six to twelve year olds. Figure 2 shows that very high proportions (at or above 95%) of seven and eight year olds are in school.

Figure 3 sets out the ASER for all ages in 2008, the last year we have complete ASER data.

Comparing 2011 data Figure 2 with 2008 Figure 3, it is possible to see two trends. First, the proportion of seven year olds in schools has increased substantially from 2008 (81.7%) to 2011 (97.1%): 2011 data suggests that most seven year olds are in primary school now. Secondly, in 2008, nearly all children at age 10, 11 and 12 were in school, but the ASER for 10, 11 and 12 year olds has dropped in 2011. One can hypothesise that recruitment to standard one is improving, but there may be a weakening in the efficacy of schools being able to retain children.

The enrolment data, standard one intake and ASER, indicate that about 7-10% of children at the designated primary age (six to twelve years old) are not in school. A large proportion of these will be the 40% of six year olds that do not start primary school at the designated age. A significant proportion of the 7-10% of out of school children will attend school a year or more later, as indicated by the 97.1% ASER for seven year olds. However, the ASER data indicates that there is a drop off in enrolment for children aged eight and over, suggesting weaknesses in school retention.

There are some important positive trends. First, the NER has been increasing steadily from a low in 2008, which may indicate an ongoing upward trend toward 100% primary school net enrolment. Second, the proportion of six year olds starting standard one has increased significantly, from 37% in 2008 to 58% in 2011. Third, nearly all seven year olds are now in primary school.

In sum, overall enrolment is improving, but there remains a significant weakness in standard one intake and a concern on the retention of pupils eight and above, which the paper will now address.

Retention
This section will unpick the data available on the pathways pupils take through primary schooling to measure of how well schools are retaining children and how well they succeed at ensuring children continue through school without repetition. To build a picture of retention, this section will look at progress, completion and transition rates and dropout, re-entry and repetition rates.

Unless there is data that tracks individual pupils through schools, understanding a cohort’s progression through primary school is not an exact science; this is particularly the case with the limited data available to the author. As such, three indicators, gross progression, cohort survival rate and completion rate, are presented below to provide a rounded picture of pupils’ transition through primary school.
Progression rates through primary school provide a window into the proportion of children that advance to standard seven in the designated six years. The rates are calculated by dividing the pupil enrolment numbers in standard two by the total number who were enrolled in standard one in the previous year, standard three against the number who entered standard one two years previously, and so on. Alongside new entrants, this calculation includes children who dropped out and re-entered and those children who have repeated a year; hence the data presented is the gross progression rate. If one assumes that patterns of dropout, repetition and re-entry are consistent year-by-year the gross progression rate provides an accurate measure of pupil retention in the system.

Figure 4 shows the gross progression rate following standard one in 2006, standard two in 2007, and moving through to standard seven in 2012.

Figure 4: Gross Progression Rate starting in std 1 in 2006 by sex

![Progression Rate Graph](image)

Figure 4 suggests that about 22% of boys and 15% of girls that started primary school in 2006 did not complete primary school by 2012. The proportion not progressing through primary school is 18.5%, or nearly one in five pupils are not progressing through to the end of primary school.

Figure 5 shows the year-on-year trend in gross progression rate for standard two and three from 2003 to 2011. This Table measures the gross percentage of pupils who reached standard two a year after and standard three two years after entering primary school.

Figure 5: Gross Progression Rate to standards two and three from 2003 to 2011

![Progression Rate Table](image)
Figure 5 shows a steady trend in progression rates at around 92% from standard one to two and 90% continuing to standard three.

There have been a series of interventions to improve retention by government, schools and community stakeholders. They include: the Circles of Support programme (a multi-stakeholder community-led school retention programme); the hostel improvement programme, which provides residence for children whose families live far from schools; and the Parent-Teacher Associations, which have been charged with supporting work on improving retention in schools. However, the steady trend in progression rates in Figure 5 suggests that little progress has been made in preventing the significant loss of pupils that occurs from standard one to standard two in particular.

To get a more accurate perspective on school retention, it is desirable to calculate the Cohort Survival Rate by grade, but this requires repetition data, which has not been available since 2008.

The cohort survival rate by standard for 2007 data is set out in Figure 6. The survival rate indicates the likelihood of a pupil starting standard one in 2007 surviving to standards two to seven by taking into account progression and repetition figures in consecutive years (in this case 2007 and 2008). This is a more accurate measure of survival than gross progression, but because of the lack of repetition data available does not provide us with an up-to-date picture.

Figure 6 estimates that about 10% of children do not reach standard seven. This Cohort Survival Rate is higher than the Gross Progression Rate as it accounts for those who might repeat a year and continue through primary school, whereas the Gross Progression Rate models progression in 6 consecutive years. The pattern of the Cohort Survival Rate reflects the Gross Progression Rate in terms of dropout: there is high dropout from standard one to two, steady enrolment through standards three and four; and then increased dropout through upper primary (standards five to seven).

The final indicator to provide a picture of retention is the gross completion rate, or the Gross Intake Ratio in the Last Grade of Primary (GIRLGP). For the years 2006 to 2012 GIRLGP is presented in Figure 7. The GIRLGP is calculated by dividing the percentage of new entrants in standard seven by the total number of twelve year olds (official standard seven age). The GIRLGP can reach above 100% as it includes those above and below the official age of the last grade of primary school; those that started school late – after the age of six – and have repeated and/or dropped out and returned to primary school.
Figure 7: Estimated GIRLG for 2006 to 2012 by sex

Figure 7 provides the estimated GIRLG for the years 2006 to 2012 by sex and denotes a ratio of 97.8% for all pupils in 2012. This figure compliments the gross progression rate, which estimates that 81.5% of pupils that started standard one in 2006 reached standard seven in 2012, and the cohort survival rate, which calculates that 89.1% of pupils who started standard one in 2007 will reach standard seven. The GIRLG differs from these other indicators as it calculates the total number of pupils enrolled in standard seven as a factor of the number of twelve year olds in Botswana, not in relation to the cohort that started in standard one. As such, this includes pupils who are above and below twelve years old: pupils who started primary school late, repeated years and/or returned to primary school after dropping out.

The GIRLG data in Figure 7 shows a downward trend, with fewer children reaching standard seven. This is most likely to be because fewer children are starting primary school late, fewer are repeating a year and/or fewer are dropping out and returning to complete primary schooling, while access, attendance and progress rates remain consistent.

Children transitioning from primary school to junior secondary school provide a specific point in time where pupil dropout is likely to occur. Data on the rate of transition from primary to junior secondary is only available up until 2009, with Table 3 presenting the data for 2007 to 2009, by sex, from standard seven to form one.

<table>
<thead>
<tr>
<th></th>
<th>GIR in standard one</th>
<th>NIR in standard one</th>
<th>2009 (max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>97.9</td>
<td>98.0</td>
<td>96.5</td>
</tr>
<tr>
<td>Female</td>
<td>96.7</td>
<td>98.9</td>
<td>97.1</td>
</tr>
</tbody>
</table>

Table 3 shows a high proportion of children continuing from standard seven (end of primary school) to form one (beginning of junior secondary school). This is supported by the government policy of automatic progression for pupils (i.e., the result at the primary school leaving examination does not impact chances of continuing learning). However, the fact that about three per cent of children are not continuing represents an important missed opportunity for the children.

The data presented on retention thus far highlight a number of important issues. Significant proportions of children are not continuing through primary school, with particular pupil dropout occurring at standard one, and standards five to seven. This raises two vital questions: first, what is being done to ensure that future cohorts are school-ready so that dropout at standard one is reduced? And second, what is being done to understand and manage the causes of dropout in...
the upper primary period (standards five to seven)? With gross completion rates nearing 100%, but gross progression rates at 81.5%, there are many children above and below the designated age for standard seven (twelve years old), because of starting primary school late, returning to school having dropped out earlier and/or repeating years. The picture is one of an inconsistent relationship with school, and is likely to have an impact on the quality of learning for the pupil. The next set of data on dropout, re-entry and repetition unpicks what’s happening with the children who are not progressing to standard seven in a consecutive year-by-year manner.

The data in Figure 8 shows a downward trend in the proportion of dropouts, with a small reverse in 2011 that can be accounted by the spike in dropouts in the Gantsi region (see Figure 10). The dropout rate is calculated by taking the total number of dropouts (reported by the school) by the total number of enrollees in the year they dropped out.

Figure 8: Percentage of dropouts as a proportion of the total number of enrolled students between 2007 and 2011 by sex

In addition, Figure 8 shows a consistent difference between boys and girls, with boys dropping out at a significantly higher rate than girls in primary school, an issue that will be returned to in the equity section of the findings below.

Looking a little more closely at the dropouts in 2011, by standard, we can see in Figure 9 that the dropout rate is highest in standard one for both sexes, followed by standard five for boys and standard six for girls, suggesting that focusing on pupils’ first experience of formal school and a focus on upper primary is likely to pay dividend for retaining children throughout primary school.

Figure 9: Percentage of dropouts as a proportion of the total number of enrolled students in 2011 by sex and standard (including special education)
Comparing dropout between government and private schools is instructive. Total dropout from private schools is a mere one in a thousand enrolled pupils, compared to approximately one in a hundred in government schools (Statistics Botswana, 2011).

Focusing on government schools, Figure 10 illustrates regional variation.

Figure 10: Percentage of dropouts as a proportion of the total number of students enrolled in government primary school by region in 2011

Gantsi had a very high rate of dropout compared to other regions, and the Kgalagadi, North West, South and Kweneng also experienced dropout rates higher than the national average of 0.97%.

For Gantsi there is a concerning trend: in 2010 4.96% dropped out and in 2011, the corresponding figure was 6.26%. In comparison, all other regions experienced decreasing or steady dropout rates from 2010 to 2011.

Many of the children that dropout, re-enter in a subsequent year. Overall, the proportion of primary pupils who dropped out in 2011 and re-entered in 2012 (as a gross measure as re-entrants may have dropped out in 2010 or earlier) is 66.1% (Males), 63.5% (Females) and 65.2% (Total average). Figure 11 breaks down the gross re-entry rate by standard.

Figure 11: Gross re-entrant rate in 2012 (proportion of those who dropped out in 2011 who re-entered in 2012)
Figure 11 shows that many dropouts do not return to school and therefore work needs to be done to support early and successful return to school, with a specific need to focus on supporting the re-entry of those who dropout at standard six and seven.

Data from 2011 provides the proportion of standard one repeaters (Statistics Botswana, 2011a). Nationally, out of 53,973 children that started standard one in 2011, 4,723, or 8.8%, were repeat pupils. There are positives and negatives to this high level of repetition: the positive is that children are given a second chance to succeed in education; the negative is that many children are falling behind their peers and are having learning experiences for a second time, potentially demotivating them and increasing their likelihood of dropping out of school without a basic education.

More detailed data on repeaters is available up to 2008 (Statistics Botswana, 2011). In 2008, 5.49% of primary boys repeated and 3.57% of girls. The most common standard pupils repeated was standard one (9.9% for boys, 7.0% for girls), followed by standard four (8.9% for boys, 5.9% for girls). The age of this data makes it difficult to compare across other data, and furthermore absence of more recent repetition data leaves an important aspect of the school system difficult to analyse. Many of the critical indicators, like survival and completion rates, require repetition data.

The overall picture presented in this sub-section on retention raises many areas of concern. The Gross Progression Rate suggests that of those pupils who started primary school in 2006, 18.5% did not progress to standard seven in 6 years. The survival rate calculated for 2007, indicated that over 10% of pupils who start standard one will never make it to standard seven. This indicates that there is a high level of pupils' falling out of the school system with children in standard one and in upper primary (standards five to seven) are particularly prone to dropping out. And this is despite falling dropout rates and high proportions of re-entry. Furthermore, the high Gross Intake Ratio in the Last Grade of Primary (GIRLGP) – at 97.8% – reinforces a picture of children starting late, repeating grades, dropping out and re-entering or dropping out of the system altogether. The critical question that arises now is: what impact does this inconsistent relationship with school have on their performance in examinations?

Performance
Looking at graduation rates provides a picture of how effective the school system is at retaining children through the school years, and how effective the system is at promoting quality learning (graduation acts as a proxy for quality of teaching and learning).

The Gross Graduation Rate (GGR) for PSLE (end of primary examination) and JCE (end of junior secondary) provides a picture of the general level of graduation. GGR is the percentage of graduates divided by the total number of children at the official age in the year of graduation (aged 12 for PSLE and aged 15 for JCE). A higher number is better and over 100% is possible as the total number of graduates will include those above and below the official graduation age. Figure 12 sets out the PSLE data for those who pass and those who achieved a good grade (A-C). The latter being an indication of schooling being a success.

Figure 12: Gross primary graduation rate for those passing PSLE and those achieving a grade average of A-C
Figure 12 indicates that graduation pass rate closely correlates with the GIRLGP ratio (see Table 9). However, those getting a passing grade have been dropping over time, indicating that the primary school system is struggling to achieve high learning impact.

For the GGR of the Junior Certification Examination (JCE), trend data is not available, as in 2012 it was qualitatively different from and not comparable with previous years. 2012 data is presented in Figure 13.

Figure 13: Gross Junior Secondary Graduation rate for those passing and those achieving grades A-C in 2012 by sex

![Figure 13: Gross Junior Secondary Graduation rate for those passing and those achieving grades A-C in 2012 by sex](image)

Figure 13 indicates a high proportion of pupils graduating, but a low overall proportion getting good grades (A-C). It also shows a significant gap between girls’ and boys’ graduation rate and both pass and A-C.

The gross graduation data indicate that high proportions are sitting for and getting a basic pass rate at both PSLE and, to a lesser degree, JCE, but that those achieving a quality result are low. This will partly be a result of a number of indicators – late start, repetition, dropout and re-entry – that show an inconsistent relationship with school.

**Equity**

In the final sub-section of the findings, data providing information about equity will be discussed. Throughout this section there are Tables that illustrate divergence between boys and girls and between different geographical areas.

Focusing on gender differences, the Gender Parity Index (GPI) can be calculated for any indicator by dividing the indicator for girls by the same indicator for boys. This provides a guide as to whether an element of the education system discriminates in favour of boys or girls. Table 4 provides the GPI for a series of indicators. Note: if the value is over one it favours girls and vice versa.
The GPI data indicates that the primary education system shows significant disparity in favour of girls. As such, there is much to do in the education system to address the needs of boys. This is not to suggest that the needs of boys should be focused at the expense of the needs of girls. Girls face many barriers in accessing quality education, for example, in 2008 out of all the reasons recorded by school for girls dropping out of secondary school, over half were due to pregnancy (Statistics Botswana, 2011). Additionally, Figure 11 shows one indicator that favours boys over girls, the re-entrant rate 2012, with girls less likely to re-enter in the upper primary years.

Unfortunately the data is only presented according to the Education sub-regions, so do not reflect characteristics of urban, semi-urban, rural and remote. The outlying case of Gantsi suggest that its general conditions – remote, rural, poor farming communities with substantial minority language and ethnic communities – are insufficient to explain its high dropout rate. These general conditions exist in the North West, Kgalagadi, the west region of the Kweneng and rural areas of the Central region, but those areas do not seem to be affected by the same rates of dropout. As such, there may be a particular deterioration in education provision in Gantsi that all stakeholders need to focus on urgently.

The findings cover a significant range of data and show where the bottlenecks, obstacles and barriers are in reaching 100% net enrolment. The findings also illustrate the knock on effect on performance, with a majority of pupils not obtaining a good grade at JCE. Inconsistency in school attendance impacts learning outcomes. These issues will be brought together in the conclusion.

**Conclusion**

Botswana’s primary schooling achieves high rates of access and progression. Huge strides have been made in building a primary schooling system that attempts to reach all children, and it is clear from the gross intake and gross enrolment ratios that the schooling system can accommodate all children in Botswana. But as Botswana aims towards 100% net enrolment in just over two years’ time, there are important issues that need to be addressed.

This paper has highlighted that a significant proportion – 40% at entry and about 20% throughout primary – are having a school experience that is not aligned with official age ranges and official enrolment patterns. For many of these children, this experience, coupled with continuing high repetition rates and dropouts (with some re-entering), is hampering chances of securing a quality education and quality grades at PSLE and JCE graduation stages. Furthermore, for boys and children in rural areas (particularly Gantsi) the negative indicators are more pronounced.

This paper only analyses administrative data, and as a result questions are raised: why children dropout? what motivates them to return? why girls are progressing at a higher rate than boys? Whilst there is substantial qualitative evidence internationally and domestically (see below), there is currently limited quality national quantitative data to answer these questions. The most recent administrative data on reasons for dropout is from 2008 and presented in Table 5.

**Table 4: Gender Parity Index (GPI) for a series of indices**

<table>
<thead>
<tr>
<th>Indices</th>
<th>Calculation</th>
<th>GPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of out of school children</td>
<td>10.1/8.6</td>
<td>1.17</td>
</tr>
<tr>
<td>Gross progression rate (standard seven in 2012)</td>
<td>84.9/78.3</td>
<td>1.08</td>
</tr>
<tr>
<td>Gross intake rate in last year of primary 2012</td>
<td>99.3/96.2</td>
<td>1.03</td>
</tr>
<tr>
<td>Junior secondary = Gross graduation rate (pass) 2012</td>
<td>88.7/79.5</td>
<td>1.12</td>
</tr>
<tr>
<td>Junior secondary = Gross graduation rate (A-C) 2012</td>
<td>43.7/33.2</td>
<td>1.32</td>
</tr>
<tr>
<td>Re-entrant rate 2012</td>
<td>63.5/66.1</td>
<td>0.96</td>
</tr>
<tr>
<td>Dropout rate 2011</td>
<td>1/[0.69/1.24]</td>
<td>1.80</td>
</tr>
<tr>
<td>Repetition rate (2008)</td>
<td>1/[3.57/5.49]</td>
<td>1.54</td>
</tr>
</tbody>
</table>
Table 5: Reasons for primary dropouts in 2008 (percentage of total number of dropouts) by sex

<table>
<thead>
<tr>
<th>Reason</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Fees</td>
<td>0.6</td>
<td>1.3</td>
<td>0.8</td>
</tr>
<tr>
<td>Expulsion</td>
<td>0.2</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Illness</td>
<td>2.7</td>
<td>4.7</td>
<td>3.4</td>
</tr>
<tr>
<td>Death</td>
<td>3.0</td>
<td>3.5</td>
<td>3.2</td>
</tr>
<tr>
<td>Marriage</td>
<td>0.0</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>0.0</td>
<td>5.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Desertion</td>
<td>85.3</td>
<td>75.9</td>
<td>81.9</td>
</tr>
<tr>
<td>Other</td>
<td>8.1</td>
<td>9.4</td>
<td>8.6</td>
</tr>
</tbody>
</table>

Table 5 presents data provided by schools, but provides limited details on the issue of why children dropout: around 90% of the responses come under “Desertion” and “Other”. This emphasises the need for regular and up-to-date household surveys that can provide parents’ and children’s perspective to school exclusion.

This is not to say there is a lack of evidence about why children are excluded from schools. There is a wealth of international research, of which three major studies will be referred to. Epstein (2010) looks at research from a range of international sources and categorises the reasons for dropping out and not being in school into three domains:

- **Geography**: urban slums, remote rural areas, conflict affected areas, areas of environmental vulnerability. These types of areas may decrease the access to good quality schools and raise the opportunity cost of education for children and families.
- **Wealth**: low income, inability to pay school costs (including uniform, transport, books etc) and child labour.
- **Group characteristics**: gender, race/ethnicity, social status, language, disability and HIV/AIDS. These are characteristics that push individuals and communities to the margins of societies dominated by patriarchy and prejudice and prevent access to quality schooling.

The second study comes from the UNICEF and UIS Conceptual and Methodological Framework (2011), which draws on a similar research base as Epstein, but sets out a framework grouped by demand, supply and bottlenecks:

- **Demand reasons**: or why the child and the community are not demanding a place at their school. This includes social reasons, such as emotional experience of the child, cultural practices, violence and abuse from within the community, views of education clash with formal education, and economic reasons, such as poverty, fees, opportunity cost (child labour) and environmental issues that lead to economic costs.
- **Supply reasons**: faults in the supply of education which means it is not reaching all potential students. This covers infrastructure (eg remoteness, transportation, quantity and quality of buildings), teacher supply and quality, materials, safety of children in the school and whether the pedagogy facilitates learning.
- **Bottlenecks** that prevent the effective prioritisation and support of equitable education such as a lack of political commitment to inclusive education; poor governance (an ineffective education administration system) and lack of financial support.

Finally, the UNICEF and UNESCO Institute for Statistics study (2005) provides detailed analysis of four countries’ (India, Indonesia, Mali and Nigeria) out of school children. The research looked for strong correlations between factors that are regularly cited as being linked to being out of school. The analysis found that the strongest correlation across all four countries was coming from a being from a poor household and having a mother with no formal education. Other factors that increased the likelihood of not being in school include having lost one or two parents, having a male as the head of the household, having siblings that are under 5 (because it might lead to caring duties) and being in child labour (UNICEF and UNESCO Institute for Statistics, 2005).
The factors for school exclusion in Botswana overlap with the international evidence. However, looking at studies focused on Botswana (Machisa, van Dorp, Morna, & Rama, 2012; REDI4Change LLC, 2011; Nguluka & Gunnestad, 2011; Moswela, E, 2013) it is possible to highlight some of the immediate factors for exclusion. These include:

- Communities who feel that their values and beliefs are not recognised in formal school system, so do not send their children to school.
- Involvement in farming, working on the street selling goods, domestic work and supporting the home.
- The experience of the San community and other minority communities focused in the west of Botswana who speak a language other than Setswana and English and also have cultural practices that are not reflected and valued within the school system.
- The hostel system (term-time boarding school for primary and secondary aged children who live far from the school) that is characterised, in many cases, by high levels of bullying and low levels of care and attention given to the children, who are as young as five and six years old.
- Pervasive levels of physical, emotional and sexual abuse, including rates of corporal punishment, which children identify as reasons to not be in school.
- Limited data and capability within the education system to meet the needs of children with disabilities, particularly children with learning challenges.
- Substantial more analysis into these factors could be written, but they are presented here as a reminder of some of the factors for exclusion and dropout that we observe across the data.

A key factor that contributes to a lack of consistent participation in primary school is the low level of participation in Early Childhood Care and Education (ECCE) or pre-primary education. Just over 20% of four and five year olds accessed ECCE in 2010. In 2011, data from primary schools shows that 18.4% of pupils who had entered standard one had attended ECCE. For government run schools, this dropped to 16.3% of children, whereas 48.1% of children entering standard one in a private school had participated in ECCE. High ECCE participation is favourable because is it correlated with starting at or close to the official age, with staying in school and with effective learning (Berlinski, Galiani, & Gertler, 2006; EU Botswana, 2011). As such, the low participation in ECCE, especially amongst government schools, suggests enrolment and retention challenges will continue.

Overall, there are many positive trends working towards full enrolment in schools, such as increased standard one intake at the official starting age (six), high rates of primary school graduation, high levels of children experiencing schooling (high ASER rates). The recently published BCWIS 2009 corroborates this, as it finds that only 0.9% of 10-14 males, 0.4% of 10-14 females and 0.7% amongst all 10-14 year olds have never attended school (Statistics Botswana, 2013). However, there are also some worrying trends with respect to the 100% enrolment aim, such as a core group of children who do not attend school, large proportions of late starters, high rates of dropout and high levels of inconsistent experience of schooling. These factors are accentuated if you are a boy or live in Gantsi where the indicators show greater exclusion from school. Furthermore, these factors are impacting the quality of learning and the performance of students at PSLE and JCE. The data raises some important challenges for policy makers, practitioners and all stakeholders, which the final recommendations section will address.

**Recommendations**

The data presented provides insights for government, school and community policies and practices. Five recommendations stand out:

- Widen access to ECCE or pre-primary education to tackle the significant dropout and repetition rates at standard one and to put pupils on a successful learning pathway.
- Ensure parents and guardians send 6-year olds to standard one through community mobilisation.
- Improve pathways back to school for all ages, especially those who dropout from standard four as they are much less likely to return to school.
- Develop a focus on boys’ attendance in primary school.
Focus on the Gantsi region to prevent a worsening situation with respect to levels of school participation.

The factors leading to exclusion, presented in the conclusion section above, highlights that in addressing these key areas it is important to recognise the specific challenges children and their families face. Therefore, policy and practice interventions need to factor in:

- The quality and child-friendliness of the hostel system.
- Family and community poverty, which leads to, among other things, levels of child labour that is detrimental to school participation.
- The child-friendliness of the school system, such as reducing corporal punishment, where it is leading to high rates of dropout, and creating learning environments that reflect and respect different cultural and linguistic heritages.

As there are multi-dimensional, complex reasons for not being in school, innovative solutions should be explored to improve access, attendance and retention, such as conditional cash transfers (money provided to a beneficiary for meeting certain behavioural targets, e.g., school attendance).

The analysis of the data also raises a number of recommendations for researchers, administrators and statisticians.

There are three data needs. Firstly, administrative data needs to be improved so that full reports are published for 2009 to 2012, and that the data is released in a timely fashion thereafter. Secondly, up-to-date household survey data is needed to augment administrative data. Survey data needs to be collected more frequently, and published in a timely manner, so that a balanced picture of school participation can be developed. Household survey data would, for example, help generate data on specific proportions of children who are likely to start late, dropout and return, allowing improved targeting of resources. Survey data could also provide better quantitative information as to the factors leading to school exclusion, by highlighting the correlations between a child's school experience and his or her context.

The third data requirement is improved information on children with Special Educational Needs (SEN). There is some school enrolment data and population data, but currently this is not available in a comparable form. Furthermore, the data on SEN is focused on physical disabilities, an equal if not greater challenge (in terms of the teachers' skills and confidence required) is working with children with learning disabilities. It is probable that many children who are not succeeding in primary schools have undiagnosed learning disabilities, and data on this area needs to be improved.

The data presented also raises some further research questions. The first is investigating if there is a correlation between the range of factors that show an inconsistent relationship with school and learning outcomes. Part of this would look at whether there is a compound effect going on: i.e., are the children who start late more or less likely to dropout, repeat and then get the low grades? One may be seeing such compound effects in Gantsi, where there are a range of indicators that fall well below national averages.

This paper covers a range of recent administrative data to provide an up-to-date picture of enrolment in primary and junior secondary schools. A positive picture exists where most children are in and progressing through school. However, in the context of Botswana’s upper-middle income status and high investment in the education sector, there are significant gaps in access and attendance (40% of six year old not yet starting, 20% of children not having a smooth progression through school and gender and geographical diversion) that need to be closed to meet the ambition of 100% primary school net enrolment and to make strides on the ultimate goal: improved learning outcomes. The challenges and barriers are significant in the Botswana education system, so there is a need for all stakeholders in education, including families and caregivers and members of communities, to be engaged in working to achieve full school enrolment.
5. Conceptualization of Childhood in Botswana: A Case Study

Dr. Nicole Monteiro is a clinical psychologist who has a diverse range of international clinical and research experiences, including work in Bahrain, Libya, Haiti, Grenada, Peru, Ethiopia and Senegal. She is currently a lecturer in the Department of Psychology at the University of Botswana. Dr Monteiro's professional interests include cross-cultural research, global mental health policy, psychological treatment of trauma, and psychotherapy with ethnic minority populations. She founded CHAD - Center for Healing and Development, a global health research organization. Dr Monteiro completed the Harvard Program for Refugee Trauma's Global Mental Health Master's Certificate Program where she obtained in-depth training in research and policy work with culturally diverse traumatized populations, refugee mental health and post-conflict recovery.

Mrs. Kagiso N. Tlhabanano is a lecturer in the Department of Psychology, University of Botswana. The focus of her teaching, research and publication is covers a wide range of psychology areas including childhood and adult development, understanding patients' experiences of pain, and traffic psychology with emphasis on road safety and accident prevention. Mrs Tlhabanano has also taught Human Factors in the Workplace and Biological basis of Human Behaviour. She has published in international journals. Furthermore, Mrs. Tlhabanano has presented in local workshops as well as conferences internationally. She is a member of a vibrant research team comprising individuals of different psychology specialties. Tlhabanano is a registered Counselling Psychologist with Botswana Health Professions Council, and a member of the Botswana Psychology Association where she is an additional executive member.

Mr Monde Kote has a Master's degree in Psychology from Temple University in Philadelphia, USA. He also has a B.Sc. in Psychology with an emphasis in Industrial Organizational Psychology from Old Dominion University, in Virginia, USA. His research interests are in areas of acculturation in the disciplined forces and areas of Developmental Psychology, Economic Psychology, Security/Military Psychology, Environmental Psychology. Educational adaption in disadvantaged communities and traffic Psychology. He is currently a lecturer in the Department of Psychology at the University of Botswana in Gaborone Botswana and has been with the University for 10 years. He is President of the Botswana Association of Psychologists, Vice Chairperson of Autism Botswana, and Managing Trustee of the Haven Trust a none governmental organization.

Introduction and Background

Scholars of human development have contributed to our understanding of human growth and development. Human development is understood by pioneers in the field (Freud, Piaget, Erikson) to be a universal process that expands from conception through to the end of life (Ramokgopa, 2001). Further, documented and accepted views portray the process as occurring in distinct stages that signify maturity or progression. Even while studies on human development abound, the majority have focused on samples from Western cultures. Consequently, interpretations stem from Western values and cultural vantage points and this limits the generalizability to other cultures across the globe (Ramokgopa, 2001). Noteworthy, is the fact that in recent years scholars have moved towards employing samples from societies other than those from the West to bridge the gap. Even so, more research utilising other cultures is still needed.

Theories such as Erikson's stage theory of human development, have tried to identify and elaborate on different stages across cultures. As a result, there tended to be a general assumption that developmental stages occur in the same way irrespective of the individual's culture (Ramokgopa, 2001). However, it has also been argued that culture guides each child's individual developmental course (Valsiner, 1989) and contributes to each society's own way of defining, upholding and promoting stages of development (Ramokgopa, 2001).

Consequently, it is important to ask, how is human development perceived in Africa? Specifically, if developmental stages are indeed universal, are they defined in similar terms across cultures?

In other words, are the respective stages recognized across cultures and do they mean the same thing?

Ramokgopa (2001) points out that among Africans, the stages of development appear not be defined according to age alone, but rather, definitions also encompass individuals' potential at a given time. Boakye-Boaten (2010) somewhat supports the idea of culture being significant in development when he put forward the need to understand childhood on the backdrop of culture and the individual's social context. As such, imposing a universal interpretation of childhood across cultures is likely to lead to poor understanding of childhood, let alone erroneous beliefs about children. Earlier, Jenks (1969) pointed to the same, highlighting that the meaning and interests of childhood lie in historical and cultural perspectives. Thus, childhood ought to be understood as part of the social make up of every society (Qvortrup, 1994).

Therefore, it is imperative that researchers continue to shed more light on different cultures' perceptions of childhood. This case study analysis was conducted to explore generational differences in the perceptions of childhood among the University of Botswana community. Such
an understanding will inform further research at a national level that would eventually inform policy, the curriculum and treatment approaches in clinical settings. Furthermore, recognizing perceptions of childhood among different age groups is critical in our understanding of behavioural trends in cross-generational interactions. Botho is one example of a national cultural value that reflects on perceptions of childhood in Botswana. Botho is a concept commonly used in the Tswana culture to depict an individual’s good character. It speaks to the individual attitude of respect, courteousness and empathy, and is a value that many Batswana desire their children to embody.

**Rationale**

The government has taken several measures to address issues of children’s protection and education. These include the development of the Children’s Act and provision of social services for children. To be in a position to evaluate the impact of these efforts on children in the future, there is need to have a good appreciation of childhood currently, as well as desired experiences of children. Consequently, in this paper, the authors examine participants’ perceptions of childhood using a qualitative study design.

**Methodology and Participants**

In this case study, focus groups were conducted in February 2013 to ascertain contemporary perspectives on childhood, by younger and older adults. Ethical procedures were followed and confidentiality and informed consent were explained and discussed with participants in English and Setswana.

In the focus groups, participants were asked to discuss a number of issues on childhood. Participants were asked to respond to questions meant to elicit a range of ideas on the defining features of childhood and the role of children in Botswana. Some discussion points included: the period defined as childhood in Botswana, stages of childhood, expected developmental and behavioural milestones, differences in behaviour with peers versus elders, attitudes toward local and international child protection laws, and local Setswana terminology related to childhood and children.

Participants were assigned to focus groups by age (younger or older) to gauge generational differences in the perceptions of childhood. The young adult focus group was conducted in a Psychology course at the University of Botswana that enrolled students from Faculties in the University. There were eleven participants (male and female) ranging in age from 21-30 years in this group. The older adult group was comprised of men and women between 50-58 years. All five participants in this group were employed at the University of Botswana. They reported having various levels of post-secondary education and training, including correspondence certificates, diplomas and tertiary degrees, and had accumulated an average of 25 years of work experience. All reported having children of their own and two had grandchildren.

The University was chosen as a setting for this case study because this is the place where traditional and contemporary viewpoints co-exist. Thus, it reflects a unique, but recognizable culture and perspective within the country. This is where the “Botswana” context can be assessed from a diverse range of backgrounds, experiences and influences.

**Results**

The findings are presented in three segments: a summary of both the younger adult and older adult focus groups and a comparison of differences in childhood perceptions between the two groups.

**Younger Adult Focus Group (under 30 years old)**

*Period and characteristics of childhood*

In general, participants in this group defined childhood as a period of development and learning with no fixed time or age. How long it lasted would depend on environmental and situational variables. They said childhood is an immeasurable stage that most participants still saw themselves in.

Participants described childhood as a stage when one is still under parents’ control; not able to make decisions on his/her own; and does not know the difference between right and wrong. During this stage, one’s level of responsibility is a defining characteristic. Participants reported that if a person is still under his/her parents’ care and support, then he/she is considered to be a child; but...
if one takes care of and maintains him/herself, then such a person is no longer considered a child, at least not to the same extent as one who is being supported by his/her parents.

Underscoring the salience of responsibility, participants gave the example of someone under the age of 21 who has to assume the duties of an adult due to his/her parent(s)’ death. Such a one would now be recognized by his/her society as an adult despite his/her age. Thus for some people childhood ends due to their early assumption of adult roles while other’s childhood is extended at 21 years or even longer because their parents do not allow them to take on adult responsibilities. The latter seem to be enabled to remain children, while the former are forced by circumstance such as the passing of parents to become adults. However, in situations where one has been forced by societal circumstances to assume adult roles, some institutions may still preserve such one’s childhood until the lawful age in that they may still not vote or drive legally until they are 18 years old, for example.

When asked to state an approximate age range for a child, several participants suggested 0-12 years, but they qualified that specific stages of childhood depend on each child’s reasoning abilities and on how vulnerable or weak or strong they appear. There was a difference in opinion on whether the childhood stage could be classified further into sub-categories such as toddler, adolescent or teenager, etc. For some, it was more important to define a transition period from childhood to adulthood and not the sub stages within the childhood age. Participants were of the view that they were in the transitioning period between childhood and adulthood. Further, they stated that one symbolic indication for this transition period was being at a tertiary institution. There was also recognition of the fact that in legal sense, Botswana is unique in that childhood ends at the age of 21, instead of 18 which is the law in most countries. What is puzzling is that contrary to their awareness of 21 years as the legal age for the end of childhood, they still thought the childhood period was 0-12 years.

While scientific evidence about development was recognized, as indicated by physical changes and developmental theory, the primary defining characteristics of childhood were still cultural. They pointed out that even according to the law in Botswana; disabled people are accorded the status of children because of their dependence on parents and family for support.

**Innocence of children**

It was stated that children never see a bad thing, an indication of a certain measure of purity and naïveté. Children were said to take actions before thinking and to have an inclination toward unrestricted experimental behaviour. One participant stated that children are “good at sensing a person’s character, they are like old people.” This idea can be interpreted as a raw, unsuppressed social instinct about others that diminishes as one ages, but then is recaptured later in older adult. Other qualities that participants associated with children were optimism, clumsiness and having good intuition.

**Expectations of children**

There was also the idea that one will always be a child to his or her parents, regardless of age, life status responsibilities or education. One participant stated “Yeah, when I left home I thought, ‘okay now I’m grown up and I’m never going to depend on these people again.’ But to them I’m still a child. They still call me that. I don’t even think they know that I’m dating, so to them I’m still very, very young.”

Along those same lines, participants spoke of equality or similarity in status among those considered to be children, regardless of age. One participant in the group observed that all of her cousins at her home village are bound by the same rules and expectations, regardless of age. They are not expected to go out at night; they should come home in time for dinner; and they should not let the elders hear them come in the house if they’ve stayed out too late. The participant emphasized the respect and proper behaviour that children are obliged to embody, particularly in their home village. She further stated, “When we are in Gabs [Gaborone] it’s everybody for themselves and God is for us all; but at the home village, everybody minds each other’s business and behaves properly. Whether you’re 18 or 30, your parent is still your parent, that’s it!”
**Boundaries between children and adults**

The discussion also revealed that young people’s perception of the boundaries and proper behaviour between adults and children. One of these included not touching or kissing one’s spouse in front of elders. This is the acceptable norm, regardless of whether the couple is married or not. Participants drew attention to different cultural norms between Botswana and many Western countries in regard to displaying physical affection toward the opposite sex. But there were also issues that they said they would feel more comfortable sharing with their parents or other trusted adults, such as their fears and doubts. They embraced the notion that children at all ages still require guidance and understanding from their seniors.

Participants identified marriage as an important transitional life event that distinguishes adulthood from childhood. Marriage was considered in this manner because it is perceived to be indicative of one’s maturity and stability. A key factor of stability that emerged in the discussion was financial stability/independence. Age on its own was not as important as perceived maturity, stability and financial independence.

**Children’s rights**

Participants stressed some of the rights that children have, such as the right to an education, parental care, freedom of expression, a name and an identity (knowledge of their origins and culture). This is another area where they saw the strong and significant role of culture.

The discussion group also addressed the topic of international human rights and child protection laws and whether they conflicted with local perceptions and practices about childhood. For example, participants observed that children participating and working at the cattle post were highly respected in Botswana culture. It was seen as an important means of instilling responsibility. However, in some cases it could be classified as child labour by international human rights standards. The views on corporal punishment were moderate, with some advocating its use, especially in the context of cultural expectations of child behaviour. Others emphasized restraint and limited use of corporal punishment. They also encouraged respect for the practices of minority groups in Botswana, such as the Bazezuru, who withdraw their children from school at a young age so the children can work with the family.

**Older Adult Focus Group (50-58 years old)**

**Importance of respect**

The older adult focus group concentrated on similar themes, but from a slightly different point of view. Some of the participants stated that even though they are older adults, they are still considered to be children by their own parents. However, having their own children has afforded them an additional degree of respect. Appreciation and respect for elders was said to be extremely important. They stated that as long as someone is older than you they must be deferred to. That obligation does not stop just because one becomes an adult in terms of age.

Marriage and starting one’s own family was highlighted as a demarcating event in the transition from childhood. This was discussed to be so because of the rituals and traditions associated with it. For example, one woman stated, “If I am the first born and my younger sibling gets married before me I have to respect her because she has a husband. I cannot speak to her like I used to before. I should respect the fact that she has a family. Even though I am older I have to treat her properly.”

**Childhood stages**

In terms of stages of childhood, the Botswana construct is different from mainstream Western concepts. According to some participants, the stages of childhood for Batswana are: a child before school, a child during school age, and a grown child. Stages are also gauged by tangible responsibilities. Moreover, benchmarks and milestones in development are based on practical behaviours and tasks.

As the group facilitators noted, parents in Botswana observe their children to see what they are capable of and adjust the children’s duties accordingly. It is a common practice to send a young child to run errands to check if he or she can follow instructions carefully. When asked at what point do parents stop giving the child as many instructions, participants gave 18 years as a clear age when children can do things on their own. Thus, at 18 years children are expected to have foresight, to not behave like younger children, and to plan ahead in handling their affairs. “We
expect that when he passes the age of 18 he is preparing for his family. Even if such a person is not married he/she can start his/her own home.” Additionally, they expressed the notion of recognizing and accepting a child’s innate abilities and personality.

**Rural / urban differences**

However there was acknowledgement that there is variability between children based on the environment and intrinsic abilities. For example, one participant remarked that “It also depends on where the child grew up. Those who grow up in towns and those who grow up at the village are different. This is true also for children who grow up in the lands (rural areas). The potential of a child is greatly influenced by level of development of the settlement (town, village, etc.) where she or he grew up.”

Another difference observed in children raised in the village, highlights the issue of urban/rural differences. For example, a group member said that some city children cry for tea when their parent is preparing tea for visitors/guests. The children who are raised in the village, on the other hand, have been accustomed to wait their turn. When their grandparents serve guest tea and/or are drinking tea they have learnt not to cry, but patiently wait their turn.

**Behavioural expectations**

The group listed some behaviours expected of school-age children that include the following:

> “After school children must wash the dishes and take off their school uniform and if they have homework they must do it before they go to play. They should not wait until the morning to do their assignments; they should be happy and report when the teacher gives good marks; they shouldn’t wear church clothes at home; they should also be able to wear their shoes properly, without confusing sides; they should know how to polish their shoes; they must no longer pour dirt all over themselves when at play; they can negotiate how to play with others; and when people visit they should know how to greet them.”

Participants noted that parents are expected to go through these rules and expectations with children repeatedly and not have the attitude that they taught the child earlier. Teaching and guiding children needs to be constant.

One woman in the group said, “There is a saying in Setswana, you’re never too old for me (go o nkgolele, ga wa nkgolela).” It means to your parent you are a child no matter how old you are, even if you are 100 years old. “Your parent can rebuke you regardless of age”, to show your position as a child. This is seen as a right and responsibility to one’s children.

Participants expressed the understanding that children must extend respect to their parents and elders but are not expected to be as free and open with them as they would be with their peers. One woman said, “You will find that even in our children, if my daughter gets pregnant she will not come to me, she will be scared. She would rather talk to my sister or my close friend. Then my friend can tell me, out of respect”.

**Corporal punishment and children’s rights**

Older participants’ opinions on child rights were divergent from the younger cohort’s ideas. One of the older group members said that he doesn’t agree with “child rights”. In describing the role of corporal punishment in childrearing, he said being strict on a child, including the use of physical discipline is important. It instils respect. Further, he stated that most people were beaten as children, but it doesn’t mean that they were abused. In fact it is the opposite because, “the next time you would think of an act or omission you were previously punished for you would remember the rod and would not repeat that again”.

Some participants expressed dismay that local entities charged with protecting children against abuse discourage beating children and portray parents who do so as “monsters”. They feel that corporal punishment is a way of showing a child the difference between right and wrong. Conversely, child protection mandates do not explain how parents should raise their children and the extent to which they can rebuke their children without causing harm. Another participant countered the above argument with the suggestion that child protection measures are necessary because many children, particularly orphans, are ill-treated by relatives and other adults in the extended family. Children are commonly subjected to physical, verbal and emotional abuse, exploitation and neglect. She said, “You cannot just sit next to someone who continuously beats a child with a rod (thobane). You cannot keep quiet. A child is human, he too feels pain”.
**Parenting challenges**

In closing, participants suggested that there are a number of differences in how child upbringing is perceived in the city, the village, the lands and the cattle post. It was also stated that gender plays a major role in childcare approaches. For some participants, raising a girl seemed to be an easier task, whereas others wondered if male children would be equipped to care for their parents as aging adults.

Finally, most acknowledged the significant challenges faced by children in contemporary society. All forms of technology – radio, television, social media (e.g., Facebook, Whatsapp, and Twitter) – were listed as potential threats to the culture and social order, as well as children’s academic progress. They see these threats as more prevalent in towns than villages. But one woman in the group pointed out that even in villages, childhood is fraught with complexity. “But those who live in remote areas, where there is poverty, you will find that they don’t know many things that we’re talking about. They are in their own world.”

**Generational Differences**

- **Local terminology describing childhood and children**
  
  Both groups used similar and overlapping Setswana terminology, specifically for objective descriptions of a child, such as: monana (young person/child), mosetsana/mosetsanyana (little girl), mosimane/mosimanyana (little boy), mokolwane (young boy), and lekgarebe (young girl). There was a difference in that young adults did go on to identify other colloquial Setswana phrases that are traditionally used to denote the dependent nature of being a child in Botswana. Those include: go nwa maši/Kgwa maši (still suckling), o ma minanyana (still unable to clean one’s noise), o sefofu (you’re naïve or not perceptive), and o lemina fela (your still unable to clean your runny nose).

- **The period defined as childhood**
  
  Both age groups specified that childhood in Botswana traditionally is an extended period, longer than what is known in the West. However, younger adults were more cognizant of the distinction between traditional conceptualizations and contemporary views, especially as they reported experiencing themselves being situated between both outlooks and encountering tensions between the two understandings of childhood.

- **The stages of childhood**
  
  Younger people were more likely to define stages by parents’ view of whether and when a child has achieved maturity and independence. They highlighted that the stages and start and endpoints of childhood are collectively defined by the community. As such, they appreciated the necessity of conforming to collective behavioural and social expectations throughout the various periods. The older adults had a more practical definition of childhood stages, focusing on functionality in children’s behaviours, roles and responsibilities.

- **Expected childhood developmental milestones**
  
  For young adults, developmental milestones, particularly in later stages, were marked by having achieved readiness for modern society and lifestyle. This is, perhaps, a function of being in the University setting and having close exposure to the rapid development taking place in society. Older adults underscored the essential role of parental guidance and monitoring to ensure children’s adherence to expected behaviours and, hence, their successful achievement of developmental milestones.

- **Behaviours expected by children with their peers and with adults**
  
  Both age groups acknowledged the importance of culture to determining how child protection mandates should be integrated and institutionalized in Botswana. However, young adults were especially aware of the conflict between international child protection laws and some of the laws and practices in Botswana. There was recognition of a dichotomy between customary legal approaches to dealing with children and what many considered a Western or individualistic understanding of child rights.
Discussion

The overarching theme in both discussions was the primacy and importance of “respect” or “respecting elders” for demarcating the boundaries of childhood and determining appropriate childhood behaviour. Overall, the definitions offered by participants are quite functional and practical, as opposed to being idealized. They support the pre-eminence of social order, group cohesion and harmony in inter-generational relations within Botswana culture. What also came to light was that there are areas of incongruity. The line between traditional values and norms of childhood and contemporary adaptations is relatively recent, but signs of growing gaps seem to be just below the surface. The essence of what young people said is that there is a shift in how childhood is defined. They said, “We no longer subscribe to the same definitions as our parents once we have independence, shaped by living outside the daily supervisions of our parents, we are adults”.

Therefore, the definition of childhood and related generational differences are central to provoking thought on how various psychosocial and demographic characteristics within the Setswana culture influence understandings of this construct. Furthermore, the findings point to the possibility that although there may be differences in how generations perceive childhood, there is the opportunity to raise awareness of these discrepancies across age-groups. As noted, the differentiation is more salient for the younger cohort. This gap is meaningful as it relates to the cultural value of maintaining harmony across generations and across settings (i.e., school, clinic, therapy, home, and the community). Unless generations become aware of differences in how childhood was perceived earlier and how it is perceived in contemporary Botswana, there is the possibility of disharmony in the society due to a lack of awareness and acceptance of differences in perspectives.

The current wavering line between childhood and adulthood is the most recent stage in several centuries of change in definitions of the length and responsibilities of both childhood and adulthood (Thane, 1981). The meaning of what childhood is and the associated expectations of children clearly have their set boundaries. Although it is safe to say that for many parents, guardians and adults who see young ones grow before their eyes, children will remain forever young well into old age.

Implications

Understanding how children and adults define/view the concept of childhood has profound implications for social and political rules and systems. For example, in some cultures in Botswana, girls may be eligible for marriage at the age of fourteen, while boys may stay boys well into their twenties and even thirties. At the age of 18, one may vote in Botswana but may not sign legal documents independently until 21 years of age. According to Thane (1981), most of these discrepancies in the ages at which children acquire adult roles and responsibilities exist in work, crime and legal systems, politics, sex, education and other activities. Although not specifically examined in this study, there is an assumed gap whereby girls are presumed to develop some adult competencies, but not others, slower than boys, reflecting “historical changes in definitions of childhood” (Thane, 1981, p. 1).

Work: The age at which children may begin to work may vary based on the education level of the parents and children’s home responsibilities. However, one can deduce that children may be expected to work at younger ages in the home if they live or care for those in late adulthood. This may propel them to be given more responsibilities as bread winners and, thus, deemed not to be children.

Aging Populations: With an aging population that is living longer, the expectations of children to care for their elders is evolving. This evolution is precipitated by the following:

1. The elderly parent/adult is still active and productive well into late adulthood and has independent and specific expectations of how they live their lives. The children have to navigate, linguistically and culturally, how they communicate to their parents the loss of certain privileges due to age, as they are still children to their parents.

2. Provision of care is also another implication that at a micro level hinges on whether the child label is attached to a care provider. When an individual is classified as a child, then they are in fact not well placed to provide requisite and adequate care to an elder. For example, the provision of cooked food, sanitary living conditions and even advice on everyday issues may be seen as burdening to one who is still in childhood.
Sex: Although sex does not directly catapult one from childhood to adulthood, potential consequences do. Pregnancy and childbearing have an impact because one is (punitive in some cases) seen to have to the responsibility of providing care for his/her baby even though they may be young. This is based on the notion that if one is old enough to understand adult behaviour—sex in this case—then they are old enough to take the responsibility for the care of their child. This may also have implication for the political definitions of consent and legal definitions for marriage and rape. Defining and understanding broad constructs such as childhood, and by extension adulthood, has significant implications on multiple levels.

The aforementioned issues only serve to open dialogue in other spheres of how this will impact Botswana’s changing society. Examining local cultural conceptualizations of childhood highlights the degree of congruence between the country’s development and training policies and community perceptions. This analysis can be helpful in domains such as social services, educational institutions, and public health messaging regarding child abuse, childhood emotional problems, and school difficulties. In order for these findings to be generalized, it will be important to extend this case study to the broader population and across geographical regions throughout the country to interview a broader range of age groups and participants.
3

Article 19 of the Convention on the Rights of the Child stipulates that every child has the right to protection from violence, abuse, exploitation and neglect. World statistics indicate that around 1.5 billion children have been affected by violence (The State of the World’s Children, Special Edition, 2009). Studies have also shown that violence, exploitation and abuse can affect the child’s physical and mental well-being, affecting their ability to learn and socialize, and influencing their transition to adulthood with adverse consequences later in life. Most child protection violations are hard to measure and monitor, because of cultural norms and gaps in defining, collecting and analyzing appropriate indicators to measure protection abuses. However, it is still important, to have reliable data to inform policy, legislation and programs to prevent and respond to violence, exploitation and abuse of children.

The two papers in this section discuss a tool and a model for psychosocial support for children. The article by Lowethal and colleagues discusses the relevance of a checklist that is used to identify children and adolescents with psychosocial needs in Botswana. This study endeavours to investigate whether the Paediatric Symptom Checklist (PSC) and the youth self-report version of the PSC (PSC-Y) can be adapted for use among children and adolescents in Botswana. It also reviews whether a local cut-off score can be established and whether the scores were higher among children who had HIV treatment failure compared to others. The results indicate that although the PSC looks to be promising, more studies need to be conducted to ensure that the existing psychosocial and mental health screening tools for children are valid for use in Botswana.

The submission by Jamu and colleagues explores the establishment of a monitoring and evaluation component in a program that offers psychosocial support at Stepping Stones International. This follows the authors’ recognition of lack of evidence based monitoring and evaluation component for psychosocial interventions for the OVC. This exercise has demonstrated good results and is recommended for similar organizations.
6. Use of the Pediatric Symptom Checklist for Screening Children for Psychosocial Dysfunction in Botswana

Elizabeth Lowenthal, MD MSCE AARHVS FAAP
Assistant Professor of Pediatrics and Epidemiology, University of Pennsylvania School of Medicine, Faculty, Center for Pediatric Clinical Effectiveness
Attending Physician, Special Immunology Family Care Center
Lead Research Physician, CHOP Global Health, Children’s Hospital of Philadelphia


Introduction

Children and adolescents with chronic medical conditions frequently have psychosocial co-morbidities (Prince et al., 2007; Saini, Chandra, Goswami, Singh, & Dutta, 2007). Those living with HIV are at particularly high risk of psychological dysfunction (Cluver, Gardner, & Operario, 2007; Fielden et al., 2006; Pao et al., 2000; Rao, Sagar, Kabra, & Lodha, 2007). However, recognition of those at the highest risk can rarely be prioritized in busy healthcare settings. Psychological screening methods are often time-consuming and most of them require special training (Jellinek & Murphy, 1990).

The Pediatric Symptom Checklist (PSC) was developed in the United States (U.S.) to allow for rapid identification of young people between the ages of 6 and 16 years who might benefit most from these services and to further evaluate and treat emotional and behavioural problems (Jellinek, Murphy, & Burns, 1986). A youth self-report version of the PSC (PSC-Y) is also available. The choice of informant (parent vs. child vs. teacher) is important for the identification of psychosocial problems in youth. There is often poor agreement between informants. Parent-completed questionnaires such as the PSC are more commonly recommended than child-completed questions such as the PSC-Y for screening for psychosocial problems among school-aged children. However, child-completed questionnaires such as the PSC-Y may also identify children with unmet mental health needs (Duke, Ireland, & Borowsky, 2005; Pagano, Cassidy, Little, Murphy, & Jellinek, 2000). Child-report measures may give a better indication of children’s dysphoria and anxiety symptoms (Herjanic & Reich, 1982; Orvaschel, Weissman, & Kidd, 1980; Weissman, Orvaschel, & Padian, 1980). In addition, child-report measures may be of greater value in situations (such as medical clinic visits) in which the child’s primary caretaker is not the one who accompanies the child. For example, an aunt who does not live with a child but who brings the child to clinic appointments might not understand a child’s problems as well as a parent or another relative who lives in the same household.

The PSC has been validated against longer diagnostic questionnaires and extensive diagnostic interviews (Anderson et al., 1999; Gardner, Lucas, Kolko, & Campo, 2007; Jellinek, Little, Murphy, & Pagano, 1995; Simonian & Tarnowski, 2001). It has been used extensively in both school-based and clinic-based settings. The PSC is a 35-item questionnaire with items rated as never, sometimes, or often applicable (scored 0, 1, 2). The test is scored by simply adding the scores for all questions. About 2 out of 3 children who meet the cut-off score for having a positive PSC have been found to have moderate or severe impairment in psychosocial functioning (Walker, LaGrone, & Fielden, 2005; Alimenti, A., Forbes, J. C., McCarthy, G. E., Alimenti, A., Forbes, J. C., 2005). A score of 28 or greater is considered positive for school-going youth in the U.S. (Jellinek et al., 1999). Single-question screens are less sensitive, but can be used to help establish score cut-offs in new populations (Michael Jellinek and Michael Murphy, personal communication). The PSC-Y asks the child to answer the same questions about him or herself that are asked to the parent in the PSC. The scoring system is also identical. While validated in several different settings, the PSC and PSC-Y have not been adapted and validated for use in Botswana prior to the study described in this chapter.

Countries with a heavy burden of HIV such as Botswana are especially in need of tools to allow for identification of the children and adolescents with psychosocial needs. The prevalence of mental health problems is often high in these settings (Cluver, Orkin, Gardner, & Boyes, 2012). Because support services are limited, those most likely to benefit from the services need to be identified.

Tools that measure specific symptoms such as those associated with depression or anxiety

References


We therefore chose to compare the PSC with the Children’s Depression Inventory (CDI) and the Revised Children’s Manifest Anxiety Scale (RCMAS) since both have been used in several African countries (Bach & Louw, 2010; Cluver, et al., 2007; Cluver & Orkin, 2009; Ndetei, Khasakhala, Mutiso, & Mbwayo, 2009; Pela & Reynolds, 1982). The advantage of using a single tool such as the PSC or the PSC-Y instead of symptom-specific tools for screening is that the single tool can identify children with a variety of different difficulties, bringing them to the attention of those who can further evaluate their needs.

In the context of HIV treatment programmes, in addition to prioritization of available support resources for those at risk, if psychosocial problems contribute to non-adherence to HIV treatments, then early recognition might help with the prevention of treatment failure and HIV transmission.

We aimed to culturally-adapt and validate the PSC and PSC-Y for use among children and adolescents in Botswana, to establish a locally-appropriate cut-off score, and to investigate whether scores were higher among children who had HIV treatment failure compared with those who did not have HIV treatment failure.

**Methodology**

The PSC and PSC-Y were translated into Setswana, back-translated, and discussed at length in a technical working group composed of 8 professionals who are fluent in both Setswana and English and whose work involves mental health support or research related to children and adolescents. Both the Setswana and the English-language versions of the tools were then pilot-tested in ten Batswana children between the ages of 8 and 16 years and their parents/guardians at the Gaborone Children’s Clinical Centre of Excellence. Further minor modifications were made based on their input. The goal of the translation and cultural-adaptation stage was to make the tool easily understandable to the local population, while maintaining the original meaning of the question items. The RCMAS and the CDI were adapted through the same process.

We then performed a cross-sectional study of 729 HIV-infected children between the ages of 8 and <17 years who were receiving HIV-care in Infectious Disease Care Clinics (IDCC) in Francistown and Maun. Most (n=630 (86%) were receiving care at the IDCC at Nyangabgwe Hospital. Participants from Maun were enrolled through Letsholathebe Memorial Hospital, Sedie Clinic, Maun Clinic, and Boseja clinic. Eligible participants were enrolled consecutively at each site until the target sample size was achieved. The parent/guardian of each child completed the PSC with the help of a Motswana research assistant. Parents also answered a single question asking if they felt that their child needed help for an emotional or behavioural problem. Each child completed the PSC-Y along with the CDI and RCMAS, also with the help of the research assistant. The child and the parent/guardian were separated during the instruments’ administration to ensure independence of responses.

Cronbach’s alpha was calculated to measure internal consistency of the tools. Cut-off scores were derived using receiver operator characteristic (ROC) analyses (Hanley & McNeil, 1982). The sensitivity and specificity with binomial exact 95% confidence intervals (CI) were compared at each cut-point, comparing the PSC scores to dichotomised parent reports of concern about the child. Similar ROC curves and sensitivity/specificity comparisons were performed comparing scores on the PSC-Y to positive scores on the CDI or RCMAS. Exploratory factor analysis for the CDI and RCMAS was performed using Mplus to determine whether the factor structure for Batswana youth was similar to that previously reported in other studies. The study then evaluated whether high scores on the PSC were associated with having HIV treatment failure. Only children who had been on antiretroviral therapy for at least 6 months (N=692) were included in this aspect of the study. HIV treatment failure was defined as a confirmed HIV-1 viral load >400 copies/ml after at least 6 months of treatment. We evaluated whether having a PSC score above the cut-off value was associated with HIV treatment failure using chi-squared test. Logistic regression was used to control for potential confounding variables. We also evaluated whether children with virologic failure had higher PSC scores using Wilcoxon rank sum test and linear regression. Finally, we assessed each individual PSC question for a trend of higher likelihood of treatment failure with increasing score using a nonparametric test of trend.

The study was approved by the Botswana Health Research Development Committee, the Institutional Review Boards of the University of Pennsylvania and Children’s Hospital of Philadelphia, and by the appropriate personnel at all recruitment sites.
Findings and discussion

The Setswana version of the PSC is available for free download at: http://www.massgeneral.org/psychiatry/services/psc_forms.aspx. Cronbach’s alpha for the 35-question PSC was 0.87; for the PSC-Y it was 0.85.

Characteristics of Study Subjects

The 692 subjects who had been on ART for at least 6 months had a median treatment duration of 56 months (IQR 37-72, range 6-134). Approximately half were female and more than 90% were believed to have been perinatally infected with HIV. The median age at initiation of ART was 7.4 years (IQR 5.4-9.3) and the median age at enrolment in the study was 11.9 years (IQR 10.2-13.6). Treatment failure had occurred in 161 (23.3%) of subjects.

PSC Cut-off Score Determination

In 11.5% of subjects, parents/caregivers reported that their child was in need of help for an emotional or behavioural problem. By comparing these reports of concern to scores on the PSC, an ROC curve was generated from data on the first 509 subjects enrolled (Lowenthal, et al., 2011). When repeated with the complete dataset, results were similar. The area under the curve was 0.85 with a standard error of 0.02. Using a cut-off scores of 20 resulted in a sensitivity of 0.62 (95% CI 0.58-0.66) and a specificity of 0.88 (95% CI 0.85-0.91). This score identified 15.9% as “positive,” while capturing 95% of those with a positive report of concern.

Table 1: PSC Scores Compared with Parental Reports of Concerns

<table>
<thead>
<tr>
<th>PSC Score Cut-off</th>
<th>% Positive</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>35</td>
<td>0.80</td>
<td>0.71</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>0.62</td>
<td>0.86</td>
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<tr>
<td>22</td>
<td>16</td>
<td>0.55</td>
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<td>25</td>
<td>11</td>
<td>0.47</td>
<td>0.93</td>
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<tr>
<td>28</td>
<td>9</td>
<td>0.36</td>
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Table adapted from the Journal of Child and Adolescent Mental Health (2011) 23(1) 17-28 with permission © NISC (Pty) Ltd

A high percentage of subjects met the threshold for high anxiety symptom scores (42% scored 19 or higher on the RCMAS). The top 10% of RCMAS scores were >25. Only 51% of children with an RCMAS score >25 also had a PSC score ≥20. For some questions, virtually all respondents answered the same way. For example 93% said that they worry a lot of the time.

Table 2: PSC Scores Compared with CDI scores ≥19.

<table>
<thead>
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<tbody>
<tr>
<td>15</td>
<td>28</td>
<td>0.74</td>
<td>0.63</td>
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<td>20</td>
<td>16</td>
<td>0.64</td>
<td>0.88</td>
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<td>22</td>
<td>12</td>
<td>0.59</td>
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<td>25</td>
<td>10</td>
<td>0.49</td>
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7.7% of children had a CDI score that met or exceeded the previously-defined cut-off score of 19. The AUC for the curve generated by comparing dichotomized CDI scores to PSC-Y scores was 0.81 with a standard error of 0.04. Using a cut-off score of 20 on the PSC-Y resulted in a sensitivity of 0.64 (95% CI 0.60-0.68) and a specificity of 0.88 (95% CI 0.85-0.91). This score identified 15.9% as “positive,” while capturing 95% of those with a positive report on the CDI.

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With Exploratory Factor Analysis, the PSC fit best into a single-factor structure for Batswana youth. In this population, the CDI and RCMAS had factor structures that were significantly different from those reported previously in other populations. For the RCMAS, only a single factor (the lie scale) looked similar to those reported previously.

**Comparison of PSC Scores to Virologic Failure Status**

The median PSC score for those with treatment failure was 12 (IQR 7-19) and the median score for those without virologic failure was 10 (IQR 5-16, p<0.01). 32% of those with positive PSC scores (≥20) had virologic failure compared with 22% of those with negative PSC scores. The odds ratio for failure with a positive PSC score was 1.7 (95% CI 1.1-2.6). The results were not significantly altered by controlling for demographic or clinical factors including: age, age at ART initiation, sex, immunologic status, orphan status, primary caregiver, and HIV disclosure status. Increasing proportions of subjects had virologic failure at higher PSC scores (see Figure 1) (Lowenthal et al., 2012)

![Figure reproduced with permission from AIDS Care. (2012) 24 (6) 722-727.](image)

**Conclusions**

The PSC might be a useful screening tool to help identify children with psychosocial problems in Botswana. In particular, it might be able to help to identify HIV-infected children who are at risk of treatment failure. Because this initial study was cross-sectional, we cannot say whether the situation associated with high scores on the PSC lead to treatment failure or whether treatment failure leads to high scores. However, both are likely true. A prospective study is currently underway to assess whether high scores on the PSC precede adherence problems and treatment failure.

We chose a score of 20 on the PSC as our cut-off in Batswana children because of the test properties and also because identifying more than 20% of subjects as positive would likely put too much burden on the referral system. Alternative cut-offs could be chosen depending on the goals of the screening process and the resources of the site. For example, a cut-off score of 25 might be more appropriate at a site that had the capability to do further screening of only about 10% of children evaluated using the PSC.

The high number of children who had high anxiety symptom scores using the RCMAS raised concerns about this tool’s appropriateness for screening of children in Botswana - that is a tool that identifies more children than can be treated by a resource limited system may not be a useful tool. Although previously used in many sub-Saharan African countries, the factor analysis of the CDI and RCMAS raised further questions about the validity of these tools for use in Botswana children. If the RCMAS is a valid tool in this setting, then our results indicate that anxiety is a significant problem for HIV-infected children in Francistown and Maun.
Recommendations

The results of this pilot study indicate that further work needs to be done to ensure that existing psychosocial and mental health screening tools for children are valid for use in Botswana. The PSC appears to be a promising general risk screening tool. However, because of the cross-sectional nature of this study, it is premature to recommend the PSC for routine use to predict treatment failure risk in HIV treatment clinics. If high scores on the PSC precede HIV treatment failure, the PSC could be used to identify which HIV+ children are in most need of psychosocial support resources to help prevent treatment failure.

Acknowledgements

The author would like to thank the research team that made this work possible including: Robert Gross, Nurit Harari, Kathy Lawler, Motshodi Masedi, Japhter Masunge, Bolefela Matome, Lesedi Moamogwe, and Esther Seloilwe. The author would also like to thank the children and parents/caregivers who participated in the study and the staff at the following clinical sites where children were enrolled in the study: Nyangabgwe Hospital, Letsholathebe Memorial Hospital, Sedie Clinic, Maun Clinic, and Boseja clinic. Thanks also to the Botswana-Baylor Children’s Clinical Centre of Excellence for facilitating the piloting of the test materials. The following individuals composed a technical working group that was invaluable to the cultural-adaptation of the study tools: Bakani July Johnson, Motshodi Masedi, Tshegofatso Mmolawa, Seipone Mphlele, Jabulani Mochado, Ed Pettitt, Mmapula Sechele, and Esther Seloilwe. This study was funded through a University of Pennsylvania Center for AIDS Research (CFAR) Pilot Grant and supported by the University of Pennsylvania CFAR International Core (P30 AI 045008).
7. The use of evidence to optimize psychosocial support service programming for orphaned and vulnerable adolescents at Stepping Stones International

Styn Jamu is a doctoral candidate for the degree of Health Administration at the School of Health Sciences at Central Michigan University. He is currently conducting field a health systems research on pneumoconiosis among a cohort of Batswana men who worked in the South African mine industry. His expertise includes leadership and management of international health and humanitarian programmes. Styn currently serves as a Monitoring and Evaluation adviser for youth programmes at Stepping Stones International. His research interests include health policy and systems research, organizational research, evidence-based programme research. He is a member of the American Public Administration Association and International Epidemiological Association.

Lila Pavey is the Programmes Manager at Stepping Stones International. She is in the final stages of completing a Masters in Public Health from the School of Health Systems & Public Health at University of Pretoria. Ms. Pavey’s work focuses on youth, HIV and AIDS, orphaned and vulnerable children, public health and gender. She has experience in programme and curriculum development. Lila additionally led the development of Botswana’s TeachAIDS HIV prevention project. Ms. Pavey serves on several technical advisory teams at the Ministry of Education and Skills Development, The Ministry of Health adolescent sexual reproductive health department, the Gender Affairs Department, and UNESCO life skills task group. Her research interest is in gender based violence, in particular sexual abuse among adolescents. Ms. Pavey has presented at conferences including the Women’s World Congress Conference held in Ottawa in 2011 and was co-author on a poster displayed at the Orphans and Vulnerable Children’s Africa Conference in Johannesburg in 2012.

Lisa Jamu is the Founder and Executive Director of Stepping Stones International (SSI), a non-profit, non-governmental organization serving orphaned and vulnerable adolescents (12-18+ years). She holds a Masters in International Development and Health from American University. Her expertise is in behaviour change communications and youth development. Currently she is designing a programme for Street Involved youth in collaboration with Ministry of Education Skills Development and UNICEF. Mrs. Jamu has managed and implemented national youth programs, social marketing campaigns, and public health initiatives. Lisa has a research interest in evidence-based programming for youth development. Furthermore, she has presented in Orphaned and Vulnerable Children and Gender conferences and workshops locally and internationally. Lisa received the Paul Harris Award from Rotary Club and Cambridge Who’s Who in Executives and Professionals.

Introduction

Orphaned and vulnerable children (OVC) suffer from multifaceted challenges including developmental, physical, psychological, and social distress (Jackson, 2002). The consequential impact of these multifaceted challenges has negative effects on an individual’s psychosocial wellbeing. The psychosocial wellbeing of orphaned and vulnerable adolescents is an essential component of growth and development. It encompasses psychological and social processes of the adolescent’s internal state, comprising thoughts, feelings, emotions, understanding, and perceptions. These, together with external relationships, such as social networks, community, family, and society influence the adolescent’s psychosocial wellbeing (Donatelle, 2005). What happens in any of these areas will affect other aspects of human internal and external processes and may result in psychosocial dysfunctional behaviours. Stress inducing factors such as exposure to vulnerable environments (abuse and poverty), psychological distress, disintegration of family support system, low self-esteem, and antisocial behaviours may lead to negative psychosocial wellbeing outcomes (Donatelle, 2005; Li, Naar-King, Barnett, Stanton, Fang, & Thurston, 2008). Psychosocial interventions that address these challenges are therefore important in the lives of orphaned and vulnerable adolescents (Beegle, De Weerdt, & Dercon 2010; Hagen, Omar & Trofimenko, 2010). However, Li et al. (2008) noted that psychosocial support services receive limited attention, particularly in resource-poor countries.

OVC programs often lack rigorous empirical base for developing contextually informed interventions (Nyangara, 2009; Curtis 2009). Studies also indicate that most OVC programs lag behind in developing pragmatic monitoring and evaluation plans that meet rigorous social science research standards. As a result, there is a dearth of documented “good” psychosocial practices that can be replicated to increase OVC psychosocial wellbeing outcomes (Nyangara, 2009; Curtis 2009). Developing sustained, smart, and innovative psychosocial support services should therefore be informed by evidence.

This study provides the empirical base for developing an evidence-based psychosocial support intervention at Stepping Stones International (SSI), a grassroots, non-profit organization working with orphaned and vulnerable adolescents aged 12 to 18+ years. The primary goal of this study is to generate information that will guide the programming of psychosocial support services. The specific objectives are to estimate high-impact intervention areas for optimizing OVC

References


psychosocial wellbeing outcomes, and to establish a baseline benchmark for monitoring and evaluating future psychosocial wellbeing outcomes.

Methodology

Study design, Study population, and Sampling method
This is a cross sectional study based on baseline data (T0) of a longitudinal operations research. According to Fisher, Foreit, Laing, Stoeckel, and Townsend (2002) and Nyangara (2011) operations research is a continuous collection and analysis of program data aimed at enhancing planning, coordination, training, monitoring, and evaluation of program activities. The study population was composed of 101 newly and longer-term orphaned and vulnerable adolescents aged 10 to 21 years. The new participants had been in the SSI program for three months, while the longer-term participants had been in the program for a year or more but less than four and half years at the time of data collection. The study used census sampling in which all adolescents receiving psychosocial support services were eligible.

Psychosocial support instrument development process
The new psychosocial support instrument was developed following three main stages. The first stage involved several consultative meetings between the monitoring and evaluation advisor and internal and external clinical psychologists and social workers to identify main psychosocial challenges that orphaned and vulnerable adolescent at SSI and in Botswana experience. The meetings identified multidimensional challenges including vulnerable living environments, weak social and cultural support systems, weak spiritual base where most adolescents reside, multiple individual psychological issues, and poor health-related outcomes. The consultative meetings also resolved that SSI should develop a recruitment instrument that would allow SSI to identify individual psychosocial challenges at entry into the program in order to improve provision of tailored psychosocial interventions.

The second stage involved a literature review which was aimed at identifying existing psychosocial instruments. The review was restricted to measurement instruments which were developed to address psychosocial issues identified during consultative meetings. The review also included only instruments tested on sub-Saharan African orphaned and vulnerable adolescent population aged 10 to 18+ years. The review identified four instruments which were considered relevant for psychosocial support services at SSI. The instruments included the Child Status Index (Nyangara, O’Donnell, Murphy, & Nyberg, 2009) and the Catholic Relief Service OVC Wellbeing Index (Seneffeld, Strasser, & Campbell, 2009), which were relevant for assessing family and community support systems. The measurement instruments were developed and tested among young and adolescent OVC in Tanzania, Rwanda and Kenya.

Literature also identified the Rosenberg Self-Esteem Global Index (Rosenberg, 1985), which has been extensively used to assess self-evaluation among OVC in sub-Saharan Africa and elsewhere (Rosenberg, 1985). The Goodman Strength and Difficulty Index (Goodman, 1997) was adapted to screen behavioural and psychological factors among adolescents. The instrument probed attributes reflecting strengths (pro-social behaviour/resilience) and difficulties (emotional symptoms, hyperactivity/inattention symptoms, peer relational problems, and problem conduct behaviours). The Vulnerability Index was constructed from the Botswana National Guidelines of the Care of Orphan and Vulnerable Children (2008) and the Children’s Act of 2009. The SSI psychosocial support assessment instrument was derived from the above tools. The draft instrument for the assessment was piloted on SSI participants who were not receiving psychosocial support and adapted as necessary. The modified draft instrument was used to collect data from the new recruits as well as participants who had been in the program longer. The first and second instrument development processes were considered critical for ensuring face and content validity of the draft instrument.

Data quality assurance and Data management
Data reported in this study were collected using a new standardized face-to-face measurement instrument. The measurement instrument included data on adolescent demographic characteristics, self-reported vulnerability, self-reported family and community support system, self-esteem, and professional observations on participants’ pro-social behavioural status and psychological distress factors. Data were collected from September 2012 to December 2012, soon


after the new intake of psychosocial support service recipients (new participants).

Quality assurance strategies were implemented before, during, and after data collection. The data collection team comprised of one psychologist and two social workers. The team was trained on interview techniques, practical as well as theoretical intent of each measurement guide, to minimize interviewer bias. During training, each instrument item (question) was reviewed and discussed to establish consistent meaning. Prior to data entry, questionnaires were checked for missing values, general errors, and instrument completeness. Questionnaires which had ≥ 5.0% of missing values were returned to the data collection team. Collected data were entered in International Business Machine Statistical Package for Social Sciences (IBM SPSS) version 20 for Windows (Armonk, New York, USA). Data were cleaned and edited for errors and missing values.

Before data analysis, the study conducted exploratory factor analysis (EFA) and the Cronbach \( \alpha \) test as part of the third stage of instrument development process. The EFA used principal component analysis with orthogonal rotation (Varimax) aimed at obtaining construct validity and a standardized tool appropriate for the OVC population at SSI (Field, 2009). The extracted and rotated constructs, following principal component analysis, were further examined for internal consistency reliability (Field, 2009). The Cronbach’s \( \alpha \geq 0.60 \) was the determinant threshold for instrument reliability (George & Mallery, 2003). Results described in this study are drawn from an instrument which was deemed to have satisfied face, content, and construct validity, and internal consistency reliability (Field, 2009).

**Measurement variables**

The dependent variable for this study was an interval variable (mean score) of psychosocial wellbeing outcome at baseline. Psychosocial wellbeing outcome at baseline was defined as a total sum of psychological and social processes derived from mean scores of vulnerability, family and community support systems, self-esteem, pro-social behaviours, and psychological distress measurement tables. The predictor (independent) variables included length of stay, age, sex, education, orphan hood, vulnerability, family and community support systems, self-esteem, pro-social behaviours, and psychological distress. The analysis of these variables was critical for meeting the goal and objectives of this study.

The vulnerability variable consisted of nine measurement items sub-divided into three constructs: abusive environment, parental support system, and family health status. The abusive environment construct contained the four measurement items: family members call me bad names; family members sometimes beat me; I feel lonely; and I live in an abusive environment. The parental support system construct was comprised of three measurement items including: I do not live with my parents; I do not have much time to play because I am always doing chores, and I am head of my household. The family health status construct had two measurement items: I am always sick; and my caregiver is chronically ill or disabled. The vulnerability set of questions were measured on a five-level Likert scale (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree). Individual vulnerability responses were summed up using transformation (in SPSS) to create vulnerability baseline mean score.

The family and community support system comprised fifteen measurement items sub-divided into four constructs: emotional support, spirituality and protection, educational support, and health and dying. The emotional support construct comprised of six items: At home, I have someone to look after me when I am hurt or feel sad; If I have anything to talk about, I can talk to my caregiver; I have adults I can trust; I get along with my care giver; people in my community try to help me; and I get love I need from my family. The spirituality and protection construct comprised of three items: My belief in God gives me comfort and reassurance, I am growing as well as other youth my age, and I am treated the same as other youth in my community. The educational support construct comprised of three items: I have the stationery I need to do my school work; I have shoes, uniform and supplies for school; and My family has enough money to buy things we need. The health and dying construct had three items: I feel strong and healthy, My health is good, and I think dying sets one free from worries. The family and community support system was measured on a three-scale Likert scale (0 = none of the time, 1 = some of the times, and 2 = all of the times). Individual family and community support system responses were summed up using transformation (in SPSS) to create a family and community support system baseline mean score.

Self-esteem consisted of nine measurement items which were sub-divided into two constructs.
The positive self-image evaluation consisted of five items: I feel that I have a number of good qualities; I am able to do things as well as most other people; I take positive attitude towards myself; I feel that I am a person of worth, at least equal to others; and on the whole, I am satisfied with myself. The negative self-image evaluation construct consisted of four measurement items including: I certainly feel useless sometimes; At times, I think I am no good at all; I feel I do not have much to be proud of; and I feel that I am a failure.

Self-esteem was measured on a five-level Likert scale (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree). Self-esteem responses were summed up using transformation (in SPSS) to create self-esteem baseline mean score.

The Goodman Strengths and Difficulty consisted of nineteen measurement items sub-divided into two primary parts: the pro-social behaviour and psychological and behavioural sections. The pro-social behaviour construct was comprised of four items: He/she is helpful if someone is hurt, upset or feeling ill; He/she often offers help others (parents, teachers and children); He/she is kind to younger children; and He/she shares readily with other youth (pencils, books and food). Pro-social behaviour was measured on a three-level Likert scale (0 = not true, 1 = somewhat true, and 2 = certainly true). Pro-social behaviour responses were summed up using transformation (in SPSS) to create a pro-social baseline mean score.

The psychological and behavioural section consisted of four constructs: emotional symptoms, hyperactivity/inattention symptoms, antisocial, and problem conduct behaviours. The emotional construct contained five items: He/she often seems worried; He/she is often unhappy, depressed or tearful; He/she has many fears and is easily scared; He/she is nervous in new situations; and He/she easily loses confidence. Hyperactivity/Inattention consisted of five screening items: He/she is restless, overactive, and cannot stay still for long; He/she is easily distracted and his/her concentration wanders, He/she is constantly fidgeting and squirming, and lacks good attention span, He/she sees work through to the end; and He/she thinks things out before acting.
The conduct behavioural problem construct comprised of three items: He/she is generally well behaved and usually does what adults request; He/she often loses temper; and He/she often fights with other youth or bullies them. The antisocial behaviours include two items: He/she steals from home, school, or elsewhere; and He/she often lies or cheats.

The psychological and behavioural construct was measured on a three-level Likert Scale (0 = not true, 1 = somewhat true, and 2 = certainly true). Psychological and behavioural construct was summed up using transformation (in SPSS) to create a psychological distress baseline mean score. Detailed description of the scoring and interpretation of the measurements are available in SSI reports. For the purposes of this study, only the mean scores for each measurement are provided.

**Ethical Consideration**

Data reported in this study are part of the routine information collected for on-going counselling and social support programming purposes. Ethical review and approval was granted by the Ministry of Local Government and Rural Development. As part of the SSI OVC recruitment processes, all participants and their guardians signed consent forms allowing the organization to collect data in order to provide individualised and group OVC programming. In order to have consistent information on all SSI beneficiaries, data were collected among longer-term participants as well as new participants. Each participant and his/her guardian were informed of the objectives for the on-going data collection. Data were provided freely without coercion or undue influence, inducement, and intimidation (Council for International Organization of Medical Sciences, 2008). In order to safeguard the integrity of the data and observe the privacy and confidentiality of the participants, only the M&E advisor, the psychologist, and social workers have access to the electronic data.

**Study Limitations and Delimitations**

Research designs have inherent threats to internal and external validity, which can render research findings invalid (Copper & Schindler, 2008). Cognisant of these inherent limitations, the study implemented a rigorous questionnaire validation process and strict data management protocols to reduce bias and improve quality of the data. Another limitation is that the study is based on a small and non-random sample of OVC participants. However, recruitment of participants into the program involves rigorous selection procedures that involve school guidance counsellors, government social workers, SSI employees, and caregivers. The selection procedure recruits individuals in need of psychosocial support, not based on volunteerism or biased selection.

**Data Analysis**

Data were analysed using IBM SPSS Version 20 for Windows (Armonk, New York, USA). Analysis was both descriptive and inferential. Descriptive analyses consisted of calculation of frequencies (of nominal data) and mean and standard deviations (of interval data). Hierarchical multiple linear regression analysis was used to predict the effects of length of time, age, education, sex, orphan status, vulnerability, family support system, self-esteem, pro-social behaviour, and psychosocial distress on the future of OVC’s psychosocial wellbeing outcomes. Prior to deriving final inferences on the outcomes, post-hoc analyses were conducted on the predictive model to evaluate its adequacy and fit. Model adequacy and fit were evaluated using Hosmer-Lemeshow goodness of fit, cross-validation, and multicollinearity tests (Field, 2009).

**Results**

**Descriptive analysis results**

The study sample at baseline was 101 adolescents, comprised of 57.4% new and 42.6% longer-term participants. The overall mean length of stay (LOS) at baseline for the study sample was 1.44 (±1.60) years. Longer-term participants had been at SSI for M LOS = 3.03 (±1.24) years while new participants had been at SSI for M LOS = 0.25 years at the time data were collected (Table 1). Length of stay between longer-term and new participants was significant, (F (1) = 292.22, p<001).

Female participants made up 52.5% of the participant population. The participants’ age ranged from 10 to 21 years, with a mean of 14.7 (± 2.50) years. Longer-term participants were significantly older (Mage =16.5) compared with new participants (Mage = 13.4), F (1) = 60.65, p<001. Of the new participants, 72% were in primary school, and 74.4% of the longer-term participants were in
secondary school (Table 1). Of all participants, 8 of every 10 were orphans and were being cared for by members of the extended family system or single-headed household (Table 1). Results at baseline also show that the majority (73.3%) of the participants had no form of identification at the time of data collection. Comparatively, longer-term participants were more likely to report having an ID compared with new participants, χ²(3) = 13.81, p < 0.01. The majority of the participants had either lost one parent, both parents, or did not know the whereabouts of one or both biological parents (Table 1).

Table 1. Demographic characteristics of the sample population disaggregated by length of stay (being longer-term or new participant)

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Longer-term Participants (n=43)</th>
<th>(%)</th>
<th>New Participants (n=58)</th>
<th>(%)</th>
<th>Total (N=101)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean LOS (Yrs.) ***</td>
<td>3.03 (SD:1.24)</td>
<td>0.25 (SD:0.00)</td>
<td>1.44 (SD:1.60)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19 (44.2)</td>
<td>29 (50.0)</td>
<td>48 (47.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>24 (55.8)</td>
<td>29 (50.0)</td>
<td>53 (52.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (Yrs.) ***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 – 14</td>
<td>8 (18.6)</td>
<td>46 (79.3)</td>
<td>54 (53.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 – 24</td>
<td>35 (81.4)</td>
<td>12 (20.7)</td>
<td>47 (46.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Age ***</td>
<td>16.5 (SD: 2.18)</td>
<td>13.4 (SD:1.82)</td>
<td>14.7 (SD:2.50)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Level Of Education***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary School</td>
<td>11 (25.6)</td>
<td>42 (72.4)</td>
<td>53 (52.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary School</td>
<td>32 (74.4)</td>
<td>16 (27.6)</td>
<td>48 (47.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean YOE (Yrs.) ***</td>
<td>9.2 (SD: 1.79)</td>
<td>6.6 (SD:1.45)</td>
<td>7.7 (SD:2.05)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification Type**</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Had ID</td>
<td>19 (44.2)</td>
<td>8 (13.8)</td>
<td>27 (26.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had No ID</td>
<td>24 (55.8)</td>
<td>50 (86.2)</td>
<td>74 (73.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Parents</td>
<td>6 (13.9)</td>
<td>11 (19.0)</td>
<td>17 (16.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Parent</td>
<td>11 (25.6)</td>
<td>19 (32.7)</td>
<td>30 (29.7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended Family</td>
<td>26 (60.5)</td>
<td>28 (48.3)</td>
<td>54 (53.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orphan Hood Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non- Orphans</td>
<td>6 (14.0)</td>
<td>11 (19.0)</td>
<td>17 (16.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orphans</td>
<td>37 (86.0)</td>
<td>47 (81.0)</td>
<td>84 (83.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p=0.05, ** p<0.01, ***p<0.001. Descriptive statistical tests were based on Chi-Square tests for nominal data and ANOVA F-test for interval data.

LOS = Length of stay a participants has received services at SSI / YOE = Mean Years of Education

Table 2 presents the descriptive analysis of the mean scores derived from the total sum of individual responses on the measurement items for vulnerability, family and community support systems, self-esteem, pro-social behaviour, and psychological distress of the sample population at baseline. The programmatic perspective assumes that effective psychosocial support interventions will significantly reduce the vulnerability and psychological distress mean scores from 20.8 and 7.1 at baseline (T₀). The reduction of the mean scores as a result of effective interventions will result in the improvement of the psychosocial wellbeing outcome at T₁.
Similarly, the programmatic assumptions suggest that interventions that strengthen OVC family and community support systems, and that promote self-esteem and pro-social behaviours among the participants, will significantly increase the mean scores (33.7, 34.1 and 6.6 respectively) at baseline. The increase of the baseline indicators will improve the psychosocial wellbeing outcome at T1. The reduction of the vulnerability and psychosocial scores and increase of the family and community support systems, self-esteem, and pro-social behaviour scores, following implementation of effective interventions, will result in the significant increase of the baseline total score (which defines the overall OVC psychological wellbeing), reference µ =102.3 (Table 2).

Inferential analysis results

In order to predict the effects of independent variables on the dependent variable (psychosocial wellbeing at baseline, µ = 102.3), the study performed multiple linear regression modelling. Length of stay, age, sex, education, orphan status (Table 1), vulnerability, family and community support systems, self-esteem, pro-social behaviours, and psychological distress mean scores at baseline (Table 2) were used as predictor variables. Predictor variables such as age, sex, education, length of stay, and orphan status were dropped either due to poor predictive or because they failed post-hoc analytical tests (Hosmer-Lemeshow goodness of fit, cross-validation, and multicollinearity tests). The final model, after post-hoc analysis, included vulnerability, family and support systems, self-esteem, pro-social behaviour, and psychological distress means scores.

The final model had significant predictive power for evaluating future psychological wellbeing outcomes, F (1, 97) = 23.27, p <0.001 (Table 3). The first factor in the hierarchical model (vulnerability) accounted for 44.0% of the variance in the dependent variable, and when all variables were included, the predictors accounted for 100.0% of the variance, F (4, 93) = 5.630E+6, p<001; adjusted R² = 0.19 (Table 3).

Table 3. Multiple linear regression models for predicting future psychological wellbeing for psychosocial service recipients at Stepping Stones International.

<table>
<thead>
<tr>
<th>Predictive Factors</th>
<th>Mean score</th>
<th>SD</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability Score</td>
<td>20.8</td>
<td>(6.4)</td>
<td>0.67***</td>
</tr>
<tr>
<td>Psychological Distress Score</td>
<td>7.1</td>
<td>(6.2)</td>
<td>0.65***</td>
</tr>
<tr>
<td>Self-Esteem Score</td>
<td>34.1</td>
<td>(5.9)</td>
<td>0.62***</td>
</tr>
<tr>
<td>Family And Community Support Score</td>
<td>33.7</td>
<td>(4.4)</td>
<td>0.46***</td>
</tr>
<tr>
<td>Pro-Social Behaviour Score (Resilience)</td>
<td>6.6</td>
<td>(2.5)</td>
<td>0.26***</td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01, ***p<0.001 | R² = 0.44 for step 1, adjusted R² = 0.19 for step 2, p<001

Inferential analysis results (Table 3) indicate that reducing OVC vulnerability (β = 0.67, p<001), psychological distress (β = 0.65, p<001), and improving self-esteem (β = 0.62, p<001) had statistically significant predictive power for attaining positive psychosocial wellbeing outcomes in the future. The results also suggest that interventions aimed at strengthening family and community systems (β = 0.46, p<001) and promoting OVC resilience skills (β = 0.26, p<001) are more likely to result in improved psychosocial wellbeing outcomes among the participants in the future.

The results imply that as vulnerability decreases by one unit (standard deviation vulnerability = 6.5), psychological wellbeing reference indicator will increase by 0.67 (psychosocial wellbeing standard deviation = 9.61x 0.67 = 6.4387). The impact of reducing vulnerability will result in the increase of psychosocial wellbeing by 6.44. Figure 1 presents predicted impact levels of each intervention area at T1 compared to the psychosocial wellbeing reference indicator at baseline.
Discussions, Conclusion, and Recommendations

Discussion

The results at baseline ($T_0$) provide the benchmark for monitoring and evaluating the overall psychosocial wellbeing outcomes, as well as individual intervention areas. The findings suggest that addressing these intervention areas, in tandem, is more likely to optimize positive psychosocial wellbeing outcomes than focusing only on one or few areas. The results also highlight that the interdependence and interconnectedness of intervention areas are likely to maximize future OVC psychosocial wellbeing. Studies show that failure to address psychosocial challenges among adolescent OVC lead to multiple negative outcomes at family, community, and societal levels (Matshalaga & Powell, 2002). Matshalaga and Powell (2002) observed that an accumulation of OVC with poor psychosocial wellbeing outcomes has the potential of forming a large group of dysfunctional adults which could further destabilise societies already weakened by HIV and AIDS. The results suggest that interventions should go beyond individual OVC psychosocial challenges and address vulnerable environments and the family and community support systems as well (Ruiz-Casares et al., 2009; Li et al., 2008).

Conclusion

The results at baseline provide SSI with an empirical base for developing evidence-based psychosocial support program interventions. It has estimated high-impact intervention areas for optimizing OVC psychosocial wellbeing outcomes and established a baseline for monitoring and evaluating future psychosocial wellbeing outcomes. The use of secondary routine data also may be critical for improving evidence-based program design for other civil society organisations (CSOs) serving OVC in Botswana. This can be achieved by incorporating secondary data into CSOs’ monitoring and evaluation plans.
Recommendations

The study, at baseline, identified the benchmark for monitoring and evaluating the overall and specific psychosocial interventions at SSI. It is therefore recommended that SSI incorporate the baseline indicators into the monitoring and evaluation plan for the psychosocial interventions. In addition, results at baseline provided SSI with important programmatic information for prioritising psychosocial wellbeing outcomes. It is recommended that SSI undertake a costing analysis to inform the distribution of resources to match high impact intervention areas. This information will allow the organization to prioritize and allocate its resources to match its high impact intervention areas, and hence, to maximize future psychosocial outcomes.

Furthermore, the data at baseline may be used for further analysis to assess the strengths and weaknesses of the current psychosocial interventions by comparing outcomes between the longer-term (intervention group) and new participants (control group). While this approach has limitations, because there is no true baseline for the longer-term participants, results from this comparative analysis would be critical for programming purposes. The information would allow SSI to revise organizational protocols, manuals, curricula, and other processes in weak areas, and bolster its strengths. SSI also would use this information to match skills and competencies with its psychosocial human resources.
## Annex A: A summary of various child indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Total</th>
<th>Latest</th>
<th>Latest Male</th>
<th>Latest Female</th>
<th>Urban</th>
<th>Rural</th>
<th>Age Group</th>
<th>Source</th>
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<td>Neonatal mortality rate – Deaths per 1000 live births</td>
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<td>2007 57</td>
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<td>54 70</td>
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<td>Infant mortality rate – Deaths per 1000 live births</td>
<td>1996 45</td>
<td>2007 76</td>
<td></td>
<td>72 96</td>
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<td>Under-5 mortality rate – Deaths per 100,000 live births</td>
<td>2005 158</td>
<td>2008 198</td>
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<td>Underweight prevalence – moderate and severe (NCHS) %</td>
<td>2000 12.5</td>
<td>2007 13.5</td>
<td>13.9</td>
<td>13.1 9.3</td>
<td>16.0 &lt;5 yr MICS 2000, BFHS IV</td>
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<td>Stunting prevalence – moderate and severe (NCHS) %</td>
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<td>2007 25.9</td>
<td>28.5</td>
<td>23.2 19.6</td>
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<td>2007 11.0</td>
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<td>6.6 5.3</td>
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<td>Low birth weight %</td>
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<td>Iodized salt consumption %</td>
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<td>Timely initiation of breastfeeding %</td>
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<td>Exclusive breastfeeding rate %</td>
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<td>23.7 12.0</td>
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<td>Timely complementary feeding rate %</td>
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<td>2007 45.5</td>
<td>48.4</td>
<td>42.3 42.3</td>
<td>47.5 6-9 months</td>
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<td>Continued breastfeeding rate %</td>
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<td>2007 36.3</td>
<td>35.4</td>
<td>37.3 39.2</td>
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<td>2007 5.9</td>
<td>8.0</td>
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<td>Diarrhoea treatment: ORT (ORS or RHF or increased fluids) with continued feeding %</td>
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<td>2007 68.0</td>
<td>68.5</td>
<td>67.6 69.6</td>
<td>65.9 &lt;5 yr MICS 2000</td>
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<td>Care seeking for suspected pneumonia %</td>
<td>2000 14.0</td>
<td>2007 86.2</td>
<td>86.2</td>
<td>86.1 96.6</td>
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<td>Antibiotic treatment of suspected pneumonia %</td>
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<td>Under- fives with fever receiving any antimalarial treatment %</td>
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<td>Contraceptive prevalence %</td>
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<td>58.7 48.4</td>
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<td>94.8 94.1</td>
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<td>99.3 90.2</td>
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<td>Institutional deliveries %</td>
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<td>2007 99.1</td>
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<td>Use of improved drinking water sources %</td>
<td>2000 96.5</td>
<td>2007 96.1</td>
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<td>99.8 91.3</td>
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<td>Use of improved sanitation facilities %</td>
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<td>HIV testing among pregnant women %</td>
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<td>94</td>
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<td>Condom use at last higher-risk sex %</td>
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<td>Higher-risk sex in past year %</td>
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<td>Sex with more than one partner in the past year %</td>
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<td>Latest</td>
<td>Male</td>
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<td>National Average</td>
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<td>Population living on a Dollar a day - %</td>
<td>2002/03</td>
<td>23.4</td>
<td>2009/10</td>
<td>6.4</td>
<td></td>
<td>2.7</td>
<td>8.4</td>
<td>BCWIS 2009/10</td>
<td></td>
</tr>
<tr>
<td>Household Income Inequality - (Gini Coefficient)</td>
<td>2002/03</td>
<td>.573</td>
<td>2009/10</td>
<td>.645</td>
<td></td>
<td></td>
<td></td>
<td>BCWIS 2009/10</td>
<td></td>
</tr>
<tr>
<td>Household Consumption Inequality - (Gini Coefficient)</td>
<td>2002/03</td>
<td>.571</td>
<td>2009/10</td>
<td>.495</td>
<td></td>
<td></td>
<td></td>
<td>BCWIS 2009/10</td>
<td></td>
</tr>
</tbody>
</table>

**Key**

- **BAIS:** Botswana AIDS Impact Survey
- **BFHS:** Botswana Family Health Survey
- **BLFS:** Botswana Labour Force Survey
- **MICS:** Multiple Indicator Cluster Survey
- **NCHS:** National Centre for Health Statistics
- **UNGASS:** United Nations General Assembly Special Session