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EXPLORING THE LIVED EXPERIENCES OF LOW-INCOME SINGLE
BATSWANA MOTHERS: A NARRATIVE INQUIRY

BY

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DISSERTATION

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Social Work
with a minor in Gender Relations in International Development
in the Graduate College of the
University of Illinois at Urbana-Champaign, 2018

Urbana, Illinois

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ABSTRACT

Women, especially in female-headed households in Botswana, are living in poverty, despite the country's economic progress and decreased poverty levels. Despite the findings from national surveys indicating that poverty is common among female-headed households, that they are exposed to violence, and that their human rights are violated, no studies have explored women's general circumstances in order to understand and explore their perceptions about their lived experiences. Documenting women's lived experiences provides an understanding of the events, transitions, and exposures they went through in their lives and how these could have changed their life courses. This dissertation draws on narrative research that investigated and explored the lived experiences of low-income single mothers in Botswana in order to understand the psychosocial pathways that might have exposed them to chains of risks.

The study took place in rural Tutume sub-district, Botswana with fifteen low-income, never-married mothers. The mothers were purposively selected to participate in the study. Two survey instruments—The Adverse Child Experience International Questionnaire (ACE-IQ) and Brief COPE—were used to collect descriptive data. The ACE-IQ reports the occurrence of negative events during a participant's first eighteen years of life. The Brief COPE survey captured coping strategies participants currently utilize in their lives. Narrative inquiry engaged the mothers to chronicle their life stories from childhood to the present day. This allowed them to share events, transitions, interactions, and what they went through in various life stages. The narrative interviews also asked about women's perceptions of their lived experiences and how they currently deal with challenges and stressors in their lives.

The ACE-IQ survey showed the negative events that the women experienced- emotional, sexual, and physical abuse, neglect, domestic violence, and exposure to substance use during

their childhoods. Women's narratives corroborated the survey results and added that the women grew up in impoverished households. Further, participants reported being raised by non-biological parents, which exposed them to unequal treatment and to a lack of stability, as they often had to change houses. Their narratives revealed that they lacked protective relationships in their families of origin, making them vulnerable to risk.

Owing to poverty and limited social support, the women reported engaging in early sexual relations with older men, exposing them to increased risk of unplanned pregnancy and sexually transmitted infections. Consequently, they were more prone to risks, vulnerabilities, and currently continue to face a constellation of problems in their life course. With such a history, their adulthood has been characterized by living in poverty, intimate partner violence, poor health, feelings of neglect, and not being appreciated by their partners because they are not married.

Retrospectively looking back at their childhood, women were of the view that the adversities they experienced were influenced by a lack of protective relationships, making them vulnerable to risk; often, they felt they were victims within their families. In addition, they blamed themselves for engaging in risky behaviors that have continued to expose them to lifetime of risks and vulnerability. Related to this, the Brief COPE survey indicated that the mothers engage in adaptive and dysfunctional coping strategies. Having functional strategies, moreover, did not mean the absence of dysfunctional strategies; rather, the choice of coping mechanism was based on circumstance at each particular time.

Utilizing a life course perspective and narrative inquiry to examine the lived experiences of the low-income single mothers sheds light on how the women's lives unfolded and how those events and transitions affected their life course trajectories. For example, unplanned pregnancies

were major influences that shaped their life course and contributed to cumulative disadvantages over their life courses. Having transitioned into motherhood earlier than expected, while also jobless and without skills, they were problem prone and psychologically vulnerable.

Further, this transition restricted their options for growth, amplified environmental adversity, strained coping and social support structures, and forced mothers to enter into often worse situations. Their traumatic past affected developmental outcomes, while their quality of life was affected and led to delinquent behaviors in adulthood. Findings from this study illustrate that a lack of social support to mitigate this developmental challenge offsets other positive developments and alters lives, subsequently diverting prospects of personal and social development. Interventions seem necessary to buffer the negative experiences that low-income single mothers undergo in childhood, given that this study found that participants' life courses generally lacked protective relationships that might have enhanced trajectories that are more positive.

These findings have social work practice and policy implications. At the policy level, there is a need to have more inclusive policies of assistance that make it easy for low-income single mothers to access and benefit from. Moreover, given that the findings indicate intergenerational poverty, this argues that programs and services should be targeted at the prevention of adverse childhood experiences in families exposed to risk that reproduce poverty. Children in such families must be provided with both emotional and financial support to ensure that they stay in school especially.

There is also a need for a women's center where low-income single mothers (and all women) can get comprehensive support to address their basic, social, economic, and health needs. Further, women must be equipped with the skills that enable them to secure better jobs so

as to provide for their families without depending on male partners. Social work practitioners should focus on trauma-informed practice to get the full context of women's challenges, to educate women on their human rights, laws, programs and services that can be beneficial for them, and to help improve their livelihoods in general. Lastly, practitioners should conduct comprehensive community needs assessment so they are knowledgeable of their community's needs, challenges, and how best to help them. Such efforts would help to identify at-risk families and children, and to provide them with the needed support, to avoid the life course of continuing to live in a series of crises that further exposes another generation of children to adverse childhood experiences.

ACKNOWLEDGMENTS

This journey has been fun, exciting, and challenging all at the same time. I am exhilarated to finally complete this chapter of my life. This has been a personal and professional period of growth. It was exciting to see this dream that I have had for a long time finally coming together. However, this would not have been possible without the support of all the people who rallied behind me, cheered me on, and supported me through this intense journey. I would like to acknowledge the University of Botswana for providing financial support through this journey. Thank you for finding it worthy to invest in me.

I would like to express my deepest gratitude to my dissertation committee, who have been patient with me as I grappled around with how exactly I wanted to continue with my research. Their invaluable insights and thought-provoking questions saw me through this project. Drs. Teresa Ostler (Director of Research) and Min Zhan (Chair), who stood by me all the way, provided insightful feedback and challenged me to think outside the box throughout this project. Their invaluable guidance, support, and encouragement molded this dissertation into what it is today. I am grateful to the Identifying Depression through Early Assessment (IDEA) Research Team, led by Dr. Karen Tabb. This was my sounding board, and the team provided insightful feedback on ideas I had about my project.

This dissertation would not have come to fruition if Botswana low-income single mothers were not there. These women welcomed me into their homes and gave me the opportunity to understand their lived experiences in their own words. Their stories will not be forgotten, told in laughter and in a mix of tears. I appreciate the faith and trust they had on opening up their lives to me. To them I say, *“This dissertation would not have been possible without you.”* I am also grateful to the gatekeepers who introduced me to the women.

Furthermore, I would like to thank my fellow PhD students and colleagues, who have been my sisters and brothers, providing emotional support on difficult days and being available to chat and process some ideas. Thanks for sharing this journey with me and making it fun and exciting. Moreover, my sincerest gratitude goes to my friends in Family and Graduate Housing: Orchard Downs, who were there during rainy days. Thanks for creating time to hang out, and have fun, which helped to recharge my batteries. Also thanks to those of you who were my sounding board for my project. Having a group of friends to count on during difficult days made me strong and helped me to continue on this journey. To all of you, I am thankful. I would also like to thank my friends back in Botswana, who were just a phone call away. I knew I could count on them when the going got tough. I would especially like to thank my mentor and friend, Dr. Tirelo Modie-Moroka, for her emotional support and encouragement as I planned to pursue this dream, She saw me through all of the challenges and kept me grounded until the end. Thank you all for being part of my life.

Last, but not least, I would like to thank my mother, Elizabeth Wedu Malinga who has always been my source of support. I would not be the woman I am were it not for her support, love, and encouragement. In addition, I would like to thank my son for his support and patience. Also, thank you to the whole extended family for encouraging and believing in me.

I appreciate the immeasurable support from all of you who sustained me through hard and challenging times both personally and academically. And of course, nothing is possible without God's blessings.

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CHAPTER 1:

INTRODUCTION

To promote gender equality and the empowerment of women as effective ways to combat poverty, hunger, and disease and to stimulate development that is truly sustainable (The United Nations Millennium Declaration, 2000:20)

1.1 INTRODUCTION

Since the United Nations Millennium Declaration (2000) was made back in September 2000, including the adoption of the Millennium Development Goals (MDGs) to be achieved by 2015, progress in promoting gender equality and empowerment has been made (United Nations, 2015a). Despite the progress however, the Millennium Development Goals Report (MDG Report) indicates that there are still considerable challenges. Some groups of people are still lagging behind, especially the poorest and disadvantaged groups (United Nations, 2015a). Low-income women are amongst the vulnerable groups and continue to live in poverty, face discrimination in access to the labor market (United Nations, 2015a), and sexual and reproductive health issues due to early marriages (UNICEF, 2014), female genital mutilation, and physical or sexual intimate partner violence (WHO, 2015). Issues around maternal health, HIV and AIDS, mental health problems, environmental health issues, poor nutrition, and poverty, among others, also point to the need to address and reduce women's vulnerabilities and exposure to risks (WHO, 2015). According to the MDG Report, limitations faced in achieving the MDGs include the prevalence of gender inequality and failure to adopt a gendered lens in targets goals (United Nations, 2015a).

As we move forward with the UN's Sustainable Development Goals (SDG), which were adopted by world leaders in September 2015 and are goals that build on the successes and unfinished business of MDGs, the focus is on ending poverty and hunger, improving health and education, and fighting gender inequality among others (United Nations, 2015a). SDGs, like

MDGs, attempt to tackle challenges such as disease burden and economic inequality that largely impact women's well-being and general quality of life (WHO, 2015). Further, SDGs acknowledge the importance of gender-sensitive poverty reduction strategies (WHO, 2015). For effective implementation of these strategies, it should be noted that women's poverty is multifaceted and that various factors perpetuate it. As much as development, economic, and human rights approaches have been proposed to deal with women's poverty and its elimination, these approaches have focused on quantitative targets, giving an incomplete picture of women's stories and their lived experiences.

In Botswana, for example, women in rural areas are reported to still live in poverty and face gender inequality, as they continue to be dependent on male partners for economic sustenance, exposing them to gender-based violence despite progress reported in the MDGs as indicated in the Botswana Millennium Development Goals Status Report 2015 (United Nations, 2015b). The report further acknowledges that national success has not been the same at individual levels, hence sending out a call for taking note of population and group disparities (United Nations, 2015b).

That being said, this study is timely as we move forward to better serve low-income women's needs and address their challenges. This study engaged Botswana¹ low-income single mothers in sharing their lived experiences, life challenges, and their perceptions around how these experiences influenced their life trajectories. The life course perspective offered a framework for examining women's prior history and experiences as well as how these promote positive or negative trajectories (Johnson & Elder, 2002). Research has confirmed that children who grew up in disadvantaged environments are likely to accumulate risks associated with that

¹ Citizens of Botswana are referred to as Batswana for plural and Motswana for singular.

disadvantage (Schoon & Bynner, 2003). As such, it was timely in this study to involve mothers at risk, to understand their prior life experiences, and to explore how it might have exposed them to disadvantages. The results show that the mothers exert some agency in navigating their low-income status despite the daily challenges that they grapple with. The findings provide insights well-suited for informing interventions and policies that can be implemented.

1.2 STATUS OF WOMEN IN BOTSWANA

Women in Botswana form the majority at 51.2% of the 2,024,904 total population (CSO, 2014). Even though women grapple with poverty, Botswana has continued to experience economic progress since independence and has experienced a decline in poverty. That is, poverty dropped from 47% in 1993/1994 to 30.6% in 2002/2003 and further dropped to 19.3% in 2009/10 (CSO, 2014). Notwithstanding this decrease in poverty levels, trends of poverty across the country remain significant.

The Botswana Census-Based Poverty Map of 2008 indicated that of the 46% of female-headed households, about 34% live below the poverty line compared to 27% of male-headed households (CSO, 2008). The World Bank also indicated that, among poor households, 42% had male heads of households compared to 58% female (World Bank et al., 2015). Likewise, several surveys argue that among the households experiencing poverty, the majority are female-headed. These households tend to have more inhabitants (BIDPA, 2008; Statistics Botswana, 2015). According to the 2002/2003 Household Income and Expenditure Survey (HIES), the prevalence of poverty is higher among households with children at 33%, compared to 11% for households without children (CSO, 2004). In sum, the Botswana National Development Plan 11 alluded to the challenge of a “feminization of poverty and economic marginalization of women, particularly female-headed households” (Ministry of Finance and Economic Development, 2017, p. 184).

The economic marginalization of women is attributed to such challenges as limited access to empowerment programs, discrimination (Akinsola & Popovich, 2002), unemployment, limited skills to secure stable employment, no assets, no income-generating activities, and lack of access to basic social services (CSO, 2014). Women in Botswana face a challenge in securing employment, as is shown by the high unemployment rate: in the 2005/2006 Labor Force Survey, the majority of the 55.4% unemployed were women, with an unemployment rate of 19.7% compared to 15.3% for men (ILO, 2011). This problem is also due to the fact that women have low or no skills for securing employment as reported in the census data of 2011 (CSO, 2012). Another challenge faced by this group is that they experience limited mobility due to childcare responsibilities that restrict them from going out to look for employment opportunities (Driel, 1994).

Women's economic vulnerability and living in poverty, therefore, can be seen as forms of economic exposure that increase the risk of intimate partner violence (IPV), when women stay in such relationships for economic sustenance (Modie-Moroka, 2010). Intimate partner violence can curtail their capability for self-development and HIV prevention and can also affect their human rights, exposing them to STDs as well (Ministry of Finance and Economic Development, 2017). Females heading households are the most affected, as they have few or no source of support and often succumb to multiple high-risk sexual behaviors when they lack power to negotiate safe sex due to their poor socioeconomic circumstances (Greig & Koopman, 2003; Letamo & Bainame, 1997; MacDonald, 1996). Further, Weiser et al. (2007) found that food insufficiency was associated with inconsistent condom use and a lack of control in sexual relationships, hence exposing women to HIV infection. They also reported a correlation between

lack of food and selling sex for money or resources, further exposing women to risks of HIV infection.

The Botswana AIDS Impact Survey IV (BAIS IV, 2013) reported an increase in HIV infection among women, an indication of gender based vulnerability. HIV prevalence for the general population is estimated at 18.5%, whereas for women it is 20.8% compared to 15.6% for men (BAIS IV, 2013). These statistics are higher compared to those reported in BAIS III (2008), with a prevalence of 17.6% for the general population, 20.4% for women, and 14.2% for men. BAIS IV also indicates that poor, uneducated, and unemployed women, and women with menial jobs as labors or domestic helpers have an HIV prevalence of over 35% (World Bank et al., 2015).

Besides economic challenges, living below the poverty line, and increased risk of HIV infection, women also grapple with “diseases of poverty” such as malnutrition, exposure to adverse environmental conditions, living in overcrowded physical environments with poor sanitation, and a lack or limited access to basic health care (Akinsola & Popovich, 2002). These are especially common as women often lack control over resources and have caregiving responsibilities to children and the elderly (Rajaraman, Russell, & Heymann, 2006). In addition, women grapple with other health issues including hypertension, risks of being overweight, cancer, diabetes, as well as emerging challenges such as multi-drug resistant tuberculosis (TB) and extensively drug-resistant TB (World Bank et al., 2015). Economic and social conditions that are common among single mothers are associated with a variety of stressors and chronic strains that cause elevated levels of psychological distress and clinical depression (Davies, Avison, & McAlpine, 1997).

Furthermore, women are faced with the challenge of access to services, which is mainly due to women being more likely than men to dwell in the rural areas (Van Hook, 1994). In rural areas, there is limited access to electricity, piped water, and improved sanitation facilities (World Bank et al., 2015). Moreover, because of their triple roles—productive, reproductive, and community management (Moser, 1989)—women are often inhibited from attending informational sessions, which further acts as a barrier to their economic empowerment. As a result, they do not get to know what is available and are unable to access social services that can improve their lives. Where they are able to access services and do benefit from them, they face the challenge of inequitable intra-household allocation of resources because they are more likely to spread the support they have over a wider beneficiary base (BIDPA, 2008).

Modie-Moroka (2003, 2010) argued that women who live in chronic poverty in Botswana have a life course that tends to skew and dent their aspirations due to co-occurring problems and challenges they have experienced and continue to experience. It is therefore important to explore women's life courses in Botswana to identify events that might have affected their aspirations and trajectories leading to poor economic status. As was argued by Akinsola and Popovich (2002), until economic conditions of women are addressed, they will continue to impact on women's general health and life in general especially because health and socioeconomic conditions are intertwined (Akinsola & Popovich, 2002). The authors point out that policies in developing countries, including Botswana, continue to be influenced by political factors instead of the experiences and needs of vulnerable population groups.

In an attempt to improve targeting of development and empowerment programs, and an ensuring correspondence between peoples' priorities and public policies, continuous consultation and dialogue with specific vulnerable groups is critical to understand their needs and the

limitations they continue to face in their lives (World Bank et al., 2015). This study therefore addresses this gap in Botswana by engaging Botswana low-income single mothers to understand their lived experiences and what the psychosocial life course pathways are that expose them to chains of risks in their health and socioeconomic status.

1.3 SIGNIFICANCE OF STUDY

By focusing on social safety nets, poverty reduction initiatives have played a major role in reducing poverty rates and have increased both the livelihood for the poor and expansion in basic service provision (World Bank et al., 2015). However, despite the decrease of poverty levels in Botswana, poverty rates remain high, especially among women. Few approaches in the study of women and poverty among women with dependent children have focused on the lifetime exposures, risks, vulnerabilities, and protective factors that women experience. For example, the gender perspective focuses on the household not on individuals whereas the conflict approach looks at the society, e.g., power struggles for resources between groups and how women are dominated. With such perspectives, women's voices are rarely heard and are, in most cases, ignored. Until now, research in Botswana has focused on women's low socioeconomic status and their vulnerability to poor health (Akinsola & Popovich, 2002; BIDPA, 2008; Iversen, 2005; Modie-Moroka, 2003, 2010; Moepeng & Tisdell, 2008; Weiser et al., 2007).

Proposals have advanced economic empowerment and human rights perspectives as solutions (Emang Basadi Women's Association, 2002; Gender Links Botswana, 2012; Women's Affairs Division, 1999), but these have underestimated, or have simply not taken into account, the lived experiences of single mothers. One can hardly overemphasize the difference that focusing on lived experiences affords, since that lens can be transformative not only for addressing the effects of past experiences and trauma that might be associated with adulthood

vulnerability and exposure to risks, but also for identifying and helping to address factors that affect the ability of women, and individuals generally, to prosper.

1.4 PURPOSE OF THE STUDY

The purpose of this study was to investigate and explore the lived experiences of low-income single mothers in Botswana with an aim to understand the psychosocial life course pathways that might be exposing them to chains of risks. To understand low-income mothers' lived experiences, the study engaged them in a narrative approach that explored their lived experiences from childhood to their present-day lives. Lived experiences refer to the individual's life history and describe their firsthand accounts, involvement, and impressions. Boylorn (2012) defines lived experience as:

a representation and understanding of a researcher or research subject's human experiences, choices, and options, and how those factors influence one's perception of knowledge. Lived experience responds not only to people's experiences, but also to how people live through and respond to those experiences. The body of work on lived experience focuses on everyday life occurrences and self-awareness. As a life history or life story, lived experience concentrates on ordinary, everyday events (language, rituals, routines) while privileging experience as a way of knowing and interpreting the world (p. 2).

In exploring the lived experiences of low-income mothers in Botswana, a life course perspective was adopted. The life course model centers past life experiences in relation to family and community interactions and how they impact on current life (Elder, 1998a; Hutchison, 2010). The study identified the lived experiences and present realities of women, and the role played by the family, community, and the larger contexts they dwell in, as well as the meanings that women attach to their experiences and how these shape their lives. With such understanding, deep insights into the lived experiences of low-income single mothers were identified as well as how these impacted on the mothers' trajectories. To gather low-income single mothers' experiences, the study explored the following questions:

1. What are the lived experiences of low-income single mothers in Botswana, from childhood to adulthood?
2. How do low-income single mothers in Botswana view their lived experiences as shaping and informing their lives?
3. How do low-income single mothers in Botswana cope or address adversities in their lives?

To answer these research questions adds to the body of knowledge by identifying factors that low-income single mothers face or faced in their childhoods that might have constrained their life course and impacted their trajectories. Compared to the larger group of women, low-income single mothers have diverse experiences and challenges that make them unique; hence, there is a need to focus on them as a group to better understand them and to develop interventions focused on their needs and challenges, taking into considerations their context. The study uses the life course perspective, previously dominated by studies in the western world, to understand low-income mothers in Botswana—an approach that provides a holistic understanding of individual experiences using their individually unique voices. Given the scarcity of studies in Botswana around low-income single mothers' narratives, this study adds to the Botswana literature by highlighting such women's narratives around their lived experiences through a life course lens.

1.5 POSITIONALITY

Why the interest in the lived experiences of low-income mothers? The interest for this study was propelled by the researcher's own lived experiences in her family and the community she grew up in, as well as driven by professional experiences. These personal experiences informed and shaped this research. In delineating these experiences, the researcher is conscious

of her positionality in the study and how these influenced the study during both data collection and results interpretation.

Researcher positionality is the position that the researcher adopts in the study (Savin-Baden & Major, 2013). In acknowledging positionality in my study, I must examine my personal stance, which involves my core values and personal characteristics, including upbringing, family background, occupation, gender, and culture. I also examine the three primary ways discussed by Savin-Baden and Major (2013) that help to acknowledge positionality. These include locating the researcher in relation to the subject, locating the researcher in relation to her participants, and locating the researcher in relation to the research context and process.

First is *locating the researcher in relation to the subject*. My interest in the lived experiences of low-income single mothers in Botswana is a topic that is close to me mainly because I am from Botswana and grew up in a single parent family. I also became a single mother at age twenty, after completing high school. I grew up in a small community where the majority of households were headed by women. Growing up in the extended family setup exposed me to the value of sharing and support. In my household, the level of poverty was, and is still, not so pronounced because of the support given by other family members. The principle of support and helping those less fortunate in life was encouraged in me as I was growing up and is a key value in my family. Upon completing secondary school, I participated in a one year National Service, called in Setswana *Tirelo Setshaba*. This national service

served to expose O-level graduates [those who completed 12 years of education] to the realities of their society, the conditions and lifeways of people in rural and remote areas, by providing a bridging year for matriculating to tertiary education, with the intention of making their participation in continuing education more effective (Molefe & Weeks, 2001, p. 107).

By the end of the service, I was pregnant, a daunting reality in my life. Instead of applying for college, I had to stay home with my newborn son. A year later, I eventually applied

to and enrolled in college. I decided to study social work. I became interested in social work during a career fair, where I learned that social work is a profession that is devoted to understanding human behavior in a variety of contexts in order to help individuals and families living in different contexts. I had the desire to obtain this training as it could equip me with skills to understand and help mothers whose aspirations in life had been curtailed because of various reasons. These included not being able to graduate from high school due to teenage pregnancy and other hardships faced in life that exposed women to more adversities.

Both my practicing career and personal experiences of growing up in a single-mother household, and in a community where the majority of households are headed by poor women, have made me realize that women are disadvantaged in their lives and that this might be due to a series of life events that they experienced early on. As such, I feel that in order to develop my future professional career as a social work educator, practitioner, and researcher in Botswana, I should explore single mothers' life experiences.

Focusing my research interest on this topic is timely both for my personal and professional needs and fits squarely within the felt and expressed needs of my country as well. My key area of interest builds on the observations I have made during my practicing career and personal experiences. It has become apparent to me that low-income women face challenges and problems that seem to be co-occurring and continue to entrap them in poverty. Conducting this study, therefore, can provide evidence and knowledge into the circumstances of low-income single mothers and help inform the development of evidenced-based interventions. As was narrated by the Scottish Executive (2006, Chapter 6), "If we are serious about developing social work as a profession and having practitioners able to practice safely and innovatively, then we need to both develop and use evidence to inform practice." Using a narrative inquiry is therefore

timely as it contributes to knowledge creation, transmission, and application. This is consistent with the writings of Lyons (2000), who indicated that knowledge creation, transmission, and application are critical in social work.

Regarding *locating the researcher in relation to her participants*, I examined how I fit in with the participants and the identity I bring to my interviews with them. Even though the historical process places me in the same context with my proposed participants, I can still be considered an outsider because of class privilege. I position myself as a middle-class woman who has had more educational privilege than my participants. Even though there might be power dynamics in terms of class and educational privilege, however, being a woman studying other women can allow for an accurate reflection of women's lives (Hurtado & Stewart, 2004). In order to achieve this dynamic, I shared my life experiences with my participants as a way of developing rapport as discussed by (Oakley, 1981), who noted that women interviewers should establish supportive and non-hierarchical relationships with women interviewees. I also took notes of these dynamics during fieldwork and navigated my subjectivities both as part of the group and as an outsider.

Lastly, in *locating the researcher in relation to the research context and process*, as a researcher, I have to be aware of my contribution to the construction of meanings. To locate myself in the research context and process, I engaged with my interviewees in their natural settings to understand their experiences and to make sense of meanings that they developed about their life contexts through interviews. I also involved them in sharing their experiences and in expressing their views in constructing meaning. Further, using the narrative inquiry allowed for the mothers to tell their stories, with the help of an interview guide to eliminate leading questions.

1.6 OVERVIEW

This dissertation is divided into eight chapters. The first chapter, *Introduction*, lays the foundation for the study, describing the background, status of women in Botswana, and significance of the study. Chapter Two, *Botswana's Profile*, details the historical background and post-colonial features of the country. It briefly outlines the socioeconomic profile of people of Botswana and challenges that the country faces. Chapter Three, *Theoretical Framework and Literature Review*, outlines the life course perspective and its principles that helped explore the study findings. The chapter also provides the context of the study by examining the literature on women's lived experiences and how women cope and address challenges brought about by their lived experiences.

Chapter Four *Methodology*, details the qualitative paradigm, research design, study setting, sampling, participants, study procedures, including data collection, and analysis procedures utilized. It also discusses the rigor of the study. Chapter Five, *The Realities of Childhood*, chronicles the experiences that low-income women encountered while growing up. In addition, women filled out the Adverse Childhood Experiences International Questionnaire (ACE IQ) survey to measure adversities experienced during childhood and the relationships they had with parents and guardians. The chapter further discusses the findings in relation to the literature. The importance of context for influencing one's life is discussed in relation to the life course perspective and illustrates that the normative stages of the life cycle are not linear, but fluid, and are not dependent on the individual alone but also micro- and macro-level contexts. Based on this perspective, issues of timing of experiences, nonconformity to the normative life stages, and linked life are discussed as they influence the pathway to adulthood.

Chapter Six, *The Realities of Adulthood*, describes low-income women's present-day experiences and issues they grapple with as they raise their children. This chapter highlights that

transitioning into adulthood is not isolated or bracketed out of what was experienced during childhood, but emerges more as a continuation of the past experiences of the mothers. The chapter discusses the constellation of problems and challenges that mothers continue to experience. Situating the findings within available literature indicates that they corroborate that literature. It also captures their linked lives, highlighting the roles of relationships they have had or currently have and how these have influenced their lives. I further discuss how off-timed events and transitions were stressful for the mothers. Chapter Seven, *Women's Perception and Coping Strategies*, examines women's views of their lived experiences and the strategies that they use to cope with stressors in their lives. In this chapter, mothers argue that their childhood experiences have had an influence in their current lives and think that they could have had positive trajectories if they had protective relationships growing up that buffered negative experiences. This chapter indicates that there is a connection between those past and then later experiences where the mothers describe their views on how their past has played a role in informing their current lives. In addressing the coping strategies that low-income women use to address their daily life challenges and life stressors, this chapter draws from the Brief COPE survey along with women's narratives. It synthesizes the findings using the life course lens to highlight low-income mothers' agency in the face of their lived challenges.

Chapter Eight, *Implications and Conclusions*, elaborates on the fit of the life course perspective for examining the lived experiences of low-income single mothers in Botswana. It summarizes the study overall and discusses implications for policy and practice, future research, and the strengths and limitations of this study.

CHAPTER 2:

BOTSWANA'S PROFILE

2.1 INTRODUCTION

This chapter provides a brief overview of Botswana, its historical precolonial, colonial and post-colonial background and the sociocultural and socioeconomic profile of people of the country. It also discusses the challenges that Botswana is grappling with currently.

Botswana is a landlocked country in the southern part of Africa, covering 581,730 km² (NDP 10, 2009). It is bordered by Zambia on the north, Zimbabwe on the northeast, Namibia to the northwest, and South Africa to the southeast. The country's population is 2,024,904, with a majority of females (51%). The majority of the population is concentrated in the southeastern and eastern regions of the country as the majority of the western part of the country is a desert (CSO, 2014). Botswana has numerous ethnic groups (NDP 10, 2009). Amongst these, the eight principal groups are: Bakgatla, Bakwena, Bangwaketse, Bangwato, Batawana, Batlokwa, Balete, and Barolong. Smaller groups include: Bakalanga, Baherero, Batswapong, Babirwa, Basubiya, Bahambukushu and are generally incorporated amongst the principal groups.

In general, Batswana are described as culturally homogenous as they all have same basic beliefs and customs (Alverson, 1987; Schapera & Comaroff, 1991). The official languages are English and Setswana, spoken by 70% of the population (NDP 10, 2009). There are also several ethnic languages spoken by different groups.

Administratively, the country is divided into ten districts, which are further subdivided into sub-districts and constituencies. The majority of citizens (57.2%) live in urban areas (CSO, 2014).

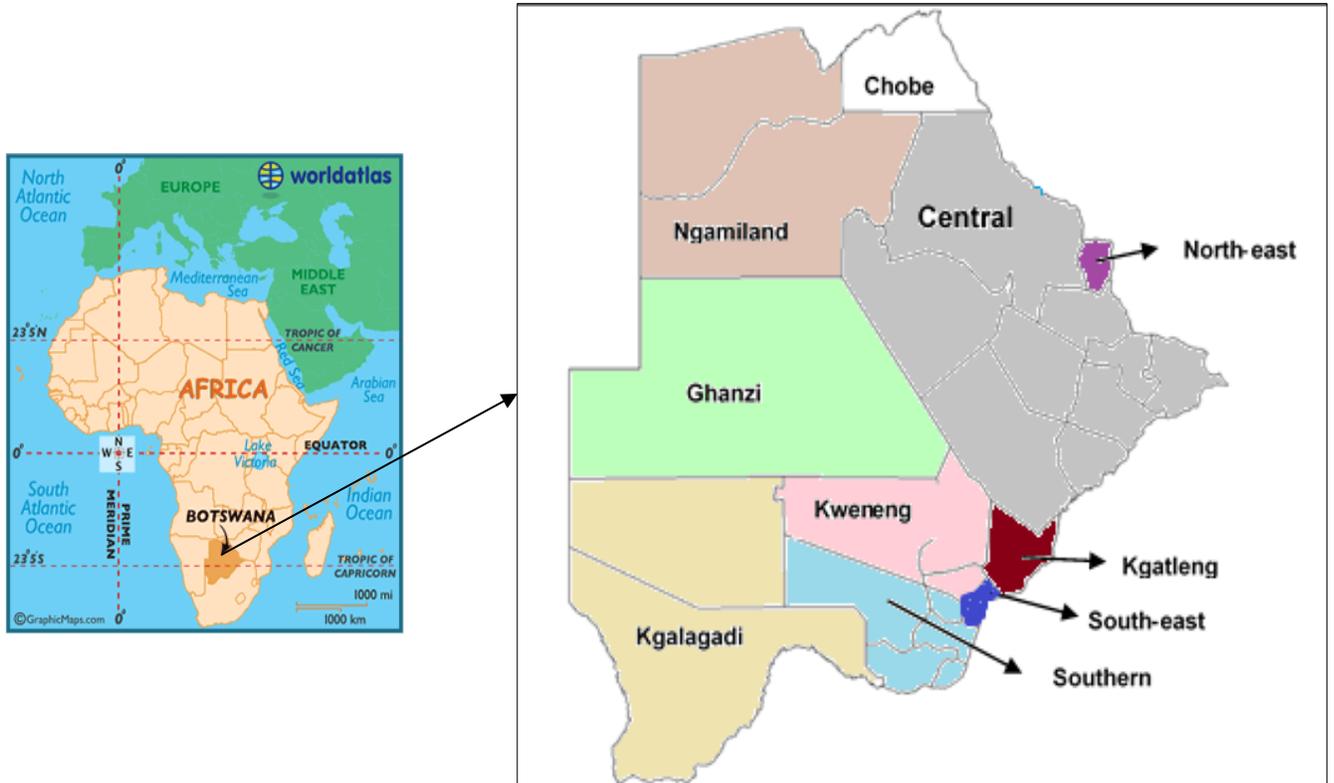


Figure 1: Map of Botswana

2.2 PRE- & POST-COLONIAL BOTSWANA

In the pre-colonial period, Botswana relied on subsistence agriculture and cattle farming for economic wellbeing (Hope, 1998). Each family maintained three homesteads: one in the village, one at the cattle posts where they kept livestock, and one at the lands where crop cultivation took place (Schapera, 1970). Wealth was measured through ownership of cattle, which families used for drought power and bride price payment. Poverty was contained through the reliance on extended family and the community. For those who did not have cattle or land, they benefited from traditional frameworks where the extended family played a major role. People were compelled to care for the needy out of moral obligation.

Batswana were socialized within the norm of collective participation in family and communal activities (Schapera, 1938). During this time, essential services such as education, health, housing, and water were the responsibility of parents assisted by relatives, neighbors, and other community members (Schapera, 1938). As a result, both the *de jure* and *de facto* female households were provided for under several traditional systems. For example, *mafisa*, in which those who were well-endowed in terms of cattle could lend some of their stock to those who did not have cattle, hence allowed ploughing and benefiting from the milk to those without. *Majako* allowed the poor to provide their labor by working in the fields of rich people in return for a share of the harvest, while *go tshwara teu* or *bodisa* allowed the rich to provide able-bodied poor people with an opportunity to break the cycle of poverty by looking after cattle and, in return, receiving a payment of a cow each year (BIDPA, 1997; Ntseane & Solo, 2007). Also, traditional ceremonies such as “*motshelo*” or “*molaletsa*” were conducted to assist homeless people to construct houses (BIDPA, 1997; Schapera, 1938). Such systems were beneficial for those who did not have resources, such as land and cattle for ploughing. Ntseane and Solo (2007) state that serving others was perceived as an investment for assistance in the future.

In addition to community services, traditional leaders or chiefs—who had highest political authority in the communities—occasionally collected levies from subjects, which were used for public undertakings and sustenance of communities in times of hunger and economic strife, especially benefiting the poor. These included food and cattle that the community would have contributed during harvest time (Schapera, 1938). The community also relied on positive sociocultural practices of volunteerism that enhanced solidarity and social protection (Mupedziswa & Ntseane, 2011).

After the British colonized Botswana (Bechuanaland Protectorate), 30 September 1885, it adopted an indirect rule as a strategy of governance, whereby the British controlled parts of the country through the existing local power structures, *Bogosi* (chieftainship), who still had power and authority in their communities (Lewis, 2010). Even to this day, the House of Chiefs (*Ntlo ya Dikgosi*) acts as an advisory body to the country's parliament (Lewis, 2010). During the colonial period, the extended family members and the community were responsible for taking care of their own, in terms of provision of basic needs such as food, clothing, and shelter. Subsistence farming, including crop farming and animal husbandry, was the main economic activity (Lewis, 2010). As the colonial government introduced taxes, these altered traditional informal helping systems, which depended on subsistence farming since people were forced to work in the mines in South Africa (Morton & Ramsay, 1987; Tlou & Campbell, 1984). Family welfare was disrupted, as able-bodied young men were absent to help in agricultural activities. Young men being economically independent, this reduced dependence on extended family for payment of bride price and weakened family control over issues of marriage. This led to delays and a decline in marriages and increases in extramarital sexual relationships and single motherhood (Schapera, 1938; Driel, 1994).

Botswana got its independence from Britain on 30 September 1966. At independence, Botswana was one of the poorest countries in Africa, with a GDP per capita of about US\$70. At the time, there were no economic opportunities in the country, and the country went through a five-year drought period that severely impacted on the subsistence agricultural production.

From 1967–71, with the discovery of diamonds in the central Botswana town of Orapa, the country undertook the planning and execution of economic development (Murray & Parsons, 2016). Further discovery of mineral wealth in the 1970s, including diamonds, copper, and nickel,

had an additional positive impact on the country's economy and allowed the country to invest in social and economic development initiatives, building infrastructure, and developing health and education systems with a vision of lifting people out of poverty and improving their quality of life (Morton & Ramsay, 1987; Parsons, 1999). The government's administrative system is decentralized through district and urban councils responsible for education, public health, and the provision and maintenance of social services and physical infrastructure. The Ministry of Finance and Development Planning in particular coordinates economic and social welfare through National Development Plan (NDPs).

World Bank et al. (2015) reports that 83% of the population is literate, and it is reported that those with higher education have lower rates of poverty. Besides mineral wealth, the impressive economic performance can be attributed to political stability based on multi-party democracy and a decentralized administrative system of governance and planning (IMF, 2013). Since independence, Botswana has continued to experience multiparty constitutional democracy (Murray & Parsons, 2016), has experienced some transformation, and is now classified as a developing nation (World Bank, 2009).

2.3 CURRENT BOTSWANA

Post-independence, the economy of Botswana began to shift from self-sufficient agricultural economies relying on subsistence farming and rearing cattle, along with the traditional social welfare structures, to a wage employment and cash-based economy with formalized services established and guided by national state policies (Nthomang, 2007). However, the mineral sector had been highly capital intensive and employed small proportions of the labor force. The government promoted capital investment with the hope that the returns

would benefit social development through provision of social services (Morton & Ramsay, 1987).

During this period, traditional social structures within Botswana were considerably weakened and eroded by modernization and rural-urban migration (Seleka et al., 2007). These social changes had adverse implications on the then prevailing positive sociocultural and family welfare practices like volunteerism, communal spirit, and collective participation, which enhanced solidarity and social protection (Nthomang, 2007; Ntseane & Solo, 2007). Such a shift affected women, especially because of the discrimination practices they faced in trying to seek employment and because their roles in agriculture and household were devalued because they were unpaid (Department of Women's Affairs, 1998). Since then, the country has faced challenges such as poverty, economic disparities, unemployment, HIV, and AIDS (Lewis, 2010).

The prevalence of poverty worsened among the citizens and had continued to be a concern despite the decline that had been experienced over the years. In general, the poverty head count index declined from 59% in 1985/1986 to 30.2% in 2002/2003 (BIDPA, 1997, 2008) and then again to 23% in 2009/2010 (Government of Botswana, 2011). Poverty in Botswana is measured using the poverty datum line (PDL), which is the monthly cost of a basket of goods and services required to adequately meet the needs of a household. Currently, the PDL is P878.87 (\$97.65).

Nationally, 19.3% of the population lives below the PDL; 10.7% of these are females. Extreme poverty, which amounts to \$37.89 per month, represents another measure. While those living below the PDL typically have wages from employment, pensions, and remittances, those in extreme poverty are unemployed or engage mostly in household and caregiving roles (Statistics Botswana, 2013). Botswana Core Welfare Indicators Survey (BCWIS) of 2009/2010

reports that majority of those living in extreme poverty are females, 20.4%, compared to 18.1% males. Amongst the general poor, women represent 55.2%. The gap between females and males occurs because poverty is estimated at household level, and females are more likely to head households and have more dependents (World Bank et al., 2015). Despite the government having introduced social security to lessen the burden of poverty, women are still struggling since they face the challenge of inequitable intra-household allocation of resources, in part because they are more likely to spread any support they received over a wider beneficiary base (BIDPA, 2008).

Even though in the past poverty was common in rural areas as compared to urban areas (UNDP et al., 2007), this trend has since changed as poverty is now concentrated in urban areas due to influx of people in towns and cities hoping to get employment opportunities. Several reports indicate that poverty is common in rural areas amongst single mothers, but also that those poor are unemployed and have little to no formal training (CSO, 2008, 2014; Statistics Botswana, 2015). When employed, women dominate in elementary occupations (31.3% compared to 29.9% males) and service or sales work (18.1% compared to 12.3% males), while inequalities in employment opportunities and access to productive resources continue to restrict them to engaging in agricultural activities and other cash-producing activities (CSO, 2014). Even though the country's economic improvement allowed citizens to benefit from social services and reduce poverty level, this has not affected inequality. Income inequality has continued to grow. According to UNDP (2006), the poorest 20% of the population get a 4% of the national income; Konopo (2006) notes that the richest 20% of Botswana earn almost 60% of the total income.

Another challenge that Botswana faces is HIV and AIDS. This epidemic exploded in the country in the 1990s and caused a decline in economic growth (Murray & Parsons, 2016). Botswana recorded the highest rates of infection in the world. However, the government put in

place HIV and AIDS awareness programs and coordinated efforts to decrease the epidemic. In 2002, the country introduced free HIV antiretroviral (ART) medication to all citizens. Currently, it is estimated that about 90% of those requiring ART receive it (Jefferis & Nemaorani, 2013).

HIV and AIDS have greatly exacerbated the situation of women. The Botswana AIDS Impact Survey IV (BAIS IV, 2013) reports that women have an HIV prevalence of 20.8% compared to 15.6% of men. The HIV pandemic affects women's economic participation as they are either infected or burdened with caretaking responsibilities for the sick, thus limiting their time for involvement in economic activities outside the home (CSO, 2014; Department of Women's Affairs, 1998). Females also are prone to chronic illness such as diabetes, cancer, and high blood pressure (Phaladze & Tlou, 2006).

The country has also experienced challenges in relation to the youth and education despite the government investing in education (Tabulawa, 2011). Education has been free for all citizens, when in 1980 school fees were dropped to allow the achievement of universal seven-year primary education, followed by the nine-year universal junior secondary education in 1987, which was later extended to ten years in 1994 (Tabulawa, 2011). Before the government provided this free 10-year education, there was a prevailing belief that girls would get married and be taken care of by their husbands. Besides the financial struggles to pay for school fees, teenage pregnancy was another challenge (Chilisa, 2002). Even though the Education Act allowed the girl-child re-entry into the school system after pregnancy, not all girls benefited from this (Chilisa, 2002). Moreover, though formally permitted, no measures were put in place to support the girl-child's return to school (Chilisa, 2002; Molosiwa & Moswela, 2012). As a result, girl children were denied educational opportunities, exacerbating their poverty level later in life since they often had few skills to secure gainful employment, which exposed them to

vulnerabilities that deepened pathways to poorer socioeconomic and health statuses. In effect, poverty among women is a legacy fueled by the social changes that came with independence (Chilisa, 2002).

Facing these vulnerabilities while living in poverty or with unemployment (CSO, 2014), further increases the burden of trying to maintain household members (Buvinić & Gupta, 1997; CSO, 2014) while simultaneously limiting access to empowerment programs and employment opportunities (Akinsola & Popovich, 2002; CSO, 2014; Kossoudji & Mueller, 1983), and poorer health (BAIS IV, 2013; Phaladze & Tlou, 2006). As such, problems and challenges that resulted from social dislocation due to rapid social change and the harmful effects of modernization have challenged family structures and brought about the "breaking down" of traditional structures of poverty containment. These problems were exacerbated by a family system that favored boys and a society whose norms and beliefs prescribe what girls should do. Moreover, the larger community fails women in that issues they face are not dealt with right from the beginning. To date, there has not been enough research to systematically characterize the factors that make women prone to such vulnerabilities in Botswana.

CHAPTER 3:

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

3.1 INTRODUCTION

This chapter first gives an overview of the life course perspective and its principles, discussing the key concepts of the life course perspective as well as the central tenets of it, and then secondly outlines literature pertaining to the research questions. This focuses on reviewing women's lived experiences within their environments, the family and community, and interactions that take place, as well as how these might influence individuals as they move through the life course. The literature review also discusses how women cope with stressful and challenging aspects of their lived experiences. This section concludes by outlining the literature gaps in relation to the lived experiences of low-income mothers in Botswana and the overall contribution of the study.

3.2 THEORETICAL FRAMEWORK

3.2.1 Overview of the life course model

The life course model is an interdisciplinary approach used to study individuals and families (Hareven, 1982). Its focus is on how varying events and transitions, and their timing in the lives of individuals, affect families and how they influence the life course trajectories of individuals (Heinz, Huinink, & Weymann, 2009). Life course “refers to the unique pathways of development that each human being takes—from conception and birth through old age-in varied environments and to our infinitely varied life experiences” (Germain & Gitterman, 1996, p. 21). According to Elder, Johnson, and Crosnoe (2003), life course desires to “understand social pathways, their developmental effects, and their relation to personal and social-historical conditions.” (p. 7).

The life course model emphasizes links between the life events and the transitions of childhood, adolescence, and adulthood. It examines an individual's life history and explores how early events influence future events and decisions; it highlights that childhood events sometimes shape people's lives forty or fifty years later, if not from birth to death (Elder, 1998b; Hutchison, 2010). While the model employs "age-graded trajectories" that impact on the person's current and future life (Elder, 1995), it also explores life transitions that are stressful and challenging as "ongoing biopsychosocial processes occurring and recurring at any point in the life course" (Germain & Gitterman, 1996, p. 22). In general, Elder (1995) emphasizes the importance of biological process in studying a person's history, their physical attributes, and the meanings that inform their life patterns, since biological timing can have social and developmental implications for one's health.

In exploring life transitions, the life course model examines the context of historical, individual, and social time (Aldous, 1990). *Historical time* indicates that cohorts differently experience life trajectories due to formative effects of social change that help to explain generational and age differences (Germain & Gitterman, 1996; Hutchison, 2010). The impact of *individual time* includes self-constructed narratives of meanings around experiences from personal and environmental factors (Germain & Gitterman, 1996), while *social time* explores collective life events in a family along with the transformations that take place due to human interaction (Germain & Gitterman, 1996). In exploring life transitions within the contexts of these different times, interrelated trajectories come into focus along not only with their influence on later experiences but also in an understanding of their interdependence and roles within individuals live (Elder, 1995).

Using the life course to study lived experiences of low-income single mothers shows how individuals' experiences are linked from childhood to adulthood. Furthermore, the life course perspective argues that there is a stress-related pathway to later life from an exposure to early childhood poverty, household dysfunction, neglect, abuse, or the death of a caregiver/guardian. Significant psychosocial outcomes that results from these exposures include low self-efficacy, low self-esteem, a heightened sense of hopelessness and helplessness, and a low sense of internal locus of control (Siegrist & Marmot, 2004). Moreover, these psychosocial attributes are socially determined outcomes from inequality and class structures, potentially explaining why lived experiences among individuals are tied to their future, subsequently suffering from poorer health and less able to prosper in their lives, both socially and economically.

Central to the life course perspective are several key concepts: social pathways, trajectories, transitions, and turning points, which “reflect the temporal nature of lives, conveying movement through historical and biographical time” (Elder et al., 2003, p. 8). *Social pathways* indicate the trajectories that individuals follow. These pathways are shaped and structured by social changes due to historical forces and social institutions and are influenced by normative patterns. *Trajectories* are made up of transitions, sequences of roles and experiences, and long-term patterns of change. Trajectories are characterized by the duration and sequencing at which they occur in the life course. *Transitions* refer to changes in state or role, and/or status or identity, and can have implications on trajectories depending on when they happened, and whether they occurred on time or off time, thus influencing later life. Lastly, *turning points*, “involve a substantial change in the direction of one’s life, whether subjective or objective” (Elder et al., 2003, p. 8).

3.2.2 Principles of the life course perspective

Elder (1994) outlined five tenets of the life course perspective: (1) human agency in choice-making, (2) linked lives, (3) the principle of time and place, (4) the principle of timing, and (5) the principle of life-span development. Firstly, human agency in choice making refers to the ability that individuals, despite the constraints they have, to plan and take control of their lives and construct their life course (Elder et al., 2003). This argues that individuals make plans and choose alternatives that work for them and that this planning and choice making can influence future trajectories. Secondly, the linked lives (or interdependent lives) theme emphasizes how individuals are in constant interaction and embedded in social relationships with family members and friends and how these relationships influence life course trajectories (Elder et al., 2003). The life course further acknowledges that social context impacts the family and, in turn, influences transitions that individuals go through (Bengtson & Allen, 2009). Utilizing this perspective, then, helps to understand how family and social interactions influence individual's development, what meanings they create, and how they interpret the changes.

Thirdly, the principle of timing claims that the outcomes of transitions and events are based on the incidence, duration, and sequence of the roles or when they occur over the life course (Elder, 1994; Elder et al., 2003). Transitions encompass age-graded movement and can be on or off time, expected or unexpected. Unexpected and off-time events are argued to produce profound effects on individual life course (McLeod & Almazan, 2003). Experiencing a “pile up” of transitions within a short period of time can have detrimental effects on mental health (Harley & Mortimer, 2000). As transitions influence change in status and identity, it is therefore critical that there is an understanding of individual positions within the biosocial family at different times, arrived at by assessing the roles, expectations, and identities that individuals have in relation to position they hold (Bengtson & Allen, 2009).

Fourthly, the principle of lifespan development argues that human development is a lifelong process and acknowledges that childhood experiences should be investigated through the life course, as well as various agentic lifestyle choices and experiences, over the whole course of a life (McLeod & Almazan, 2003). It is therefore critical to explore long-term perspectives to understand how development has been meaningful or not to individuals (Elder et al., 2003), as well as to explore the dynamic processes that individuals experience over time along with changes in their lives and those of their families (Bengtson & Allen, 2009). Lastly, the principle of time and place indicates that individual life course is influenced by historical events and contexts over the lifetime (Elder et al., 2003). Individual trajectories can therefore be altered by the social changes taking place in a particular location, either in a rural or urban area.

Even though life course framework seems to be linear, it should be acknowledged that it has some limitations. As much as it offers perspectives on the changing context of lives and how these affects human development, it should be used with caution in understanding individuals in a different region as it was developed in a western context. Context and culture should be taken into consideration to better understand and put into perspectives the individual experiences. As such, it is critical that historical settings are considered, and acknowledging that experiences cannot be generalized across different times and spaces (Aldous, 1990). Lastly, despite emphasizing the principle of linked lives and interdependency, it does not link individuals with micro and macro societal factors that they come in contact with and how these influence or affect their life course (Hutchinson, 2008). Aldous (1990) warns of the danger of centering on individual life course at the expense of interactions that take place outside the family. Individuals interact with social institutions and organizations in the community, hence there is need to

explore such interactions to see how they influence and affect their behaviors, life course, and life trajectories.

3.3 LITERATURE REVIEW

3.3.1 Introduction

Research has documented that lived experiences influence individuals in numerous ways (Boivin & Hertzman, 2012; CDC, 2012; Felitti et al., 1998). Lived experiences are framed in terms of the family, community, and neighborhoods that individuals live in. Moreover, lived experiences occur as individuals continue to interact and are influenced by their society's historical background as well as family and community interactions. Lived experiences include experiences, events, and transitions from childhood through into adulthood. Studies on childhood experiences in particular document that lived experiences can impair or influence individuals' functioning into adolescence and beyond and trajectories in life (Boivin & Hertzman, 2012; CDC, 2012; Felitti et al., 1998).

Lived experiences start in the family of orientation where socialization takes place. Socialization first begins where adults have exclusive control of a child, very frequently within a family, but sometimes as a ward of the state or another institution. This site (familial or otherwise) provides the foundation for the individual's first experiences and is where they form (or fail to form, or do not have the opportunity to form) relationships and sense of belonging as part of a development of identity (McGoldrick, Carter, & Garcia-Preto, 2011). Regardless of origin, individuals are expected to develop, grow, and be nurtured within this system.

The life course perspective argues that family of origin has a role and contributes to lived experiences as it shapes individuals' history, transitions, and events. It aids in identifying the intersection of multiple trajectories in the life course of an individual (Hutchison, 2010).

However, since the family is embedded in the larger sociocultural context (McGoldrick et al., 2011), this has to be explored to determine how it shapes individual experiences. How families socialize their children is not only based on family values and norms, but also on the values and norms of the larger sociocultural context. In general, families are obligated to adhere to traditional and cultural practices of their communities. Different societies have cultures that they adhere to, and different households influence individuals through the interactions that they go through. Besides these factors, individual lived experiences are influenced by the social changes that go on in their societies. Such interactions with the family of orientation, the neighbors, and the community, help to develop and frame individuals' lived experiences and life trajectories.

This study therefore focused on investigating the lived experiences of low-income mothers in Botswana and identified how various pathways influenced their trajectories. The literature review is organized into three sections; 1) women's retrospective lived childhood experiences, (2) women's adulthood lived experiences, and (3) women's meaning making regarding their experiences and how they cope with stressors and challenges imposed by their lived experiences.

3.3.2 Childhood lived experiences

Childhood lived experiences can be positive, negative, or both. In Botswana, lived experiences can be framed by the family of origin, cultural practices, and by community and neighborhood interactions. There are no studies in Botswana that explore the lived childhood experiences among women or the general population. In this study, the lived childhood experiences reported are from women who retrospectively shared their childhood experiences and how these have influenced their transitions into adulthood. Some of the lived experiences include dropping out of school, living in poverty, experiencing and exposure to abuse and

domestic violence, death and separation of parents, being raised by different family members other than their biological parents, and early sexual debut.

A study conducted in Botswana by Ntseane and Preece (2005) explored some cultural practices and how these might have influenced women as they were growing up. Such practices include where a husband could ask for sexual favors from his wife's younger sister; uncles similarly could solicit sex from nieces, and sex exchange between cousins. In some cases, these transitions involved minors. Wife inheritance also permitted a widowed husband to marry the younger sister of his wife (Ntseane & Preece, 2005). As such, girls who married early in life were likely to be trapped in motherhood at the expense of formal education, resulting in social and economic challenges later in life (Singh & Samara, 1996). Other cultural practices that young girls were exposed to include female genital mutilation, early and forced marriages, son preference, and dowry systems that all can have serious consequences for the girl child's development (OHCHR, 1995; UNCRC, 2008).

Furthermore, gender inequalities have been cited as disadvantageous for girls because they limit what they can gain from education, often by early termination of schooling (Nyati-Ramahobo, 1992; UNICEF, 2003; Watkins, 2006). But even when schooling remains an option, parents can invest in boys' educations as opposed to girls' because they believe that girls can learn the skills they need at home, i.e., childcare, and running and maintaining the household (Jackson & Abosi, 2007). Such an experience therefore can be a negative impact on girls. Also, women reported that, when growing up, they were exposed to burdens of household chores, which limited their educational opportunities and thus later exacerbated subsequent poverty levels since fewer opportunities were given to developing the skills that would allow securing more lucrative employment (Chilisa, 2002; Jackson & Abosi, 2007; Modie-Moroka, 2003).

Besides gender inequalities, studies on women report that they were exposed to violence and abuse as children. For example, a study by Modie-Moroka (2003) stated that women reported experiencing and being exposed to violence as well as physical, sexual, emotional, and financial abuse within their families. Assessing the relationship between life events and subsequent offending of incarcerated women in Botswana, Modie-Moroka (2003), found that family was alluded to as a source of adversities for the women. Some of the lived childhood experiences that the women alluded to included growing up in female-headed households, extended, blended, and polygamous families, where they were exposed to some form of maltreatment. During the interviews, women reported living in poverty, experiencing abuse, and being neglected or abandoned (Modie-Moroka, 2003). Growing up in these environments detrimentally affected individual development by restricting educational opportunities or attainment; in most cases, they were forced to prematurely leave school to contribute to household maintenance instead (Modie-Moroka, 2003).

Other experiences that women discussed include exposure to alcohol as families resorted to brewing and selling beer to supplement finances, which exposed children to sexual abuse by customers as well as decreased time for schoolwork due to being asked to help run the family business (Akinsola & Popovich, 2002; Modie-Moroka, 2003). Neglect was reported in cases where family members abused alcohol and other substances (Modie-Moroka, 2003).

Death of a parent or guardian and divorce are other experiences in childhood reported by women retrospectively (Emang Basadi Women's Association, 2002; Modie-Moroka, 2003; Women's Shelter Project, 2001). Losing a parent early in life through death negatively affect one's life in terms of lost emotional, social, and financial support (Modie-Moroka, 2003). Divorce too is reported to expose children to trauma, economic, and social hardships (Maundeni,

2000). From the dislocations that result, children may stay with grandparents or move into blended or step-parent families when parents remarry—a situation reported as less favorable compared to the time when the original parents were still together or alive (Modie-Moroka, 2003). Some women who grew up in extended and blended families reported being denied basic needs like food (Women's Shelter Project, 2001). Besides the negative experiences, some women reported that extended family members were a source of support in times of need as they provided financial and emotional support (Modie-Moroka, 2003).

Such childhood adverse experiences reported by women not only drove them to engage in riskier behaviors, it also robbed them of their childhoods (Modie-Moroka, 2003). As a result of a lack or insufficiency of social, economic, and emotional support, young girls may resort to some risky behaviors as a way of coping to fill the void they may be experiencing or simply to sustain themselves. In Modie-Moroka's study (2003), as well as in the stories told by survivors of abuse and domestic violence (Women's Shelter Project, 2001), women reported that exposure to adverse experiences made them run away from home, resorting to alcohol and substance abuse, and engaging in sexual encounters at an early age. Such behaviors can disrupt the temporal order of events and role sequence in adolescent females as they engage in sexual encounters leading to early childbearing, which can be highly disruptive for normative development. Thurman, Brown, Richter, Maharaj, and Magnani (2006) found that adolescent orphaned females were more likely to have early sexual debut than non-orphans, and Gregson et al. (2005) reported that this group was more likely to have commenced sexual activity, have STI symptoms, and to have experienced pregnancy. Adolescents sometimes engage in such behaviors to fill a void from a lack or absence of parental love. Such behaviors disrupt one's role sequence and continue into adulthood to expose one to increased risk of intimate partner violence as well

as repeated unplanned pregnancies (Palermo & Peterman, 2009), which in turn heightens vulnerability and risks to HIV infection (Gender Links Botswana, 2012; Stöckl, Kalra, Jacobi, & Watts, 2013). From these adverse childhood lived experiences, young females can experience dysfunctional developmental paths as they engage in early sexual activities with older multiple men and engage in substances use.

Early sexual debut and child bearing was reported as another experience, which often sets off an accumulation of subsequent life disadvantages, including loss of educational opportunities, socioeconomic hardship, and even longer-term consequences that could manifest throughout the whole of adulthood (Peltzer, 2010). Furthermore, early childbearing exposes adolescent girls to competing demands for resources, which alters their role from (potentially) being a student and child to being a parent and adult when they are expelled from schools to care for the baby (Meekers, 1994). This, again, creates obstacles to economic independence later in life (Women's Affairs Division, 1995). With limited resources available for childcare, the likelihood of young females engaging in (or continuing to engage in) multiple concurrent sexual relationships and sex exchange for material gain is increased (Ackermann & de Klerk, 2002; Weiss, Whelan, & Gupta, 2000). As such, the effects of early childbearing on the life course can be devastating, especially when there is no support from the family or other sources, with a wide array of negative influences on girls' general health, education, and household wellbeing (Greene, 2008). In such cases, young females engage in sex for survival, a choice that they sometimes take to construct their own life course despite the disadvantages it might pose (Cohen, 2001; Iversen, 2005; Poku, 2001).

Since engagement in negative behaviors and activities is unplanned and takes place before one matures, it triggers transitions that individuals are not ready to accommodate.

Transitions or periods of rapid changes alter one's life; roles are transformed and redefined, with new ones introduced, so that individuals must adapt to them and their new status (Elder, 1985). Depending on the timing of transitions, individuals can experience unexpected role changes. If life transitions are experienced earlier than normal, or occur when unexpected, they risk dramatically increasing the stress on individuals as they try to adapt. They can heavily impact subsequent life course outcomes, particularly in the way they influence engagement in unhealthy behaviors and alter role sequence (Elder, 1985).

3.3.3 Adulthood lived experiences

What are some lived experiences of low-income mothers in Botswana? A scarcity of studies in Botswana have explored this area. However, what is known is that the majority of women in Botswana head households and are living in poverty (CSO, 2014; World Bank et al., 2015). As a result of heading households and living in poverty, they are exposed to diverse experiences in their lives. Studies shown that women are exposed to poor health, have lower socioeconomic status, experience domestic and intimate partner violence, have lack or insufficiency of food, and sometimes engage in sex for survival. These factors are discussed below.

Botswana 2011 census data shows that females dominate in the lower levels of education compared to males, while males comprise the majority who attended secondary school, university, and apprenticeship education (CSO, 2014). Due to lower educational attainment, a smaller proportion of females with dependents are involved in economic activities and paid work compared to males heading households (CSO, 2014). CSO (2014) reports that, with lower levels of education, women typically could secure only unstable jobs mostly in marginal sectors that have low pay. Low levels of educational attainment expose women to unemployment and low-

income status. As a result, this lack, or a lesser degree, of financial resources while living in poverty can drive women to have a socially structured dependency on men for economic support (Modie-Moroka, 2003; Zierler & Krieger, 1997). Socially structured dependency explains women's vulnerability to violence due to the discrimination, socioeconomic and psychological dependency that results (Turshen & Holcomb, 1993). This structured dependence, in turn, is influenced by a lack of access or control over resources and thus a further increased burden of caretaking for children, elders, and sick members of households (Buseh, Glass, & McElmurry, 2002; Rajaraman et al., 2006).

The socially structured dependency of women on male partners for economic gain exposes them to abuse and violence. The Gender Based Violence Indicators Study in Botswana reported that about 67% of women in Botswana experienced some form of violence in their lifetime (Gender Links Botswana, 2012). Gender Links Botswana (2012) also indicated that the violence was common in intimate relationships. Emotional abuse was reported by about 45% of the women. Gender based violence is perpetuated by gender inequality and patriarchy (Gender Links Botswana, 2012). The Stories of Courage Told by Women illustrate how the women had been violated in their lives, as well as what they think could be the cause of the violence and abuse they faced (Women's Shelter Project, 2001).

In general, women are overburdened with domestic roles and responsibilities that impose a time constraint on venturing out into other economic opportunities (Hargreaves, Slaymaker, Fearon, & Howe, 2012; Moepeng & Tisdell, 2008; Molosiwa & Moswela, 2012). Such responsibilities in the domestic sphere generate an interlocking trap of factors that is hard to escape or avoid. Thus, limited economic opportunities to provide for their families exposes low-income women to heightened burdens around child maintenance and thus contributes to higher-

risk practices like sex work (Zwang & Garenne, 2008). Health and socioeconomic conditions are linked, and where the socioeconomic status of women continues to be low, then their health will tend to deteriorate (Akinsola & Popovich, 2002).

For example, a population-based study utilizing multivariate logistic regression to assess the association between food insufficiency and risky sexual behaviors found that in Botswana and Swaziland women experiencing food insufficiency were more likely to engage in transactional sex to buy food for their families (Weiser et al., 2007) or engaged in sexual relationships or what they termed survival sex (Iversen, 2005). The stress that low-income women endure as they stretch themselves across many roles in an attempt to provide for their families only adds to impact on their health and general welfare, perpetuating the cycle of poverty (Women's Affairs Division, 1995). This behavior of engaging in survival sex to maintain their children and themselves while avoiding absolute poverty increases the risk of STIs and HIV infection, as they tend to also have multiple concurrent sexual relations (Gillespie & Kadiyala, 2005; Letamo & Bainame, 1997; Modie-Moroka, 2003; Seume-Fosso et al., 2004; Weiser et al., 2007).

Besides engaging in risky sexual behaviors, some women were involved in criminal activities as was illustrated in Modie-Moroka's (2003) study. She argued that women engage in criminal activities as a response to inequality and subordination in their lives and as a coping mechanism. Another experience women go through is abusing alcohol. Alcohol abuse among women was linked with engaging in risky sexual behaviors (Iversen, 2005; Modie-Moroka, 2003; Weiser et al., 2007; Women's Affairs Division, 1995).

3.3.4 The link between childhood and adulthood lived experiences

Despite the dearth of research, that links childhood and adulthood lived experiences in Botswana, some relationships become clear as women in the various studies retrospectively shared their childhood experiences (Letamo & Bainame, 1997; Modie-Moroka, 2003; Ntseane & Preece, 2005; Women's Shelter Project, 2001). Physical injuries, sexual and reproductive health issues, and HIV and AIDS were reported by women who experienced violence and physical abuse growing up (Gender Links Botswana, 2012). Other health conditions that were reported by women who have faced childhood adversities include high blood pressure and diabetes (Women's Shelter Project, 2001). In sum, these studies insinuate a link between individuals' past and current life.

In other African countries, studies found a correlation between childhood and adulthood experiences. For example, in South Africa, a correlation between early childbearing and adverse outcomes, such as decreased adult socioeconomic wellbeing and impacts on human capital, was noted by Ardington, Menendez, and Mutevedzi (2015). Their study showed a link between teenage pregnancy, poor educational outcomes, and the likelihood of HIV infection. Furthermore, Bruwer et al. (2014) in their study of South African adults found that adults, who reported childhood adversities, including parental divorce or death and childhood abuse, were more likely to have suicidal ideation as adults.

Childhood trauma lays the foundation for early psychological, economic, or experiential disadvantages that can then follow the child through her or his life course, limiting what they can accomplish later (McLeod & Almazan, 2003). Adversities early in life can act as stressors and accumulate later in life through repeated exposure to negative events and unplanned or early transitions that ground stress in later adulthood. Such cumulative disadvantages continue to pile

up, sometimes becoming self-reinforcing, and thus can delay engagement in other positive opportunities that would enable a more meaningful and productive life.

Lived experiences are embedded in, and shaped by, family interactions and community exposures as well as dependent on when transitions take place. Life course perspective argues that mistimed transitions within a life history experienced within the family can have a dramatically distorting impact on individual lives (Elder, 1994). While transitions in general are challenging and stressful, unexpected ones—such as early sexual debut and childbearing or being forced by family circumstances to move out or the death of a caregiver—can drastically increase risks associated with that transition. How transitions are resolved contributes to either growth and organization or chaos and stunting in one's life (Germain & Gitterman, 1996). From the life course perspective, unexpected transitions might expose girls to heightened risks for trauma of all kinds, with even steeper consequences at play for any failure to redress that trauma. With fewer social resources and less social will to address these traumas, this sets off a cascade of accumulating disadvantage that further lays the groundwork for increased engagement in risky behaviors. As such, the many disadvantages that follow from childhood adversity in the life of girls become factors that contribute to trapping women in the domestic sphere with low-income status and exposure to poorer health.

In order to understand lived experience, as well as their role on individuals' lives, the importance of sequencing, the timing of transitions and events, and how these alter individual life must be emphasized (Elder, 1998a). Here, sequence specifically looks at whether life transitions have followed some normative order or not, while timing assesses whether an individual went through that normative order according to an established timetable of events or some variation (Elder, 1985). Of significance in this respect is whether transitions occur at age-

appropriate times and, when not, what implications and complications arose from that mistiming. Here, early childbearing is one of the most prevalent examples. By deviating from a normative timetable that places completing school and finding a job prior to having a baby, women in these studies were exposed to role conflicts as children, that therefore limited their ability to continue with school, especially in cases where family support was minimal. The death of parents or caregivers also could result in women being raised in stepparent families with minimal support.

3.3.5 Coping strategies women use

In stressful situations, people tend to adopt some coping mechanism to alleviate or ameliorate that stress. Some tend to engage in problem-focused coping, which seeks to reduce or remove the source of the problem, while others engage in emotion-focused coping, which aims to undo the negative emotional states that the situation generates (Carver, Scheier, & Weintraub, 1989; Folkman & Lazarus, 1985). In general, problem-focused coping involves actively engaging in direct action or seeking social support for the issue. Such social support can have an instrumental motivation, i.e., looking for advice, information, or assistance, but also an emotional motivation, i.e., soliciting moral support, sympathy, or understanding. Bradley, Schwartz, and Kaslow (2005) reported that low-income African American women with a history of intimate partner violence relied on collective responsibility and interdependency amongst their kinship networks for social support. Within this group, religion was also reported as a coping strategy. Religious coping includes the use of prayer and seeking strength from God to help in dealing with problems and alleviating emotional distress (Koenig, Pargament, & Nielsen, 1998). Spirituality is frequently source of strength and resilience (Newlin, Knafel, & Melkus, 2002). In another study in South Africa, women who were caregivers and struggling with household food

insecurity used *maternal buffering*, which involves limiting caregiver food intake, skipping meals, and limiting portion sizes (Oldewage-Theron, Dicks, & Napier, 2006).

Research that specifically examines how individuals cope with stressful life events during life course transitions is generally limited, but we can glean coping strategies from the literature more generally. For instance, women describe coping mechanisms when they report running away from home at a young age due to maltreatment, when they cite alcohol and substance abuse as a way to numb the pain they are going through, and when they report engaging in sexual encounters at an early age (Modie-Moroka, 2003; Women's Shelter Project, 2001). Family and peer support offers another coping strategy for adolescent orphans in South Africa (Petersen et al., 2010), but for those without any such social support, emotional numbing is frequently reported (Women's Shelter Project, 2001). In general, individuals engage in more or less functional coping strategies as a way to deal with stressful situations (Carver et al., 1989). While less functional coping strategies are more likely to expose individuals to more adversities in their life course, individuals however, tend to engage in them (Carver, 1997). This study therefore explored how low-income mothers in Botswana addressed stressful situations and challenges they encountered in their lived experiences.

3.3.6 Literature gaps and conclusions

The studies reviewed reflect a diversity of research methods. A majority used qualitative methods to explore women's experiences, e.g., to understand the cultural dimensions of sexuality (Ntseane & Preece, 2005), factors contributing to spread of HIV (Letamo & Bainame, 1997), and women's experiences throughout the life course (Women's Shelter Project, 2001). While these qualitative studies generated thick descriptions on women's experiences, none specifically

explored the women's lived experiences in general to understand their views on how these might influence life trajectories.

For the quantitative studies, no linear relationship was established between childhood experiences and current lives of low-income, single women or mothers. Studies focused instead on current life experiences and their association with certain risky behaviors as measured by surveys (Weiser et al., 2007; Weiser et al., 2006). Ardington et al. (2015) analyzed a longitudinal dataset to characterize the positive link between teen fertility and subsequent educational outcomes and HIV-related mortality risk in rural South Africa. Some studies utilized both qualitative and quantitative methods to capture women's past experiences and current experiences and challenges they face (Akinsola & Popovich, 2002; Iversen, 2005; Modie-Moroka, 2003). These reviewed studies did not explore the lived experiences of women and their perspectives on how lived experiences might have influenced their current situations.

For those few studies examining women's experiences in Botswana, they were limited in that they did not focus on the past lived experiences, but only focused on the present challenges that individuals were going through. As such, by exploring individual trends through the life course perspective, we can begin to appreciate the thread of events transitioning from childhood to adulthood that low-income mothers experience and how these threads continue to weave into and shape their life trajectories. Understanding these transitional effects can help as well in informing any design for preventive and remedial interventions and programs.

The current study therefore illuminates insights into the lived childhood and lived adulthood experiences of low-income single mothers. It illustrates how the single mothers viewed the links between lived childhood and lived adulthood experiences. Utilizing a narrative inquiry provided rich data and a deeper understanding of the women's experiences using their

own voices. An appeal for using the narrative inquiry lies in its suitability for examining social phenomena. Given its focus on social actors, which allows researchers to gain insights and deeper understanding into personal experiences, including the role of socio-cultural and economic complexities, the approach provides a more holistic picture of individual lived experiences. This allowed interviews to be open and to serve as spaces that allowed women to share their experiences, transitions, and challenges as faced throughout their life course.

Additionally, the study contributes to the ongoing debates around women issues and to the body of literature on lived experiences and realities of life of low-income mothers in Africa, and Botswana specifically. The study also provides a foundation that can be used in future studies to explore low-income single mothers' experiences, as well as a steppingstone to developing a survey for exploring relationships between past lived experiences and current challenges that mothers face, as a way help develop interventions addressing low-income mothers' needs and challenges.

This literature review provided an overview of the women's lived experiences. Women in Botswana are living in poverty and grappling with various challenges that impact on their lived experiences. Reviewed literature indicated that women experience chains of risks from childhood to adulthood and that their lived experiences are intertwined from childhood to adulthood. The review highlighted that no studies have been conducted specifically exploring lived experiences of low-income mothers. This study therefore is timely as it not only gives low-income mothers in Botswana a voice to share their lived experiences but uses a life course framework for richly capturing those experiences by examining the events, transitions, and interactions the women had in their environments. The life course perspective provides a framework to examine the life trajectories over time (Elder & Johnson, 2002).

CHAPTER 4: METHODOLOGY

4.1 INTRODUCTION

This chapter describes the methodology used to address the study's main research questions. It describes the study's paradigm, design, setting and participants, the research procedure, data collection, and then the analyses. The ethical principles the study adhered to and study rigor are discussed.

4.2 RESEARCH QUESTIONS

The aim of this study was to investigate the lived experiences of low-income single mothers in Botswana. The study sought to answer the following questions:

1. What are the lived experiences of low-income single mothers during childhood and adulthood?
2. How do the women view their lived experiences as shaping and informing their lives?
3. How do low-income single mothers cope with adversities in their lives?

4.3 QUALITATIVE PARADIGM

It is important to articulate the philosophical assumption or a paradigm underlying a study as it helps in formulating the research problem and questions (Huff, 2008). Further, paradigms help “organize our observations and to make sense of them” (Rubin and Babbie (2014). This study is based in *constructivism*, which argues that knowledge is in the minds of individuals and that this knowledge can be discovered by understanding individual experiences (Savin-Baden & Major, 2013). Individuals generate and assign meanings to experiences and also modify meanings acquired when new experiences come along. Constructivism allows

individuals to provide diverse and multiple subjective meanings of their experiences (Creswell, 2013a) as individuals are seen as active creators of knowledge. Individuals reconstruct their realities through expressing ideas and experiences (Savin-Baden & Major, 2013).

Constructivism, therefore, relies on the study participants' views of the situation (Creswell, 2013a). In this approach, individuals bring their own subjective and complex experiences that have resulted both from interactions with others and from the influence of cultural norms. This paradigm allows a researcher to capture the voice of participants (women) as they describe their own lived experiences and how they reconstruct their realities. With this complexity of views from the women's narratives, constructivism allows the researcher to make interpretations of women's expressed lived experiences shaped by her own experiences, background, and personal values.

4.4 RESEARCH DESIGN

The study drew on a qualitative exploratory *narrative inquiry* design. Creswell (2013a, p. 70) notes that "as a method, (narrative research) begins with the experiences as expressed in lived and told stories of individuals." Czarniawska-Joerges (2004, p. 17), on the other hand, defines a narrative as "a spoken or written text giving an account of an event/action or series of events/actions, chronologically connected." Three factors identified in a narrative inquiry include temporality, sociality, and place (Clandinin & Connelly, 2006).

In temporality, the events, people, and places studied are in temporal transition, from the past, present, and into the future. Researchers need to attend to this temporality of places, things, and events (Clandinin & Connelly, 2006). Even though narrative inquiry begins in the midst of ongoing individual experiences, the researcher has to be aware that these experiences are in process and in transition (Clandinin, Pushor, & Orr, 2007).

Sociality indicates that the researcher is part of the research process and that she should be wary of personal and social conditions. Social conditions refer to settings, such as the cultural, institutional, and cultural, where people dwell and experiences formed. Personal conditions entail researcher and participant feelings, hopes, and desires, as well as the relationship between the researcher and participants (Clandinin & Connelly, 2006). Lastly, place entails the physical boundaries of the location where events and the inquiry take place (Clandinin & Connelly, 2006), arguing that that place is critical as it impacts individual experiences as well.

Clandinin and Connelly (2006) state that narrative inquiry involves capturing human experiences both socially and individually. It also involves understanding how humans shape their daily experience and how they interpret their past based on the experiences. It chronicles a person's life story (Terrell, 2016). In their stories, women demonstrated their individual agency, an indication that their lives and experiences are in process and transition (Clandinin et al., 2007). Personal narrative methods and analyses are also an effective way for demonstrating how individual agency is operative in a particular context and time.

Exploratory research is appropriate when researchers have a limited understanding about an identified issue (Yegidis & Weinbach, 1996). Exploratory research allows knowledge building about participant's experiences by tapping into their lived experiences. In this study, narrative inquiry facilitated exploring women's experiences as a means for knowledge building and the development of in-depth and detailed information about the central phenomena of the participant's lives (Creswell, 2014). Women's experiences, life-course transitions, and challenges faced throughout their childhood as well as in adulthood were explored through their own voices and words. This approach allowed participants to provide thick descriptions about their experiences, both positive and negative. Further, Terrell (2016) points out that in narrative

research, the researcher searches for meaning of a lived experience using approaches such as; biographical narrative, autobiographical narrative, personal history stories, and oral history. This study used the personal history stories to understand the lived experience of low-income Botswanan mothers.

Even though the study focused on the narrative approach, two surveys were used as well: the ACE International Questionnaire (ACE-IQ), developed by the International ACE Research Network (WHO, 2011), and the Brief COPE inventory (Carver, 1997). These were used to collect descriptive and demographic data of the participants.

4.5 STUDY SETTING

The study was conducted in the rural Tutume sub-district (Central District) of Botswana. This location was chosen because the Central District is one of the four districts in Botswana with the highest absolute number of poor people (Statistics Botswana, 2013). Tutume is one of Central's fourteen sub-districts. It has four constituencies: Tonota North, Tonota South, Nata-Gweta, and Nkange. Tonota north constituency was the specific site for this study. Tonota North has 13 villages (see Table 1 for village population figures). This specific constituency was chosen because the researcher grew up there and has an understanding and familiarity with the culture and language. This aided data collection tremendously. Out of the total population of Tonota North's villages, 52.3% are female, and 18.9% are estimated to be poor.

Tonota North remains one of the least developed constituencies in the country and has no job opportunities for residents. As a result, the majority of able-bodied inhabitants migrate to the nearby Francistown to seek employment, while the remaining residents engage in subsistence farming and other activities to sustain themselves and their families. Three villages were

purposively selected from Tonota North. Names of the village are not mentioned to protect the identity of study participants.

The three villages are about ten kilometers apart. Each village has a primary school and a clinic. For students from the three villages to progress to the next educational level, they have to be admitted to schools, which are about 100 km away. Even though all the villages have a clinic, only one village has a big clinic with a maternity ward. The big clinic provides services to the other villages. For other health issues, the residents of these villages have to go to Tutume, one of the bigger villages nearby, which has a primary hospital and can admit patients. Tutume also has a senior secondary school and it is the catchment place for the graduates from Tonota North constituency junior secondary schools. The majority of the residents in Tonota North live in abject poverty.

Table 1: Tonota North Constituency Village Populations

Villages	Males	Females	Total Population ¹	Estimated Poor in the village ²	Estimated Poor females	% Poor
Sebina	1688	1999	3687	732	383	19.85%
Mathagwane	2893	3090	5983	1,101	576	18.40%
Chadibe	2468	2750	5218	1,066	558	20.43%
Borolong	2436	2833	5269	957	501	18.16%
Nshakashokwe	1146	1318	2,457	403	211	16.40%
Marobela	891	1015	1906	394	207	20.67%
Marapong	1253	1414	2667	436	228	16.35%
Matsitama	1217	978	2198	400	210	18.20%
Mafongo/Hubona	618	576	1194	304	159	25.46%
Natale	646	730	1376	315	165	22.89%
Semitwe	374	409	783	219	115	27.97%
Makobo	684	812	1496	37	20	2.47%
Jamataka	313	337	650	219	115	33.69%
Total	16,627	18,261	34,884	6,583	3,443	18.87%

¹Statistics Botswana (2012); ²Statistics Botswana (2015)

4.6 STUDY PROCEDURES

4.6.1 Recruitment

Prior to sampling, the researcher obtained Institutional Review Board (IRB) approval at the University of Illinois at Urbana-Champaign to conduct this study. In addition, a permit was obtained from the Ministry of Local Government, Department of Social Protection (DSP).

Three villages were purposively selected, and the village chiefs were visited to introduce the researcher and the study purpose and procedures. Soliciting the village chiefs in this way aided data collection, since their influence and tacit or overt approval as village leader can better facilitate cooperation from the villagers. The researcher also contacted some church leaders to help with recruitment. These are involved in community work and, hence, are knowledgeable about the people in their communities. As a result, they helped make potential participants more receptive to participating in the research.

Potential participants were invited to partake in the study if they met the inclusion criteria, which included being never married, a single mother with dependent children, and being low-income. Low-income included both those living in extreme poverty, i.e., below the Less Than a Dollar a Day metric (P135.32 or \$37.98 per month) (BPS, 2013),² and those living at or below the poverty datum line (PDL), i.e., less than P878.87 or \$97.65 per month (Statistics Botswana, 2015). Dependent children included those aged 18 or below who were living with their parents (CSO, 2014).

² One may note that \$37.89 per month appears to be more than \$1 per day. This Dollar a Day value is calculated using a purchasing power parity metric, which in turn relies on the World Bank's international comparison program measures (BPS, 2013). Presently, the Dollar a Day metric is actually calculated at \$1.25 per day, an increase from 1993's \$1.08 rate (BPS, 2013). This yields a Dollar A Day metric value in Botswana's currency at P135.32 per month (BPS, 2013).

During recruitment, participants were informed that foreseeable risks included possibly feeling emotionally distressed as they shared details from the past that might be painful to remember. They were reassured that if this happened, and if they were unable to continue with the interview, that they were free to completely withdraw from the study or reschedule the interview for another day. Participants were also informed that they could be referred to a professional social worker to assist in addressing the discomfort.

4.6.2 Sampling

From each of the three selected villages, five participants were purposively recruited and selected. Purposive sampling involves the researcher selecting individuals they believe will yield a comprehensive understanding of the study subject (Rubin & Babbie, 2014). Local gatekeepers who helped to identify potential participants facilitated this purposive selection.

Since people tend to cluster in households, only one participant was purposively recruited from each household. For those expressing a willingness to be part of the study, an oral consent script was read and explained. All participants retained the right to withdraw from the study at any time for any reason. Oral consent was preferred to signing forms, which might be uncomfortable for participants. Participants can be intimidated against participating when signing documents is perceived as legally binding. Qualified participants were those who agreed to study conditions as outlined in the consent form.

The sample consisted of fifteen low-income single mothers. As Creswell (2014) notes, while sample sizes are smaller for qualitative research, the intent of qualitative research is to gather detailed, in-depth information, in contrast to quantitative research, which requires larger sample sizes to ensure that meaningful statistical tests can be conducted. Large-scale qualitative

research can also be too time- or resource-intensive to be feasible so that one must balance gathering sufficient data against the availabilities of resources (Creswell, 2014).

4.7 ETHICAL CONSIDERATIONS

The researcher took steps to ensure ethical treatment of study participants. As stated above, IRB permission was sought from the University of Illinois at Urbana-Champaign and a permit from the Ministry of Local Government. In addition, those willing to participate were read the oral consent script so they could be aware of their rights. Further, they were informed of confidentiality and allowed to choose a venue for the interview where they felt safe. Those who agreed to be recorded were informed not to say their names on the recording and assured that the recordings would not be shared with other people. Also, audio recordings were deleted after transcriptions were verified. Further, to ensure confidentiality, names of villages where participants were recruited are not mentioned in this report to protect their identity. Other details about confidentiality and ethical considerations are covered under study procedures (above) and data collection (below) sections.

4.8 STUDY PARTICIPANTS

Participants in this study were fifteen low-income, never married mothers with dependent children. Low-income women were the focus of this research because studies in Botswana have shown that this group is vulnerable and exposed to various risks in their lives (Iversen, 2005; Modie-Moroka, 2003, 2010; Phaladze & Tlou, 2006). Participants ranged in age from 23-47 years (mean age = 37), a time when individuals are believed to have carved out, or failed to carve out, their life pathway and when they are in a position to share their diverse life experiences.

Two of the participants did not complete primary school, which is seven years, while four completed primary school, but did not go further. Seven participants completed junior secondary

school (the equivalent of 9 or 10 years depending on the cohort), while two completed senior secondary school (equivalent of 12 years). From the seven participants who completed junior secondary school, one whose parents could not afford to pay for school fees paid for herself to go to night school as she worked as a shop assistant; she managed to complete form 3 (or 10 years of schooling). Of the fifteen participants, two enrolled in short courses; one did brick laying and another hair dressing.

The participants had between one and nine children, and the majority (60%) had their first child before their eighteenth birthday. Three participants had lost a child or had miscarried. All participants lived with their children in their homes while older children were in boarding school. Three women lived in their deceased mother's yard together with their younger siblings, while two were still living with their mothers; ten women owned their own plots (See Table 2 below for demographics for additional information). ACE score for the women who participated in this study ranged between zero and nine out of a total score of thirteen as indicated in Table 2. The ACE score indicates the cumulative impact of childhood stressors, and potential impact on the social, emotional, and cognitive development of the individual. The higher the ACEs score that an individual has the higher the risk for negative outcomes later, including exposure to poor health, poor quality of life, and exposure to social problems.

Two mothers were formally employed as a shop assistant or clerk: one owned and operated a kiosk, one was a vendor buying clothes from Zambia and reselling. Another worked as a hairdresser at her home, while the rest reported that they were unemployed and that occasionally they would work for the government Drought Relief and Recovery Program, locally known as Ipelegeng. This program came about in the early 1980s when the country was hit hard by drought. As a response to the massive drought, the government introduced the program to

help cushion families from poverty (Ministry of Local Government, 2012). Its objective was to provide short-term employment support and relief while, at the same time, carrying out essential development projects that were identified and prioritized through the normal development planning process (Ministry of Local Government, 2012).

To date, the Drought Relief and Recovery Program still helps individuals and families living in poverty. However, women reported that the program only hire a group of fifteen people per month per village; hence, it is not a stable form of employment. A standard wage of P570 (\$57.00) per month is what the program pays. Women said they also relied on seasonal jobs, like working in commercial farms or on wealthy family farms. Women in the study also reported that they worked menial jobs, which included doing laundry as well as house and yard cleaning, amounting to approximately P250.00 (\$25.00) per month. Efforts to be registered under the Destitute Persons Policy has proved futile, as most are deemed as not meeting requirements.

Table 2: Participant Demographics

Name	Age	Schooling (Years)	Age at First Child	Children (Living)	Children (Deceased)	Employment Status	ACE Score
Basetsana	33	7	15	5	1 @ 9 month old	Unemployed	9
Kefilwe	33	12	17	3	-	Shop Assistant	8
Kese	46	9	16	5	1 @ miscarriage 1 @ 4 month old	Runs a kiosk	6
Malebogo	34	7	17	3	-	Unemployed	8
Shelly	36	7	18	5	-	Unemployed	9
Segametsi	23	10	22	1	-	Unemployed	6
Kedibonye	39	10	19	4	-	Unemployed	9
Dikeledi	38	10	18	4	-	Unemployed	3
Masa	35	10*	20	4	-	Vendor	4
Mareledi	39	12**	24	4	-	Hair dresser	0
Peggy	42	10	16	3	-	Clerk in a shop	8
Portia	42	9	15	6	-	Unemployed	7
Masego	40	9	16	4	-	Shop Assistant	6
Neelo	28	7	17	5	-	Unemployed	6
Segopotso	47	5	17	9	1 @ 3 month old 1 @ 1 month old	Unemployed	6

* Also took a one-year long bricklaying course; ** Also took a six-month hairdressing course

One government initiative that assist people living in poverty is the 2002 Revised Policy on Destitute Persons, which list food basket for an adult destitute person per month as indicated in Table 3 (Republic of Botswana, 2002). In addition to the grocery, they get cash to buy some toiletries. Table 3 details the recommended food list and quantity per month for one adult as per the 2002 Revised Policy on Destitute Persons (Republic of Botswana, 2002, p. 12). The adjacent table, added by the author, shows the approximate cost of the recommended food based items at the current market prizes in Botswana as of the time of this writing. If this is the set government standard to erase hunger from households, then what the low-income mothers get paid from the Drought Relief and Recovery Program and from menial jobs is still too low to meet the needs of their households with dependents.

Since all of the interviews took place in the participants' homes, the researcher was able to observe and take note of the participant's dwellings. Of all the participants, only two who lived in their deceased mother's house had a modern house with a separate kitchen, living room, and bedrooms. Another woman who was living with her mother lived in a three-room house, whereas the rest of the women lived in mud homes with corrugated iron sheet roofs. Most of these homes were a grass-thatched hut coupled with a one-roomed mud house. The hut served as a kitchen, while the other rooms were for sleeping. Traditional houses are round grass thatched huts made of soil bricks mixed with cow dung. Considering the number of family members, mothers usually shared a room with younger children while the rest shared the other room or used the hut designated as the kitchen for sleeping purposes. Pit latrines were common amongst the families while some depended on their neighbors pit latrines or would go to the fields to defecate.

Table 3: Food Assistance

Food Basket for an Adult Destitute Person			Food Prizes	
Food Type	Quantity Per month	Food rich in	Costs	Total
Maize-meal	2x12.5 kg	Carbohydrates, iron, thiamine, niacin	2 x 55.95	111.90
Sorghum meal	1x 12.5 kg		1 x 85.00	85.00
Bread flour	1x 2.5 kg		1 x 25.00	25.00
Vegetables	3.5 kg	vitamins	20.85	20.85
Greens	3 kg -Cabbage	Minerals	30.00	30.00
Pulses	1x 1 kg-- beans	Protein, Iron, calcium, Vitamin A, D, E, K	35.00	35.00
Meat	2.4 kg		35.00	35.00
Milk	8x 500 ml		8 x 15.00	120.00
Sugar	1x 1 kg	Calories (energy)	16.00	16.00
Oil	1x 750 ml		16.95	16.95
Salt	1x 500 g	Iodine	6.00	6.00
Tea	1x 250g	Vitamin K, B2, magnesium	24.95	24.95
			478.75	
<i>Source:</i> Republic of Botswana (2002) Revised Policy on Destitute Persons			Emphasis added to reflect current market prices (approx.)	

4.9 DATA COLLECTION

Two different methods were used to collect data. Even though it was planned that the survey and interview would be conducted on different days, the participants were often willing to do both on the same day. The researcher established a mutually agreeable time to meet with the participants at their homes, settings in which they were comfortable. Five interviews took place at a church building as the women felt it was more convenient and comfortable for them. During the interviews, the children were around playing nearby from where the interview was taking place, with some interruptions as the interview progressed.

The majority of the interviews took place in the afternoon, while a few were scheduled for late morning, around 10 a.m. Participants indicated that their mornings were busy as most

were engaged in the drought relief program where they started work at 7 a.m. and finished at 1 p.m., after which they engaged in their daily obligations such as cooking, cleaning, and other household chores. Further, even for participants who stayed at home, mornings were always reserved for household chores such as cleaning, doing laundry, and cooking. Also, in the mornings, many people would go to clinics and attend to other family business that needed doing outside of the home. Hence, the afternoon is seen as the time to rest. The women agreed to block about three hours of their time for both the survey and interview. The survey and interviews were all conducted in Setswana, one the official language in Botswana.

4.9.1 Survey

Prior to the face-to-face interviews, the researcher administered two questionnaires, the ACE International Questionnaire (ACE-IQ) and the Brief COPE questionnaire to generate descriptive data, such as demographic information including age, educational level, adverse childhood experiences, and coping strategies they used. The ACE and Brief COPE Questionnaires gathered numerical data to describe the participant's childhood exposure to adversity and how they coped with life challenges. These questionnaires took about 30-45 minutes to administer. All surveys were coded with a unique ID number for data tracking.

The ACE-IQ, developed by the International ACE Research Network (WHO, 2011) collected descriptive data on adverse childhood experiences. ACE-IQ is still at pilot stage and has not been validated and tested for reliability (WHO, 2009). However, questions were tested for acceptability and comprehensibility in China, Saudi Arabia, Former Yugoslav of Macedonia, Thailand, Viet Nam, and South Africa.

The ACE-IQ instrument has 13 categories: emotional abuse, physical abuse, sexual abuse, violence against household members, living with household members who were substance

abusers, living with household members who were mentally ill or suicidal, living with household members who were imprisoned, one or no parents, parental separation or divorce, emotional neglect, physical neglect, bullying, community violence, and collective violence. The structured interview format allowed the researcher to read questions aloud and record the participant's answers (Rubin & Babbie, 2014). Responses were subsequently grouped into subgroups for abuse, neglect, family dysfunction, and community violence, and help to characterize ACE exposure amongst the low-income single mothers.

Single mothers' coping strategies were assessed using the Brief COPE inventory (Carver, 1997). The Brief COPE consists of twenty-eight items measuring fourteen conceptually differentiable coping reactions. These include functional coping such as active coping, use of emotional support, use of instrumental support, venting, positive reframing, planning, acceptance, and religion, or dysfunctional coping including self-distraction, denial, substance use, behavioral disengagement, humor, and self-blame. Response options ranging in scale from 1 (I haven't been doing this at all), 2 (I've been doing this a little bit), 3 (I've been doing this a medium amount), and 4 (I've been doing this a lot) (Carver, 1997). The Brief COPE presents a pair of polar opposite tendencies, such that an absence of a response does not entail the presence of its opposite (Carver, 1997). This study used the situational response format to assess whether participants use functional or dysfunctional strategies to deal with stressors in their lives. Situational coping responses indicate how people react and cope with challenges and stressful encounters (Carver & Scheier, 2001).

These two surveys acted as a bridge to move into the in-depth-interview process. The information provided in the surveys was helpful for providing cues to further probe as women

shared their stories. Surveys establish some congruency or discrepancies between women's narratives and the survey.

4.9.2 In-depth interview

Permission was sought from participants to record the interviews. Six women refused to be recorded. As such, the researcher took copious and handwritten notes throughout the interview, after which the notes were typed in narrative forms with direct quotes at the end of the day. Interviews were coded with a unique ID number corresponding to the survey and each participant was given a pseudonym to ensure anonymity.

The interviews lasted between 40 to 90 minutes, with the average interview lasting approximately seventy minutes. An interview guide guided interviews. The interview guide allowed the researcher to ask consistent questions allowing for a comparability of the women's experiences. The guide was designed to elicit information about the participants' life course experiences, from the earliest days of their lives, through their teenage years, motherhood, and into adulthood. Participants were asked about their views and perceptions on how their past experiences could have influenced their current situations. Personal history stories "are accounts of personal experiences based on specific episodes or events within the subject's life" (Terrell, 2016). They provide details about participants' experiences, events, activities, and transitions they have gone through. Talking with Botswana women about their life course experiences made it possible to discover a range of experiences they had experienced in their lives, both negative and positive.

Anchoring dates in a chronological sequence helped women to map out their experiences. Questions were asked in a manner that allowed open dialogue, allowing the women to be natural as they talked and expressed their emotions. As participants responded to questions in the guide,

the researcher probed to get clarity on their narratives based on their responses. The researcher also asked for elaboration in reference to responses given in the survey. This enriched the data in that it afforded opportunities to ask for clarification when needed, helping to maximize the reliability of the data (Rubin & Babbie, 2014). Yegidis and Weinbach (1996, p. 129) emphasize this as well, noting that probing gives the interviewer the ability to initiate discussions and make comments such as, “I wonder if you could tell me more about that” or “what led you to that conclusion?” which in turn gives participants the opportunity to expand more fully on responses.

Narrative inquiry not only allowed the researcher to hear the respondent’s answers but also allowed engaging in a conversation or a dialogue, as well as seeing the respondent’s body language and facial expressions. Each interview continued until the interviewees and the researcher mutually agreed that a coherent story had been established. Personal narratives allowed the women to give voice to their stories and to share insights about their lived lives in the different contexts they grew up in and where they currently dwell.

4.9.3 Reflective journaling

The researcher wrote field notes after each interview. The notes provided in depth descriptions of the interview, the researcher’s concerns, thoughts, feelings, and any emerging themes and ideas. This allowed the researcher to address distressing and overwhelming feelings provoked by the information from interviews (Becker-Blease & Freyd, 2007). Reflective journaling allowed self-reflection on the days’ activities and allowed the researcher to acknowledge challenges encountered. As argued by Lincoln and Guba (1985), the field journal helped plan for the next interview.

Saakvitne, Pearlman, and Abrahamson (1996) contend that self-care is an ethical imperative for researchers to help safeguard of negative effects of the work. Essential factors in

self-care include self-awareness, creating balance, and connection to offset against isolation (Saakvitne et al., 1996). The researcher engaged in debriefing with her mentor to help critically process distressing interviews and themes that were coming up. Since participants were sharing trauma they experienced, this was at times overwhelming for the researcher. It was therefore helpful to process such feelings with her mentor. Information from the reflective journal was not coded, however, it was used as contextual reminder of what transpired in individual interviews during the analysis phase.

4.10 DATA ANALYSIS

Data analysis included two sets of collected data: the surveys, and the participants' narratives. As for the ACES and Brief COPE survey, analyses focused on obtaining descriptive data of study participants. The analyses of the narratives comprised the central part of the study and drew on a thematic approach (Miles, Huberman, & Saldaña, 2014) to make sense of the participants' meaning of their experiences.

4.10.1 ACEs analysis

Quantitative data for the ACE was analyzed using SPSS 24.0. Analysis focused on getting descriptive data such as frequency scores for the ACE categories, mothers' mean age, and other demographic data. The frequency of the following categories were calculated; abuse: emotional, physical, and sexual; neglect: emotional and physical; household dysfunction: violence against household members, living with household members who were substance abusers, living with household members who were mentally ill or suicidal, living with household members who were imprisoned; parental separation: parental separation or divorce and death; community exposure: bullying, community violence, and collective violence. In addition, ACE exposure score was calculated. Participants were defined as having been exposed to a particular

ACE category if they responded a few times or many times to one of the questions under each category. The possible number of exposures ranged from zero (unexposed) to thirteen (exposed to all categories).

4.10.2 Brief COPE analysis

SPSS was used to compute the frequencies for the Brief COPE survey. The response scale was dichotomized into “*No*” if participants answered -I haven’t been doing this at all or I’ve been doing this a little bit, and “*Yes*” if they answered I’ve been doing this a medium amount, or I’ve been doing this a lot. Of the twenty-eight items in the scale, two items measure one of the fourteen conceptually differentiable coping reactions. In the analyses for this study, the two items under each coping response were combined to see how many participants responded with a “yes” at least to one item. A “*Yes*” response under the adaptive responses items was viewed as positive coping while a “*Yes*” response under dysfunctional coping response was seen as negative coping.

4.10.3 Narrative analysis

Recorded interviews were transcribed verbatim; reconstructed post-interview transcripts served for non-recorded interviews. To prevent misinterpretations of the meanings, the coding and analysis were conducted in Setswana, the language used for interviews. The researcher analyzed the data manually as was recommended by Saldaña (2016) and Savin-Baden and Major (2013) for small-scale research studies. Data analysis was an iterative process and included categorizing and connecting the stories (Maxwell, 2012).

Before coding, a provisional start list of codes was developed (Saldaña, 2016). This list was of words and phrases informed by research questions, the interview guide, and the literature and helped guide the coding process. The codes developed were related to experiences,

transitions, and coping strategies that women use. Transcribed interviews were then read and reread to establish the beginning, middle, and end of the story, and to identify additional codes. This helped to connect the events and transitions experienced from one stage to the next. This is referred to as *re-storying* (Creswell, 2013b), a process whereby interview narratives are reorganized into a chronological sequence in order to identify life course stages and to develop a sequential linking of ideas. Thereafter, the researcher looked for experiences, events, transitions, and account of things that had happened as data was coded. This was categorized into childhood and adulthood categories. Unpacking of the narratives, as was argued by Riessman (1993), helps during interpretation.

For this data, the researcher choose the coding approaches outlined by Saldaña's (2016) *The Coding Manual for Qualitative Research* and those by Miles et al. (2014) in *Qualitative Data Analysis; A Methods Sourcebook*. Saldaña (2016) discussed a plan from coding to analysis to interpretation and further talks about "theming the data" as an outcome of coding and categorization. Coding for this study was informed by the research questions.

Data coding and analysis took place simultaneously. During the first cycle of coding, with guidance from the provisional list, the researcher coded the transcript line by line, while also analyzing the content. Words and phrases from the provisional list were used to label ideas from the transcripts. Coding helped to summarize and condense data (Saldaña, 2016). This first step allowed developing an inventory of phrases to use for categorization. Action oriented words were used such as "beating, hitting, shouting, staying alone." Words and phrases were highlighted while going through the transcripts. Through repeated reading of the transcripts, codes and corresponding quotes were highlighted. Some identified codes from the transcripts were used as subtitles in the report.

The second cycle of coding involved grouping the identified codes into categories, a process referred to as “coding for patterns.” Patterns are “trustworthy evidence for our findings since patterns demonstrate habits, salience, and importance in people’s daily lives” (Saldaña, 2016, p. 6). The whole process of coding was done in an Excel spreadsheet. The researcher engaged in cross-case analysis and compared the data in the Excel spreadsheet. Majority of the respondents shared some codes while some codes were not common. Even though a commonality of codes should be established to form a category or theme, it is also argued that even if a code is not common, it merits consideration as it might be bringing in something new to the research findings (Saldaña, 2016). Even though major themes generated were based on the interview questions, sub-themes emerged from the participants’ stories and were identified during coding. Themes and identified quotes were translated into English after writing each chapter.

4.11 STUDY RIGOR

To enhance the rigor of the study, various strategies were employed. Lincoln and Guba (1985) argue that techniques exist to improve the dependability, credibility, transferability, and confirmability of qualitative research. Based on the techniques by Lincoln and Guba (1985), Creswell (2013b) identified eight strategies. He recommended that qualitative researchers should use at least two. These strategies include (1) prolonged engagement and persistent observation, (2) triangulation, (3) peer debriefing, (4) negative case analysis, (5) member-checking, (6) thick descriptions, (7) reflexivity, and (8) external audits. In this study, the researcher used peer debriefing, thick descriptions, negative case analysis, triangulation, and reflective journaling.

Peer debriefs were conducted with impartial colleagues to examine study methods, transcripts, and the preliminary data. A cultural expert in Botswana was consulted to examine the

methods prior to data collection. The expert was also consulted during data collection as some information shared was sensitive and overwhelming for the researcher. Discussing some issues helped the researcher psychologically. The peer debriefing also helped the researcher to refocus and not act on her emotions during data collection. Also, during data analysis, emerging themes were discussed to solicit feedback to ensure that there were no vague descriptions and that data were representative of participants' views and not a result of researcher's bias. Discussions with the peer helped the researcher to revisit the transcripts to verify the emerging themes as well as the researcher's interpretations.

In addition to peer debriefing, negative case analysis was used. Even though during coding the emerging pattern was that the women had painful experiences in their households, there were cases where women reported positive experiences and that they related well with other people in their lives. Looking at negative cases helped establish the credibility of the study.

To demonstrate that the study results could be applicable in other contexts or transferable, the researcher kept detailed field notes and provided thick descriptions when presenting study procedures and results. Thick descriptions entail what was said or words used, but also a presentation of emotions, context, and self-feelings (Savin-Baden & Major, 2013). This enhanced the quality of this qualitative research (Creswell, 2014). Thick descriptions of study procedures, settings, and participants, as well as providing quotes, also help the reader to visualize the participants (Sandelowski, 1986). Moreover, thick descriptions in the discussion section about participants' lived experiences allow the reader to recognize if they could also have come to the same or similar conclusions. During the interview process, the researcher probed for clarity as she obtained detailed descriptions, a strategy that Maxwell (2013) argues can enhance transferability.

Furthermore, triangulation was used to corroborate the identified themes from the survey and face-to-face interviews. Even though a survey was used to collect descriptive data, it also helped to provide the prevalence of childhood adversities and coping strategies used by the low-income women, whereas the interviews helped to deepen understanding of the childhood experiences by providing the voices of the participants. Also, as the researcher talked with the participants in their homes, this gave her the opportunity to observe their home environment, which enabled a more in-depth understanding of their situations, as well as providing rich and comprehensive descriptions of participant living arrangements. Using these strategies allowed for deepening and widening of understanding of participant circumstances and provided a stronger account of the women's experiences.

Lastly, the researcher engaged in reflective journaling during data collection and analysis. Reflective journaling helps researchers examine their personal assumptions, biases, and subjectivities (Lincoln & Guba, 1985). During data analysis, the journal entries (memos) provided cues on the researcher's thoughts, which helped to beef up the descriptions. The memos also helped the researcher to identify possible bias from her personal and professional experiences. During the data analysis, helped the researcher also discussed with her mentor and one of her committee member's thoughts on the emerging themes. To improve the trustworthiness of the study, the researcher continued to remain neutral throughout the study process, as well as when reporting study results, even when it was challenging.

CHAPTER 5: THE REALITIES OF CHILDHOOD

5.1 INTRODUCTION

This chapter first provides an overview of the adverse experiences that women reported based on the ACES survey. It then explores the experiences women reported during the narrative interviews about what it was like for them growing up and what they experienced in their household, neighborhood, or community. The women retrospectively gave accounts of their childhood in response to the question, “*What are the life experiences you encountered in childhood?*” The women narrated their stories first by detailing their childhood family environment and relationships they had with their caregivers, which included mothers, fathers, grandparents, aunties, and uncles. These included both adverse and memorable, happy experiences.

The most prevalent childhood adverse experiences were emotional abuse (86.7%), followed by physical abuse, neglect, domestic violence, and community violence, each at 66.7%. Other household dysfunction reported include substance use exposure (46.7%), mental illness (6.7%), parental or guardian incarceration (33.3%) and parental divorce/separation/death (20%). Collective violence was not reported, likely because there have never been wars, terrorism, genocide, organized violent crimes, political or ethnic conflicts, or torture in Botswana. Even though Botswana is an ethnically heterogeneous country, the country has continued to experience peace and harmony (Mulinge, 2008). Table 4 below provides the frequency of the adverse childhood exposures that participants experienced.

Table 4: Frequency of Adverse Childhood Exposures (N=15)

ACE Category	Prevalence
Abuse	
Physical	10 (66.7%)
Emotional	13 (86.7%)
Sexual	8 (53.3%)
Neglect	
Emotional	10 (66.7%)
Physical	10 (66.7%)
Household Dysfunction	
Domestic violence	10 (66.7%)
Substance Abuse	7 (46.7%)
Mental Illness	1 (6.7%)
Parental Separation/Divorce/Loss	3 (20%)
Parental/Guardian incarceration	5 (33.3%)
Community Exposure	
Bullying	8 (53.3%)
Community Violence	10 (66.7%)
Collective Violence	0

Although no collective violence was reported, the ACE-IQ indicated that the women experienced bullying in school (53.3%) and were exposed to community violence (66.7%). For those who reported being bullied, they indicated that their colleagues in school used to hit, kick, shove and push them around. Some reported being left out of activities or being made fun of. In their narratives however, the women did not indicate that this bothered them as much as family dysfunction did. Further, narratives indicated that community violence exposure was common in neighborhoods where alcohol was sold. Selling alcoholic drinks was common in the community as families could sustain their households that way. The women reported that as their parents sold traditional beer, they were exposed to people swearing at each other, threatening each other, and, on some occasions, fighting and even stabbing each other with knives. This theme however,

was not explored deeply in the narrative by the women, hence a lack of detailed description around this.

5.2 NARRATIVES OF CHILDHOOD EXPERIENCES

5.2.1 “Go ne go le thata, re ne re tshelela mo lehumeng”: Narratives of childhood poverty

Go ne go le thata, means *it was difficult*, *lehumeng (lehuma)* means poverty. *Re ne re tshelela mo lehumeng* means, “we were living in poverty.” Almost all of the participants reported that they grew up in impoverished households and that life was difficult. They indicated that their parents were farmers and relied on subsistence farming whereby they grew crops and kept some goats and cows for sustenance. Some were cattle herders for wealthy families with many cows and goats. Even though some stated that their parents did not own land for ploughing, they engaged in *majako*, whereby they provided their labor during ploughing season and were paid after harvesting. Also, some families provided their labor to well-off families in exchange for being loaned some draught power that allowed them to plough in their fields. This tradeoff, though labor intensive, was beneficial to low-income families as they were able to get some food or could plough for themselves.

Dikeledi (38 years) who was raised by her mother after the death of her father, talked about how she and her family had to work on their neighbors’ lands before they could be loaned donkeys to go and plough their own field. Dikeledi was the fifth born in a family of nine. With a sad frown, she reported that after the death of her father, life became difficult, as they all had to help her mother in her endeavors to provide for the family. She said,

It was difficult. We used to plough for people so that they can lend us their donkeys to go and plough our own field. We used to skip school so we can help mother with ploughing.

Exchange of labor for resources was a way that low-income families were able to provide for their families, as Dikeledi observed. According to participants, if they ploughed, then during harvest time they would make traditional sorghum or watermelon beer as a way to get cash to purchase other household items. As was narrated by 33 years old Basetsana, whose father died when she was sixteen and had to depend on her mother who toiled the land for survival of her family, brewing traditional beer during the harvest months was critical for survival. Basetsana was the seventh born in a family of eleven. She lamented:

We used to brew traditional beer for selling. I would help by fetching water from the community tap. My older siblings helped my mum with the process. They also helped with ploughing, during school holidays. When school started, we will go and stay in the village and mum would be at the lands.

Such struggles were shared by other women who also had to help their parents both plough and provide their services to those with the means in exchange of being given some sorghum after harvest or being loaned cattle or donkeys to plough their own fields. Since this was common during the ploughing season, their parents also engaged in other menial jobs during the non-ploughing season. The fathers were typically cow headers while the mothers would do laundry, clean houses, and cut grass in other people's yards.

Participants recounted that growing up in low-income families greatly affected their schooling. They described how their parents could barely manage to pay for the school uniforms and for the development fees required from each student. This resulted in some participants dropping out of school while still at the primary or junior secondary level. There were those participants who—though they would sit for exams in either primary or junior secondary, and qualify to go to next level—would be unable to have their parents able to provide school

uniforms and toiletries and thus would be hindered from proceeding further. As the participants grew up in rural areas, they had to go to secondary school away from home, which required paying for rent in places where there was no boarding school.

Dikeledi talked about how difficult it was for her to stay in school, as her parents could not afford to pay for her rent and food. Luckily, meals provided in school came in handy when nothing was available at home. In Botswana, primary schools provide a meal at ten in the morning; in secondary school, two meals are provided, one at ten in the morning and another at one in the afternoon. Dikeledi was in secondary school, away from her mother, and talked about the challenges. She recounted one incident by saying:

Eish (sigh), one time there was no money to pay for rent and food where we went for secondary school. My mother asked us to come back home (to her compound) so she can be able to share whatever she had with us all being in one place without worrying about rent.

Difficulties staying in school were also narrated by 47 years old Segopotso who left school before she could complete standard five (fifth year in primary school). Segopotso was the first born of five children. Her parents abused alcohol, and they stayed at the cattle post where her father was cattle herder for a wealthy family. They did not have a stable home environment and moved from one cattle post to the next, as long as her father could find employment. As a result of staying in cattle posts, Segopotso had to walk a long distance to the nearest village where there was a school. She lamented of the hardships of going to school, as she had to wake up early in the morning to prepare for the journey, in most cases on an empty stomach. She reported that she was always the last to pay for the required fees at school. At times, she would go for the whole year without paying and would be sent home to get the money or would have to ask her parents to come to school to explain why they had not paid. Taking a deep breath, she

reported that her parents never bothered to come to school to meet and discuss with the teachers the lack of payment. She said;

I left school before I completed standard 5. We used to stay at the cattle post, and it was a long distance from school. I was always late and other students made fun of me since I had no uniform and because the clothes I used were old and torn. Also, my parents failed to pay for meal fees (Segopotso, 47 years)

Such stories are testimony to the struggles women faced in their impoverished families and the negative implications poverty had on their early lives. Dropping out of school or poor performance were some of the repercussions the women faced. These unmet needs in childhood set the stage for later difficulties the women faced in their lives.

5.2.2 “Ba nna ko sepotong”: Narratives of substance use in the family of orientation

Sepotong refers to a *shebeen* (a place where people gather to drink alcohol), while *Ba nna ko* refers to staying at a place. Of the fifteen participants, seven admitted exposure to alcohol abuse in their families. In most cases, the father was the one using. Two participants reported that their mother also abused alcohol. Besides parents abusing alcohol, alcohol was also a source of livelihood, as some families brewed and sold or bought for resale from the brewery. Alcohol therefore was easily accessed either within the family or from the neighbors who operated shebeens. Women in the study recounted how dejected they felt, that their parents could afford to pay for alcohol, yet failed to provide a meal and other necessities at home. Segopotso, for instance, shrugged her shoulders and asserted;

...It's because the parents stayed at the drinking hole, without any plans on how to take care of us, so they are the ones who made our situations worse.

Shelly, a 36-year-old woman whose parents abused alcohol, shared similar sentiments. She was the fifth born in a family of seven. She and her siblings had to move to stay with uncles and aunts because their parents were not capable of caring for them. She remarked that conflicts

between her parents and their uncles and aunts made them move a lot between the different extended family members. Whenever their parents would argue with whomever they were staying with, they would be chased out and another aunt or uncle would feel sorry for them, as they knew that the parents were alcoholics and could not take care of them. Shelly also reported how her parents' irresponsible behavior cost her dream of staying in school. With a black look, she remarked how happy she was that she secured a place for junior secondary school, and how that dream went down the drain as her parents could not afford to pay for the related costs. Her sentiments about her parents who abused alcohol are stated below:

Right now I struggle, and I think that if my parents were not abusing alcohol, maybe they could have paid for me to go to secondary school. Since alcohol was their priority, so there were no resources in the household. Right now I struggle with my children.

Childhood exposure to substance abuse did not take place in isolation of other adversities women were exposed to, as they spoke not only of parental alcohol abuse, but also of a lack of food in the household. Most women detailed feelings of frustration as they reiterated their childhood experiences of exposure to parental alcohol use and linking it to evidence of abuse, neglect, and experiencing domestic violence. Furthermore, women were exposed to danger as parents used alcohol for sustenance. For instance, they were exposed to the risk of sexual abuse from customers who purchased family-brewed alcohol as well as to neglect, especially if the parents concentrated in selling or using alcohol. Women at times also got embroiled in the business of alcohol at the expense of their schoolwork, resulting in poor performance or the idea that education was of no value as their parents did not emphasize its importance.

5.2.3 “Dintwa molapeng”: Narratives of domestic violence in the family of origin

Dintwa refers to violence and *molapeng* means *in the household*. The ACE-IQ showed that two-thirds (or 10 of the 15 women) reported domestic violence. Women detailed the trauma

of living in households where domestic violence was prevalent. They described instances where there were constant incidents of physical aggression where the female caregiver would be slapped, punched, kicked, choked, as well as having harsh words used to hurt the other person, including yelling, insults, and humiliation. Verbal and physical aggression, and deprivation or neglect when the father would fail to provide for the family, was the reality of most women.

This was common especially in households where there was alcohol abuse. They reported that female caretakers (mother, aunt, or grandmother) were most frequently the ones subjected to aggressive behavior in the household. In other instances, the participants stated that they experienced the violence first-hand.

Thirty-four (34) year old Malebogo was the second born of nine children. The family relied on subsistence farming and doing some menial jobs. Even though the father spent a lot of time away from home working, he barely helped in the running of the household yet he would demand a lot. Times that he was not working, he spent drinking. With pain in her eyes, Malebogo illustrates how abusive her father was by saying,

Mother always cried. Whenever father drank, he would hit mother for no apparent reason. At times, we, the children, would run away, seeing that he might also hit us. He would shout, scream, and yell to everyone without saying what he wanted. Whenever he was sober, he was a nice person.

Malebogo's case was similar to the other women who also went through the same predicaments in their households. Common forms of domestic violence experienced by women included yelling, screaming, insulting, and beating the other person. Segametsi, 23 years old, grew up staying with her grandparents; she narrated how her grandfather was verbally abusive to the grandmother. The grandfather also abused alcohol and would stay several days without coming home, especially at the end of the month whenever he was paid from his jobs. He would use all his money and then would come home days later with nothing. She recalled that

whenever he came back, he would demand food from the grandmother who would then ask where the food came from since he did not buy any. Segametsi has this to say about her grandfather's abusive ways;

Grandfather used to take days away from home especially month end, and when he came back, he demanded food from grandmother. Grandmother would tell him to go and eat where he took the money, since he saw it fit not to come home with the paycheck. Hearing this, grandfather would get angry and tell grandmother that she was poor and that he did her a favor marrying her and building her a house. He would insult her, labelling her up.

Children who are exposed to acts of domestic violence are deprived of their right to a safe and secure environment. However, as was the case in this study, the women's childhood homes were not a safe haven they could take shelter in if faced with violence in the neighborhood. These women had been exposed to parents being assaulted and ridiculed and had been assaulted. This can have devastating outcomes in lives since it may lead to further exposure to violence later on in life. At risk for developing emotional and behavioral problems, witnessing such violence can also affect concentration and focus in school (UNICEF, 2006).

Hearing the women's stories, factors such as alcohol use and poverty emerged as increasing the occurrence of domestic violence. Further, children exposed to domestic violence are likely to experience abuse. As such, it is critical that such issues be identified early so children exposed are provided with safe environment and so that family members receive the necessary help they need, abusers and the abused alike. Exposing children to domestic violence and the fact that mothers had no power and would stay in such environments, can provide an unintended lesson for the girl child as she begins to learn that women have no value and have low status in their families when partners mistreat them. Growing up exposed to such an environment can hurt the girl child's self-esteem later in life. She might be accepting of

situations of mistreatment and be devalued by male partners, coming to think that it is how their mothers, and grandmothers, were treated, and so they never question it.

5.2.4 “Kgokgontsho re tshela le yone”: Narratives of abuse

Kgokgontsho re tshela le yone means *living with abuse*. Besides exposure and witnessing domestic violence, women also reported experiencing abuse in their childhood. The majority (10) of the women who participated in this study experienced abuse growing up. Women reported being exposed to physical, emotional, and sexual abuse. Perpetrators for physical and emotional abuse were mostly parents or guardians. For example, physical abuse was in the form of punishment, in cases where participants had not fulfilled chores as instructed or to the satisfaction of the guardian. As some had to herd cows and goats, if these went missing or somehow went into the neighbor’s field and destroyed crops, then they would be punished. This is summarized by Shelly, who remarked on how she had to move from one household to the next. She was responsible for all the household chores, and if this were not done to the satisfaction of the aunt, then punishment would follow. She said;

Ijooo, being whipped was part of life.... The person would beat you up and even step on your neck (Shelly, 36 years).

Physical abuse as indicated above was prevalent. There is a tendency for families to employ corporal punishment, which is viewed as discipline even as it can be harmful to the child. Women noted how parents who abused them emotionally also indulged in abusing alcohol. Each time after getting intoxicated, the parents would yell, swear, and even insult them. Other instances of emotional abuse reported by women included verbal assaults, harsh words when communicating with the child, being told that they are stupid, worthless, as well as ignoring needs and feelings. The mothers reported that this was common, since parents used alcohol most of the time and did not care. Findings of abuse and neglect were reported mostly in households

were childhood poverty was prevalent. This is similar to what Zuravin (1989) reported, that abuse and neglect are common in families where there is poverty and the family is undergoing economic stress.

As for the women who reported sexual abuse, only one indicated that a person known to the family raped her. Even though the case was reported to the police, the participant indicated that she lost the case. She suspected that since the perpetrator's father was a traditional healer, he might have jinxed her to lose the case. Other women who reported having sexual intercourse before they turned eighteen years old did not indicate that it was sexual abuse and claimed that it was consensual (even though they were under age) and resulted in early pregnancy

According to Botswana laws, an underage child cannot consent to sexual activities. As such, anyone who engages in sexual activities with a minor is in violation of the law. Such an incident is considered forced sex or rape. Botswana statutory rape law indicates that age of consent is 16, as indicated in Section 147 of the Children's Act "that a child under 16 years of age is incapable of consenting to sexual intercourse" (Botswana Children's Act, 1981). A few other women (6) reported that though there was no penetration, the perpetrators touched their breasts and buttocks and that they were forced to fondle the perpetrators. Masa, who is 35 years old, disclosed that when she was 15 years old, her mother had sent her to collect some medications for her sick younger brother from a healer. This was a trusted older man, who was a herbalist that the mother had been consulting whenever she needed to be healed and had taken Masa to him when she was sick. Masa said this of the healer: '...the pastor then fondled me.'

She remarked that even though this experience shook her up, she did not know what to say to her mother and so she was silent about it; during the interview with the researcher was the first time ever she talked about it, she disclosed. She confessed that she was afraid to talk

about it, for fear of being labelled as a “bad girl” and that being a child, her experiences would be dismissed. Thinking about it now, she suspected that somehow the healer made her not to utter a word by the concoction she was given to use when bathing.

5.2.5 “Sala le bo monnawo...”: Narratives of neglect

“*Sala le bo monnawo...*” means *take care (babysit) of your younger siblings*. This is a common practice in Botswana, where older siblings provide care to younger sibling while the parents work or engage in other activities. The women alluded to the exploitation they experienced, as they had to take care of the household and younger siblings while the mother was unavailable or indulging in alcohol abuse. The ACE-IQ scores indicated that women were emotionally neglected when parents or guardians failed to understand their problems.

Participants narrated that they never engaged in conversation where they shared their experiences with parents. The only exchange was when they were being reprimanded for doing something wrong. Although it is a common practice that the oldest child would take the role of a mother, this can be detrimental in the long run and cause emotional damage to the child. Kedibonye lamented that not a day would go by without her mother uttering the phrase; ‘Stay with your younger sibling, I am coming.’

Although a common practice, a consequence of it is that the older child does not have time to do their homework or enjoy being a child. Also, women talked about the replacement of caregivers as they were moved from one household to the next and that this made them feel unwanted. In cases where parents were using alcohol, they would frequent shebeens, leaving the children alone with no caretaker to protect them. Another concern voiced by the women was how their parents could afford to get drunk while being unable to provide a meal in the household.

This was illustrated by Shelly, who said,

Mum and dad drank alcohol, and would be drunk to take care for us. When dad went to prison, mum drank even more and we would go days without seeing her. I ended up going to live with my aunt. I went back home after I completed standard seven, but still there was no improvement (Shelly, 36 years).

Parents were reported to be unavailable for the children, who therefore had no one to discuss their worries and concerns with, mostly owing to the parents' alcohol use, lack of interest, or beliefs that some subject matter—such as sex—should be discussed in school. Even though sex has been largely an unspoken subject, the perception is slowly changing due to the HIV pandemic that has enveloped the country. It has been thought inappropriate to have sex talk with children where parents assumed that they would be encouraging it.

Experiencing abuse and neglect can occur in the presence of other numerous problems in the family and can have both short and long-term consequences. In most cases, neglect is not as noticeable as abuse. However, as the women narrated their stories, it was habitual for them to be left alone to fend for themselves already at a young age. Even though in some instances it was not intended as such, parents had to work and plough as a way of providing for the family and the children would be left in the village.

In Botswana, a traditional set up commonly has a family having three different homesteads. The mother resides at the fields where ploughing was taking place. The father would occasionally visit to help, as he would be stationed at the cattle post, tending either to his cattle or where he would be working as a herder. In general, the father was responsible for the overall sociocultural and economic provision of the family (Ntozi & Zirimenya, 1999). The children would reside in the village where they went to school. During the weekends, they would visit the mother at the lands. As this was the common living arrangement, and is what worked for a majority of the families, it was deemed acceptable. However, such arrangements with no supervision can pose child safety issues. Leaving children unattended as parents engage in

continuous alcohol use, along with expectations for children to take over household chores, can expose children to psychologically harsh consequences, thereby playing a role in maternal detachment and leading to more risk as the child grows.

The women in this study reported unhappiness with behaviors depicted by their parents and caregivers. Participants continuously asserted that they did not want their children to have the same lives they had gone through. With such childhood trauma, the women enunciated that they would do their level best so that their children were not similarly exposed.

5.2.6 “Go tlhoka botsadi”: Narratives of separation from parents and loss of parents

Go tlhoka botsadi means *having no parents*. Two women reported that they lost their father and a third lost her mother during childhood. None of the parents remarried but they occasionally had partners. Loss of a parent, especially the father, preceded hardships in the family, as the father was the main provider. Basetsana, whose father died while she was sixteen, illustrated this experience. Her family was dependent on farming, and her father ploughed each season and took care of their cattle. Upon his death, her mother was unable to keep up as she had more roles to fulfil with the children were going to school. Staring into space, Basetsana talked about how her family life changed for the worse, sometimes going days sleeping on empty stomachs. She said,

When dad died, things got worse at home. Dad used to plough and took care of cattle. When he died, the cattle disappeared, as there was no herder, as mum could not manage, she had to take care of the kids.

Basetsana’s account illuminates that, in traditional households, there is division of labor. While the men are responsible for taking care of cattle and ploughing, women are mostly taking care of children and managing the household. Even though women also help with ploughing, they would be working with men who would be doing majority of the work. Once all is left in

the hands of a woman, it becomes overwhelming for them and they are burnt out, as they no longer have the support, they used to have when the man was around.

For Kedibonye, she lost her mother at age ten. She remarks that even before she lost her mother, she was already staying with her uncle since her mother abandoned her due to heavy alcohol use. In a way, she feels she paid for her stay as she had many responsibilities in the household compared to her cousins. With a tiny smile, she lamented,

I do not know a mother's love. Mum left me when I was young, and she was going around drinking. I stayed with uncle and his family. Mum eventually died.... It was painful that I will never see her again. Anyways, I used to go months without seeing her when she was alive.

Kedibonye's case illustrates the multiple losses that she experienced. Early experience of loss of parents or guardians can shape one's life course. Kedibonye experienced temporary loss, whereby her mother was not available to provide and take care of her, and eventually went through permanent loss after her mother died. Even though she was residing with her uncle, she did not feel that the safety net was available. She struggled to get food and often had to do chores before she would be fed.

Temporary loss was also re-counted by some of the women who specified that though their parents were never married, they grew up knowing both of them but that when they no longer got along, the children were moved to their mother's and never saw the fathers again. Thirty-five year old Masa had this to say; 'Mum was no longer on good terms with my father, and we moved to a new place.'

Maternal deprivation and separation was also illustrated by Peggy, a 42 years old woman, who used to stay with her grandmother before her mother uprooted her to an aunt's household. She exclaims that she had never had a sense of attachment with her mother, as they never stayed

together. As she tearfully narrated her story of how her aunt treated her, one could see the pain in her eyes that she had concealed all these years. She re-counted her stay as if it was yesterday.

In Botswana, however, it is common that children, who have lost both their parents, particularly if from a single mother, would stay with extended family members, usually the grandmother with the help of aunts and uncles. Even though this setup in Botswana is the traditional way to go, the government does not help. Only relatively recently, with the breakdown of families due to HIV and children losing their parents and grandmothers having had to take on parental roles and responsibilities, the government introduced an Orphan Care Program, whereby all relatives who take in an orphaned child would receive a food basket, school fees, and a uniform to help take care of the child.

Experiences of either permanent or temporary loss can have devastating effects on individuals and torment them years later, as they fail to understand why it happened and how it happened to them. Such occurrences stay with one, even in adulthood, and can bring on negative consequences in one's life. Feelings of being detached have physical and emotional consequences. For example, it can lead to a loss of resources when being removed from a home. Having a parent who is emotionally or physically unavailable can also make one to withdraw from those around them. Feelings of resentment can be harbored in cases where women were given to other family members and then felt they were not loved and valued by their parents. Forming adult relationships therefore can be influenced by experiences during childhood. Maternal child relationships are critical as loss of such or poor attachment can lead to emotional distress.

5.2.7 “Ke godisetswe ke nkuku”: Narratives of being raised by extended family members

Ke godisetswe ke nkuku, meaning *my grandmother raised me*, was a common phrase that came along when talking to the women. This common thread amongst the women indicated that being raised by indirectly biologically related guardians—such as extended family members, including grandparents, aunt, and uncles—is prevalent. Reasons for being raised by non-parents included that the mother was abusing alcohol and did not care or had relocated to town in search for employment opportunities. Kedibonye, 39 years, had this to say;

I am grateful for my uncle who took me in, even though I worked like a slave. I had to herd goats, milk them before I went to school, and then made sure that they were in the kraal in the evening. During the ploughing season, I had to skip school to take care of the goats, so that they do not destroy at other people’s fields. My mother was a drunkard, and she eventually died.

Segametsi, 23 years reported that;

Mother went and I was left with grandma. She never came back. After completing form 3, and getting no admissions to go further, I came back, worked as a maid, and continued staying with grandma, until last year when I went and stayed with my mum since she was back from town. She came back HIV positive and needing care. She did not take care of me, and here I am I am taking care of her.

Even though grandmothers were viewed as saints by most of the women, Masa had a negative experience staying with her grandmother. She talked of how her grandmother mistreated her and denied her food. Masa suspects that her grandmother mistreated her mainly because she did not like her mother. She stated that a man different from her siblings had fathered her mother and as such she was resented for that.

After school, if my aunt, whom we went to the same school, came home first, then grandma would cook and they would eat and not save anything for me (Masa, 35 years).

In most cases, the women who stayed and received care from extended family members report bad memories. They spoke about favoritism in the households and being given more chores to do than their cousins as indicated in the above quote from Kedibonye. Even though

staying with extended family members could be positive, as noted, and provided the security of having an elder at home, there were also worries of a lack of stability. This lack of stability can have negative impacts on individuals. The majority of the women aired feelings of being unloved and not being cared for. Thirty-six year old Shelly displayed this eagerness of love when she said,

No one wanted me. I was always moving houses. If my mother was not a drunkard, this would not have happened (, 36 years).

For Peggy, her experience of moving from one household to another still puzzles her. She is still in search of the reasons why it had to be her who was uprooted from the grandmother's care to her aunt's house and not her older siblings. Peggy was the sixth born in a family of ten. Even though her mother was not around as she worked in town, Peggy was happy staying with her grandmother. However, her living arrangement was sadly interrupted when her mother took her to live with her maternal aunt. At her aunt's place, she babysat her younger cousins and helped with other household chores. She reported that at her grandmother's, all the children would share the household chores without favoritism, but that was not the case at the aunt's place, since the aunt would not give her own children chores to do. Every day after school, she reported that she would have a lot to do and never had time to do schoolwork. At night, as she tried to do her schoolwork, she would be asked to switch off the paraffin lamp, thus going to sleep without doing or finishing her homework. She reported that she would wake up early to do her morning list of chores before she left for school so that she could have time to do her homework. Still in disbelief, she shook her head and narrated that,

I wonder how much my mother hated me to take me to such an environment. Even when I told her my living arrangements, she did not care to intervene.

According to Bowlby (1982), the loss of a mother-figure in childhood—and disrupted family relationships in general—can interfere with a child's later ability to form close

relationships. Even though having extended family as a support system can be beneficial, when they take on parental responsibilities for absent parents, in this study, however, some women indicated that they were not elated living with members of the extended family, given that they were abused and neglected. Parents were constantly blamed for preferring alcohol and staying in town with no support extended back to the children in the village. As such, some women expressed feelings of resentment about their living situations, lack of support, and having to unfairly do more household chores. Where parental care and love is deficient, as was indicated by some of the women, this can result in children seeking such emotional attachment elsewhere, including early involvement with the opposite sex, which comes with risks of sexually transmitted diseases as well as early pregnancy and childbirth.

5.2.8 “Ke tlhakanetse dikobo ke ise ke aloge”: Narratives of early sexual debut

Ke tlhakanetse dikobo ke ise ke aloge means *having sexual intercourse before first menstruation*. As evidenced by early child bearing in nine (9) participants before their eighteenth birthday, while some participants reported that it was not forced, legally they were not recognized as able to give consent. Others talked about being tricked and persuaded to engage in sexual relations by older men. The women described how they were tricked and enticed with goodies that they did not have at home or by men buying them luxuries or giving them money.

The vulnerability of adolescent girls and their economic pressures drew them to older men whose goal was to have sexual relations. Kese, who is 46 years old, grew up staying with her grandmother. She explained that her mother did not stay with them at the village and that she, her siblings, and other cousins stayed with their grandmother. Her grandmother, however, spent the rainy seasons at the fields where she ploughed, hence leaving the children in the village to go to school. For Kese however, this was an opportune time for her to engage in sexual

relations. Though there was food in the house, she reported that men offered what was not available at home and would buy her expensive clothes. She had this to say;

I had a big body, so men thought I was of age. They bought me nice stuff that was not available at home, and clothes. I thought it was love, and I ended up sleeping with him. I lost my virginity before I started menstruation.

Kefilwe who is 33 years old said;

After completing my senior secondary school, I met this guy who was a teacher and he would tell me that I was beautiful. I felt good, as other students used to make fun of me. He invited me to his house and would give me money. So I used to sleep with him.

This illustrates how easily adolescent girls can be enticed into engaging in sexual activities by giving them money and buying them presents. Since their families fail to offer some of the necessities, a promising life of luxury lures them to engage in early sexual relations. This lifestyle, however, is short-lived as the adolescent girl gets pregnant and the man denies the pregnancy. In such cases, therefore, the women reported that they would return home (if they were not already) while they waited for the delivery. They talked about how stressful pregnancy was, knowing that there were no resources to provide for the child. Some reported that once they realized they were pregnant, they started doing piece jobs in order to prepare for the baby. In cases where the father agreed to provide, this too was short-lived as the resources sparingly came and eventually stopped altogether.

Even though childbearing should come after completing school and securing a stable job, for these women, it was not the case. The women bore the children after they had already dropped out of school due to poor performance or a lack of finances to support their academic journey. Even though the timing of childbirth can be perceived as a barrier to, or short-circuiting, girls' chances of a better life academically, in the cases of the majority of the women in this study, they had already dropped out of school. Faced with the struggles of living in poverty and

being out of school, a girl child might see no other avenue, and start engaging in sexual relations as a form of security and love seeking. Also, with such relations, they were able to sustain some of their basic needs. Early sexual debut therefore, can lead to negative life outcomes, which include pregnancy and increased maternal and child poverty, as well as likelihood of having more sex partners in their lifetime. This can have health implications to the women. Trapped in motherhood responsibilities at early age can therefore force women to transition into adulthood earlier at a time that they are not ready.

5.2.9 “Ke godile mo lwapeng le le siameng”: Narratives of being raised in a supportive family)

“*Ke godile mo lwapeng le le siameng.*” *Godile* means growing up, *lwapeng* means household, and *siameng* means good. A few of the women reported growing up in a supportive and loving family environment. Despite the harsh realities of childhood, some women also had some positive experiences, an indication that adversities do not take place completely in isolation from happier experiences. Masa recounted that despite her harsh upbringing by her grandmother, she was close with her mother, who was supportive. She talked about how her mother ensured that she was well provided for even though she lived away from the village. For instance, she would send money for her upkeep, and Masa would visit her mother during school holidays. Some women also narrated how their mothers would protect them from alcoholic fathers and would ensure that they were well provided for despite financial difficulties. This sense of protection led to a level of understanding akin to empathy and solidarity, as daughters described that even when there was no food in the house, they would know that the mother had tried all the means she could and just had to wait for another day. Basetsana talked about how they would all work as a team in brewing the traditional beer and that this would bring her closer to her mother as they spent time together. Despite the family going through a hard time, and her mother having

to do various kinds of menial jobs, she pointed out that her mother was loving and supportive. A happy childhood was also characterized by love and care extended by grandmothers.

Even though majority of the women grew up in harsh family environments, a few described their childhood as well provided for. Mareledi and Masego, whose parents had stable jobs in the government that afforded them a middle-income status, described a happy childhood experience. They reported that their basic needs such as food, shelter, and safety were met. They also talked about how their parents were interested in their schoolwork and would encourage them to take their education seriously. Mareledi, who is 39 years, was raised by her single mother. Her mother used to work for the government in town, and Mareledi and her sibling would stay in the village with their grandmother. They later joined the mother when she was 10 years old. She related that her mother was supportive and encouraging. Her mother never enforced corporal punishment as was otherwise commonplace. She also talked about how her mother provided lessons for all kinds of mistakes by sitting her down and explaining the implications of these mistakes. She said that her mother paid for her to attend private school after she performed poorly in her junior secondary school.

Masego also talked about the support and encouragement from her mother despite her rebellious behavior. Even after dropping out of school due to pregnancy, her mother paid for her to pursue night school, an indication that the mother did not give up on her despite her outrageous behavior. Revelations from Masego and Mareledi are indications that even when one is well provided for and have supportive relationships during childhood, their life course can still take a woeful direction. Masego lamented:

I was a problem child, always rebellious. I never wanted to follow roles, and would run away from home and stay with friends, as most of my friends from

school stayed alone as their parents were staying at the lands. And look where that got me, nowhere.

Evidently, despite the presence of positive support for children, which can be a protector against succumbing to adversities later in life, individuals can still find themselves engulfed in adversities. Children do not only have their family environment but are also exposed to perilous environments where peers can easily negatively influence them. Further, in childhood, especially during adolescence—a stage where individuals are still searching for their own identity—they tend to experiment in ways that might lead to early sexual debut and its related consequences.

5.2.10 Summary of findings

The ACE survey and the women's narratives helped identify adverse factors that had exposed the single mothers to risk during childhood. The diagram below, adapted from Morantz et al. (2013, p. 12), summarizes the women's adverse childhood experiences, depicting the risks and maltreatment they were exposed to. As illustrated in this study, similar findings are reported by Morantz et al. (2013), and risk factors were found within the families where there was poverty and exposure to domestic violence. In addition, many caregivers used alcohol, which contributed to physical abuse and neglect. Furthermore, the women reported being raised by extended family networks where there was discrimination and being over worked at the expense of going to school. Bullying was also reported, which can contribute to stigma, leaving school, and many of the other factors that the women reported. Violent acts in the neighborhood were also mentioned.

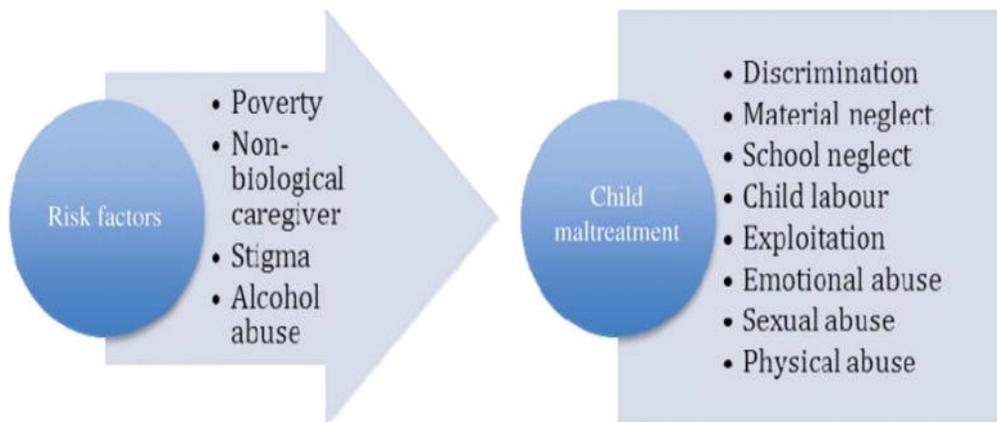


Figure 2: Risk factors leading to ACEs

As well, women sometimes engaged in early sexual relations with older men. Such relations are fraught with relationship dynamics that put the young girl at increased risk of unplanned pregnancy and sexually transmitted infection. Even though sexual engagement was generally consensual, the girls were still minors at the time. Unplanned pregnancies can shape a girls' life course and can contribute to cumulative disadvantage over the life course. The narratives by these women show that pattern.

5.3 DISCUSSION

This chapter detailed the adversities that the mothers went through during their childhood years. Several events and pathways took place and influenced transitions in the mothers' lives. The mothers' narratives showed that they were abused, neglected, and exposed to domestic violence, substance use, parental loss and separation, and were raised in extended family networks. The women also reported growing up in poor households. Narratives of abuse and neglect reported by the women are similar to other studies in the sub-Saharan region and Botswana in particular (Miller, Gruskin, Subramanian, Rajaraman, & Heymann, 2006; Modie-Moroka, 2003; Morantz et al., 2013; Seloilwe & Thupayagale-Tshweneagae, 2009). The women

described experiences of physical abuse. In their narratives, physical abuse was in the context of punishment. It is common in Botswana, and the region, for elders to physically discipline children. Lachman (1996) argue that in the African context, culturally definitions of physical abuse and discipline are blurry. In this study, the women did not report any experiences of overt physical abuse, which is common in other studies (Cluver & Gardner, 2007; Seloilwe & Thupayagale-Tshweneagae, 2009; Young & Ansell, 2003). What is common, however, in these studies is that they used a sample of adolescent orphaned children, who in most cases did not reside with their biological parents. Within this study, though, there were cases of physical abuse with biological parents and with extended family networks. The majority of the women were not orphaned.

Emotional abuse was also common in this study. Women reported being yelled at, had harsh words and vulgar language used on them, and name-calling. Surprisingly, there is a paucity of studies examining emotional abuse among children in Botswana. The few available studies in the region focus on child physical and sexual abuse (Meinck, Cluver, Boyes, & Mhlongo, 2015). Numerous studies explore child emotional abuse in the region (Breiding et al., 2011; Carey, Walker, Rossouw, Seedat, & Stein, 2008; Chase, Wood, & Aggleton, 2006; Harms, Kizza, Sebunnya, & Jack, 2009; Madu, 2003; Madu, Idemudia, & Jegede, 2002). A majority of these studies focused on orphaned children or university students whose experiences differ from the sample in this study. Another type of abuse reported was sexual abuse. Previous studies reported child sexual abuse on the increase in sub-Saharan Africa (Lalor, 2004). It is reported that over 30% of adolescent girls in sub-Saharan Africa will experience sexual violence before their eighteenth birthday (UNICEF, 2014). In this study, childhood sexual abuse, though viewed as consensual sex by the women, was common. Kidman and Palermo (2016) estimated that one in

ten adolescent girls have experienced some sexual violence in sub-Saharan Africa. In Botswana, a study by Seloilwe and Thupayagale-Tshweneagae (2009) reported that adolescent orphaned females described engaging in relationships with older men for financial gains. Loening (1981) argues that child abuse is due to the breakdown of the traditional culture, while Okeahialam (1984) contends that it is due to modernization and did not previously exist as extended family systems provided protection. What is evident, though, is that sexual violence among adolescent girls is common and continues to grow. In reviewing qualitative research in sub-Saharan Africa, Morantz et al. (2013) reported that orphaned children are at higher risk for sexual abuse. However, a meta-analysis by Nichols et al. (2014) found no significant differences between orphaned and non-orphaned children in relation to experiencing sexual abuse, though they cautioned the presence of methodological variations in the studies they reviewed. Orphaned children are deemed higher risk since they are exposed to poverty. Besides poverty, adolescent girls in general are at high risk as well given the belief held by males in the society that having sexual intercourse with virgin adolescent girls can cleanse HIV and other sexually transmitted infections (Lalor, 2004).

In addition to abuse, emotional and physical neglect was common in this study as narrated by women. Like other studies summarized in a meta-analysis by Morantz et al. (2013), the women reported material deprivation, starvation, inadequate clothing, inability to pay for school uniform and fees, and having to engage in household chores as opposed to going to school. The women also reported livestock tending and working in the field, which the authors categorized as child labor. They reported also that children faced excessive household chore demands compared to biological children of the caregiver. The current study indicates similar findings, where there was a general deprivation to the right to education. Findings also indicated

that women were treated as slaves when staying with extended family networks and being deprived of food.

Even in biological parents' households, there was neglect reported. There was lack of parental supervision, where, for instance, in many cases the women had to take care of the household and babysit while the parents were not around, either working or drinking. This is similar to what Ruiz-Casares and Heymann (2009) called unsupervised self or sibling care, which is common in Botswana and other countries due to limited parent's social and financial resources. They went on to report that such arrangements are common where households are poor, single parent, and have limited resource networks. Abuse and neglect were common in dysfunctional households, where there was exposure to substance use, domestic violence, and parental separation or loss. Another common factor was living in poverty. This study therefore adds to the available literature that identified predisposing factors to neglect and abuse, i.e., poverty, alcohol use (Morantz et al., 2013), and non-biological caregivers or parental absence (Kidman & Palermo, 2016). Gaydosh (2015) emphasized that parental absence is a high risk of children living with extended family networks and can expose them to some adversities.

For example, Miller et al. (2006) focused on the situation of orphaned children and found that a majority came from poor households and stayed with grandparents whose resources were limited. Even though this study did not examine the link or association between child maltreatment and household dysfunction, the mothers' who described being abused and being neglected in their childhood, also detailed being exposed to substance use, domestic violence, and living in extending family networks. Milner (1994) and Nevid, Rathus, and Greene (1991) allude to such circumstances where a parental history of alcohol use, low-income status, family

violence, residential instability, and step-parenthood were prevalent and associated with likelihood for children to be physically abuse and neglected (Madu, 2003).

Drawing from the study findings, child maltreatment took place in the context of the family. A family provides a sense of belonging and is where socialization begins. Family is the dominant natural grouping in society, which provides integration of individuals into social life and provides emotional and material support for the growth and wellbeing of its members (African Union, 2004). Children receive guidance and security, and their basic needs are met, within this group. Even though findings revealed that the family was a source of support, there was also compelling evidence that it was a source of stress for the mothers as they alluded to various negative experiences. In accord with the life course perspective, context has a role in influencing individual lives (Elder, 1995). This framework helps illustrate that the family context and relationships that individuals have in these contexts help to shape and influence their trajectories.

Furthermore, the larger context, which includes the community, schools, and neighborhoods, can influence individuals' life course trajectories. The principle of time and place argue that historical times and places shapes individual's life course (Elder, Johnson, & Crosnoe, 2003). Findings illustrated that the women were bullied and exposed to violent acts in their neighborhoods. Bullying is common in Botswana schools (see Moswela, 2005; Shehu, 2009; Tjavanga & Jotia, 2012). The Global School-based Student Health Survey (GSHS) between 2003 and 2006 indicated that prevalence of bullying was 52.2% among females in Botswana (Due & Holstein, 2008; Fleming & Jacobsen, 2009), 63% among those aged 12 or younger, 47.5% to 54.2 % amongst those aged between 13 and 15, and 54.5% over 16 years (Fleming & Jacobsen, 2009). This is similar to what was found in this study, as the women reported bullying

experiences while in school. As females are in most cases the victims, it is argued that bullying is a masculine trait (Mangope, Dinama, & Kefhilwe, 2012). It is further indicated that children in Botswana who experience bullying are likely to show signs of sadness/hopelessness, loneliness, insomnia, and suicidal ideation, which in turn can expose them to risk behaviors such as substance use and sexual intercourse (Fleming & Jacobsen, 2009). Also, those bullied are likely to have poor school performance, low self-esteem, and loss of confidence (Tjavanga & Jotia, 2012).

In addition to bullying, other acts of community violence were reported, such as witnessing violent acts, physical threat or intimidation, stabbing, and fighting. As reported in the neighboring South Africa, exposure to violence is common among adolescents (Shields, Nadasen, & Pierce, 2008; Ward, Flisher, Zissis, Muller, & Lombard, 2001). This is similar to what was reported by Cluver, Orkin, Boyes, and Sherr (2015), that violence is endemic in South African communities, where there are physical fights and other criminal activities. Witnessing violence is also reported to be common for females in lower socioeconomic settings (Otwombe et al., 2015), as was also reported in this study by the women. Community violence exposure can be a stressor and impact positive development, having implications for mental health as well, as these effects are cumulative (Kaminer, Hardy, Heath, Mosdell, & Bawa, 2013). Although the findings did point to the witnessing of violent acts in the women's early life, this was not deeply explored by the women.

Findings revealed that the mothers felt unsupported as there was limited emotional and financial support resulting in disengaged cohesion between parents/guardians and children. As illustrated by McGoldrick et al. (2011, p. 1) "all human problems are framed by the formative course of our families past, the present tasks it is trying to master, and the future to which it

aspires.” This quote suggests that whatever experiences and challenges individuals go through, the family is always at the forefront. How family networks interact and treat each other has important effects on individuals and also shapes and influences the social pathways as well as the turning points that individuals take (Elder, 1994).

Findings in this study suggest that in their childhoods, some mothers were exposed to domestic violence, substance use, parental loss and separation, and were raised in unstable environments as they moved from one extended family network to the next. Exposure to domestic violence took place within the family, a place equated with sanctuary where members should feel protected and loved. Despite the high prevalence of domestic violence in Botswana (Gender Links Botswana, 2012), there is a paucity of studies that report on children’s experiences of domestic violence exposure or retrospective studies that examine this with adults. A study in South Africa reported a 23.5% prevalence of men who were child witnesses of domestic violence (Abrahams & Jewkes, 2005). However, the prevalence was higher for women witnesses, ranging between 31.5% to 35.6% (Jewkes, Levin, & Penn-Kekana, 2002), possibly because girls spend more time with the female caregivers and have more chances of witnessing events unfolding in the household.

Another childhood adversity reported was parental alcohol use. Such behavior increased the occurrence of child neglect and abuse. Furthermore, alcohol is seen as a catalyst for domestic violence (Phorano, Nthomang, & Ntseane, 2005). Studies by Cluver and Gardner (2007), as well as by Seloilwe and Thupayagale-Tshweneagae (2009), report that caregiver use of alcohol predisposes children to maltreatment such as abuse and neglect. Parental loss and separation resulting in children being raised in extended family networks was another adversity that was alluded to. This finding is similar to a review of qualitative studies in sub-Saharan Africa that

addressed child maltreatment among orphaned children and youth living in extended family networks (Morantz et al., 2013). Across all the reviewed studies, orphaned children described maltreatment experiences and risk factors such as living in poverty, non-biological parents, and exposure to alcohol abuse that predisposed them to maltreatment.

In addition to neglect and abuse, cases of household discrimination and child labor were reported (Morantz et al., 2013), similar to this study's findings where single mothers reported being 'treated like a slave' or 'worked like a slave,' compared to the biological children of the guardian. Furthermore, there was concern that they lacked stability due to moving from one family to the next. Fomby and Cherlin (2007) argue that repeated disruptions due to multiple transitions impacts on a child's sense of security, trust, and emotional development. Because of maltreatment, the mothers reported disengaged cohesion between themselves and their parents/guardians.

This is illustrated by the principle of linked lives. This notion argues that social relationships influence individual trajectories through the interactions they have, whether supportive or damaging, thus bringing about some transformations (Elder, 1994). Where there are positive interactions, individuals receive support and can deal with challenges faced. As indicated in this study, the mothers sometimes reported receiving support from extended family networks when their parents were unable to provide such. In such cases, the extended family network stepped in to provide security, protection, love, care, and support to the children (Okeahialam, 1984). Similar sentiments are reported by other studies where a family network is a source of social security and support in times of need when family members are sick, unemployed, and facing any other crisis; at such times, these networks can provide childcare, caregiving, and child socialization (Blanc & Lloyd, 1994; Mokomane, 2011).

In addition to positive family interactions, the majority of women reported negative family interactions, and they spoke to the stress that accompanied this and hence sought connectedness and support elsewhere. The mothers engaged in early sexual relations with older men in search of love, emotional connectedness, and for material gains that were unavailable in their households. This finding is similar to studies by Breiding et al. (2011) and Miller et al. (2006), where childhood poverty, food insecurity, and neglect predispose girls to sexual violence. Breiding et al. (2011) also illustrate that girls not close to their mothers and those not attending school are more susceptible to sexual violence. Studies have shown that this behavior is associated with unwanted pregnancy among other risks, as shown by the women in this study who got pregnant before their eighteenth birthday.

In accord with the linked life principle of the life course, poor interactions in the family, lack of engagement with children, and lack of support can influence one's turning points and life trajectories, as individuals can transition earlier than the norm. The findings revealed that the mothers had early sexual debut resulting in unplanned pregnancies, which affected their socio-economic wellbeing. In Botswana, early childbearing has been a concern, especially where young people dropped out of school (Meekers & Ahmed, 1999). Transitioning into motherhood, with all of its role demands, limits adolescents' quests for educational attainment and career prospects. As argued by the life course perspective, early pregnancy and motherhood is an off-timed transition that can affect human development (Elder, 1994; Elder et al., 2003) if no buffers are available. The life course perspective illustrates that timing of events and transitions are critical in individual development and trajectories.

Early childbearing affects schooling, which in turn affects future income, risk of poverty, and quality of life (Hofferth, Reid, & Mott, 2001). Furthermore, such unexpected and unplanned

transitions create upheaval in roles and routines and further limits social and economic resources and creates level of interpersonal conflict (Osborne, Berger, & Magnuson, 2012). Off-time events and not conforming to the general norms can also be stressful for individuals (Cherlin, Cross-Barnet, Burton, & Garrett-Peters, 2008). Early childbearing is associated with greater risk of social and economic disadvantage (Osborne et al., 2012), as was shown by the findings of this study as well.

Findings showed that the majority of low-income single mothers grew up in poor households and faced neglect. Matshalaga and Powell (2002) air similar sentiments that living in poverty undermines the family's ability to care for children and to provide stability. As such, their transitioning into motherhood was characterized by little familial support, unemployment, and financial constraints. Failure to complete the chronologically ordered developmental tasks in childhood leads to poor adjustment (Peskin, 1973), as time is needed to acquire, integrate, and consolidate adaptive and coping skills before transitioning to the next developmental phase (Petersen & Crockett, 1985). Teenage motherhood therefore affects a woman's ability to complete high school, or to go back to school, to seek and secure lucrative employment opportunities, or even to obtain life skills information that they can exploit for social advancement opportunities.

Elder et al. (2003) also argue that early transitioning into adulthood roles can minimize individuals' positive developmental pathways. Departure from normal timing and expected scheduling of life sequences lead to increased risk for emotional and behavioral problems, as well as emotional trauma. In addition, lack of positive interactions that could have interrupted some disruptive events and process from occurring influenced the mothers' social pathways as they transitioned into early motherhood. As a result, the mothers in this study highlighted the

stress they incurred as they tried to support themselves and their baby. With limited life skills, they failed to negotiate the emotional trauma of early transitioning, which becomes a barrier to future decisions and transitions and thus influencing their life trajectories (Germain & Gitterman, 1996). Furthermore, nonconformity to the normative sequencing of developmental pathways leads to cumulative disadvantages such that individuals experience chains of risks in their life trajectories.

In accord with the life course, transitions have to be age appropriate for one to have positive development. Early transitions at a particular point in time can impact on subsequent life course outcomes as they alter role sequence and disrupt normative development (George, 1993). Throughout an individual's life span development, they experience changing opportunities and constraints across the life course (Heckhausen, Wrosch, & Schulz, 2010). As evidenced by the low-income mothers in this study, they failed to master this age-structured development and to follow the normative way as they faced early pregnancy, became unwed mothers, and had not yet established a homestead.

5.3.1 Pathway to adulthood

The findings align with the two types of women in Hamburg's (1986) typology: problem prone and psychologically vulnerable. Problem prone women are those who engage in risky behaviors, such as early sexual behaviors that might lead to early pregnancy. The psychologically vulnerable are depressed and seek connections through sexual intimacy as a compensatory mechanism to meet emotional needs, which can also result in pregnancy (Hamburg, 1986). Furthermore, because of the women's traumatic past, there is likelihood that they are psychologically distressed. All these factors therefore negatively influence adolescent development and have impacts on quality of life. Given that exposure to adverse childhood

circumstances impairs individuals' functioning during adolescence and throughout the life course, with such histories, the women are at risk of engaging in delinquent behaviors and continue to face a constellation of problems in their life course.

Early pregnancy, as one of the problems they faced, affects the normative social timing and sequencing of events in the life course. Teenage childbearing is a risk factor for poor developmental and social outcomes (Coley, & Chase-Lansdale, 1998) as it restricts options for growth, amplifies environmental adversity, strains coping and social support structures, and forces individuals to enter into less advantageous situations (Maughan & Champion, 1990). Such a turning point in life is characterized by a developmental challenge that require some model of adaptation. The lack of social support to buffer this developmental challenge offsets positive developments and alter lives, creating diversions or distractions from otherwise promising prospects of personal and social development. With no support and no cultivation of human, cultural, and social capital, they continued to be vulnerable to adversities. Further, as acknowledged by donor agencies, African children, especially orphaned children, (and those neglected) lack parental love and guidance and have potential to be dysfunctional adults (Matshalaga & Powell, 2002). Due to the recurrent psychological trauma, poverty cycle, exploitation, and abuse, such children go through, they get exposed more psychological disorders (Sengendo & Nambi, 1997).

Besides early child bearing, other childhood adverse life events and experiences shaped their developmental pathways and influenced engagements in risky behaviors that ultimately altered their socioeconomic trajectories. Due to educational deficits and no social skills, they had limited prospects for attaining jobs and found themselves at a socioeconomic disadvantage instead. The question therefore is 'what does growing up mean?' In Zimbabwe, before the

liberation struggle, transitioning into adulthood was marked by marriage and not age (Francis-Chizororo, 2010) as was the case in other countries in the region. Culturally in Botswana, one is an adult once they get married or have established their own homestead and can independently run it (Driel, 1994). However, in this study, two markers indicated that an individual had grown up: (1) working and no longer identifying as a student and (2) having a baby, even if one was struggling to provide financially. This transition is generally unacceptable both socially and culturally, as it deviates from what the society deems to be acceptable as they had children before establishing themselves to provide and care for them. However, examining the childhood lived experiences, there is evidence that there were some adversities in their childhood. As childhood experience are linked to adulthood experiences, more exploration is needed to make sense of how these experiences are intertwined, and influence life trajectories.

CHAPTER 6: THE REALITIES OF ADULTHOOD

6.1 INTRODUCTION

Transitioning into adulthood is always assumed to follow a normative course: one graduates from college, secures a job, gets married, and starts a family. It is assumed that once an individual has transitioned into adulthood, she is ready to establish her own family as she loosens bonds with her family of origin, marries, and has children. However, not all individuals follow the normative stages of the life cycle as was shown in this study. To understand the lived experiences that low-income single mothers in Botswana have experienced as adults, they were asked; *what are the life experiences of the mothers in adulthood?* Their experiences indicated that they were off time in having children, which for them qualified them to transition into adulthood yet culturally, this was deemed early as they have not yet established themselves, and had not followed the sequence of working, establishing a homestead, and being independent and in a position to provide for themselves and their children.

The majority of the women in this study deviated from the normative pathway as they had children before marriage, before securing a job, and even before creating a home. Going through unpredictable events such as childbirth can be stressful. For the women who participated in this study, some of the early experiences they went through included the death of a parent or guardian, early pregnancy and childbearing, and having to provide for themselves at a young age. They also experienced some trauma and vulnerabilities in their upbringing. Transition into adulthood, therefore, was not necessarily marked by age but by some events that occurred in their lives.

However, there are cases of some women whose transitioning into adulthood was prolonged mainly because of over-dependency on their parents for financial support, which caused some developmental arrest and refusal to accept the responsibilities of adulthood. Such individuals faced some struggles upon death of their parents and guardian.

Transitioning into adulthood comes with its own roles and responsibilities, and women talked about some of the challenges they faced. The low-income single mothers reported that even in adulthood they still faced some adversities, which included living in poverty, domestic violence, poor health, intimate partner violence, multiple loss and trauma, feelings of neglect, and not being appreciated by partners. Below are the adult stories of the participants in this study.

6.2 NARRATIVES OF ADULTHOOD EXPERIENCES

6.2.1 “Botshelo bo thata”: Narratives of living in poverty

Botshelo means *life*, and *bo thata* means *it is difficult*. Participants narrated difficulties of living in poverty. The majority (9) of the women admitted to living in poverty and not being able to fully provide for themselves and their children. They depended on the government Drought Relief Assistant program (Ipelegeng), which pays about \$56.00 per month. In this program, however, one can only work for a month and then must wait three months before being hired again. Women also engaged in menial jobs to help sustain themselves and their families. Three women reported working as a shop assistant or clerk, another owned and ran a truck-shop business, which she ran from home and that sold everyday small household items. Another was in hairdressing business, which she ran from her home, and another bought and sold clothes from neighboring Zambia.

Even though these women reported engaging in these businesses, they still reported that they made insufficient money to sustain their families. Masa, who was involved in cross-border buying and clothes selling, revealed the risks involved in this business. For these women, being low-income entails a lack of assets, food, and inadequate or no income for sustaining the family's basic needs. These women can be seen as victims of structural and individual poverty. Structurally, they have no prospects of employment as they have low education, and, individually, they have no means to alleviate poverty. Such situations are worsened by living in rural areas where there are no industries, factories, or even large supermarkets.

Even though social welfare services exist for the needy population and provide social safety nets, all the women recounted that, their efforts to be registered in these services proved futile. The women reported that specifically they wanted to be registered under the Revised National Policy on Destitute Persons. Even though over the years this program has benefited many people who passed the eligibility criteria, it also excluded large numbers of people because of the definition it used. The women in this study were informed that they did not qualify due to their age and were physically and mentally capable of working. However, some of the women were exhilarated that the welfare office agreed to help their school-going children by paying for school fees and the children's school uniform under the "Needy Students Program".

The government developed several poverty eradication projects to help in attaining food security and a minimum sustainable livelihoods amongst disadvantaged individuals and/or families. It was hoped that such projects would economically empower the beneficiaries. It is through these initiatives that Segopotso got a startup for a poultry-rearing project. The idea was that once she got the first clutch of chicks, then they would reproduce and she could sell some for meat and help sustain her family. She reported that the chicks died within a week of receiving

them and since then she did not have any help. Masa and Mareledi benefited from the small stock project were they got involved in goat farming. Masa reports that most of the goats she got died within a few months and that she had not received any help since. As for Mareledi, she still has the goats, but was not thrilled for this project as it was not what she wanted. With no interest in farming, she enrolled in the program as she did not want to be viewed as selective, yet she had nothing.

The frustrating thing about these welfare projects is that they do not have immediate benefits, which the low-income mothers were looking for. The mothers reported that though they were appreciative of the projects, they still struggled to meet their immediate needs, which were to provide food for their families. Having to wait months before one could reap the benefits did not help the mothers as they continued to endure daily stresses for feeding their families. Having to wait for months therefore for the projects to bear fruits was a daunting reality for the mothers. Also, living in a rural area added to the challenges, as there was no market to sell the produce; many families in the area already had their own goats or chickens and were not willing to buy from others.

Despite leaving in poverty and struggling to make ends meet for their families, some of the women indicated that they would not seek assistance from relatively wealthier people in their neighborhood or extended family members. With a frown, Kefilwe said,

I don't want people to say if it was not for me...then she would be struggling even more.

Kefilwe was raised by her grandmother before her uncle took her to go to secondary school. Her mother was never around. Even though all her life she depended on her extended family, she feels that now she does not want to bother them and would rather be independent and not ask for anything from them. She reported that even though she is grateful that her mother,

sister, and aunt had helped to take care of her three children before, she was stressed that they always judged her and wanted to control how she lived her life and interact with her children when she visited. To address, this, Kefilwe decided to take her children and raise them by herself regardless of the challenges faced. Basetsana, however, had a contradictory story. Despite the struggles raising her five children, and having to do menial jobs for survival, she claimed that she prefers her independence and not having to ask or rely on anyone. Surprisingly, she indicated that whenever there was no food, she would go to her older sister's house or other extended family members to cook and eat with her children. Further, her three older children regularly ran away from her home to their maternal aunt's home where they would spend more time. She acknowledged that they probably were attracted to being there so as not to starve. As her voice trailed off, Basetsana recounted;

Life is difficult. At times I don't know what to do when there is no food in the house.

As Basetsana narrates how they go days without food and that she has to ask from other people, her face bears the expression of hopelessness. Even the way she talked, there was dispiritedness and a sense of self-despair. In some cases, she looked distant and seemed to get lost in her thoughts or would pause as she talked, as though trying to remember something. Her hands looked chapped, and her skin looked dry and rough, probably a sign of spending many hours in extreme weather conditions working in harsh conditions to provide for herself and her children.

Even though, in most cases, these women might feel that they had lost control of their lives and felt detached, and were coupled with a series of crises and had a sense of despair or stress, they still possessed a sense of agency, in terms of taking control of raising their children. This gave them a sense of purpose as they continuously indicated that they did their best to

ensure that their children were provided for. A sense of pride was evident as they indicated that they would rather drink water with their children and go to sleep instead of having to continuously ask for food from neighbors and other family members. They narrated that by constantly asking for help people tended to look down upon you and also to start talking around the community about what a failure you were.

6.2.2 “Kgokgontsho le dintwa tsa baratani”: Narratives of intimate partner violence and abuse

Kgokgontsho means *abuse*; *dintwa tsa baratani* is *intimate partner violence*. Intimate partner violence (IPV) and abuse was common amongst the women. Majority of the women detailed how they were subjected to intimate partner violence throughout their adult life. They stated that since their sexual initiation, violence and abuse has been a major part of their lives. Financial abuse was also illustrated where some men would not be willing to pay child maintenance, yet would keep promising that they would. Further, their partners would constantly belittle them and even go to the extent of taking the money they would have worked for to spend on alcohol.

Some mothers disclosed that they stayed in abusive relationships because of their dependency on their partners. For these women, living in poverty was therefore linked to exposure of intimate partner violence. Additionally, as most of the women were exposed to violence in their childhood, they somehow had learned that staying in the kind of relationships as their mothers and grandmothers had endured such without taking action or leaving was a pattern to follow.

Basetsana, a mother of five children, reported that four different men father her children. She narrated how her first partner was physically abusive, and she ended up running away from the village to stay in another village for fear of her life. Her second and third partners were no

different; they beat her, and she stuck around as they provided for her and the children financially while she did not have a job to sustain herself. Staring into space, she said,

My baby's fathers would beat me up and insult me. I endured all this because they provided for the children and me. I had no way to go. I lived under physical abuse, and I ended up running away, realizing that they might kill me. At the moment, I am happy with my partner.

As she recounted her ordeal of domestic violence and how she felt helplessness and not knowing where to go, one could see the glumness and pain in her eyes. Years of being in an abusive relationship had taken a toll on her, as she continuously stated how she was not even allowed to visit her extended family members. She also shared that occasionally, when she remembers those encounters, she gets heart palpitations. She also reported that since her physical abuse encounters, she struggled to do manual work as she would experience pain and thought that this was caused by her exposure to the physical abuse.

In another case, Shelly, a mother of five children, reported that she had endured intimate partner violence at the hands of her children's father. She remarked that all the men she had been with had been abusive. When she left the first one, she thought she would never have to undergo abuse again. However, the second man, who fathered her last children, was equally abusive. Despite asking for family intervention, she reports that it did not help and eventually she had to go to the customary court for intervention, after which the violence subsided. However, occasionally she still encounters episodes of emotional and verbal abuse. She lamented,

My baby's father used to abuse me; he would beat me, and he drank a lot. He was so abusive. When he was drunk, he would shout at me, beat me even if there was no reason. Family members' intervention did not work until I went to the customary court. Thereafter, it improved, as there were no more beatings, only shouting and insulting (Shelly, 36 years).

Shelly's illustration shows that some women feel it is okay for them to be abused or beaten, if they have done something wrong. Such can be an indication that their self-esteem

might have been eroded, having gone through domestic violence in their childhood and intimate partner violence as adults, such that male partners have successfully eroded their confidence.

Why women stay in violent relationships is puzzling. One might think that women could easily walk out of the situation instead of enduring the violence and pain and exposing children to such. However, these women's narratives detailed different reasons for why they took long to walk away or why some are still in violent and abusive relationships. Some narrated how they would be afraid of running away for want of money and fear that the man would eventually find them and punish them for running away. Since they are regularly belittled, which kills their self-esteem, they sometimes believe they would not be able to survive without the abuser. Also, they talked about the threats they hear regularly, which further entrap them in abusive relationships. Such threats include that the partner would take the children and leave them with nothing or kill them and their family members. Abusive relationships had been likened to a spider web that traps its victims. As a result of threats, fear, and financial hardships, women are inclined to be compliant and stay in abusive relationships.

Besides intimate partner violence and abuse, 23-year-old Segametsi, a mother to a one-year-old daughter, reported that her mother was emotionally abusive towards her. She grew up staying with her grandmother after her mother abandoned her to stay in town. She reported that her mother did not even visit and was not supportive. Her mother eventually came back to settle in the village while Segametsi was still in boarding school, and she later joined her after completing form three and not being able to go further as her performance was not good. Segametsi recounted that she used to work in town and then settled at the village with her mother after having her baby. She stated that she does not have a good relationship with her mother, who

despises her. She sadly reported that her mother would dismiss or undercut her when talking to her. She sobbed as she said,

Mum uses vulgar language, such will make me go back to my grandmother. I really wanted to be with my mother, but... it's difficult being with her. She always insults me, telling me that I am worthless.

This shows how a lack of maternal attachment that developed in early years can continue into later years. Segametsi's intense longing for love and validation from the mother contributed to her eventually moving in with her. However, the lack of validation, and the mother being emotionally disconnected from her daughter, gave Segametsi a gut-wrenching feeling of self-doubt and being not worthy of her mother's love and attention.

6.2.3 "Bojalwa ga bo na mosola": Narratives of substance abuse

Bojalwa means *alcohol*, *ga bo na mosola* means *it has no value*. Even though substance use was not reported by many mothers in this study, Segopotso, a mother of nine children, did allude to abusing alcohol in the past. She regretfully narrated how her life was hard and the struggles that she had gone through to provide for her children. At the time, she reported that she was staying in town and that it was not easy to find jobs as she also had to grapple with childcare. With a hangdog look, she admitted that drinking was an escape from reality as it helped numb her to the reality of financial strain and problems, even though for just a short time.

With shame in her voice she remarked,

From 1992 until 1998, I used to abuse alcohol. I was hoping all my worries would disappear...forget, all my struggles. Every morning though the children would be there looking for food.

Self-medication using alcohol was an easy and understandable escape for Segopotso. This might have been a negative response to motherhood—at the time, she was a twenty-two year old mother of three children, each a year apart and all less than five years olds—when she

had no support. Unfortunately, as she narrated this experience, one could tell the pain and guilt. Retrospectively, she indicated that was a pullback for her, as it seemed more and more problems were catching up with her. Not only did she neglect her children but she also exposed them to danger. She acknowledged that it delayed her progress in life and that it might have brought her some social ills such as HIV. She reported that during that time, two children were born, but she could not identify whom the fathers were. Feelings of remorse could be seen on Segopotso's face as she continuously mentioned how this drinking behavior, which she referred to as the dark side of her life, not only affected her but her children.

Some life experiences, such as childhood adversities, can expose women to alcohol abuse. For example, Segopotso experienced some adversities as a child, including sexual abuse and neglect. Victims of childhood abuse are likely to have an increased risk for alcohol abuse as adults. Failure to provide protective measures as well as treatment for abuse can have implications later in adult lives. This can include abusing alcohol as an escape route and coping mechanism for personal problems resulting in the neglect of parental responsibilities. As alcohol is viewed as a priority, and a coping mechanism, the limited resources that were initially dedicated to household sustenance are diverted to fulfilling this negative coping behavior. The ripple effects of alcohol abuse can result in one contracting HIV and unplanned pregnancies. This was also illustrated in Kefilwe's narrative on how she resorted to alcohol use.

Kefilwe reported that alcohol provided her with a numbing effect that helped her to forget the problems she was encountering. With feelings of rejection from her mother, she engaged in a relationship with a man who was abusive. Even though she was aware of HIV transmission, she felt powerless in her negotiation of safe sex and was overpowered by her abusive partner and engaged in unprotected sexual intercourse resulting in pregnancy and HIV infection. Using

alcohol for her, therefore, served to reduce her conscious awareness of the risks associated with unprotected sex as well as dealing with the violence she was enduring.

Single mothers are continuously trapped underneath a mountain of responsibilities to ensure that children are provided for. In most cases, they have to juggle between household chores and trying to find or engage in work activities to generate income. Less support, financially and socially, to raise children can be overwhelming; consequently, single mothers can turn to other strategies for relief.

6.2.4 “Botsogo bo ko tlase”: Narratives on dealing with poor health

Botsogo means *health*, *bo ko tlase* means *it is low*. Almost all the women (9) who participated in this study are living with the HIV virus. Besides being HIV positive, some reported some illnesses such as low and high blood pressures. Those living with HIV reported that they were taking anti-retroviral drugs (ARVs) and that this medication makes them weak and incapable of doing heavy work. Segopotso reported that on many occasions she gets swollen and painful legs, as a side effect of the ARV medications, which make it hard for her to walk around, let alone engage in any manual work to help provide for her and family.

Many low-income single mothers in this study had been impacted by HIV, which is not surprising, as it is reported that HIV is common amongst the disadvantaged groups facing economic adversity. Further, it is not startling to hear that most of the women in the study are HIV positive in light of their experiences with intimate partner violence throughout their life course, which is linked with increasing risk of contracting HIV. Since the women lack an employable skills-based education, and have limited resources, they become vulnerable to HIV infection because of their dependency on abusive male partners for economic resources. Further,

due to their economic dependency, they fail to negotiate safe sex thus more likely exposing them to STIs and unplanned pregnancies, and escalating their stress.

Dealing with daily challenges, which include parenting alone with limited resources and responsibilities such as household chores, can cause a significant amount of stress for a single mother. Such responsibilities can be physically and emotionally demanding and can take a toll on their mental health. Furthermore, hanging in limbo waiting for child support from a child's fathers that never arrives can be stressful for the mother as well along with intimate partner violence. The stressful life events that single mothers' face can pile up and lead to a mental health crisis, as was illustrated by Segopotso and Kefilwe who turned to alcohol as a way to self-medicate.

Besides self-medication, one of the participants, Masa, reported that she had been suicidal. Upon losing her mother, who was her source of support, both socially and financially, Masa was heartbroken and felt hopelessness. With tears of despondency cascading down her cheeks, she said,

The death of my mother made me stay home with my younger brothers and my children. Since then all the roles and responsibilities of a parent were on me. ...At times as I sit, I remember my mother and I would start crying. I think of many things, and all the roles she performed. I cry a lot...I used to stay indoors a lot, going through so many thoughts, wrestling with the idea that I should kill myself, or maybe I should buy rat poison, to poison my children, then we can all die. What should I do, I just had so many thoughts.

Feelings of isolation, self-doubt, and withdrawal are not uncommon among people grappling with mental health issues, and such is the case with Masa. Masa, who had been dependent on her mother for all her life, was faced with a mountain of responsibilities with no income, escalating her financial hardship and having no social support from her extended family members. Her escape was committing homicide and suicide. Luckily, a friend of hers came,

rescued her, and encouraged her to seek professional help from social workers and help from the church.

Low-income mothers are a vulnerable group faced with some social and health issues. While some are HIV positive, others, in addition to HIV infection, can struggle with psychological health issues and stressors due to their low-income status. Further, food insufficiency that is part of the women's life leads to dietary deficiencies and poor nutritional intake for themselves as well as for their children. Engaging in manual and heavy work also adds strain on their already weak bodies, further weakening their immune system.

6.2.5 “Ga ene ya komakoma”: Narratives of multiple losses and trauma

Ga ene ya komakoma means *one is surrounded by life tragedies, one after another*. These include the death of loved ones and separation due to other factors. Losing a loved one is painful and traumatic. The loss is even more profound if that individual was one's pillar. Masa experienced an inconceivable amount of loss. She grew up under the protective cover of her mother who provided for her and siblings. Even though she spent most of her time with her grandmother, her mother ensured that she was well provided for. When conditions worsened at her grandmother's, she moved and stayed with her great-grandmother, who later died and then stayed alone until her mother moved to the village to be with her. Around the same time, she lost her baby brother, who was about two months old. Her mother was a tailor, and through this business, she was able to provide for her family.

When Masa had her first child at 20, her mother took care of them both. Another traumatic experience that Masa went through was the breakdown of her engagement, which she believed to have been influenced by her maternal uncles. Her uncles felt that traditional procedures for seeking her hand in marriage were not followed, since the marriage proposal was

sent to Masa's father, who never paid for damages and never provided maintenance when she was born, as is culturally expected. Despite her mother trying to explain to them that Masa was not aware and was not knowledgeable of this, and that they should correct and proceed with negotiations, the uncles would not budge. As a result, her fiancé and his family eventually pulled out of the negotiations and never married her. This experience was traumatizing for her as she had her heart set for the marriage and thought she would have someone to support her and her children. At the age of 30, she lost her mother, who had been her pillar in life. All these losses and trauma affected her life greatly; hence, she has had suicidal thoughts as illustrated in the above quote.

Masa's story illustrates the effects that one can have in response to multiple losses and trauma. Hopes of marriage quickly vanished, as her uncles were not supportive. Further, she was bestowed with multiple roles and responsibilities as the oldest child upon the death of her mother. Not only did she have to ensure that she provided for herself and children but her younger brothers, who were still in school. Her life was altered overnight from working away from home to now having to stay home with the children all the time and ensuring that they were provided for. Isolating herself from reality came with her grieving; suicidal thoughts are not uncommon in such cases.

Despite Masa finding herself at the far extreme of hitting rock bottom, such was not the case for all participants, as some low-income mothers had (and have) strong social support systems. This is demonstrated by Mareledi, who also experienced some loss but fortunately had a social support system that enabled her to cope much better compared to Masa whose support system was weak. Mareledi grew up surrounded by a strong support system, including her mother who worked for the government, her aunt, uncles, and grandmother for social support. At

26 years old, Mareledi lost her mother, and she had to move in together with her siblings and children with their grandmother. Two years later, the grandmother died, followed by the aunt who also died two years later. All the women who have had significant influence and support in Mareledi's life were gone, but still she could depend on her maternal uncles. Having a close-knit extended family is beneficial in times of loss and other hardships as they provide the needed support to help cushion individuals from hitting rock bottom, as illustrated by Mareledi's narrative.

Some low-income mothers not only lost their parents or guardians but also their children. Mostly, the women lost a child in the early months after birth or miscarried. They acknowledged that as tragic, and that they had gone through mixed emotions from excruciating pain to alternating numbness. Even though they had a limited chance to know the child, they still hold on to the memories and expectations that, at the end of pregnancy, comes the baby. They reported that despite the loss, they still had to be strong for the other children.

Lack of support of low-income mothers after leaving the hospital might also be escalating the rates of child mortality, hence there is a need for intervention for children born to at-risk women. With loss, individuals experience unutterable feelings, and this can have detrimental effects on their mental health. This was illustrated by some women, who acknowledged isolating themselves from other people after losses, which can be a sign of struggling with a mental health issue. With limited time for grieving, these mothers can be faced with prolonged stress as they juggle to provide for themselves and their children with no support, further exposing them to risks of mental health issues.

6.2.6 “Ba re ga ke mosadi...”: Narratives of being single in an unsupportive community

Ba re ga ke mosadi, means *they are saying I am not a woman*. Several mothers reiterated this as they poured their hearts out about the frustrations of singlehood. They narrated that they wished their partners could propose marriage but they had been silent about the subject. This frustration was borne due to the stigma attached to being single and being perceived as not woman enough by some members of the community. With feelings of exasperation, some women narrated;

People belittle me saying that I am not woman enough even though I am in my own home. They say since I am not married, then I am not a woman (Kedibonye).

Another issue that pains me is that this man is not talking about marriage, he is silent (Shelly, 36 years).

Some of the low-income single mothers in this study are undeterred in their ambition to marry someday. They acknowledged that they are aware of financial hindrances that make it hard for their partners to propose marriage. Even though they did acknowledge that their partners do struggle to support them and children, and that it will be a tall order to even think of paying the bride price, they still insisted that they would like to be married and that bride price should be paid.

Culturally, if a man proposes marriage, the woman’s family charges him a bride price. The bride price ranges between 4-8 cows each costing about P2000.00 (\$200.00) and some clothing and blankets for the bride and some of the members of her family, which can total about P2000.00 (\$200.00) as well. As such, for those struggling to meet their basic needs, this becomes a challenge. Even though the low-income single mothers did realize the cost for the marriage and that their partners might not be able to cover the costs, they were still adamant on getting married with bride price being paid. Optimistically, Kedibonye had this to say,

My parents have to eat something (bride price). I have long endured his abuse and given him all these children. The least he can do is pay bride price.

With perseverance, some low-income single mothers believed that their men would eventually come around and pay a part of the bride price. Marriage for these women implied womanhood, self-definition, and a gain in social empowerment and social status. The mean age for the women in the study is 35 years, a period referred to as adult crisis. However, for those in their 40s, they feel time is running out, and are facing singlehood panic and societal judgment for them remaining single.

Even though some of these women were in expressing singlehood panic, thirty-nine year old Mareledi and a mother to two teenage daughters and two sons, had a different perspective to marriage. She acknowledged that she once yearned for marriage, but her perspective had since changed. She now does not want to create a revolving door of men in her children's lives. Further, she criticized marriage, outlining some of the negative experiences such as abuse and domestic violence that some women and their girl children go through in this institution. She contorted her face in disgust and remarked,

Things that happen around here, today you open a door for one man and tomorrow he looks at your daughter as a woman, you see what I mean. Maybe if you stay single, you are better off.

Cases of stepfathers, or a mother's partner, sexually abusing their stepdaughters are perceived as rampant in the country as shown by newspapers headlines: *Stepdad accused of raping step-daughter* (Madondo, 2016), *Ruling in stepdaughter defilement case deferred* (Morewagae, 2008), *Demented husband ravages step-daughter* (Nyirenda, 2008). This has instilled fear in some women such that they prefer to be single mothers despite the challenges that come with it. Some had also mentioned that, in spite of the HIV pandemic that had hit the

country, they are lucky to be HIV negative and would prefer to remain HIV negative, i.e., would not bother looking for a partner who might be abusive or even infect them.

6.2.7 Summary of findings

The mothers narrated their adulthood experiences, which include living in poverty, intimate partner violence and abuse, substance use, poor health, multiple loss and trauma, and stressors around being single mothers. The mothers indicated that due to low skills, they were unable to obtain secure jobs, hence they tended to depend on male partners, which exposed them to increased risk for intimate partner violence. Some reported to using alcohol to numb the pain of struggling to provide for the children. However, such behaviors also further exposed them to poor health while also mentally and physically dealing with health issues such as HIV. They reported that taking HIV treatment had also complicated their situations as the side effects of the medication can make it difficult for them to fend for themselves and their children due to being continuously ill and too weak to engage in manual work as a means of survival. Furthermore, struggles of loss and trauma have affected their life and limits the support they have. They also narrated the stress of being single as the community stigmatizes them.

6.3 DISCUSSION

This chapter detailed the adulthood lived experiences of the poor single mothers in Botswana. Findings indicate that some trajectories were a result of cumulative impact of experiences from childhood. These are discussed below in relation to the literature.

Living in poverty was a common theme narrated by the single mothers in Botswana. Poverty is reported to be common in rural areas and amongst female-headed households (BIDPA, 1997; CSO, 2014; Greener, Jefferis, & Siphambe, 2000). Women's narratives vividly depicted the constant struggle of providing food for themselves and their children. They also

illustrated that their standard of living and quality of life was poor as they had no marketable skills to secure jobs. Some factors contributing to single mothers' poverty include lack of extended family support, less education, and high dependence ratio (Jefferis, 1997), themes that were unanimous among the study findings. The findings indicated that the majority of the mothers (86.7%) did not complete the nine years basic education, which as illustrated by Siphambe (2003) is capability poverty, and common in Botswana among people coming from poor households; as such, "With the children of the poor unable to attend school because of the poverty of their parents, it is likely that poverty will be passed on to the next generation" (Siphambe, 2003, p. 4).

This quote illustrates that intergenerational transmission of poverty is common. Similar sentiments were revealed in the findings as the women detailed their experiences of being exposed to poverty in their childhood. In accord with the life course, this shows that there are multi-level processes that interact in the life of the women from childhood that subsequently influenced the poverty trajectory. Poverty, especially food insufficiency, has been linked to poor health. Gillespie and Kadiyala (2005) argue that HIV and food insufficiency are inextricably linked. Food insufficiency among women is reported in a Botswana study by Weiser et al. (2007). In Uganda, Miller et al. (2011) also report that food insecurity is linked to risky sexual practices among women living with HIV, as they continuously engage in transactional sex to alleviate their hunger. They report that lack of food might increase sexual risk-taking behaviors as women lack the ability to negotiate condom use due to their vulnerability (Miller et al., 2011). Even though this theme was not central in this study, women reported engaging in relationships with men for economic gain. As illustrated by the life course, being aware of human lives in

context is critical, because it allows understanding of the events, transitions, stressors, and how these shape and influence life course trajectories (Elder, 1985; 1995).

Since women lived in poverty and faced food insecurity, these could expose women to endure intimate partner violence due to economic dependency (Modie-Moroka, 2010). Violence against women is a public health problem and a violation of their rights (WHO, 2013). Defined, intimate partner violence is self-reported experiences of one or more acts of physical and/or sexual violence by a current or former partner since the age of 15 years (WHO, 2013, p. 6). Findings from this study detailed narratives of intimate partner violence (IPV) and abuse among the single mothers. IPV as reported by the mothers was mostly physical and emotional. Experiences of intimate partner violence were reported in a study in Maun, Botswana. Barchi, Winter, Dougherty, and Ramaphane (2018) found that amongst the women surveyed, 35.9% experienced physical, 23.3% psychological, and 9.6% reported sexual violence. The mothers described enduring violence mainly because of their dependency on the perpetrators.

Intimate partner violence is common in Botswana (Gender Links Botswana, 2012; Modie-Moroka, 2003, 2010). About 67% of women surveyed in Botswana had experienced IPV (Gender Links, 2012). In her study of women in Botswana, Modie-Moroka (2010) reports that poor women with dependent children face economic pressures that makes them vulnerable to intimate partner violence and often unable to escape the violence. Fear that they would be with no source of food, shelter, and source for other life necessities made women stay in abusive relationships (Andersson, Ho-Foster, Mitchell, Scheepers, & Goldstein, 2007; Modie-Moroka, 2010). Furthermore, food insecurity, unreliable social safety nets, unemployment, and lack of economic opportunities made women remain in abusive relationships (Miller et al., 2011). In

addition, women remain in violent relationships because they have lost their self-esteem (Modie-Moroka, 2010).

The mothers in this study reiterated experiences where they were shouted at and insulted by their partners. They were also not allowed to visit family networks or friends or were threatened that the children would be taken from them. Such experiences are common around women's abuse emotionally (Gender Links Botswana, 2012). Gender Links Botswana (2012) also states that economic violence is where there is withholding money and taking partner's earnings; similar themes were reported in this study. Findings revealed that the mothers' earnings were taken and that they would be promised child maintenance that would never arrive. In accord with the life course's principle of linked life, it shows that their interactions with their partners were not healthy and might have affected their health and life trajectories. Such experiences can make women feel trapped in their relationships with a violent perpetrator, which can constrain individual opportunities (Dominguez & Watkins, 2003).

Furthermore, the life span development principle illustrates that to better understand individual's development and behaviors, there is a need to understand their earlier times and events they went through (Baltes, Lindenberger, & Staudinger, 2006). As such, to understand why women stay in abusive relationships, we need to remember that these women were exposed to domestic violence in childhood. Such a developmental trajectory, therefore, could have left an imprint in their life for future intimate relationships. Since their female guardians stayed through the abuse and violence, such behavior by the women around staying in violent relationships could have been learned in childhood. As illustrated by Wolf, Gray, and Fazel (2014), children exposed to violence can learn to normalize that violence and expect it as adults. Intergenerational cycling of violence is common among women who have witnessed a mother's abuse (Jewkes,

Levin, & Penn-Kekana, 2002). Similar sentiments are reported by Modie-Moroka (2010) that past exposure and witnessing of violence is common among women currently experiencing violence. She also states that women experiencing violence tend to have serial violent relationships in their lifetime, a mutual theme shared by the single mothers in this study. Furthermore, in their study Barchi et al. (2018) found that childhood exposure to violence increased the odds of adulthood intimate partner violence.

Living in poverty and exposure to intimate partner violence was evident in this study. Poverty and intimate partner violence are intertwined, as there is economic dependency by women on male partners (Modie-Moroka, 2010; Mookodi, 2004). Women's economic disadvantage is a risk factor for experiencing intimate partner violence. Several studies have established a relationship between poverty and violence (Goodman, Smyth, Borges, & Singer, 2009; Jewkes et al., 2002; Modie-Moroka, 2010). Women's risk to IPV includes limited access to social welfare systems for economic support (Goodman et al., 2009), when it is available at all. Such a limitation heightens women's risk for IPV as they have no other means to rely on (Purvin, 2007) and must rely instead on the abusive partner (Goodman et al., 2009). This is similar to the findings that women narrated in this study: that their efforts to seek help from the welfare system proved futile. Furthermore, women narrated that their family networks were not supportive or not supportive enough. Having a strong family support system is a protective factor against IPV (Burton, Duvvury, & Varia, 2000; Jewkes et al., 2002).

Even though the low-income single mothers were dependent on their male partners and fathers of their children, these men were also reported to be living in poverty and made only a slight income through cattle herding, through being laborer, or a hired hand. Women narrated that men could go months without earning an income and thus failed to help provide for their

children. Even under these circumstances, women still faced violence, as men would take the money women made through doing household chores and be violent toward them.

Gelles (1972) argued that men living in poverty are violent as a response to the stress of the failure to meet manhood status, which further affects their male identity, i.e., being in a position to financially provide and to be able to pay for bride price (Modie-Moroka, 2016). Failing to meet these standards due to economic disadvantage, they can turn to other ways that enforce their patriarchal code, including the use of force, violence, and coercion towards women (Modie-Moroka, 2016). Violence becomes their way of expressing their power and dominance over the women they fail to support economically (Jewkes, 2002).

Intimate partner violence is a risk factor for risky sexual behaviors as well. Women who reported abuse in relationships indicated that they were afraid to engage in safe sex negotiation and had experienced coerced sex, which made them vulnerable to HIV infection (Modie-Moroka, 2016; Rodrigo & Rajapakse, 2010). Vulnerability to HIV is increased by inconsistent condom use and having multiple concurrent partners (Miller et al., 2011; Weiser et al., 2006). In Botswana, HIV prevalence among women is 20.8% (BAIS IV, 2013). Similar to findings in this study, majority of the single mothers reported living with HIV and were taking the antiretroviral drugs (ARVs). Women's vulnerability to infection is linked to insufficient access to economic resource and education (Kalipeni, 2000) as well as to intimate partner violence (Jewkes et al., 2002; Modie-Moroka, 2016).

As illustrated in the women's narratives, they lived in poverty and faced challenges such as food insufficiency, and at times had to endure intimate partner violence so that they could get by materially. The findings illustrated that the single mothers had early sexual initiation, and this is associated with high-risk sexual behaviors as adults (Modie-Moroka, 2016). As women relied

on manual work, and having to grapple with poor health and ARV medications side effects, they experienced less productivity around providing for their households. Similar to the available literature, individuals' ability to produce food is affected by HIV and AIDS (Gillespie & Kadiyala, 2005) as well.

Another pathway to engaging in risky sexual behaviors involves the use of alcohol (Fritz et al., 2002; Simbayi et al., 2004; Weiser et al., 2007; Weiser et al., 2006). The findings highlighted that the mothers have used alcohol in the past, and they talked about unprotected sexual relations and unplanned pregnancy. This behavior is supported in the literature where heavy users have more concurrent sex partners (Morojele et al., 2006) and less and inconsistent condom use (Dunkle et al., 2004; Simbayi et al., 2004; Weiser et al., 2007). Several studies have established a link between alcohol use and sexual risk for HIV infection (Campbell, 2003; Kalichman, Simbayi, Kaufman, Cain, & Jooste, 2007; Weiser et al., 2006).

Another theme that came up in the findings was strained relationships between the participants and their mothers. In one case, the daughter reported having no close relationship with the mother because of their past, while in another case, the daughter was seeking to establish a relation with the mother who was indifferent. In all cases, the findings pointed to past child neglect. Mother-daughter relationships are developed early on in life, as illustrated by attachment theory, which explains that an affectionate bond between two individuals is formed and endures through space and time and serves to join them emotionally (Fahlberg, 1988). Failure to achieve or maintain this bond can result in conflict, which was illustrated in the findings by the mothers who report being abused by their mothers and struggling to connect. In Botswana, like other African countries, grandmothers assumed the caregiving role (Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993) when biological mothers were absent for various

reasons. Even though that was the case, the norm was that the mother would occasionally visit to check on the child.

The findings illustrated that failure of the biological mother to check on the child resulted in a weakening of the mother-daughter attachment, such that the mothers may now feel indifferent to their daughters, which can also be described as being abusive. No studies had been conducted to date in the region exploring or explaining mother-daughter relationship dynamics. The findings here point to a need for further studies to explore this theme, especially in cases where the grandmother assumed the role of primary caregiver for girl-child.

Besides strained relations between mother and daughter, the finding in this study elaborated on the single mothers' experiences of parental death and child death exposing them to multiple loss and trauma in their lifetime. Some experienced prolonged separation and neglect from their parents in childhood, and eventually the parent dying. In such cases, grieving can be complicated as it takes place in the context of a problematic relationship that had already altered parent-child relationships and parental availability (Harris, 1991). However, parental death is a critical life-altering event and comes with trauma and pain (Stokes, Reid, & Cook, 2009). It typically comes with some disruptions in family life and affects the child's developmental trajectory (Biank & Werner-Lin, 2011). In this study, some mothers reported that the surviving parent struggled to provide for the family and children had to be more engaged in family income generating activities. Besides the loss of financial security, there were also emotional and behavioral problems for adolescents who lost a parent. The adolescent stage is critical developmentally (Miller, 1971) and there is likelihood of depression and a sense of increased sense of maturity (Harris, 1991) when children take up more roles in the household, as was seen in this study's findings.

Some women specifically lost their mothers. Even though, all the women reported that it had been more than five years since losing their parents or caregivers, they were still shaken, some because they had relied on them for support, both emotionally and financially. Parental death therefore can mark the end of childhood (Edelman, 2006) as was demonstrated by Masa; not only treated as an adult upon the death of her mother, she had relied on her mother for financial support and childcare. As such, when her mother died, Masa had to grow up, take on all of her mother's responsibilities, and start providing for herself, her kids, and her younger siblings.

As death is coupled with life disruptions, there are also life stressors, and responses to the stressors can be chronic and health threatening (Biank & Werner-Lin, 2011). For example, Masa narrated her struggles with loss of her mother and that she had contemplated suicide. The longing for the deceased parent intensifies the grieving process as one wrestles with feelings of loss and abandonment while still having to navigate through the life course (Edelman, 2006). Grief becomes merged into emotional development throughout the life span (Edelman, 2006).

Besides parental death, the single mothers also narrated their experiences of losing a child. Even though the three mothers who lost a child or children (Basetšana, Kese, and Segopotso) seemed to downplay their emotions, generally, the death of a child is overwhelming and a life threatening experience (Rubin & Malkinson, 2001). In Botswana and the region, there is scarcity of studies exploring the experiences of mothers who have lost a child and how they deal with the aftermath of the death. The mothers' in this study either had a miscarriage or lost a child before their first birthday. UN (2015b) argues that for children to survive there is a need to consider factors such as the health condition at birth, household poverty, accessibility to health care, and the mother's HIV status. Since the mothers in this study reported living in poverty, and

were HIV+, these factors could have affected the survival of their children. Furthermore, health care accessibility might have been a problem as well, as the mothers reside in rural areas, where Statistics Botswana (2012) reports higher rates of child mortality. In rural areas, timely access to health services maybe delayed due to poor road conditions and high transport costs (Ngwenya & Nnyepi, 2011). In addition, access to clean water as well as physical living conditions can contribute to child health and mortality. In rural areas, it is common for households to use untreated water which poses health threat to households as it is worsens already prevailing poor sanitation level (Ngwenya & Kgathi, 2006). Maternal education level and household resources is associated with children's nutritional status. Lower educational level for the mothers affected children's nutritional intake (Ngwenya & Nnyepi, 2011), which can eventually led to child mortality.

Lastly, there were mixed messages about marriage for the participants. Some reported their frustrations of being single mothers while others were content and did not yearn for marriage. Marriage, however, is seen as a marker of adulthood, as a way to gain social empowerment and a measure of normalcy (McGoldrick, Carter, & Garcia-Preto, 2011). The participants generally argued that individuals should get married in their thirties, which illustrates the frustration that the single mothers in the study had about remaining single since they averaged 37 years of age. Remaining single was viewed as not having the power and status, even though some had their own homestead.

Some of the mothers in this study were experiencing singlehood panic. The life course perspective would view some single mothers as being off time on the marriage clock and as having deviated from the societal norms. Similar to findings by Edin and Reed (2005), these mothers had aspirations to matrimony, but their partners' economic disadvantage was a barrier.

Findings indicated that to marry in Botswana requires that the husband-to-be pay a bride price to the wife-to-be's family. However, the participants reported that their partners were financially disadvantaged, being either unemployed or working menial jobs and struggling to maintain themselves and their children. As such, they were unable to pay the bride price. The mothers saw this as barrier to marriage as they indicated that they would not settle unless the bride price was paid.

Similar sentiments were reported by Gibson-Davis, Edin, and McLanahan (2005), that economic disadvantage was one barrier that deterred women from marrying their partners. As reported by Sassler and Schoen (1999), black women believed that their financial lives would improve with marriage, in accord with what low-income mothers in this study said. Moreover, some believed that marriage would improve their social standing in their communities (Sassler & Schoen, 1999). In accord with the life course, such an off time marriage event comes with less social support; hence, the mothers expressed frustrations with their partners for not proposing. Even though findings could be read that the mothers were in the singlehood panic, the findings rather were mixed, since some mothers were pessimistic about marriage. Lower expectations around marriage was mainly due to possible stressors that come with relationships and fears about their daughters being raised by stepfathers.

CHAPTER 7:

WOMEN'S PERCEPTIONS AND COPING STRATEGIES

7.1 INTRODUCTION

This chapter discusses Batswana low-income single mothers' perceptions of their lived experiences, and how they view their lived experiences as shaping and informing their lives. The mothers viewed their life adversities to have been influenced by the environment they dwelt in as well as their own behaviors. The chapter further reports on how they coped with their life adversities. To report on the coping strategies the mothers used, the findings from the Brief COPE survey results were examined. To deepen the results from this questionnaire, I then drew on mothers' narratives around how they coped with challenging and stressful situations they experienced. These findings are discussed below.

7.2 WOMEN'S NARRATIVES AND PERCEPTIONS OF THEIR LIVED EXPERIENCES

“Perception is man's primary form of cognitive contact with the world around him” (Efron, 1969, p. 137). According to Efron (1969), perception denotes awareness. It is this meaning that is used in this study: What is low-income single mothers' awareness of their lived experiences. In reporting perceptions of their lived experiences, the mothers were of the view that their experiences were a result of their own doing and behaviors, but also outcomes that resulted from interactions with their environment. The mothers' perceptions are that they are victims of circumstances and that in some cases they are to blame for their own adversities.

7.2.1 “Ba ne ba sa tlhokomele”: Narratives of being a victim of circumstances

Ba ne ba sa tlhokomele means *they did not provide support*. The mothers were of the view that they lacked parental support and encouragement, hence were exposed to some

adversities in their childhood which then influenced their trajectories. The low-income single mothers reported that there were neglected, abused, and exposed to domestic violence and substance use. In this regard, the mothers were of the opinion that if their caregivers were available, loving, and supportive, then they would not have been exposed to such. This awareness led to feelings of resentment in cases where the parents were not available, especially due to alcohol use. The study participants questioned why their parents chose alcohol over them. Some were of the opinion that if their parents had devoted time to them, and had even spent the little resources they had to care for them, then they would not be having so many unanswered questions and grudges about their relationships with them. Further, the mothers were of the opinion that lack of support and love from the parents contributed to their current predicaments in their lives. This was illustrated by 23 years old Segametsi who stayed with her grandmother most of her life:

I do not understand my mother, we are not close. She was never there as she drank a lot. I am staying with her right now, but it's difficult to connect with her. We don't understand each other.

With pain in her eyes, Segametsi talked about how she tried to be a caregiver to her sick mother, yet she does not approve of her. Her mother continues to be only vaguely supportive of Segametsi and has not helped with babysitting her child while she runs errands. Segametsi indicated that each time she needed help, she talked with her maternal grandmother who was supportive. Despite the support from the grandmother, Segametsi still yearns for motherly love and for a connection. She believes that since her mother was able bodied, she could have supported and encouraged her as she went to school. When Segametsi attended boarding school, she reported that it was disheartening when her fellow students got visits from their mothers as well as coming for parent-teacher conferences. She talked of how miserable she felt during such visits since her own mother was not present. As her mother is still emotionally distant and

indifferent to her, Segametsi continues to experience some hurt. She struggles with pain yet tries to cope.

Another awareness pointed out by the mothers was the effect of abuse and neglect that they experienced in their households. The participants reported that going through such experiences where parents were unavailable, ignored them, criticized them has continuously shaped the way their lives have gone. They reported that they continuously hear a voice in their heads telling them how stupid they are or how unworthy they are. Such encounters had weakened their self-esteem. Growing up within such an environment appears to have demoralized their efforts to put more effort into their schoolwork, since they accepted what their parents or guardians told them. Some of the women also believed that if there were no neglect and emotional abuse, then they would have had close loving relationships with their parents and would have had support in childhood to turn their lives around for the better or avoid mistakes.

Furthermore, the mothers perceived that the lack of support from their caregivers had led to toxic relationships with parents and/or guardians. They reported few connections and could not rely on getting support from their mothers. Feelings of neglect experienced in childhood, reported by the mothers, had since resulted in their current feelings of anger towards their parents and guardians, including feelings of hate. This was illustrated by Peggy, aged 42. With sadness in her voice, and even indignation, she talked about how her mother uprooted her from her grandmother to her aunt, where she was treated like a slave. Even to this day, she cannot fathom why she had to go through this process. Feelings of resentment towards her mother were still evident in her voice as she talked about this experience. She believed that her aunt was vindictive towards her and did not encourage her to go to school as occasionally Peggy would have to stay home to do household chores and help with ploughing while her cousins never missed school. In

view of this, she believed that this had negatively affected her life, as she never received motherly love from the aunt or any affirmation. Tearfully Peggy said,

Why me of all my siblings? Did my mother hate me that much? My other siblings did not suffer like me. I still don't understand why.

Almost thirty years later, Peggy was still trying to unravel the puzzle as to why this had happened and reported that her mother did not want to talk about it. She stated that she talks to her mother, but they are not close. Lack of emotional support can be emotionally crippling for children and influence their lives later on. As Peggy reiterated, she believed that the lack of a motherly foundation in her life made things worse for her and fueled her challenges and suffering in present life as she felt alone at all times. With somber expressions, participants expressed how disappointed they were in their parents' choices and behaviors, as that has affected their lives and those of their children.

The low-income mothers also reported that they have observed that childhood poverty, lack of parental guidance, and neglect, might have pushed them to seek out romantic relationships for emotional support and material gain. However, engaging in romantic relationships exposed them to unplanned pregnancies. They revealed that having a baby and no support from their mothers complicated their situations, as they had no one to leave the baby with to go back to school, or to even seek employment, as motherhood took all their time. Segametsi, whose relationship with her mother is sketchy, reported that she would like to go back to school, but her mother was not willing to care for her young child. She reported that she has considered taking her child to his paternal grandmother when she goes back to school, as she was willing to help.

The majority of the low-income mothers concurred that they were victims of circumstances because of the lack of support during childhood. This resulted in them being

exposed to more adversities throughout their lives, such as living in poverty, partner violence, and poor health. For example, being unemployed with a child led them to depend on their partners, which also exposed them to intimate partner violence. They were of the opinion that if they had had a different upbringing with support and encouragement, then probably their lives would have turned out differently; they could have gone further with their education or would have had parents to look up to for guidance and support.

7.2.2 “Dilo ke di itirele”: Narratives of self-blame

Dilo ke di itirele means *it was my own doing*. This was reiterated by the mothers who acknowledged that even though their environment was to be blame for some of their adversities, they also had a role to play, which had implication for their lives. Retrospectively, they noted that due to the “adolescent storm and stress” phase, they experienced some mood disruptions leading to conflicts with parents resulting in them engaging in risky behaviors. As such, some mothers reported feelings of shame. With tears in her eyes, Masego blamed herself for having been rebellious and not listening to her mother who tried to make her life comfortable despite her being disobedient and doing as she pleased. During her childhood, Masego was accustomed to running away from home and eventually got pregnant during her first year of high school. With a distressed look, she lamented:

I wonder why I couldn't listen to my mum. I thought I knew all and that she was too hard on me. My older sister has a degree and stable job, yet I always thought I was the intelligent one.

This statement shows how pitiful Masego currently felt about her life and the guilt she carries for having been a disobedient child. Going through the period of storm and stress can be challenging to adolescents as they get into conflict with parents and deviate from parental guidance. Such adolescents tend to turn to peers for emotional support, which can lead to

engaging in risky sexual behaviors—as was the case for Masego, who ended up dropping out of school due to pregnancy. Looking back, Masego reported how she regretted the decisions she made then, despite her mother’s patience with her over the years. Regretfully, Masego reported that she was an above average student and wholeheartedly believed that if she had been obedient, she would have attained a degree and had a better life. Such sadness about what life could have been like, had one just gone to school and done certain things as was required, were common among the mothers and hence exposes them to stress. For some mothers, this appeared to contribute to their feelings of helplessness and hopelessness.

The mothers also blamed themselves for moving out of their parents’ places, as they were no longer in school. They felt that they had grown up and went to the nearby town to look for employment opportunities. In Botswana, it is uncommon for adolescents to move out of their parents’ home. Moving out is encouraged once an individual has secured a job and established their own homestead. Since they did not have skills, the only jobs they could get were being a house cleaner, cleaning offices, and shop assistants. However, they reported that this did not pay well, and life in the city was not easy. As a result, the majority of the mothers reported that they moved in with boyfriends to supplement the income they were getting. They also reported that their boyfriends would treat them like wives and expected them to stay home and not work, such that they became dependents. As they became more dependent, the mothers reported that their partners abused them and would deny them resources. Being exposed to such events, the mothers indicated that they regretted moving in and not working for themselves. Due to lack of resources, they felt trapped and could not move out since, in many cases, they were pregnant or had had the child with no other source of income. Early sexual activities also contributed to exposing the

mothers to contracting HIV and unplanned pregnancy. The multiple concurrent sexual partners depended upon for support also served to expose them to more risk.

As for Segopotso, the guilt she experienced was having more children despite being aware of birth control methods. She believed that if she had the courage and self-esteem to stand her ground with her male partners, she could have prevented pregnancies and prevented contracting the HIV virus. She reported that if she did not have more children and did not have to constantly deal with opportunist infections due to the HIV virus, maybe her life would not be as challenging as it is. She recounted how she struggles to provide for the basic needs, including paying for school fees, for her children. She took the blame for these adversities and attributed them to her risky behavior using alcohol. With alcohol, she reported that she was able to numb herself to negative experiences. She reported that even though the alcohol numbed her negative feelings, this was only short lived, and it exposed her to more adversities, like having multiple pregnancies and not knowing who was responsible. She also talked about contracting HIV, which she thought would have had a different outcome if she had not been under the influence of alcohol.

To summarize how low-income mothers perceived their lived experiences as shaping their lives, they illustrated that the cumulative nature of their lived experiences, both as a victim of circumstances as well through those experiences they blamed themselves for, had a role in their current adversities. They narrated that if they could have gotten financial and emotional support and encouragement, they could have performed well in school and gone further. However, since they could not stay in school due to limited support, they tended to engage in risky behaviors such as early sexual debut leading to pregnancies. Engaging in romantic relationships was seen as a way of filling a void, as well as a way of getting some needed or

anted material possessions, that their parents could not afford. With all the helplessness and feelings of anger around what could have become of their lives, they expressed that if they have received more of the necessary support and encouragement, then they felt they could have avoided feeling trapped in a life of hardships.

Some reported that though they had desires of continuing with school, limited resources made it impossible. For example, Peggy could not go back to school after her first child was born, as she had to provide for the child and herself by securing a job. Since she was determined to further her education, she worked as a maid, but also enrolled in evening classes to further her education. Through this, she was able to complete the basic nine years of education. Despite her enthusiasm in pursuing her educational pursuits, she could not complete her final two years of high school as she had a second baby. Hence, the money she made was not enough to pay for evening classes and to provide for her children.

7.3 COPING STRATEGIES

Low-income single mothers in this study reported several coping strategies that they employed to address their life challenges around living in poverty, intimate partner violence, and trying to provide for their children. Table 5 summarizes the coping strategies they engaged in. Ninety-three percent of the participants reported being actively involved in taking action to improve their situations and that they found comfort in their religion. Emotional and instrumental supports (66.7%) were cited as some adaptive responses that participants used. Emotional support means seeking or getting sympathy and understanding from other people, while instrumental support means seeking tangible help, advice, and assistance (Carver et al., 1989). Venting (73.3%) was also reported as a way of coping.

Reporting of adaptive coping strategies, however, did not mean an absence of dysfunctional coping strategies. The low-income single mothers reported some dysfunctional responses, including self-distraction (73.3%) and tendencies for self-blaming (66.7%) for situations they are in. In addition, 53.3% participants reported some behavioral disengagement where they tended to give up hope in dealing with challenging situations.

Table 5: Brief COPE: Coping Reactions

ADAPTIVE RESPONSES	No	Yes
Active Coping	1 (6.7%)	14 (93.3%)
Planning	0	15 (100.0%)
Positive reframing	11 (73.3%)	4 (26.7%)
Acceptance	0	15 (100.0%)
Religion	1 (6.7%)	14 (93.3%)
Emotional Support	5 (33.3%)	10 (66.7%)
Instrumental Support	5 (33.3%)	10 (66.7%)
Venting	4 (26.7%)	11 (73.3%)
DYSFUNCTIONAL RESPONSES	No	Yes
Humor	15 (100.0%)	0
Self-distraction	4 (26.7%)	11 (73.3%)
Denial	12 (80%)	3 (20%)
Substance Use	14 (93.3%)	1 (6.7%)
Behavioral Disengagement	7 (46.7%)	8 (53.3%)
Self-blame	4 (33.3%)	10 (66.7%)

7.3.1 Adaptive coping strategies

Several adaptive coping strategies were alluded to as ways that low-income single mothers in Botswana used to survive and cope with stressors and challenges in their lives. These included going to church, praying, and sharing their own experiences with church colleagues. Other strategies include making an effort by planning and engaging in some income generating activities as a way of addressing financial challenges, which were said to be the most stressful.

Participants also narrated that they continually asked for professional assistance from the local social welfare office. However, the majority reported that though they regularly visited the social welfare office to seek assistance, they were rejected and informed that they were able-bodied to work despite having no skills. It is surprising that social welfare officers informed low-income single mothers living in rural villages that they needed to look for jobs, when there are no prospects for employment opportunities and the mothers lacked employable skills in the first place. The participants indicated that the job prospects around being a maid, security guard, or shop assistant might be available in the nearby town, but the challenge was that they would have no one to take care of their children and could afford to pay for babysitters. In addition, staying in town can be costly, as one has to pay for rent and transportation to and from work, while still providing for the family. The majority of the women reported that before moving back to their respective villages, they used to work and stay in town but eventually moved to the village as town life was expensive and that the money they were making was not enough to cover for all the expenses including the basic needs for their children. Moving to the village was a better option as the majority of the mothers could stay on their own plots, while others stayed at their parents' houses and did not have to worry about paying rent.

In other instances, where low-income single mothers reported having felt unwelcome and treated unfairly at the social welfare office, they reported visiting political leaders in their areas to file complaints. Complaints were filed with Members of Parliament and local Councilors who are democratically elected local representatives who act as a bridge between the community and the council, which oversees the social welfare officers, among others. Intended as advocates for local residents, area counselors responded to residents' queries, and represented their views at council meetings. Some participants reported that after consultation with the political leaders,

they managed to get a positive response from the social welfare office or an indication that if they had not sought help, then they would have received no services.

In addition to the social welfare office and political leaders, participants reported that they used the Customary Court, locally referred to as the *Kgotla*. The overseer of the *Kgotla* is the chief or *kgosi* and is responsible not only for managing the tribe and exercising his/her powers to promote the welfare of the members of the tribe but also to preside over cases (Government of Botswana, 2011). Going to the *Kgotla* was one way that low-income single mothers dealt with their challenges, especially challenges of intimate partner violence.

Shelly, a mother of five children, reported that her partner, who also fathered the last three of her children, was emotionally and physically abusive. Her efforts to ask both sides of the family to intervene proved futile. After discussion with some of her friends and church colleagues, they advised her to go to the *Kgotla* to seek for intervention. Her partner was given corporal punishment for his behavior. Shelly narrated,

I took him to the Kgotla and they gave him corporal punishment. Since then, he has never lifted his hand towards me. Of course, he talks and it hurts my emotions sometimes.

The intervention from the *Kgotla* relieved Shelly from her predicaments of partner violence as indicated by the above quote. Even though she reported that he currently verbally abuses her when under the influence of alcohol, she stated that it does not bother her. Other low-income mothers also reported that they had benefited from the *Kgotla*. Some help they got was increased instrumental support, as well as help with talking over some family issues and conflicts. Having a neutral person in discussing some conflicts was reported to be beneficial.

Besides seeking help from the social welfare officer, the *Kgotla*, and political leaders, the low-income mothers also stated that they asked for support from other family members and friends. From family members and friends, they stated that they could ask for food, advice, and

emotional support. They reported that relying on family members could be stressful as some tended to scold them for the lack of resources for catering for their own family's needs and to stop having more children, while not understanding the challenges they faced. Basetsana noted that family members have a tendency to always "be on your face" after offering help. She narrated how they would keep saying; 'If it were not for me, then she would not have managed.'

This constant reminder that one got help from someone was reported to be frustrating for the low-income mothers. Hence, in most cases, they decided not to ask for help from family members. Low-income single mothers also described that family members cannot be relied on, as they are unpredictable. They indicated that at times, though they would offer their help, in some cases, they became unwilling to do so, thinking that they are being taken advantage of by those seeking help. One mother had this to say; 'You can never trust a black person....'

This quote illustrates that the mothers were sensitive to how other people respond to them—stating that one can never trust the next person whether they were family or not. They also talked about how family members tended to divulge their challenges and struggles to other people if they shared with them what they were going through and how stressful it was. They illustrated how some family members labelled them as being lazy and not willing to work, which, of course, they reported as false.

Even though help from family members was not always forthcoming and, since the responses they received at times annoyed participants, they stated that they preferred offering their labor for pay, doing laundry, cutting grass, and cleaning houses or the compounds of other people in the community. The determination that low-income mothers put into trying to ensure that they are able to provide for their families is heartening, especially given that there are no viable opportunities for employment in rural areas. The courage that they display, going house to

house to sell their services, takes self-pride. Low-income single mothers in this study did not only see themselves as victims of circumstances, nor did they sit back waiting for someone to save them. Instead, they sought to make their situation work for the better.

Furthermore, low-income single mothers narrated that they came up with strategies to deal with and address their problems and challenges. For examples, besides working in other people's houses, some reported that they had tried their luck by venturing into businesses such as hairdressing, cross border buying and selling of clothes, as well as selling sweets, cigarettes, airtime, and vegetables. They also acknowledged the challenges, as people in the village instead tend to go to town for services and shopping. Transportation of their goods from the wholesaler to the village was a challenge as well. As such, they tended to get small items that would not incur costs on the public transportation, as the bus operators' would prey upon them, charging them exorbitantly to transport the goods. Because this made making a profit difficult, it tended not to really improve their lives.

Besides seeking for help from professionals and family members, religion was cited as one strategy that low-income mothers turn to for dealing with their challenges and stressors. Almost all of the participants reported that they found comfort in their religion or spiritual beliefs and that they prayed to ask for strength in dealing with their challenges and for the betterment of their lives. Some of the women also reported that they frequently go to church, as they believed meeting with other people, rather than isolating themselves, helped to have a positive outlook to life.

I go to church, there I meet other women and share with them my challenges and struggles. I realize I am not alone as they share how they deal with such challenges in their lives (Dikeledi).

I love going to church. I get support from there. If I am sick, they come to check me and understand my life struggles and provide support (Masa).

These quotes illustrate that in the church environment, low-income mothers felt free to share their struggles and felt supported. They also stated that they realized that other women shared the same struggles. Such confirmation provided the realization that other people also dealt with the same struggles and that they were not alone. They stated that sharing and talking to people in the same situation made them feel accepted and not judged, as was often the case with family members.

The Brief COPE inventory also indicated that 73.3% (11) of the participants used venting as a way of coping. Venting is whenever an individual expresses whatever emotions they are going through (Carver et al., 1989). Also, through sharing, participants reported that they could learn of other possible coping strategies from colleagues. In sharing, they also can get advice, e.g., where to go for help, and get emotional support. However, Carver et al. (1989) report that focusing on venting to excess can be dysfunctional.

7.3.2 Dysfunctional coping strategies

The Brief COPE survey showed that low-income single mothers engaged in dysfunctional strategies in addition to the functional coping strategies. These include self-distraction, behavioral disengagement, and self-blame. Even though the majority of the participants pointed out that they had accepted their life challenges and the struggles they dealt with daily, the majority still blamed themselves for the situations they were in. Some reported that had they not had so many children, life would not be as challenging as it was. Segopotso, a mother of nine children, regretfully had this to say,

If I did not have as many children, hopefully life would not be as difficult as it is. I would have fewer mouths to feed (giggling). I love my kids though, I am happy that I have them. They give me strength every single day.

Even though Segopotso indicated that she does struggle to provide for the children, she confessed that her children bring a sense of peace and that she is content with having had them “planned or not planned.” The majority of other mothers shared these same sentiments as well, as they narrated that, their children were their emotional harbor. Children were reported to have brought back focus and direction in the low-income single mothers’ lives. Before children were born, the majority of the mothers reported that they did not care about life and now viewed their children as the center for meaning making in their lives.

Some women blamed themselves for using alcohol to cope, a regretful behavior, as they indicated that alcohol derailed them from their focus on child nurturing. This behavior was seen as a drawback in life for Segopotso, because she did not know the fathers of some of her children. She narrated that engaging in alcohol use was a dangerous move she made in her life and deeply regretted it. Engaging in alcohol use can also be viewed as a way of turning a blind eye to the situation one is facing. This echoes how mothers narrated that, at times, they felt there was nothing they could do, and even thought of giving up trying to come up with strategies to cope. These avoidance behaviors made them tend to give up or not even acknowledge that there was a stressful situation that needed to be tackled.

As much as the mothers reported that they blamed themselves for having engaged in alcohol use, they also indicated that this behavior was mainly to distract themselves from the harsh realities and personal pressures they were facing. Alcohol use was used as a coping strategy, especially for people with a history of trauma, and those struggling with daily life challenges. As alcohol use can help to numb emotional pain, the mothers forgot their struggles when the alcohol helped them to temporarily disconnect and forget the reality and stressors they

faced. In this regard, it is critical that women exposed to alcohol use or at risk for using should get interventions to help them curb such impulses and avoid both the short- and long-term consequences of alcohol use.

Besides using alcohol to distract themselves, some low-income mothers acknowledged that they occasionally daydreamed to divert themselves from their challenges. Single mothers reported that they occasionally had daydreams where they pictured their children all grown up, graduated from university, and having secured good jobs. This can be positive, however, it can also give one time to think and plan accordingly to get out of a bad situation. However, daydreaming becomes problematic in cases where individuals lose focus and totally disregard their situations. For example, daydreaming was unhealthy in cases where the mothers had negative thoughts, as in case of Masa who had been deep in thought, contemplating homicide and suicide.

Self-distraction was another strategy that the low-income mothers engaged in to derail themselves from the realities of their lives. Self-distraction is a strategy that people use to escape from their realities (Carver et al., 1989). The mothers reported that some self-distraction activities that they engaged in were positive, such as cleaning up the household and devoting most of their time to church activities if not working for pay around the community. The mothers stated that engaging in some of these activities only helped for the short term as it did not help to tackle the problems at hand.

7.3.3 Summary of findings

The above discussion outlines the perceptions that low-income single mothers had concerning their lived experiences and coping mechanisms. The chapter indicates that low-income single mothers are of the view that their life adversities are due both to the environment

they grew up in while also acknowledging that some issues are self-inflicted. It also highlighted the coping strategies that low-income single mothers in Botswana use to cope with challenging circumstances in their lives.

In cases where the low-income single mothers perceived themselves as victims, especially during their childhood, they tended to lean on risky behaviors to cope with challenges. For example, where there was abuse and/or negligence on the part of the parents, the participants tended to seek connections elsewhere, through engaging in sexual behaviors with older men. This emotion-focused way of coping can help to reduce the stressor associated with the situation but, in most cases, the relief is short-lived and risks adding more stressors. Such emotion-focused coping was also common where the mothers indulged in alcohol use.

In contrast, problem-focused coping was used in some cases to alter the problem, e.g., in cases of intimate partner violence where participants sought emotional and instrumental support. Some of the participants who reported being rebellious growing up, tended to engage in more adaptive responses of coping. Irrespective of the low-income single mothers' perceptions, they tended to switch between the emotion- and problem-focused ways of coping depending on the situation they faced at a particular time and how stressful it was.

7.4 DISCUSSION

This chapter presented the low-income single mother's perceptions of their life and the strategies they use to address and cope with their life stressors. The findings indicated that the participants at times blamed themselves for engaging in behaviors that made their situations worse, e.g., engaging in risky sexual behaviors with older men, using alcohol, and moving in with boyfriends who did not want them to work but to be dependents. The low-income mothers were sexually active at an early age, tended to frequently change partners (concurrent sexual

partners), and engaged in unprotected sexual encounters. This finding is similar to Eaton, Flisher, and Aarø (2003), who found that female adolescents tend to engage in risky sexual behaviors. Findings further illustrated that low-income mothers engaging in sexual relations earlier was a response to living in poverty and/or feeling neglected and abused by parents.

Poverty and unemployment are associated with high-risk sexual behaviors (Preston-Whyte & Zondi, 1991; Wood, Maepa, & Jewkes, 1997). Findings indicated that the participants tended to date older men, as indicated in other studies that older men with money will offer gifts and other necessities that parents could not afford (Meekers & Ahmed, 1999). To gratify immediate economic needs, participants engaged in the risky sexual behaviors (MacPhail & Campbell, 2001). Poor socioeconomic status influences self-esteem as well. As such, similar to other studies, low self-esteem is associated with earlier onset of sexual activities and more partners (Eaton et al., 2003; Perkel, Strebel, & Joubert, 1991). Due to a lack of affirmation from their guardians, participants in this study were at more risk to seek external affirmation from sexual partners (Eaton et al., 2003). As they were young and unexperienced sexually, unprotected sex was common, resulting in to exposure to unplanned pregnancy and early transitioning into motherhood.

Although early childbearing is not considered optimal, Edin and Kefalas (2011) stated, “Everyone, including the poor, acknowledges that having children while young and not yet finished with schooling is not the best way to do things” (p. 65). However, since this study’s findings showed that those who disengaged from school drifted into pregnancy, this is similar to what Edin and Kefalas (2011) observe that the pregnancies were neither planned nor unplanned, but just happened. As a result, this early transitioning exposed the mothers to substantial barriers economically and to being ostracized, similar to what was reported by Mollborn (2009), that

women who deviate from the normative childbearing timing are likely to experience negative consequences and be sanctioned. The mothers also blamed themselves for staying in violent relationships. Consistent theme was also reported in a study on experiences of Batswana women diagnosed with HIV and cervical cancer, where they blamed themselves for trusting partners who then let them down (Molefe & Duma, 2009). They reported that there was no alternative, as they were pregnant or had a child with no financial capacity to provide for the child; staying in an abusive relationship for economic sustenance seemed the only option.

By deviating from the normative order of events, and being off time, role conflicts resulted. Transitions in general are challenging and stressful, all the more so when they are unexpected, as in the case of early childbearing, which the majority of the low-income mothers reported. Early transitioning into adulthood roles can have detrimental effects on mental health (Harley & Mortimer, 2000). Elder, Johnson, and Crosnoe (2003) also argue that early transitioning into adulthood can minimize individuals' positive developmental pathways. In addition, how these early transitions are resolved can lead to growth or dysfunction and disorganization in one's life (Germain & Gitterman, 1996).

Besides blaming themselves, the mothers also felt they were victims within their families, as they felt exposed to adversities and that parents or guardians were unavailable to guide and provide needed support. Studies have shown that such a social environment, especially poverty like that experienced by the mothers in this study, exposes adolescents to risky sexual behaviors leading to early childbearing and contracting STIs (Taylor-Seehafer & Rew, 2000). Furthermore, families with low cohesion and no parental support enable adolescent risk behaviors as well (Metzler, Noell, Biglan, Ary, & Smolkowski, 1994).

Findings from this study illustrate that low-income single mothers' experiences and transitions were embedded in, and shaped by, family interactions. A life course perspective posits that life history, as experienced within the family and the larger community along with transitions that individuals undergo, can influence their life trajectory (Elder, 1995). This is illustrated by the findings where the mothers reported abuse and neglect in their families of origin. The social environment therefore influenced the mothers' trajectories, hence looked outside the home for love and for receiving material gains that were unavailable within the family.

Childhood poverty was also found to be associated with adverse adult outcomes (Hobcraft & Kiernan, 2001). In addition to families influencing individual transitions, individual behavior and their responses to interactions also contribute to trajectories. As illustrated by the life course perspective, individuals construct their life course based on and influenced by personal history (Elder, 1998b). He stated:

People bring a life history of personal experiences and dispositions to each transition" and they "interpret the new circumstances in terms of this history while also working out lines of adaptation that can fundamentally alter their life course (p. 957).

With mixed perceptions around what could have influenced their lives to be as it is currently, the findings illustrated that the mothers struggle with poverty-related stress, illness, and exposure to violence. Furthermore, accessing social services was reported to be stressful, as help has not been readily available. In response to these stressors, the low-income mothers use a variety of coping strategies. These include using emotional and instrumental support, religion and praying, and planning. This agrees with findings that women use a combination of emotional, instrumental support, internal strength, having hope, and humor (Broussard, Joseph, & Thompson, 2012). The choice of coping strategy is dependent on the situation faced.

For example, the mothers who reported intimate partner violence reported using formal services, such as visiting the *Kgotla*, to ask for intervention. The *Kgotla* was also used to settle family conflicts. Seeking institutional help was reported to be more effective than asking family members, given the often-strained family relationships. Similar sentiments were reported by Bassuk, Browne, and Buckner (1996), that poor single mothers are socially isolated and receive less emotional and parental support as they have fewer social networks, in part, against because mothers have less supportive contact with family members (Cairney, Boyle, Offord, & Racine, 2003). Findings of this study revealed that participants were often not comfortable seeking help from family members because they felt not supported but judged, and that there was a lack of confidentiality. This observation is similar to one made by Dominguez and Watkins (2003), that there are factors that inhibits social capital within families, one of which is family tensions and conflicts that can complicate interpersonal relations. Furthermore, findings indicated that most of the mothers came from disadvantaged families, which according to Fernandez-Kelly (1995), limits positive social interactions otherwise leading to upward social mobility. Fernandez-Kelly (1995) further observed that disadvantaged families have truncated social support networks with limited access to information and options and there tend not to be helpful for day-to-day survival. In some cases, family members were seen as vital as they provided support. Despite their willingness to offer support, in some cases family members can be limited as they also face similar struggles (Rakodi, 1995a).

Other institutional support was derived from social services and political representatives. The participants reported that they had approached social services for tangible support, including material provision and help with paying for children's school fees. In cases where they were unsuccessful, they further solicited help from political representatives. While women tend to use

formal services if they have more needs (Mitchell et al., 2006), the findings here illustrated that they received negative responses from social services.

The findings also illustrated that the single mothers use emotional and instrumental support to cope and mainly rely on friends, neighbors, and church colleagues, similar to what was observed by (Briggs, 1998). The mothers reported sharing their worries with other women with similar experiences and struggles at church. In such encounters, women can share how they have dealt, or are dealing, with their challenges. Such support was found to be effective for the women as they obtained informational support through it. Consistent with other studies, such support helps women to make decisions and to seek other, more formal support (Kocot & Goodman, 2003). Having such social relationships and networks exposes individuals to social capital that can provide social support and social leverage. Positive social relationships that help reestablish the individual's bonds to society (family and neighbors) are nurtured through individuals applying some agency in their lives that can help change its course when they gain new knowledge and information (Elder, 1985).

Low-income mothers also reported that they sought comfort from religion, spiritual beliefs, and praying. They reported that, in church, they not only met with other people but also got to pray to God asking for comfort and strength to deal with life challenges. To show their relationship with God, they kept saying *Modimo o teng*, meaning that *God is there*. With prayer, some women were of the opinion that their struggles would be addressed eventually. Similar to what was reported by Mattis (2002), prayer is viewed as an active coping strategy, as it provides life meaning and helps women to be able to accept their reality (Mattis, 2002). Placing hope in God was also reported by Molefe and Duma (2009) as a coping strategy that women rely on.

In addition, the findings indicated that the low-income mothers do plan and take action, and come up with strategies on what to do. Despite a lack of skills and limited information, low-income mothers make some efforts to come up with plans, as echoed by Clausen (1993) that despite limitations that individuals face, they still plan and make decisions to construct their life course. Individuals transcend the dictates of their immediate environment and construct and shape their life circumstances and course of their lives within available opportunities and through the constraints they face (Bandura, 2006; Elder et al., 2003).

The findings of this study showed that the mothers engaged in income-generating activities and menial jobs to provide a livelihood for themselves and their families. As reported by CSO (2014), females in Botswana dominate in marginal sectors as they have lower levels of education compared to their male counterparts. Njenga and Ng'ambi (2014) further reported that such marginal jobs and informal economic activities are feasible for women, since they lack skills and have low educational attainment. In addition, such jobs are reported to be attuned to their needs, as they can work from home or on the streets without worrying as much about babysitting or childcare while working. Ramani, Thutupalli, Medovarszki, Chattopadhyay, and Ravichandran (2013). Such an agency exerted by the low-income single mothers is driven by desire to secure a livelihood for themselves and their families (Njenga & Ng'ambi, 2014).

Mlangeni (ND) painted a vivid picture of such low-income mothers when she said;

The image of an African woman with or without a baby on her back, tilling the land or selling food at the market, easily comes to mind when thinking about women and economic activity on the continent. It is a common portrait of women's entrepreneurship in sub-Saharan Africa and appears in a number of advocacy or annual reports of international organizations, non-governmental organizations and companies. As a bonus, the woman is usually smiling (p. 56).

This quote suggests, if with some irony, that despite the hardships women face, they still put a smile on their faces as they attempt to cope with life stressors for the survival of their

families. Involvement in the informal economy had been mainstay of majority of poor women in Africa and contributes to household upkeep (Njenga & Ng'ambi, 2014). Furthermore, low-income households are reported to reduce quantities of food consumed reduce expenditure such as withdrawing children from school, purchase poor quality food (Rakodi, 1995b). Poor households also tend to adopt strategies such as ‘... adjusting to doing without most of the basic necessities, to learning to make do with a bare minimum (Matshalaga, 2004). In addition, some households reduce meals from traditional three per day to one meal a day.

Even though the low-income mothers do exert some agency to cope, findings indicated that there are times that they used dysfunctional coping strategies as well, e.g., engaging in self-distracting activities, behavioral disengagement, and self-blame. Resorting to dysfunctional coping strategies, including giving up hope and attempting to cope, was influenced by constraints in their environment that limited opportunities for employment and for engaging in businesses. The life course perspective acknowledges that social environment can influence individual trajectories (Elder, 1995). As illustrated by Zastrow and Kirst-Ashman (2006), “individuals need effective interaction with the environment to survive and thrive” (p. 30). Lack of social support—such as informational and tangible support, skills, resources and assets, and systems barriers to access social services—inhibited them from fully taking control of their agency to affect their lives positively. Furthermore, because they live in rural areas, the social context there played a key role in determining the success or failure of their attempts to engage in income-generating activities (Ntseane, 2004). Beyond contexts for the business itself, women’s businesses often do not prosper when family resources are not kept separate (Ntseane, 2004).

CHAPTER 8:

IMPLICATIONS AND CONCLUSIONS

In examining the lived experiences of the low-income single mothers, the life course framework was useful for shedding light on how the women's lives unfolded, showing a continuum of experiences and interactions, and how the events and transitions affected their life course trajectories. The life course helped to examine these trajectories and their interactions over time, rather than at a specific point in time, by engaging women to share their experiences retrospectively. While different life stages come with opportunities and challenges, some are prone to more challenges, as shown in this study, e.g., that the childhood stage was a sensitive period where the women were prone to more risk factors. Some risk factors they were exposed to included living in poverty, exposure to domestic violence and substance use, neglect, parental separation and death, being raised by non-biological parents where in some cases they felt discriminated against, and lack of access to educational opportunities. Exposure to risk factors and lack of protective factors diminished their full developmental potential. The findings illustrated that the women's living environment was not supportive for ensuring positive development, echoing the life course perspective that context influence individuals and meanings they attach to their experiences and events they go through (Elder, 1995).

As they drifted out of school due to a lack of financial support and poor performance, with limited skills, they were unable to secure meaningful employment opportunities. The intersections and interactions of these factors exposed them to risky behaviors. Engaging in menial jobs for survival, as well as relying on male partners, were their main options. The women were stripped of their childhood when they entered motherhood off time (early) and were

unprepared for it. Because of early transitioning, and failing to go through the normative timetable of life stages, they experienced negative consequences.

As illustrated by a life course perspective, timing and sequencing of transitions and events has consequences and can alter an individual's life (Elder, 1998). Trapped in motherhood with limited social support and resources, women were further exposed to adversities, as they had to rely on male partners for economic support. Such a dependency on males exposed them to intimate partner violence. The women resorted to alcohol use to numb their pains. All this, coupled with risky sexual behaviors, affected women's health. Key findings suggest that having an effective social support system can play an important role in the lives of low-income single mothers. Such systems can interrupt adversities and enhance effectiveness in the lives of individuals. Study findings have direct implications for policy and practice.

8.1 IMPLICATION FOR POLICY

The study has important implications for social work policy. It is clear that low-income single mothers are a vulnerable group and are faced with challenges, including domestic violence, no child support, poor health, lack of or inadequate access to social welfare services, and a history of childhood trauma. As their lives are a series of crises, they are unlikely to lift themselves out of poverty and ease their path to economic self-sufficiency without government support. As a result, at the policy level, several issues need to be addressed in order to improve the livelihood of low-income single mothers and their families.

Firstly, the women reported living in poverty and were burdened with providing for their children. In addition, they lacked the social capital from family members and so often felt trapped in rural areas and were not able travel to the nearby city to look for employment opportunities. The existing poverty alleviation strategies and social protection programs that

offer food stamps and cash assistance should therefore be revised to accommodate low-income single mothers. For example, the Revised Policy on Destitute Persons, whose objective is “to ensure that government provides minimum assistance to the needy persons to improve their health and welfare conditions and alleviate poverty” (Republic of Botswana, 2002), is still not inclusive and accessible enough for the people who really need assistance such as the low-income single mothers. As a result, the policy needs to be revised and made more flexible in order to accord with the needs identified in this study as well as data indicating that women with dependents are more vulnerable and poor and in need of help.

Secondly, the women reported a lack of skills due to dropping out of school, which was often instantiated by poverty along with other factors. To avoid the vicious cycle of poverty, the education policy needs to be revamped to ensure that children from poor families receive comprehensive assistance to enable them stay in school and graduate. Policymakers should revisit the national education policy to ensure that it is inclusive of all the needs of all people. Currently, the Government of Botswana does waive school fees for children from poor families. However, these families have more needs beyond school fees. As such, the policy should be comprehensive and cover all of the essential needs of children from poor families to ensure that they enroll, stay in school, and succeed. Costs such as uniforms, toiletries, transportation, as well as housing in areas where there are no boarding schools, should be covered. With such a focus, this might mitigate the intergenerational transmission of poverty that was evident in this study.

Furthermore, school-based bullying preventions programs should be established. Schools should establish anti-bullying policies and discuss these with students so they can know what bullying is and what to do when they experience or witness bullying. Such policies should outline procedures for reporting and investigating such cases, as has been established elsewhere that

effective, school-based prevention programs offer the best strategies for addressing bullying (Elinoff, Chafouleas, & Sassu, 2004). Also, because witnessing community violence was reported to be common in neighborhoods where alcohol was sold, laws should be established to address alcohol selling and consumption in residential neighborhoods in a way that eliminates this problem.

Moreover, the findings illustrated that childhood trauma was persistent among this population, along with other challenges they face (e.g., living in poverty, unemployment, poor health, and domestic violence). In the face of this, they must also travel to different places for services using their already very limited resources. Policymakers should think of creating and adopting a one-stop service specifically for helping women to cope with and address their life stressors and challenges. This will also require developing cross-agency links and enforce mandatory trauma-focused services, as well as preventive care, for those at risk or who have been exposed to trauma in their life course. As women are affected by multiple problems that compound each other and result in a vicious downward circle, a one-stop woman's center approach would be effective when working with them.

The effectiveness of such women-centered approaches has been shown in projects in Europe, helping women with root causes of their problems and addressing mental health issues (Carroll, 2015; Jones, 2015). Such programs help with prevention of problems for families at risk and deal with intergenerational disadvantage (Carroll, 2015). Such an integrated approach to women and families can address issues of duplication of services that the government has been struggling with. It can also break negative cycles for women so they can improve their life course trajectories, since women will receive services addressing their immediate basic needs, as well as other socioeconomic and interpersonal issues, while working to empower them with

social and economic skills for long-term changes in their lives. Lastly, the life course framework discloses how exploring the lived experiences of low-income single mothers illustrates a need not only to focus resources on early life experiences that might expose individuals to risks and vulnerabilities but also to promote protective factors early on in life.

8.2 IMPLICATION FOR PRACTICE

In addition to policy implications, the study's findings have social work practice implications. Women indicated that they are survivors of childhood trauma. However, in their attempts to seek for services, past trauma was never the focus of the intervention, but only the present-day challenges. This overlooks the impact of underlying past trauma on current functioning. Social work practitioners, therefore, should focus on trauma-informed practice and make assessments around the possibility of childhood trauma when working with low-income women. This can help provide a context of women's current problems. Trauma-informed practice help individuals develop abilities for dealing with stressors and being effective in addressing current issues (Gold, 2001). While taking note of remedial treatment focusing on trauma-informed practice, practitioners should also advocate for and provide comprehensive preventive treatment for at risk families. Such programs should provide basic needs and socioemotional support for vulnerable women, especially those abusing alcohol and other substances, victims of domestic violence, and those struggling with poor health, and living in poverty.

As there is lack of any one-stop service for women, practitioners should provide information on available programs and connect low-income women with different agencies that can help improve their livelihoods. Furthermore, practitioners should educate low-income single mothers about available laws that can have a positive impact on their lives. For example, even

though Botswana has a policy on Child Maintenance Enforcement, it seems the single mothers are not aware of it. As such, social work practitioners should educate women about such laws as a way to reduce the economic burden of childcare. They should also facilitate the process for filing for child support for low-income women, as they might be intimidated to go through the different stages.

Domestic violence was persistent among low-income mothers, along with other vulnerabilities, that inhibits them from fully enjoying their human rights. Even though the Government of Botswana made efforts to sign and ratify some UN policies and revised other legal and administrative policy documents, and developed the domestic violence policy, implementation is still lagging behind. Social work practitioners, along with educating women on their human rights, should also work on implementing these instruments. They should inform women about procedures to be followed, and which agencies to go to, if violated.

There is also a need for practitioners to conduct comprehensive community needs assessment to understand the needs, challenges, and strengths of low-income single women to best assist them. With such information, practitioners could connect women with income generating programs that the women would be passionate about, contrary to the ones in this study. Women reported being assigned to projects that they had no skills for and were not passionate about. Social work practitioners should be aware of, and address the immediate basic needs of women even when they assign them to income-generating programs since the yields from these efforts (goats, chickens, produce, and other foodstuff) would not be immediate, yet the women need to feed their children now.

As community change agents, social work practitioners should ensure that girls from at-risk families stay in schools and are able to go back to school if they drop out, and in general

receive the necessary support to stay in school. The Ministry of Education and Skills Development in Botswana introduced a project called *Back to School: Giving Young People Opportunity to Re-enter the Education System*. It aims to give young people a chance to re-enroll in school in order to get the necessary education and skills enabling them to transition into the world of work. Even though this initiative is a welcome development, several factors that affect girls to drop out are not taken into account.

Social work practitioners can be at the forefront of educating communities about this project and helping former students to enroll. The pressing basic needs of school-age children need to be addressed to ensure that the children fully benefit from this project. For instance, children of former students need daycare services in order for mothers to fully attend school. Females need to be fully supported in their access to educational opportunities, so that they can be in a better position to secure better-paying jobs and enable them to reinvest in their households, as educational achievement determines life-long earnings and can help people out of poverty.

8.3 STRENGTHS AND LIMITATIONS OF THE STUDY

A major strength of the study lies in its methodological approach (discussed in Chapter 4). Triangulating the ACEs and Brief COPE surveys and women's narratives helped in corroborating some of the study themes and enhancing study credibility. Furthermore, thick descriptions, peer debriefing, and reflective journaling helped enhance trustworthiness of the study. Allowing women to tell their life stories allowed women's voices to be heard as they shared some critical events and transitions in their lives, which cannot be captured through surveys. In addition, taking the life course approach facilitated a more complete depiction of their lived experiences, covering experiences, events, activities, transitions, and interactions that

they have gone through. Using purposive sampling allowed choosing participants with characteristics that the researcher was interested in. Further, participants were chosen based on their willingness to participate and ability to communicate and express themselves in reflective manner.

Although this study has several strengths, there were also limitations. Women's narratives were in Setswana and data analysis was conducted in Setswana. As a result, there is a possibility that some meanings and women's rich accounts could have been lost during translating the themes and quotes into English. However, the researcher is fluent in both the two languages, and drew on Setswana words throughout the report to illustrate some concepts. Another limitation is that the sample size was small; future studies should consider a larger sample. Even though the sample was limited, it provided insights into the lived experiences of mothers and indicated areas where the government could intervene to improve mothers' livelihoods. Another limitation is that the study did not explore some themes in depth in order to understand their impact on the lives of women (e.g., experiencing bullying and witnessing community violence).

In using the Brief COPE instrument in capturing what women usually do when experiencing stressful events or dealing with problems, the instrument does not have items for institutional support that women can benefit from as indicated in their narratives. In addition, the brief COPE instrument has not been validated in the global south. It further needs to be contextualized and take into consideration cultural diversity in different contexts. For example, in the African region, one coping strategy reported among poor women is 'sex for survival'. As such this item can be incorporated to see if women do engage in such an activity or not to cope with life stressors.

Lastly the use of the life course framework by Glen Elder which was developed in the western context to understand the results from Botswana can be misleading in understanding Botswana women's sequence of stages and timing in influencing their life course. Not all individuals follow the linear transitions and follow the same life course stages. Experiences that individuals have are shaped by the different social, economic, historical, and cultural context they reside in. As such, in using this approach, it should be noted that there might be some variations in what is considered normal depending on the context. Furthermore, this study did not take into consideration some of the societal and historical factors that can affect individual behaviors and influence their trajectories.

8.4 FUTURE RESEARCH DIRECTIONS

This study aimed to provide an understanding of the lived experiences of Botswana low-income single mothers, looking at both the childhood and adulthood lived experiences, what perceptions the mothers had about their lived experiences, and the strategies they use to cope with challenges they face. The use of narrative inquiry allowed low-income mothers to chronicle their life stories in their own words, providing a foundation in the topic, which provides a basis for future studies.

However, the study also drew on a limited number of participants; future research could utilize a larger sample to capture a wider variety of experiences. In this study, the age range of participants was from 23-47 years, which is a large variation in terms of capturing the effects of historical events and social changes that the participants could have experienced and influenced their life trajectories. Future research therefore could have different age cohorts, in order to capture the broader historical, social, and other trends that biographically influence individuals' lives. Future studies could also have more prolonged engagement in the women's settings during

data collection in order to understand their day-to-day activities and struggles. Another interesting theme that came up in the findings, but that has not been adequately explored in the literature, were mother-and-daughter relationships and dealing with the loss of a child. Future studies could explore these issues and how they affect the lived experiences of women. In addition, a deeper understanding of bullying and witnessing community violence could provide insights into how these factors interact with family dynamics to influence women's life course trajectories. Future studies should explore this area in-depth in order to develop preventive strategies based on research evidence. Lastly, as the findings indicated that women were of the view that their childhood experiences influenced their current experiences, future studies could examine the relationships between childhood trauma and the current socioeconomic and health status of women in Botswana.

8.5 CONCLUSION

This study opens up understanding of the lived experiences of low-income single mothers in Botswana. The ACE-IQ provided some descriptive background on adverse childhood experiences, while narrative inquiry enriched the data as mothers shared their lived experiences from childhood to the present day, their perceptions of their experiences, and the coping strategies they use. This latter qualitative method gathered context specific data regarding their lived experiences. A life course framework was relevant for understanding the lived experiences of the mothers since it shed light on the importance of context, timing, and the sequence of transitions and events, relationships and interactions, and thus how these factors can influence and alter an individual's life trajectory.

What is worthy to note is that the experiences reported by Botswana low-income single mothers are not unique to Botswana, but have been reported all over the world. Women all over

the global south and north report experiences of abuse and violence, poor health, limited access to education, poor economic status, community violence, poverty, and hunger. Despite the challenges that women face, they have the agency to improve their livelihoods while still facing structural constraints that impose barriers to their enjoyment of their human rights and improved qualities of life. Women continue to live in poverty and to be vulnerable to life adversities. This study adds to the available body of literature about women's adverse experiences and highlights the need to conduct population-based studies in Botswana in order to document the prevalence of adverse experiences over the life course and to identify not only their pathways and the effects but also how best to target these in order to improve the livelihoods of women and their children. Such pathways are often complex and context-specific, but the need to document them to inform policy and practice is urgent.

This study concludes that childhood disadvantage can be due to both parental disadvantage as well as individual engagement in risky behaviors. In addition, it indicates that low-income single mothers' lives were constrained during childhood, exposing them to multiple risks and vulnerabilities. In all, the cumulative impact of multiple stressors from childhood through adulthood affected women's health, general wellbeing, and quality of life, given that one's life's trajectory is a function of cumulative life experiences. As important as it is to improve the lives of women, it is also critically important to work with girls, since early detection of adversities and barriers faced can help shift life course trajectories towards more promising pathways through targeted and sufficient interventions.

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APPENDIX A:

University of Illinois at Urbana-Champaign Institutional Review Board (IRB) Approval Letter

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Office of the Vice Chancellor for Research

Office for the Protection of Research Subjects
805 W Pennsylvania Ave
Urbana, IL 61801



May 11, 2017

Min Zhan
School of Social Work

RE: *Exploring Lived Experiences of Botswana Low Income Single Mothers: A Narrative Inquiry*
IRB Protocol Number: 17647

Dear Dr. Zhan:

This letter authorizes the use of human subjects in your project entitled *Exploring Lived Experiences of Botswana Low Income Single Mothers: A Narrative Inquiry*. The University of Illinois at Urbana-Champaign Institutional Review Board (IRB) approved, by expedited review, the protocol as described in your IRB application. The expiration date for this protocol, IRB number 17647, is 05/10/2020. The risk designation applied to your project is *no more than minimal risk*.

Copies of the attached date-stamped consent form(s) must be used in obtaining informed consent. If there is a need to revise or alter the consent form(s), please submit the revised form(s) for IRB review, approval, and date-stamping prior to use.

Under applicable regulations, no changes to procedures involving human subjects may be made without prior IRB review and approval. The regulations also require that you promptly notify the IRB of any problems involving human subjects, including unanticipated side effects, adverse reactions, and any injuries or complications that arise during the project.

You were granted a three-year approval. If there are any changes to the protocol that result in your study becoming ineligible for the extended approval period, the RPI is responsible for immediately notifying the IRB via an amendment. The protocol will be issued a modified expiration date accordingly.

If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me at the OPRS office, or visit our website at <https://www.oprs.research.illinois.edu>.

Sincerely,

A handwritten signature in black ink that reads "Ron Banks".

Ron Banks, MS, CIP
Human Subjects Research Coordinator, Office for the Protection of Research Subjects

Attachment(s): 1 Alteration of Informed Consent, 2 Consent Forms

c: Tumani Malinga

APPENDIX B:

Ministry of Local Government & Rural Development Research Permit

TELEGRAMS: MERAPE
Telephone: 3658400
Fax: 3902263/1559



REPUBLIC OF BOTSWANA

Ministry of Local Government
& Rural Development
Private Bag 006
Gaborone
BOTSWANA

Ref Number CLG 14/14/3/1 II (95)

July 04, 2017,

Ms. Tumani Malinga
Department of Social Work
University of Botswana
Private Bag 0022
Gaborone
Botswana

Dear Madam,

RE: RESEARCH PERMIT

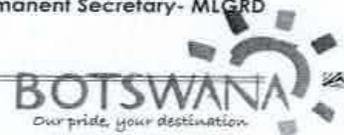
This serves to acknowledge your application for a research permit in order to carry out a study entitled "**Exploring Lived Experiences of Botswana Low Income Single Mothers: A Narrative Inquiry.**"

We are pleased to grant you a research permit. This permit is valid for a period of three (3) months – commencing on July 04, 2017 to October 04, 2017 – and it is granted subject to the following conditions;

1. Copies of the final product of the study are to be directly deposited with the Ministry of Local Government, National Archives and Record Services and University of Botswana Library.
2. The permit does not give you authority to enter any premises, private establishment or protected areas. Permission for such entry should be negotiated with those concerned.
3. You conduct your study according to particulars furnished in application you submitted taking into account the above conditions.
4. Failure to comply with any of the above stipulated conditions will result in the immediate cancellation of the permit.

Yours Faithfully,

K. Senthufhe
/For Permanent Secretary- MLGRD



MLG – A centre of excellence in local governance & social service provision for improved quality of life

APPENDIX C:

Adverse Childhood Experiences International Questionnaire (ACE-IQ)

0	DEMOGRAPHIC INFORMATION	
0.1	Sex (male or female)	
0.2	What is your date of birth?	Day:_____Month_____Year_____
0.3	How old are you?	_____ years
0.4	What is your [<i>insert relevant ethnic group / cultural group / others</i>] background?	<ol style="list-style-type: none"> 1. Kalanga 2. Ndebele 3. Mosarwa 4. Other: _____
0.5	What is the highest level of education you have completed?	<ol style="list-style-type: none"> 1. No formal schooling—0years 2. Less than primary school 3. Primary Completed 4. Junior Secondary school Completed 5. Secondary school Completed 6. College/VTC/Brigade Completed 7. College/University completed 8. Other
0.6	Which of the following best describes your <u>main</u> work status over the last 12 months?	<ol style="list-style-type: none"> 1. Unemployed (able to work) 2. Unemployed (unable to work) 3. Self employed 4. Retired 5. Homemaker 6. Employed
0.7	What is your civic status?	<ol style="list-style-type: none"> 1. Never married 2. Divorced or Separated 3. Single 4. Widowed 5. Other_____

2	RELATIONSHIP WITH PARENTS/GUARDIANS	
When you were growing up, during the first 18 years of your life . . .		
2.1	Did your parents/guardians understand your problems and worries?	<ol style="list-style-type: none"> 1. Always 2. Most of the time 3. Sometimes 4. Rarely 5. Never 6. Refused
2.2	Did your parents/guardians really know what you were doing with your free time when you were not at school or work?	<ol style="list-style-type: none"> 1. Always 2. Most of the time 3. Sometimes 4. Rarely 5. Never 6. Refused
3		
3.1	How often did your parents/guardians not give you enough food even when they could easily have done so?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused
3.2	Were your parents/guardians too drunk or intoxicated by drugs to take care of you?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused
3.3	How often did your parents/guardians not send you to school even when it was available	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused

4	FAMILY ENVIRONMENT	
When you were growing up, during the first 18 years of your life . . .		
4.1	Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs?	1. Yes 2. No 3. Not applicable
4.2	Did you live with a household member who was depressed, mentally ill or suicidal?	1. Yes 2. No 3. Not applicable
4.3	Did you live with a household member who was ever sent to jail or prison?	1. Yes 2. No 3. Not applicable
4.4	Were your parents ever separated or divorced?	1. Yes 2. No 3. Not applicable
4.5	Did your mother, father or guardian die?	1. Yes 2. No 3. Don't know
These next questions are about certain things you may actually have heard or seen IN YOUR HOME. These are things that may have been done to another household member but not necessarily to you. When you were growing up, during the first 18 years of your life . . .		
4.6	Did you see or hear a parent or household member in your home being yelled at, screamed at, sworn at, insulted or humiliated?	1. Many times 2. A few times 3. Once 4. Never
4.7	Did you see or hear a parent or household member in your home being slapped, kicked, punched or beaten up?	1. Many times 2. A few times 3. Once 4. Never
4.8	Did you see or hear a parent or household member in your home being hit or cut with an object, such as a stick (or cane), bottle, club, knife, whip etc.?	1. Many times 2. A few times 3. Once 4. Never

These next questions are about certain things YOU may have experienced. When you were growing up, during the first 18 years of your life . . .

5		
5.1	Did a parent, guardian, or other household member yell, scream or swear at you, insult or humiliate you?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never
5.2	Did a parent, guardian, or other household member threaten to, or actually, abandon you or throw you out of the house?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never
5.3	Did a parent, guardian, or other household member spank, slap, kick, punch, or beat you up?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never
5.4	Did a parent, guardian, or other household member hit or cut you with an object, such as a stick (or cane), bottle, club, knife, whip, cup, firewood etc.?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never
5.5	Did someone touch or fondle you in a sexual way when you did not want them to?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never
5.6	Did someone make you touch their body in a sexual way when you did not want them to?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never
5.7	Did someone attempt oral, anal, or vaginal intercourse with you when you did not want them to?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never
5.8	Did someone actually have oral, anal, or vaginal intercourse with you when you did not want them to?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never

6	PEER VIOLENCE	
<p>These next questions are about BEING BULLIED when you were growing up. Bullying is when a young person or group of young people say or do bad and unpleasant things to another young person. It is also bullying when a young person is teased a lot in an unpleasant way or when a young person is left out of things on purpose. It is not bullying when two young people of about the same strength or power argue or fight or when teasing is done in a friendly and fun way. When you were growing up, during the first 18 years of your life . . .</p>		
6.1	How often were you bullied?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused
6.2	How were you bullied most often?	<ol style="list-style-type: none"> 1. I was hit, kicked, pushed, shoved around, or locked indoors 2. I was made fun of because of my race, nationality or color 3. I was made fun of because of my religion 4. I was made fun of with sexual jokes, comments, or gestures 5. I was left out of activities on purpose or completely ignored 6. I was made fun of because of how my body or face looked 7. I was bullied in some other way 8. Refused
<p>This next question is about PHYSICAL FIGHTS. A physical fight occurs when two young people of about the same strength or power choose to fight each other. When you were growing up, during the first 18 years of your life . . .</p>		
6.3	How often were you in a physical fight?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused

7	WITNESSING COMMUNITY VIOLENCE	
<p>These next questions are about how often, when you were a child, YOU may have seen or heard certain things in your NEIGHBOURHOOD OR COMMUNITY (not in your home or on TV, movies, or the radio). When you were growing up, during the first 18 years of your life . . .</p>		
7.1	Did you see or hear someone being beaten up in real life?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused
7.2	Did you see or hear someone being stabbed or shot in real life?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused
7.3	Did you see or hear someone being threatened with a knife or gun in real life?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused
8	EXPOSURE TO WAR/COLLECTIVE VIOLENCE	
<p>These questions are about whether YOU did or did not experience any of the following events when you were a child. The events are all to do with collective violence, including wars, terrorism, political or ethnic conflicts, genocide, repression, disappearances, torture and organized violent crime such as banditry and gang warfare. When you were growing up, during the first 18 years of your life . . .</p>		
8.1	Were you forced to go and live in another place due to any of these events?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused
8.2	Did you experience the deliberate destruction of your home due to any of these events?	<ol style="list-style-type: none"> 1. Many times 2. A few times 3. Once 4. Never 5. Refused

8.3	Were you beaten up by soldiers, police, militia, or gangs?	<ol style="list-style-type: none">1. Many times2. A few times3. Once4. Never5. Refused
8.4	Was a family member or friend killed or beaten up by soldiers, police, militia, or gangs?	<ol style="list-style-type: none">1. Many times2. A few times3. Once4. Never5. Refused

APPENDIX D:

Brief COPE: Coping Strategies in Present Day

Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU—not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event. 1 = I haven't been doing this at all, 2 = I've been doing this a little bit, 3 = I've been doing this a medium amount, 4 = I've been doing this a lot

	ITEM	ANSWER
1.	I've been turning to work or other activities to take my mind off things.	
2.	I've been concentrating my efforts on doing something about the situation I'm in.	
3.	I've been saying to myself "this isn't real."	
4.	I've been using alcohol or other drugs to make myself feel better.	
5.	I've been getting emotional support from others.	
6.	I've been giving up trying to deal with it.	
7.	I've been taking action to try to make the situation better.	
8.	I've been refusing to believe that it has happened.	
9.	I've been saying things to let my unpleasant feelings escape.	
10.	I've been getting help and advice from other people.	
11.	I've been using alcohol or other drugs to help me get through it.	
12.	I've been trying to see it in a different light, to make it seem more positive.	
13.	I've been criticizing myself.	
14.	I've been trying to come up with a strategy about what to do.	
15.	I've been getting comfort and understanding from someone.	
16.	I've been giving up the attempt to cope.	
17.	I've been looking for something good in what is happening.	

18.	I've been making jokes about it.	
19.	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	
20.	I've been accepting the reality of the fact that it has happened.	
21.	I've been expressing my negative feelings.	
22.	I've been trying to find comfort in my religion or spiritual beliefs.	
23.	I've been trying to get advice or help from other people about what to do.	
24.	I've been learning to live with it.	
25.	I've been thinking hard about what steps to take.	
26.	I've been blaming myself for things that happened.	
27.	I've been praying or meditating.	
28.	I've been making fun of the situation.	

APPENDIX E:

In-Depth Interview Guide

A. What are your childhood lived experiences?

1. How old are you?
2. Where were you born?
3. Where did you grow up?
4. Did you go to school? How far did you go to school?
5. Why did you stop at that level?
6. Were you parents married/separated/divorced?
7. What were your parent's highest education level if they attended school?
8. What were your parent's occupation?
9. Did you have enough food and clothing?
10. Who raised you? (If not biological parents, probe on about relationship, where were they?)
11. Did you like or enjoy being raised by this person? What challenges did you face if any?
12. Who else lived with you growing up?
13. What kind of relationships did you have with all these people?
14. What kind of relationship did you have with your parents? Did they discuss or engage you in any conversation? About what?
15. Did any of your parent or guardian die?
16. Were you ever left alone as children in the household?
17. How did the elders in your household relate with each other; any fights, screaming, yelling, or insulting at each other?
18. What kind of activities did you do in the household? (washing, cooking, cleaning)
19. How did you feel about the absence of your parents?
20. Did any of your family members use alcohol?
21. Did any of your family members go to prison?
22. Did any of your family member have mental illness or had a chronic illness?
23. Did your parents/guardian ever beat/slap/or punish you? Scream/yell at you?
24. Did anyone touch you in a sexual way, or forced into sexual activities? Who, what age, how often?
25. How was the neighborhood you grew up in? What kind of activities happened?
26. Did you get pregnant? Who was the father? (probe more about the relationship)
27. Describe your childhood experiences. What did you like or not like?
28. Did you get the support you needed? If not how did you survive?
29. What events did you experience? How challenging were they? What kind of support did you have or receive?

30. What transitions did you experience? How challenging were they? What kind of support did you have or receive?
31. Looking at all the events and transitions you experienced, how have this affected your life?

B. What are your adulthood lived experiences as a low-income single mother?

1. Tell me about your life now.
2. Who do you live with? Whose place is this; parents, own, or rent?
3. What do you do for survival? What do you do for a living? What other activities or jobs have you engaged in? Why did you leave?
4. Describe your economic situation.
5. How many children do you have (ages)? What are they doing?
6. Do they have same father?
7. Tell me about your partner(s). Is he married or single? Are they supportive, in what way? Do you ever fight, why? Any physical, sexual, emotional, or financial abuse?
8. How has been your life so far? How good, difficult or challenging? Explain more.
9. Do you drink alcohol? What about your partner?
10. Have you experienced death of a loved one? (child, parent)
11. How is your health right now? How does it affect your life in general?
12. What events do you experience? How challenging are they? What kind of support do you have or receive?
13. What transitions do you experience? How challenging are they? What kind of support do you have or receive?
14. Looking at all the events and transitions you experienced, how have these affected your life?
15. What problems and challenges do you encounter in your life now?

C. What can you say about your lived experiences from childhood until now?

1. Did people in your life support you adequately or not?
2. Who do you think they might have failed you in life? Who supported you?
3. Looking back at your life, is there anything you can do differently and why? Probe more-relationships with people and individual behavior.
4. What do you want to achieve in life?
5. Do you think that your childhood experiences are linked to your current life? How so, explain more.

D. How do you cope or address challenges in your life?

1. What activities do you engage in to address your challenges? Do they help or do not help?
2. Do you ask help from family, neighbors, church mates, community members?
3. Have you contacted local agencies for help?
4. How effective have the strategies that you have used to deal with or address the challenges you have experienced generally?
5. What are your plans in life moving forward?