

Botswana National Integrated Early Childhood Development Baseline Study

This project was commissioned by UNICEF Botswana and the Ministry of Education, Preschool Division to serve as a baseline report of the conditions affecting young children in Botswana at the beginning of the Integrated Early Childhood Development (IECD) Initiative.



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Chapter One Introduction and Overview

1.1 Rationale for the Baseline Study

*Children are a
nation's most
valuable resource*

Children are our Future...they are our legacy and our national spirit. A nation can only be as strong as are the people, generation after generation. Because of this reality, children are a national investment—both a private and a public good. The formative years of a child's life set the stage for all further learning and development. The

World Conference on *Education for All* recognized the significance of Early Childhood Development (ECD) by stating that

*“learning begins at birth” and that “the pre-conditions for educational quality, equity and efficiency are set in early childhood years, making attention to early childhood care and development essential to the achievement of basic education goals”.*¹

An understanding of the growth and the development of children is helpful to adults who care for and work with children. Knowledge of the nature of children's growth, development and needs make it easier for adults to meet their responsibility to children in a variety of settings. These settings include the family as well as early childhood day care centers and childcare providers such as grandparents, siblings, other relatives or family domestic workers. These immediate settings are further influenced by broader systems or macro systems which include the nation's policies and programmes and general social trends.

Botswana is a nation in transition. Not only is the population moving from an oral tradition or pre-literate society to a literate society, but the economy is demanding higher levels of education and skills reflecting a transition from an agrarian to a modern economy. These are momentous change in the macro-systems within which families function and prepare children for their future.

But further, Botswana is experiencing many social changes due to rapid urbanization, HIV/AIDS and natural disasters such as drought that have led to continuing assessment and planning for the provision of programmes and services to support families and augment children's survival and development. However, these services are reportedly fragmented and perhaps unevenly and inadequately distributed or accessible. In view that early childhood development is a reciprocal function of context and the individual; these services provide optimal ecological context.

The Government of Botswana, Ministry of Education together with UNICEF embarked on a systematic analysis of the contexts in which children live in the early 2000's. Botswana

¹ EFA Framework for Action, Paragraph 20.

adopted an Integrated Early Childhood Development Framework (IECD) in 2003² to promote an holistic approach to early survival, care and development. This approach consists of coordination across five components that include health, nutrition, water and environmental sanitation, early learning and stimulation and protection. Basically these are the factors that can enhance children's development if they are adequately provided or impair growth and wellbeing of children if not adequately provided.



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The relevance of an integrated approach to early childhood development is that it can consequently lead to positive growth outcomes in all of the various domains of development such as socio-emotional, physical and cognitive. The government of Botswana and UNICEF are cognizant of the fact that the early years provide an important “window” or developmental stage that if optimized can have long term social implications. Positive early development within a society can reduce morbidity and mortality, overcome poverty, create well rounded individuals with a balanced self concept, strong families and a self sustained nation.

1.2. Purposes of a Baseline Study

Within the *Framework for Action: An Integrated Early Childhood Development Programme for Botswana*, developed in 2003, a Baseline Study was identified as a need to gather together a broad set of data about children in Botswana to frame future actions. Such a strategy has been commonplace in other countries of the world and has proved useful in shaping advocacy and programming efforts. The IECD Baseline Study can provide a rich and useful source of information that can be used to understand patterns of the care and rearing of young children. Many of the sources of information concerning young children exist, but are often not organized to provide useful insights. Thus a baseline study can integrate information across demographics, child health, infant and young child feeding and nutrition, early education, environmental sanitation and child protection. Additionally, it can fill gaps in information about the inter-personal and behavioural aspects of child care and rearing.³

Increasing our knowledge about families' thinking and practices related to child development can be useful in four different ways.

- The results of the study can be used as **baseline data for future evaluations**. Baseline data is essential for assessing the impact of programmes and interventions across time.
- The results of the study can be used for **development of new programme ideas** or to improve and enhance existing programmes.

²Framework for Action: An Integrated Early Childhood Development Programme for Botswana. Gaborone, Botswana

³ Gover, D. and Itus, S. (2004). *Asking the Right Questions...Correctly*: Guidance Notes for Conducting Research to Assess Family Child Care and Rearing Practices, UNICEF, New York, NY.

- The findings can be used as a **starting point for accessing more detailed information**, critical for programme development.
- Survey findings can be useful to convince government officials to **develop new policies** or **change existing ones**. Objective information is critical for policy development.

1.3 Terms of Reference

In the fall of 2005, the Ministry of Education, Preschool Division and UNICEF engaged a team of consultants to implement a IECD Baseline Study for Botswana. The main objectives of the *National Integrated Early Childhood Development (IECD) Baseline Study* were identified as, to:

1. Establish the baseline situation of children below 6 years in terms of early stimulation, their health, nutrition, psychosocial development and community water and environmental sanitation needs in at least seven districts, after determining the existence of any data through literature review on nutrition, growth monitoring, mortality rates, access to preschool education and health.
2. Describe early childhood care giving practices in selected communities covering all six major areas of care.
3. Identify existing knowledge and practices that should be promoted or discouraged for improved survival, growth, and development of children.
4. Identify key role players and their capacity and gaps in providing childcare at family, household and community levels.
5. Map community/district resources and services available to improve survival, growth, and development of children.
6. Make recommendations on strategic actions to strengthen community processes that will achieve improved outcomes in children, in terms of survival, growth and development.

The approach taken in designing this Baseline Study was to combine existing information with new information to provide as comprehensive a picture as possible of ECD in Botswana. It was recognized that a lack of base line data about existing care practices related to water and environmental sanitation, early stimulation/learning as well as the general child protection existed. Therefore, as specified in the consultancy terms, collection of missing information and relating it to existing data was of priority. As these various datasets were analyzed, the supportiveness or vulnerability of the child rearing environments became evident. These insights formed the basis of recommendations that will hopefully enable IECD to plan interventions and service deliveries that are more viable and effective.

1.4. Baseline Study Methodology

A three phase design was conceptualized to provide a broad analysis of the situation in Botswana affecting young children. This methodology was reviewed and approved by the IECD Referent Group, a group of professionals in Botswana.

PHASE 1

The first phase consisted of a desk review of pertinent documents, the compilation of existing statistics related to children's status, and a review of policies to establish the background or context in which children live.

- A set of national indicators illustrating health, nutrition and educational achievements were secured from existing statistical reports and in some cases, special studies. Indicators were chosen based on their contributions to other national development goals and to similar international efforts.
- Descriptions of the policy and programming environment illustrated the range of actors and policies involved in monitoring and supporting children's early development. Key respondents in pertinent departments in Education, Health, Social Services and Women's Affairs were interviewed and documents reviewed to summarize the current policy and programming activities of those units.
- Special studies/reports concerning issues affecting young children were collected and reviewed to document conditions of concern to children.
- All registered preschool centres report annually to the Ministry of Education. Data from these reports document the number of centres and the number of children enrolled in pre-primary programmes, as well as other aspects of educational programming.

PHASE 2

A second phase of the study began in January 2006 with the gathering of new data to supplement what was currently available. Of key interest was to document the child rearing environments of the home and caregiver practices related to the cognitive and psycho-social development of the child. A set of seven districts from among the overlapping health and education districts of the country were randomly selected and three communities or sites within each district were randomly selected to serve as the research sites. Random selection insures the generalizability of the findings. Two procedures were undertaken at these sites:

- a. A set of focus group interviews with parents and another set with local service providers and community leaders were conducted to highlight typical care practices and community services available to families. Across all sites these focus group interviews involved approximately 504 parents and 154 community leaders.
- b. A second procedure was the conduct of personal interviews with caregivers of young 0-5 year old children in homes at the research sites. These household surveys provided more specific data to confirm the focus group findings and supplement critical indicators of the quality and educational value of the home. Twelve households per site were interviewed for a total of 264 questionnaires.

Training of Enumerators and Pilot Testing of Instruments:

- Enumerators were recruited with an advertisement posted at the University of Botswana. A group of over 14 individuals, most recent college graduates responded to the application process.
- Training of enumerators occurred in January, 2006. A group of 8 young college graduates were invited to participate in training. The group reviewed the basics of

focus group interviewing, role played and practiced recording and reporting data to be precise and accurate.



- The focus group process was piloted with four groups of parents at two different health clinics in the Gaborone environs (Mogoditshane). Debriefing after the process confirmed the efficacy of the questions and the processes to be used in the field.
- After reviewing the intent and approach taken with each section of the Parent

Questionnaire, the enumerators worked as a team to translate the instrument into Setswana. Some questions were rearranged and others rephrased.

- This translated questionnaire was pilot tested at a health clinic in Gaborone, Tlokweng. It was estimated that the current interview would take one hour.
- Both instruments-- the home observation protocol and the parent questionnaire were reviewed one final time with the National Preschool Committee at a meeting held on the 23rd January, 2006.

Sample Finalization and Scheduling of Field Work:

- Random sampling was chosen to optimize generalization to the entire population, with the understanding that more vulnerable families (limited resources) were the target of generalization. The seven chosen districts included six that were randomly identified and one purposefully chosen because it served as an IECD demonstration site. These included: one urban area, Francistown; one semi-urban area, Kgatleng; four rural areas, Central Boteti, Mahalapye and Kweneng West and Ghanzi; and one remote area, Ngamiland. Of this total, five are considered Districts with a greater than national average of malnutrition in children under 5 years. Thus the total sample is overpopulated with areas with families who may have limited resources.
- Within each identified District, three research sites needed to be identified.
 - First a list of 6 villages or localities was randomly sampled for each District using the lists of such localities in the Population and Housing Census of 2001. Only units with 1000 population were chosen (except for some areas in Ghanzi and Ngamiland where communities are small).
 - Next these identified localities were reviewed to ensure the following characteristics: the District or Sub-District Centers were identified to ensure access to key government officers and service personnel; in the two demonstration districts, key localities were identified where participating day care centers are involved so that some feedback from those parents and caregivers could become available to inform the demonstration projects; and lastly, in a few cases localities were removed and others substituted due to distance and access.
 - The final sampling frame was used to establish a field work schedule; one team traveling west and north and the other traveling north and west.

Communications and Logistics:

- Major stakeholders in the National Preschool Committee were involved in reviewing the Baseline Study Plans and Instruments during their quarterly meeting on January 23, 2006. Suggestions were received and the overall programme of work was approved.
- District council secretaries and district commissioners in those districts where the field work would occur were contacted by both fax and phone in mid-January. Further specifics of the field work schedule were communicated during the week of January 23rd, and supervisors of preschools were involved in identifying specific settings for focus group interviews.

Data Preparation:

- The research enumerators were trained in basic data coding strategies. A codebook for the parent questionnaire was developed and used. The focus group data from individual questions were summarized across all sites per district and then across all seven districts. Both consensus across districts and unique ideas were reported.
- The Statistical Package for the Social Sciences (SPSS) was secured and used to summarize and analyze quantitative data. Two levels of analysis took place; a first level of data cleaning and quality checking and a second level of creating frequency counts and summary statistics.

PHASE 3

The third phase of the study involved analysis and synthesis. A workshop involving a national group of duty bearers and stakeholders (local preschool supervisors, health and welfare officers, VDC representatives and the National Preschool Development Committee) was held on May 10-12, 2006 to discuss the preliminary findings from the study and begin the process of interpreting and acting upon the results. A strategic planning process is recommended in order to take these finding and:

- Identify strengths within current child rearing practices that should be built on as future programmes are developed
- Create strategies to strengthen programmes and policies
- Mobilize grass roots efforts to strengthen local support systems.

1.5. Expected Outputs and Outcomes of the study

- Distribution of an executive summary of the final report will be as wide as possible to inform a broad range of stakeholders of the outcomes of the study.
- The full report will be available in a hard copy form and on-line

1.6 Limitations of the study

The baseline study was implemented under a tight timeline. In a matter of six months, the entire study was planned and implemented! Needless to say, a great deal of cooperation was forthcoming to support this rapid deployment. Limitations that emerged include:

1. The rapid press of activity may have limited the amount and diversity of feedback or inputs available from the stakeholder group to shape the content of the study.
2. The rainy season was not the best time to be in the field
3. By coincidence the field schedule overlapped with two other activities of the IECD Initiative and may have precluded the full involvement of local officials.

4. The major respondent group (parents and caregivers) were unfamiliar with the focus group and interview processes and thus perhaps inhibited in their participation.
5. The project relied on young college graduates, who although trained, were not experienced as research enumerators.



Chapter Two Background

Presentation of the Country



2.1. Physical and Climatic Characteristics

Botswana is a landlocked country in the centre of Southern Africa sharing borders with South Africa, Namibia, Zambia and Zimbabwe. Botswana's landmass covers approximately 581,730 square kilometres. The western part of the country is dominated by the thick, sand filled Kgalagadi basin covering 84% of the country and extending far beyond Botswana's borders. The eastern part is characterised by the hardveld where 80% of the country's population lives.⁴

Botswana has a semi-arid type of climate. It is hot and dry for most of the year with average temperatures rising above 29°C during the hot season and falling below 10°C during the cold

season. The rainfall tends to be erratic and unpredictable, occurring mainly in the summer months. The mean annual rainfall varies from a maximum of 650mm in the extreme north-east to a minimum of 250mm in the extreme south-west.

2.2. Demographic Characteristics

According to the 2001 Census⁵, Botswana's population is about 1.7 million people. The population is comparatively small relative to the size of the country, with an average population density at about 1.8 persons per square kilometre. This makes Botswana one of the most sparsely populated countries in the world. While this position is enviable, it has caused problems in the provision of services to children living in remote rural areas. Although in absolute numbers the population has increased, still the growth rate has decreased from 3.5% in 1991 to 2.4% in 2001. The 2001 Census statistics indicate that 36.6% of Botswana's population is below 15 years of age and 43.9% below 18 years. This indicates that a large segment of Botswana's population is of a school age. Children, combined with those who are 65 years or above (5.6%), form the dependency ratio that is currently estimated at 71.5. This means that Botswana's population consists of approximately 71 dependent persons per 100 non-dependents. (Dependency ratio is

⁴ Ministry of Education (2004). Education for All, Botswana National Action Plan 2003-2009, Gaborone, Botswana.

⁵ Government of Botswana (2004). Analytical Report 2001 Population and Housing Census, Gaborone, Botswana: Central Statistics Office.

calculated as the sum of 0-14 year olds plus those 65 years or more divided by the number of people between 15-64 years.) This disproportional representation in the population structure puts a great deal of pressure on the non-dependent group that provides the socio-economic services for the relatively large dependent group. This dependency ratio is further skewed by the presence of large numbers of HIV/AIDS affected adults who cannot provide sufficiently for others.

Interestingly the sex ratio of the population slightly favours females. The ratio in the 2001 census was 89 males per 100 females in urban areas; 94 males per 100 females in rural areas. The 2004 BAIS⁶ report indicates that females comprise 52.8% of the population compared to 47.2% male.

Botswana has experienced a dramatic shift in urban-rural residency patterns. Urban growth has continued throughout the past few decades with an estimated 54% of the population residing in urban areas based on the 2001 Population and Housing Census. Population growth is noted in the major cities, but also in large villages and towns, and areas on the periphery to the major cities. This rapid shift in population and especially able bodied personnel has had a markedly negative effect on rural areas. Although the urban centres are expanding rapidly, Botswana still hold very strong links with their villages in the rural areas. Many still view the urban areas as transitory places of work and “home” still refers to the village in the rural areas. Thus, most of the dominant values entrenched in the urban population are an infusion of both modern and traditional values.⁷

Average household size has dropped slightly from 4.7 persons in the 1991 census to 4.1 persons per household in the 2001 census. Rural households remain slightly larger than urban households, but both have experienced a decrease in size. As expected, households with children are larger than households without children. In 1991 the household size of households with children was 6.2 while in 2001 this has decreased to 5.8 persons; still much larger than the national average. Of all households in the 2001 census, 54% were male-headed and 46% female-headed.

Female headed households were larger on the average than male headed households. Household density remains high with 1.8 persons per living room based on the 2001 census. Access to affordable housing is a continuing problem.

The 2001 census confirmed that 78% of the population spoke Setswana in their home, with the others speaking as many as 14 other languages.⁸ This multiplicity of ethnic/language groups presents challenges to the educational system and the national character that aims to preserve diversity. At present, Setswana is the national language serving mainly as a language for social interaction, national unity and a medium of instruction at the primary levels of education. English, on the other hand, serves as the

⁶ NACA and Partners (2004). Botswana AIDS Impact Survey II Statistical Report. Gaborone, Botswana: Central Statistics Office

⁷ Ministry of Education (2004). Education for All, Botswana National Action Plan 2003-2009, Gaborone, Botswana.

⁸ 2001 Population and Housing Census Dissemination Seminar (2003) p396

official language of government, commerce and formal work and the medium of instruction co-jointly with Setswana from standard two to the tertiary level.⁹

2.3 Economic Characteristics

In the past two decades, Botswana's economy has undergone an almost total structural transformation away from agriculture. Most notably, the economy has grown rapidly due to the exploitation of minerals and growing manufacturing and service sectors. The economy averaged 2.2% increases in real GDP from 1990-2003.¹⁰ Even recently this growth continues. Between 2000/01 and 2001/02 the Gross Domestic Product (GDP) increased 11.5%.¹¹ Large export earnings have provided excellent government revenues. Coupled with many years of political stability and sound public policy making, the government of Botswana has been able to support unprecedented levels of services and infrastructure development. Botswana has thus graduated from the group of the poorest countries in the world to lower middle income status. Based on UNDP's Human Development Index, Botswana ranked 131st of 177 countries in 2003, a medium level of development.¹²

On the individual household level, however, income security is less evident. During the 2001 census, 387,131 households reported that they were or were not economically active. Of this group, 63.16% were involved in one type of economic activity or another while 36.84% were economically inactive¹³. The major economic activities were cash employment (75%), self employment (11%) and working the land/cattle post (4%) with an additional 9% reporting "looking for work". Further analysis of the employment data suggest that a full 27% of all cash employments are in low-paying occupations. Less than 10% of all heads are in administrative or professional occupations. Female headed households also appear economically disadvantaged in these figures. Out of all household heads reporting engagement in economic activity, only 38% were female household heads, while 62% were male household heads. Of economically inactive households, 64% are female headed and 36% male headed. More economically inactive households exist in the rural areas compared to the urban areas. But of further concern is that female headed households are disproportionately represented in lower-level employment, with males dominating all categories of employment except clerical. Therefore it can be expected that female-headed households have considerable less income than male headed households, and also larger numbers of dependent persons to care for!

Although education is almost universal for children, the 2001 census reported that large numbers of current adult household heads have not had the advantages of education. A

⁹ National commission on education, 1977: 2-9.

¹⁰ World Bank, "At a Glance: Botswana, The Big Picture" {<http://globalis.gvn.unu.edu/>}

¹¹ Government of Botswana (2004). Statistical Bulletin, (Vol. 26 No 4 & Vol. 27 No 1-4). Gaborone, Botswana, Central Statistics Office p2-3.

¹² UNDP Human Development Report (2005), p234.

¹³ Government of Botswana (2004). Analytical Report 2001 Population and Housing Census. Gaborone, Botswana: Central Statistics Office p195-196.

full 27% of the population of household heads had never attended school and a further 33% attended standard 7 or less! Of the non-attender group 42% were female household heads and 58% were male household heads.¹⁴ Educational attainment is a primary factor in employment and household income.

2.4. Human Immunodeficiency Virus Seropositivity

In Botswana, HIV/AIDS has become, by far, the most serious health and social problem in history. The illness was first detected in 1985. During the period 1985-2003 the infection spread so fast that the average HIV prevalence reached 37.3% of the 15 month to 49 year old population, the second highest rate in the world.¹⁵ Even today, with a whole arsenal of drugs, treatments, understandings and educational strategies, the spread of the disease continues. The 2002 Sentinel Surveillance report¹⁶ noted that over 35% of the population of adults aged 15-49 were HIV positive, but that most did not know their HIV status! One of the constraints of containment is a cultural pattern of sex outside of marriage and with multiple partners. Marriage itself is undergoing marked changes from traditional patterns. The Botswana Aids Impact Survey II (2004)¹⁷ found 25% of sexually active women 20-35 years old reporting that their relationship with a partner was a husband (legal or common law) while 29.4% had sex with a live-in partner, and 44.5% with a boyfriend not living together. Many young people live together outside of marriage and often females take on the responsibilities of raising children without the benefit of male support. Economic pressures on these women along with stigmatization of those with the illness prevent many sexually active persons from being tested and others may be in denial.



2.5 Status of Conditions Affecting Young Children in Botswana¹⁸

One of the major goals of the IECD Baseline Study was to assemble and review those data available that describe conditions affecting young children in Botswana. The following descriptions cover the time period 2001-2005. The most recent datasets that were available were the 2001 Population and Housing Census, 2003 or 2004 Ministry reports and special studies conducted during recent years. The indicators chosen to describe the status of children represent Millennium Development Goals, IECD goals and current UNICEF interests. IECD

¹⁴ Government of Botswana (2004). Analytical Report 2001 Population and Housing Census. Gaborone, Botswana: Central Statistics Office p195-196.

¹⁵ UNDP Human Development Report 2005

¹⁶ NACA(2002). Botswana 2002 Second Generation HIV/AIDS Surveillance: A technical Report. National AIDS Coordinating Agency, Gaborone, Botswana.

¹⁷ BAIS II (2004)

¹⁸ Unless otherwise noted, the source of the data presented in this section is the 2001 Botswana Population and Housing Census.

Baseline Study estimates were used in those situations where indicators from other sources were not available.

2.6. General Socio-economic Conditions

About 43.8% of Botswana's population of approximately 1.7 million people recorded in the 2001 censuses was children under the age of 18 years. This very high number of children requires special attention and investments.

Botswana has made huge strides in improving the socio-economic status of the nation since its independence in 1966 and even more so recently. Botswana has the second or third highest per capita GDP of all sub-Saharan nations¹⁹, although this income is not necessarily available to individual households. Income poverty has decreased from 47% in 1994 to 36.7% in 2002. The unemployment rate stood at 19.6% in 2001 but has increased slightly to 24.6 in 2004.²⁰ The workforce is about equally divided between males (51.5%) and females (48.5%), but females have higher rates of unemployment. Of even more concern is the reported 30% of households in 2001 of falling below the poverty line (36.7% in 2004). These economic statistics suggest that large numbers of families and children are at risk. Limited finances impede the ability of families to provide adequately for the food, housing, shelter and basic service needs of their members. Yet the strong economic status of the country has enabled the government to provide an enviable array of investments in health, education, infrastructure and human services.

Table 1. General Economic Development Indicators

General Economic Developmental Risks	
Population under 18 years	43.8% (2001 Census)
Population under 5 years	11.6% (2001 Census)
Poverty Rates	30% (2001 Census) 36.7% (BAIS II, 2004)
Unemployment rates	24.6% (BAIS II, 2004)
Economically inactive households	36.8% (2001Census)
Life Expectancy at Birth	56 years (2001 Census)
Mean Years of Schooling for Adults	8 years (BAIS II 2004, p9)
Dependency Ratio	71.5 (2001 Census) 77.4 (BAIS II 2004)

2.7. Survival, Health, Nutrition and Environmental Sanitation

Botswana has a well developed health infrastructure that provides exceptionally wide spread services. The Government of Botswana has committed to a primary health care strategy of *Health for All*. Priorities include health promotion, care and disease prevention, equitable distribution of health services and the integration of health with other basic nutrition and educational services at the community level. Eighty-eight percent of the population now has

¹⁹ CIA World Factbook, 28 July 25

²⁰ BAIS II (2005)

access to a health facility within a radius of 15 km.²¹ Roads, electricity and water systems span the country, providing basic services to practically all Batswanas.

There is a high level of health coverage for maternal and child services. Participation at antenatal and post natal and well-baby clinics is high in all but the remote areas. HIV-AIDS, however is a hovering disaster affecting increasing numbers of young women, pregnant women and children. Overall it was estimated that 37.3% of the population aged 15 months to 49 years in 2003 were HIV positive.²² This is the second highest prevalence rate in the world! HIV-AIDS prevalence rates among women attending antenatal clinics increased from 35.4% in 2002 to 37.4% in 2003. The highest prevalent rates in 2004 affected the population age group 30-34 years for both females (43.7%) and for males (36.2%)—the current generation of young parents and income earners!²³ HIV-AIDS prevalence rose slightly among females aged 15-19 years of age, from 21% in 2002 to 22.8% in 2003. Considering the adolescent pregnancy rates continue to be a problem associated with 38% of secondary school drop outs²⁴; young women are extremely vulnerable to HIV-AIDS exposure.

Botswana's young children are also vulnerable because of HIV/AIDS. The complexities brought about by HIV-AIDS directly impact children's mortality and the ability of families and communities to serve the health and developmental needs of children. The 2001 census showed a slight increase in infant mortality from 48-56 deaths per 1000 live births between 1991-2001. Likewise, the under-five mortality rate increased from 62-74 deaths per 1000 live births during the same period. The mother to infant transmission rate for HIV has been estimated at 40%. Although treatment therapies are available to prevent transmission, many women do not receive these treatments. Likewise, of known HIV positive infants, only an estimated 22-23 percent receives treatment.²⁵ Thus children are being impacted directly by HIV/AIDS with increased survival risks, but also indirectly by socio-economic and psycho-social risks.

Concerning environmental sanitation risks, the picture seems mixed. Although the vast majority of households reported having access to safe drinking water and appropriate excreta disposal in the 2001 census, still inequities exist in urban-rural coverage. Of the 95.5% of households accessing safe drinking water, 87.7% have piped or tapped water. And this varies from an average of 99.5% in towns to 73.3% in rural areas.²⁶ The Botswana Policy for Wastewater and Sanitation Management (BPWSM) reported that the basic pit latrine is an inappropriate form of sanitation. Yet 30% of households rely on this form of sanitation and 22.5% do not have access to any sanitation facilities.²⁷ On the basis of BPWSM, 39.9% of the households in the country have adequate sanitation, 53% in urban areas and 18% in rural

²¹ NACA and Partners.(2005). Botswana AIDS Impact Survey II Statistical Report. Gaborone, Botswana: Central Statistics Office p3.

²² UNDP Human Development Report 2005

²³ BAIS II p38 and 40.

²⁴ 2001 Population and Housing Dissemination Seminar (2003) p352

²⁵ UNICEF, Updated Situation Analysis of women and children 2001-2005 (2006)

²⁶ Kelekwang, P. "Principal source of water supply in housing units"(2003).2001 Population and Housing Census Dissemination Seminar 8th-11th September 2003, Gaborone, Botswana: Central Statistics Office p. 296

²⁷ Tiroyamodimo, T. "Sanitation Facilities in Botswana" (2003).2001 Population and Housing Census Dissemination Seminar 8th-11th September 2003. Gaborone, Botswana: Central Statistics Office. P.309

areas. Other waste removal is also spotty. The 2001 census suggests that 29.3% of all households receive regular waste collection services and a further 7.1% receive irregular waste collection. That leaves another 2/3 of the households with no collection services. These households resort to rubbish pits, burning or indiscriminate dumping.²⁸ Thus exposure of children to unsafe hygiene and environmental health practices is possible. The recent outbreak of water-borne disease in Northeast Botswana confirms the tenuous situation concerning water and sanitation.

Table 2. Health, Nutrition and Environmental Sanitation Indicators

Health, Nutrition and Environmental Sanitation Developmental Risks	
Underweight births	12.8%
Infant Mortality Rate	57 per 1000 births
Under 5 mortality rate	75 per 1000 births
Maternal mortality	300 per 100,000 live births
Deliveries at health facilities	97%
Exclusive breastfeeding for 4 months	29.1%
HIV prevalence of pregnant women	37.4%. 50% in some areas (Sentinel,2003)
Children born to HIV positive mothers	37.5% (BAIS II, 2004)
HIV eligible infants receiving ARV	22.7%
Contraceptive prevalence	44.4% (UNICEF 2005)
Under weight in under 5 population	13%
Growth Monitoring Attendance	75%
Fully immunized at 12 months	73.4 (BMIS 2000)
DPT immunization	98%
Measles immunization	86.2%
Polio immunization	98%
Complementary Feeding at 6 months	57% (2000 Multiple Indicator Survey)
Diarrhea received ORT	48.9% (2000 Multiple Indicator Survey)
Households accessing safe drinking water	95.5%(2001 Census)
Households using improved waste disposal methods	77.4%(2001 Census, WHO)
Households with children washing hands after toileting	88% (Baseline Study)
Average Distance to nearest health facility	15 Km (BAIS II p.3)

2.8. Education and Early Learning

²⁸ Modukanela, B. "Modes of waste collection and disposal in census districts" (2003). 2001 Population and Housing Census Dissemination Seminar 8th-11th September 2003. Gaborone, Botswana: Central Statistics Office.p325

Education is a high priority for Botswana. Children (92%) start primary school when they are age 6, 7, or 8 years old.²⁹ Seventy-four percent of standard one enrolments in 2002 were six and seven-year-olds and one percent were under six.³⁰ A total of 52,936 children entered standard one in the year 2002. Approximately 1.3% of five-year-olds, 26.1% of six-year-olds, and 82.8% of seven-year-olds were enrolled in primary school in 2002. The overall enrolment rate of 89% is reported for the age group 6-12 years. This uneven entry age of children places burdens on the teachers of young children and creates risks for those who do not attend when schooling is available as they are wasting good learning years! The 1994 Revised National Policy on Education recommended the age of enrolment as 6 years, but practice does not conform with the policy.

The pupil-teacher ratio in primary school averaged 26.4 in 2002, but varies widely across regions. Female participation in primary school is very high, 49.4% compared to 50.6% for males. Female rates of participation in schooling beyond the primary level exceed male rates except for Vocational/Technical training and Agriculture.

Primary school completion is especially important to create a more literate society. The data in 2002 suggest that 96.4% of children reaching standard 7 move on to form 1 or secondary school. During primary school, the most frequent reason for dropping out is “desertion”, although many of these children reenter the system at another time or place. Only 5,417 children dropped out of primary school in 2002, only 1.6% of the school enrolments. This is a relatively small number.³¹

Although the education statistics are quite good, still wide variation exists across the country. Those children who live in rural areas and those in households near or in poverty are not necessarily prepared for schooling and may not be fully utilizing the educational opportunities before them. Providing a firm foundation of readiness to take advantage of education became a priority in Botswana with the creation of the 2003 *National Framework for Action for the Botswana Integrated Early Childhood Development Programme (IECD)*. Estimates of enrolment statistics for pre-primary programmes stands at 10-17% depending on the source, although officials suggest that the 17% figure is probably more accurate than the former. The majority of these enrolments are in the urban areas. A number of NGOs, churches and VDC are supporting preschools. In 2005, the Ministry of Education reported the enrolments from the 436 registered early childhood programmes nation-wide that provided data to the MOE Preschool Database (less English Medium Reception Classes).³² The age distribution of children enrolled is displayed in the table below. A total of 19202 children were enrolled in the 436 reporting centers for an average of 44 children per center.

Table 3. Age Distribution of Children Attending Registered Early Childhood Programmes, 2005

<u>Child's Age</u>	<u>N</u>	<u>Percentage (based on 436 centers reporting)</u>
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²⁹UNICEF and GOB, (2000) Botswana Multiple Indicator Survey, End of Decade Review on the World Summit for Children Goals set for 2000, Gaborone, Botswana: UNICEF and Central Statistics Office.

³⁰ Ministry of Education, Educational Statistics 2002 (2004)

³¹ Ministry of Education, Educational Statistics 2002 (2004)

³² Ministry of Education, Preliminary Preschool Report, 2005 Database as of 1 April 2006

Less than one Year	14	.07%
One Year	95	.49%
Two Years	911	4.74%
Three Years	3474	18.10%
Four Years	5022	26.16%
Five Years	5820	30.32%
Six Years	3569	18.59%
Over Six Years	<u>292</u>	<u>1.52%</u>
	19197*	100.00%

*Some missing data exists based on age, therefore these totals do not sum to the 19202 included in the records. Of the total number of children enrolled and reported in 2005, 164 (.85%) were identified as handicapped.

The IECD initiative hopes to enlarge educational services to parents and caregivers to help families appreciate the importance of the early years of development, and to create stimulating and safe environments for children to learn through play. Even within more moderate income groups, due to the very large number of female headed households, young children are often left in the care of uneducated maids who lack knowledge of children's developmental needs. Three to five year olds need ever more stimulating environments to maximize learning. Without informed caregivers or parents with the time to devote to children's needs, these early years of development become wasted opportunities.

Table 4. Educational and Early Learning Indicators

Educational and Early Learning Developmental Risks	
Net primary school enrolment rate (6-12 years)	89%
5-19 year olds not attending school	13.5%
Survival rate to standard 5	84%
Transition rate from primary to secondary school	96.4%
Pupil teacher ratio in primary school	26.4 (Educ2002)
Gender equity in primary school enrolments	49.4% female/50.6 %male
Adults who never attended school	27%
Adults attending to 7 th standard or less	33%
Biological father's participation in child's life	59.2% (Baseline Study)
Households reporting access to safe play spaces	75% (Baseline Study)
Households reporting reading to young children	56.5% (Baseline Study)
Participation in some form of ECD programme	10% (est) (2001 Census) 17% (est) Multiple Indicator Study, UNICEF 2000
Number of registered early childhood programmes	427 (MOE 2004) 436 (est) (MOE 2005)

4. Child Protection

Children enjoy basic rights as specified in both the UN and Government of Botswana policies. However, maintaining children's rights in light of cultural and circumstantial conditions is

difficult. Poverty and unemployment are primary risks to families and their children. High rates of female headed households, female unemployment, lack of male support, teen parenting and increasingly orphaned children, create vulnerabilities for the ability of families to meet the needs of children. Child neglect, abuse, lack of attention to emotional needs and stress in the home due to alcohol and HIV prevalence all place children at risk for developmental delay.

Orphans are a major consequence of HIV-AIDS prevalence. Not only do orphans need to cope with the death of one or both parents, they also need to cope with the stigma and socio-economic consequences. As of December 2003, 42000 orphans were registered with the Department of Social Services, although projections suggest that approximately 78000 orphans exist in the country. And although provision has been made to provide “food baskets” to all orphans, approximately 95% of those registered receive baskets and these resources are insufficient to the need. It is estimated that 54% of those registered live in homes where the head of household is unemployed and coincidentally, 55% live in female headed households—conditions that make these children vulnerable to stress, neglect, abuse and exploitation. Increasingly resources are being directed to this population with the creation of educational and recreational services and improved health and nutrition.

Table 5. Child Protection Indicators

Child Protection Developmental Risk	
Birth registration	59.2%
Proportion of children not living with biological parents	27.7%
% of Households taking in Orphans	
Orphans living in female headed households	55% (68% UNICEF 2005)
Orphans living with grandparents	40%
Orphans living in households with 10 persons or more	26%
Orphans living in households with unemployed heads	54%
% of households with orphans receiving care and support for orphans	34.3% (2004)
%Children living in female headed household	28.8% (UNICEF 2005)
Families taking preventative measures against HIV-AIDS	76.7% (Baseline Study)
Families refraining from using severe physical punishment	85% (Baseline Study)
Families refraining from using mild physical punishment	52% (Baseline Study)
Prevalence of families with children under 6 reporting alcohol/drug abuse	25% (Baseline Study)
# of children with disabilities in special education programmes	3,576 (Education 2002)
% of children with disabilities never attending school	27.6% compared to 16.8% of nondisabled children 6-12 years.

5. Summary

The indicators described in this report paint a mixed picture of strengths and weaknesses in the systems that support young children. Definitely the Government of Botswana has gone to great lengths to establish basic health, education and sanitation systems to serve the entire

nation. But the strain of maintaining and expanding such nation-wide coverage with the realities of the HIV/AIDS disaster and other financial demands, is evidenced in the declining child health and survival statistics, inadequate coverage in HIV/AIDS treatment and prevention of mother-to-child transmission and slow responses to quality improvements in both the health and education sectors. Children in Botswana might be becoming more vulnerable rather than less vulnerable in this current climate. But it is not just government that should be making a difference. Family life is changing dramatically in Botswana. Single parent families, female headed households with few economic resources and the growing numbers of orphans place strains on all systems. These structural changes in the families and households of Botswana are creating vulnerabilities for children that will continue to strain both governmental and civil society strategies. Although much is being done, the needs expand daily.

Based on the consensus established in drafting the *IECD Framework for Action*, all agencies of government and the many private and voluntary organizations that work in Botswana have been called upon to support an integrated delivery of services to young children, especially those most vulnerable. Within this approach, it is hoped that increased attention will be paid to young children in expanded preschool education opportunities, educational services to parents and children under three years, improved monitoring of early development and holistic services to orphans and vulnerable children (OVC). The question is, “*Are sufficient actions underway and are the chances for children improving?*”

Early Childhood Development

Clearly education is valued throughout the world as an investment in the human capital of a country. But learning does not start at the beginning of primary school, rather it begins at birth. Yet the educational inputs to a child during the early years of life are rarely noticed and usually taken for granted. The quality of the care and interactions that a young child has with his or her caretakers and environment are critically important inputs that influence all later learning. It is for this reason that increasing attention is being given to the period of Early Childhood.

Early Childhood Development (ECD): The definition of ECD includes early survival, care and development. It includes early socialization, education and readiness for school, as well as, the provision of basic health care, adequate nutrition, nurturing and stimulation within a caring environment, protection from abuse and access to basic sanitation. ECD encompasses all of the various environments which care for children—the family, the community and any formal or informal programmes that support the child from 0-8 years.



Integrated Early Childhood Development (IECD): Further the vision for Botswana is an “integrated” approach to early childhood development. Such a strategy addresses all areas of development in a holistic manner, coordinates services across

sectors and providers to best meet individual children's needs, and provides comprehensive interventions focusing on all major environments that impact children.

*Taking a holistic perspective on child development and providing multi-sectoral programming does not always mean providing services directly in center based programmes. For the youngest children, in particular, it is important to provide support to the family. Thus programmes that support parents in their parenting role and that help change the economic situation of the family are important and will ultimately have an impact on the child. Similarly, community development (empowerment) efforts change the environment within which children are being raised. Strengthening the institutions that work with families is another strategy that can be used to support the development of quality programmes. Ultimately all of these efforts are supported or inhibited by national policy. Thus, an appropriate programming strategy is to advocate the implementation of national policies supportive of young children and their families.*³³

1. The Case for Investments in ECD



James Heckman, Nobel laureate and University of Chicago Economist notes, "Learning starts in infancy, long before formal education begins, and continues throughout life. Recent research in psychology and cognition demonstrates how vitally important the early preschool years are for skill formation. Significantly, this is a time when human ability and motivation are shaped by families and non-institutional environments. Early learning begets later learning and early success breeds later success, just as early failure breeds later failure."³⁴

Children are born 'ready to learn' (Heckman, p6)

The first three years of life are especially important in creating patterns of attention and learning that lay the foundation for more complex learning. Some of the scientific evidence concerning the importance of the early years emerged around our increasing understanding of brain development. At one time it was thought that the structure of our brain was genetically determined and fixed at birth. But now it is realized that brain structure emerges with the child's active involvement in his or her environment. Genetics might predispose us to develop in certain ways, but interactions with the environment have a critical impact that shapes the person we become (Shore, 1997).³⁵ "It is now clear that what a child experiences in the first few years of life largely determines how his brain will develop and how he will interact with the world throughout his life" (Ounce of Prevention Fund, 1996)³⁶. Stable, nurturing care is of critical importance to give a child a sense of security

³³ What is a Holistic/'Integrated' Approach? Adapted from: *ECCD Briefs—Integration in ECCD: What Does it Mean?* Early Childhood Counts: Programming Resources for Early Childhood Care and Development. CD-ROM. The Consultative Group on ECCD. Washington D.C.: World Bank, 2000.p.3.

³⁴ Heckman, J.J. (2000). "Invest in the Very Young", Ounce of Prevention Fund and University of Chicago, Harris School of Public Policy Studies. Chicago, Ill.

³⁵ Shore, R. (1997). *Retinking the brain*. New York: Families and Work Institute.

³⁶ Ounce of Prevention Fund. (1996). *Starting Smart: How early experiences affect brain development*. Chicago, IL: Ounce of Prevention Fund.

which allows him to venture forth and explore his world. Malnutrition and maltreatment can delay or even deter brain development, creating long-term negative effects. It has been noted that a child's brain can be two and a half times as active as an adult's brain. Children are thus biologically prepared to learn.³⁷ But further, the lack of positive stimulation or presence of chronic stress during this period of early childhood may lead to adults who find it difficult to manage stress, regulate their emotions or control their behavior—serious implications for society as a whole.³⁸

2. Early Investments Pay Off

“Investments in social policies that intervene in the early years have very high rates of return while social policies that intervene at later ages in the life cycle have low economic returns. A large body of scientific evidence shows a “persistent pattern of strong effects” derived from early interventions. Significantly, these substantial, long-term benefits are not necessarily limited to intellectual gains, but are most clearly seen by measures of “social performance” and “lifetime achievement”. In other words, people who participate in enriched early childhood programmes are more likely to complete school and much less likely to require welfare benefits, become teen parents or participate in criminal activities. Rather, they become productive adults.” (Heckman, p. 5) Cost benefit analysis of early education programmes in the USA suggest economic returns of \$8 for every \$1 of investment in early education. Other studies indicate returns as large as 17:1.³⁹

3. Breaking the cycle of poverty

“Meeting basic health, nutrition and education needs of young children are key elements in breaking the cycle of poverty.” Both at the Dakar Forum on Education for All in April 2000 and within the Millennium Development Goals (MDG), comprehensive early childhood care and education was identified as a critical priority for nations to break the cycle of poverty. “Poor children are likely to grow-up to be poor and to give birth to children who are poor. Healthy newborns are more likely to be born from mothers who were healthy and well nourished as children and adolescents. Likewise children are more likely to go and stay in school if their parents have been educated.” But somewhere across generations, those uneducated and malnourished need to be given a boost to get them started in the right direction--thus the goal *to improve the health and educational status of young children, especially for the most vulnerable and disadvantaged children.*⁴⁰

4. ECD attendance benefits parents

³⁷ Leugers L. (2002). “Activities for Infants and Toddlers: Connecting Brain development and Strategies for engaging activities” Website:
http://www.corsp.org/kids_family/Parent%20Activities/Brain%20Research%20and%20Its%20Implications%20for%20EC%20Programs.pdf

³⁸ Hyde, K.A. and M.N. Kabiru (2003). ADEA Quality Study: Early Childhood Development as an Important Strategy to Improve Learning Outcomes. Association for the Development of African Education.

³⁹ Rolnick, A and Grunewald, R. (2003). “Early Childhood Development: Economic Development with a High Public Return”, In *FEDGAZETTE*, Minneapolis, MN: Federal Reserve Bank of Minneapolis at website:
<http://minneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>

⁴⁰ Jaramillo, A. and A. Mingat. (2003). “Early childhood care and education in Sub-Saharan Africa: What would it take to meet the Millennium Development Goals?” The World Bank Africa Region p1.

A side effect of the availability of quality care environments for young children is that it releasing mothers or caregivers to be able to pursue other activities. Women whose children get to preschool may be freed for productive activity and thus be able to augment levels of income of the family. Girls whose younger siblings have access to preschool may themselves more likely be enrolled in primary education. In many impoverished households, a great deal of mothers' time is spent working in the informal economy. When stable time schedules can be established, mothers can pursue formal employment, income generating training or other endeavors to add to the family income. Young girls can also be released from child care responsibilities to be able to attend school. These secondary effects for women and girls are of enormous importance in breaking the cycle of poverty and improving the chances of success for all children in the family.

5. Primary school teachers value preschool experiences.

Preschool participation in Africa is associated with less repetition in primary years and higher primary school completion rates. Preschool participation also contributes to primary school survival through the fact that children and parents develop more positive attitudes for schooling and develop a stronger demand for schooling.⁴¹ Those children who attend early childhood development programmes are more likely to be prepared for formal schooling than those who do not attend. They are more comfortable in a classroom environment, able to attend to instruction and follow directions, less likely to be absent and are better prepared to learn. In a study conducted in the RADs and Farms of rural Botswana in 2001⁴², primary teachers noted that children in preschool programmes learned punctuality, participation in class, communication in Setswana, and regularity of attendance. One primary school teacher noted that 85-90% of preschool attendees are ready for primary school...do not cry for their parents, are not as shy, are active in class and are punctual. In Kenya, attendance in quality preschool programmes led to smoother transition from preschool to primary school with lower drop-out rates, and fewer repetitions in early primary school.⁴³

An impact assessment of Gujarat Day Care Centres in India, (Zaveri,1994)⁴⁴ found that children who attended day care for two years had significant gains in cognitive ability. And mothers in this study felt that their children were more confident, better able to relate to others and had made significant and sustained weight gains as compared to controls. After entering primary school, these children had higher achievement in language, mathematics and environmental studies tests.

⁴¹ Jaramillo, A. and A. Mingat. (2003). "Early childhood care and education in Sub-Saharan Africa: What would it take to meet the Millennium Development Goals?" The World Bank Africa Region p19.

⁴² Matenge, B. and K. Maoshabi,. (2001)."A study of pre-school education in the RADs and farms in Botswana": A report for the Ministry of Education and the Botswana Educational Research Association.

⁴³ Njenga, a. and M.N. Kabiru (2001). "In the web of cultural transition: A tracer study of children in Embu District, Kenya. Bernard van Leer Foundation.

⁴⁴ Jaramillo, A. and A. Mingat. (2003). "Early childhood care and education in Sub-Saharan Africa: What would it take to meet the Millennium Development Goals?" The World Bank Africa Region p10

Summarizing the wealth of information from the USA about the characteristics of children ready to learn in school, the following skills or characteristics were found to be present in children receiving supportive and responsive early environments:⁴⁵

- Good physical health
- Confidence and a sense of control and mastery of one's body
- Curiosity and interest in finding out about things
- Persistence and willingness to pursue actions toward goals
- Self-control or ability to moderate actions in age-appropriate ways
- Socially able to engage with others, being understood and understanding others
- Able to communicate ideas, feelings and concepts to others
- Cooperative, able to balance own needs with the needs of others.

6. Preschool programming should start with the home

Some governments, in their quest to support the early years of development have invested in formal preschool and day care programmes. The emphasis of investments in these settings is pre-academic—preparing children for formal schooling. And although this is admirable, it is also short sighted. If the evidence about the importance of the early years and the influence of the home environment is taken seriously, then the priority should be focused on supporting parents and families.⁴⁶ Outreach services to caregivers in the home should be the number one intervention. Not only are the early years from birth to three, when children are not in formal programmes of utmost importance, education and empowerment of parents can serve a whole family of children. An extensive body of knowledge has been developed since 1995 building on research on ECD from developing countries. Some of the basic lessons learned that apply across countries in Asia, Latin American, the Caribbean and Africa are:

1. The most effective programmes are those that empower parents, either by involving them as full partners with teachers/caregivers in supporting their children's development, or by making them responsible for the management of the programmes.
2. The most effective programmes are those that blend traditional child-rearing practices and build from cultural beliefs and practices and integrate them with modern "western" approaches.
3. Negative aspects of programmes were: over emphasis on center-based programmes, too much concentration on a cognitive approach of primary schooling, limited coverage, lack of integration with the community, and neglect of 0-3 year-olds who do not attend centers.⁴⁷

An integrated approach to ECD would emphasize involvement in parents and care givers in learning to improve the care and education in the home. In doing so, it would build upon traditional knowledge and relate those practices to today's world. Just as the health community has emphasized home-based preventative education, so should education. The Integrated Management of Childhood Illness (IMCI) strategy being promoted in Botswana

⁴⁵ "A community system of care for very young children and their parents", (1998-99). Best Practice Briefs (No.10), Outreach Partnerships, Michigan State University

⁴⁶ Marfo, Agorsah, Bairu, Habtom, Ibetoh, Muheirwe, Ngaruiya & Sebatane, " The Value of Indigenous Knowledge", in International Journal of Educational Policy, Research, and Practice (Vol 5, No 3, Fall 2004) p. 39.

⁴⁷ Ibid. p 12-13.

recognizes the importance of household-community involvement in self care and prevention. Included among the 18 key family practices and interventions to impact child survival, three emphasize the quality of the home environment to stimulate psycho-social development, clearly an integration of educational messages along with health messages focusing on the home environment.⁴⁸

Cultural Patterns of Child Rearing in Africa

Although there is a dearth of information about child rearing patterns in Botswana, the literature from West Africa was summarized at a Regional UNICEF Workshop in January 1988 in Abidjan, Cote d'Ivoire.⁴⁹ Many of the practices reported at this workshop have similarities to practices currently observable in Botswana.



“A young child is completely dependent on his or her caretakers” (p.2) and the conditions within the environment to which he or she is raised”. It can be assumed that societies, communities or families attempt to do their best for their children. In stable environments parents learn from their parents and change is gradual enough to be absorbed in modest adaptations from the past. But in rapidly changing environments, the lessons and practices of the past don't seem to work. The goals, ambitions and roles of individuals change with changing environments. Patterns of care change with new technologies, services and opportunities. In rapidly changing societies, childrearing patterns of past generations seem inadequate and often inappropriate. But in any context, the past can inform the

present and traditions can be adapted or preserved to serve the developmental needs of the new generation.

Botswana is facing rapid change. The universal expectation of literacy, migration of individuals for jobs and opportunities, the effects of changing weather, agricultural practices and food supplies, establishment of modern institutions and services, access to modern media and changing patterns of marriage—all are having dramatic impacts on families and individuals. “The desire to participate in modern society has radically changed the childrearing goals of families, and the need to develop new skills in order to cope with urban life and formal schooling has had a profound effect on how children are being cared for.” P.2

⁴⁸ Ministry of Health (2003) “Report of IMCI Health Facility Survey: IMCI can make a difference to our children”. Gaborone, Botswana: Public Health Service

⁴⁹ Timyan, J. “Cultural Aspects of Psychosocial Development: An Examination of West African Childrearing Practices”, (1999).in Early Childhood Counts: Programming Resources for Early Childhood Care and Development. The Consultative Group on early Childhood Care and Development, World Bank: Washington D.C.

Families coping with rapid change may have the best interests of their children at heart but are overwhelmed by the consequences of change and by the demands on their time. They may find that traditional childrearing habits are no longer possible and that previously held values are no longer appropriate. Caretakers have parenting skills based on what the culture has taught them. But as parents and caretakers find themselves in unfamiliar situations, they need to act on their own instincts and knowledge. Added to these insecurities is the fact that the social structures of the family are also breaking down. The people closest to a child may or may not be related to the child.

Some of the traditional patterns of child rearing reported at the UNICEF workshop in West Africa are summarized below with notations of how modern life has impacted them. Some should be continued, other's changed. Recommendations based on these disparities need to come from those familiar with both traditional values and scientific knowledge of child development.

- Early bonding and attachment: children raised in many African societies have lengthy periods of close physical (skin-to-skin) contact with their mothers—carrying the baby on mother's back, breastfeeding on demand, sleeping together. This close contact promotes strong attachment between the child and mother, a fact that can have negative consequences if mothers are not available to continue to care for their child. However, such exclusive contact is traditionally moderated by multiple caregivers, especially other women in and near the household who tend to a child's needs thus expanding the attachments of children with adults. Modern families may not be establishing such firm attachments, either because of demands on mother's time or the nature of modern childcare.
- Changing diets: traditional foods provided a range of nutrients and fiber without the excessively high fat and sugar content of today's convenience foods. Today's children are at risk for overweight and micro-nutrient deficiencies.
- Little importance placed on verbal interaction with children: traditional villages and village homes were rich with people interacting with other people; modern single family homes are isolated from such interactions, thus children are not as richly stimulated by verbal activities and associated social context. Thus in modern families, parents need to create verbal interactions specifically to help children develop language and social skills.
- Perceptions of when children are able to fend for themselves and possess social and physical independence and self reliance: in traditional villages, a wide variety of adults were available to "look after" young children so it was safe for them to accompany older children and to roam away from the home. But today's children are usually living in urban neighborhoods away from relatives, so adults set limits on where the children can roam for their own safety. The age of independence has been lengthened.
- Respect and proper behavior: traditional societies place great importance on "proper behavior" and "deportment" especially in the presence of elders. These concepts are not necessarily expected of children living away from family relatives and they have little opportunity to observe "respect" from adults and children to each other, thus their behavior is often thought to be disrespectful.

- **Reliance on learning from siblings and other children:** In large households or close knit neighborhoods, young children can spend a considerable amount of time in the presence of older children. Often they are being cared for by older siblings and join-in all the activities being pursued by the siblings. This provides a rich environment of stimuli to encourage physical, social and cognitive learning. It often leads to imitation and striving to achieve at tasks above one's capacity thus motivating children to learn. This rich environment must be purposefully recreated in smaller, nuclear family homes and the "content" of sibling play may need guidance to be sure the skills being transferred are appropriate for modern schooling and life.
- **Obedience and punishment:** Traditionally children were expected to "do as they were told" and not to ask for explanations or question the authority of adults. Obedience was expected and physical punishment used to teach children to obey. Modern parents often follow these patterns without realizing that the context of the social controls present in large groups is not present in small households. Today's children need explanations and more rational means of discipline in order to develop their own internal controls.
- **Independence:** Traditionally children grew to know their place in society and thus adapted their behavior to fit social expectations. Children were not encouraged to be curious, seek privacy or be strongly independent. Fitting-in was valued. Today's children do not readily know their place in society and are often reinforced for being independent, to express unique interests and to find their own way, a departure from the past.
- **Verbal Communications:** Pre-literate societies valued verbal skills. Not just language skills but skills in delivery and social intercourse. Story-telling was an art and "wise and learned" persons were able to sway opinion and excite the imagination. This rich verbal context has been lost in modern life. Today, reading and communicating through various media have replaced this rich heritage. Literacy is now the important skill. Thus children need exposure to written materials, more so than previously.

These and other child rearing patterns need to be explored more fully in the context of optimizing environments for young children in Botswana. A goal of the IECD is to capture and retain the best of traditional practices and to reinforce those supportive actions that parents are taking. Educational efforts focused on parents should not *prescribe* but rather *empower parents* and caretakers to be able to assess their own behavior in light of how those behaviors impact the developing child.



Summary

Clearly the value of investments in the early care and development of young children is of utmost importance. The literature quoted in this chapter emphasizes the importance of early learning at centers and formal programmes. But it is equally clear that home-based strategies and inputs to parents are important. Further the literature supports the idea that investments must value and reinforce those indigenous practices that have had a supportive impact on

society.⁵⁰ True, times are changing and the demands on citizens of the future are different from what they were in parental or grandparent generations. But a blend of traditional and modern child rearing practices can be achieved. The children of Botswana need a sense of identity and place that can only come from pride in one's roots. Thus parents and care givers must be partners in the quest to improve the early care and education of children.

⁵⁰ Borman, K.M. (editor), "Capacity Building for Early Childhood Development in Africa" in International Journal of Educational Policy, Research, and Practice.(Vol 5. Number 3, Fall 2004).

Chapter Three

The Policy and Programming Environment Impacting Children in Botswana

For early childhood development interventions and support systems to be effective there needs to be involvement from the many duty-bearers that impact children—parents, communities, civil society, local and national government and international agencies. Implementing agencies, policy and administrative agencies and funding agencies all need to coordinate their efforts for efficient, seamless delivery of services. The greater the communications and commitment to common goals, the better individual units can complement and support one another. Thus cooperation across international, national, and local levels as well as across sectors is necessary for the integration of services to parents and young children.

Botswana is at the early stages of implementing an *Integrated Approach to Early Childhood Development*. The basis of this approach was the drafting of the National IECD Framework of Action in 2003⁵¹. The framework provides guidance in identifying key actions needed to coordinate and integrate policies and programmes for the benefit of young children. The National Preschool Development Committee has been empowered to serve as the clearinghouse and monitor of IECD plans and actions. This body was authorized by the Government of Botswana in the Early Childhood Care and Education Policy of 2001⁵² and reaffirmed in the approval of the IECD Framework for Action. It is convened by the Ministry of Education, Director of the Department of Primary Education and facilitated by the Head of the Preschool Division.

The IECD Project is a joint venture of UNICEF-Botswana and the Ministry of Education. It is through funding from this project that various activities related to the Plans of Action have been undertaken. Key results of the current efforts are:

- The Development and Approval of the Integrated Early Childhood Development Policy Framework
- Establishing National consensus concerning the importance and need for IECD
- Advocacy for IECD across Ministries and Organizations
- Fund raising and the commencement of IECD Demonstration Projects in Ghanzi and Mahalapye.
- Development of training materials for stakeholders and teachers
- Actions toward the development of a National Preschool Curriculum
- Commissioning of the Botswana IECD Baseline Study

A vision of those representatives at the National Consensus Building Workshop of 2003⁵³, was that each ministry and the various civil society organizations involved with the welfare of

⁵¹ IECD Framework of Action, 2003

⁵² Ministry of Education (2001). Early Childhood Care and Education Policy 2001. Gaborone, Botswana: Preschool Division, Department of Primary Education

⁵³ UNICEF (2003). National Integrated Early Childhood Development Consensus Building and Planning Workshop Report, 10-14 November 2003. Gaborone, Botswana: UB-IECD Consortium, UNICEF ECD Office and Ministry of Education Preschool Division.

young children would commence individual as well as inter-agency actions to support IECD. As directed in the Terms of Reference for the Baseline Study, a review of documents and programmes at the key ministries and units of government involved in the IECD effort was undertaken. Documents were reviewed and interviews were held with representative from those ministries on the National Preschool Development Committee. The results of that review follows.

1. Ministry of Education

Policy Background: Basic Education for All (EFA):

The concept of “Basic Education for All” became a reality in 1977 in the National Policy on Education, Government Paper # 1. It outlined a nine year basic education programme of seven years of primary education and two years of junior secondary. It also addressed out-of-school-youth and adults by calling for a National Literacy Programme to deliver non-formal literary and numeracy skills. Based on these plans, Botswana experienced a massive expansion in facilities and enrolments.

A Revised National Policy on Education in 1994 expanded the span of basic education to include three years of junior secondary education for a total of ten years. Currently the National Development Plan 9 is working toward two additional years of senior secondary so as children will receive twelve years of basic education to meet the goals of VISION 2016. It is also in this Revised National Policy on Education in 1994 that early childhood care and education was introduced into formal education policy.

A major concern within basic education is quality. Children in many African countries, even when enrolled in school, do not attain the learning and skill levels expected. Gender equity is not a concern at primary and even junior secondary levels, but becomes a concern at senior secondary and tertiary levels. Girls at these levels are not as likely as boys to enrol and complete their training.

The six EFA goals outlined in the Ministry of Education Strategic Plan for 2001-2006 are:

- (i) expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children
- (ii) ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality
- (iii) ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes
- (iv) achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults
- (v) eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls’ full and equal access to and achievement in basic education of good quality

- (vi) improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

Policy background: Preschool Division of the Department of Primary Education

Issues of early childhood care and education were first noted in national policy in the *National Day Care Centre Policy* of 1980. The policy provided guidance in the management, protection and education of children ages 2 ½ - 6 years. It recognized that services would be provided by private individuals, communities, companies and volunteers. In recognition of the importance of the early years in preparing children for basic education, the area of early childhood care and education was introduced into the *Revised National Policy on Education* in 1994. That policy recommended that for the development of children in the pre-primary stage (0-6 years), that the coordination of early childhood care and education programmes should reside within the Ministry of Education and provisions should be made for training of teachers and the development of curriculum for the pre-primary level. Children with special needs were included.

In 1999 an in-depth review of the 1994 programme policy and other statutes was undertaken as a means to develop the ECCE policy, standards and curriculum. Some of the issues raised were the lack of standards and regulations for the operation of day care and preschool centres, lack of a teaching-learning framework or curriculum, very limited teacher training, poor salaries of teachers, limited ability for the early identification of children with special needs and great diversity in the scope of family and community participation. The recommendations emerging from that review are presented as the *Early Childhood Care and Education Policy of 2001*. Highlights include:

- Government's role would be to provide an enabling environment for the development of early childhood care and education programmes.
- Services would be the joint responsibility of government and different groups and individuals within the country.
- Ministry of Education would take direct responsibility for pre-primary education and assign co-ordination of other early childhood services to the *Preschool Development Committee*, a stakeholder committee representing the private, not-for-profit and public sector.
- The expectation that voluntary organizations, firms and individuals would continue to play leading roles in providing services. These services would be regulated and supervised by local government authorities with professional support provided by the MOE.
- MOE would ensure that the principles of integration and inclusiveness were applied, and that children with special needs would be included.

Policy Implementation:

1. Curriculum and learning framework: An outline of a minimum curriculum framework was created and the refinement of a blue print is ongoing. Currently a referent group has been formed by the Department of Curriculum and Evaluation to engage a consultant and begin the process of creating an early education curriculum.

2. **Teacher Training:** Two institutions exist to provide training for preschool and day care teachers. The Lobatse Day Care Training Centre provides a one year certificate training programme and the Bokamoso Early Childhood Education Programme of the Kuru Development Trust in Ghanzi provides comprehensive in-service training for the programmes that they operate. However the scope of service at these centres is insufficient for the rapid growth of preschool programming in the country. It was anticipated that both pre-service and in-service Early Childhood Education would be made available through the Colleges of Education. However no systematic programme has begun. Some majors or concentrations exist within the University of Botswana, Faculty of Education. Additionally ad hoc seminars, workshops and trainings are provided by a variety of agencies and organizations, but these have limited coverage.
3. **Management and supervision:** Shared responsibility resides within Local Government Councils and the Ministry of Education (MOE). MOE sets guidelines and an officer within the Social and Community Development Department of local councils register, inspect and supervise day care, nursery, baby-care, and other early education and care centres. An annual licensing procedure requires registration and inspection. Standards are clearly provided for health and safety but the expectations for the quality of the early learning component are less well developed.
4. **Support and Coordination:** The Pre-school Division within the MOE is entrusted with the work of coordination and insuring the cooperation of all agencies in dealing with the development of the young child. However limited personnel constrain the work of the unit. A *National Pre-school Development Committee* currently serves as the coordinating support base, however it is anticipated that the committee will need to be expanded and reconstituted to serve as a policy advocacy group as envisioned in the *IECD Framework for Action, 2003*. The current committee meets regularly and provides a forum for coordination and integration.

Small Grants are provided upon request for community and not-for-profit centres to upgrade facilities and teaching materials. These grants are administered by the local authorities under the Ministry of Local Government.

An annual reporting process provides data to the Ministries of Local Government and Education on the scope of services offered to young children. In 2004, these reports documented the existence of 427 centres, Although past reports were considered incomplete, current efforts are underway to get 100% compliance.

5. **Other:**
 - No system of parent education is in place although some services are provided by the Home Economists in the Department of Social and Community Development and the Community Health Workers in the Department of Public Health who work with families directly.
 - Coordination varies at the local level depending on the availability of service providers
 - No research or special studies have been commissioned from the MOE.
 - i. A University of Botswana Consortium was created as part of the *IECD Framework for Action*. That group met once but its composition needs

review and reinvigoration. A primary role of this consortium will be to conduct and review studies and research about ECD

- Awareness of IECD: Limited dissemination of the IECD Framework has occurred. A meeting was held to sensitize high level permanent secretaries and directors in key ministries to the concept of IECD and to secure their adoption of the framework. Also meetings have been held with the District Supervisors of early education programmes in the Department of Social and Community Development, and further to those involved at the two demonstration sites. Also a major training workshop for supervisors and preschool teachers was held in Palapye.

Demonstration Sites for IECD

As part of the *Framework for Action for Integrated Early Childhood Development for Botswana, 2003* a set of two demonstration sites were identified in Fall 2005 to serve as pilot efforts to test the processes and potentials of community-based integration of services. The sites are:

- Ghanzi, 5 Centres
- Mahalapye, 7 Centres

Within the demonstration sites a coordinating group will be formed representing the key sectors involved in early care and development. Such coordinating groups would report to the Department of Social and Community Development which is responsible for monitoring of the programmes at the local level.

Division of Special Education in Ministry of Education

Policy Background

As noted in the general policies for early care and education, children with special needs have been identified as key beneficiaries of early childhood programmes since the very beginning. Special education is mentioned in the National Development Plan 9 and also in the “Education of All: Plan of Action for Education” with the goal of expanding access to services and the introduction of a degree programme in special education at the University of Botswana (which has occurred).

Policy Implementation

1. Central Resource Centre: The primary intervention on behalf of children with disabilities has been the Central Resource Centre where diagnostic assessments and professional referrals occur. It is at this centre that parents, teachers or rehabilitation officers can bring children for professional assessment. It develops stimulation programmes and collaborates with the early learning officer in recommending appropriate placements, if needed. An individual learning/development plan is created and parents are instructed in how to care for and stimulate their child. Periodic follow-up is conducted.
2. A set of eight special stimulation centres exist throughout the country to provide services for children with specific disabilities. In addition, two special schools are operated by non-governmental agencies with government aid and teachers provided by government to provide services to children with hearing impairments. Four special units are attached to

government primary schools for children with visual and hearing impairments. The stimulation centres are operated by non-governmental organizations. The two special schools offer boarding facilities, although only for children of 3-4 years and above. All of the centres encourage early identification of children with disabilities and provide assistance to parents of pre-school children. Teachers in the special schools and units are trained in special education along with general education. Some teachers in the stimulation centres have preschool training but no special education training, which would be desired. The enrolment at these various centres as of 2005 are:

• Tshimologo with	6 teachers and	45 children
• Tshidilo, Serowe	3	30
• Motswedi	2	17
• Anne Stine	2	24
• Tshidilo, Maun	2	28
• Campbell	1	13
• Cheshire	1	52
• Sefhare	2	16
• Ramotswa School	3	19
• Francistown School	1	9

Total	23 teachers	253 children
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Specialists are available in the stimulation centres in the following specialties: physiotherapy, rehabilitation, and occupational therapy.

3. In 2002, an Early Childhood Education Officer position was established in the Division of Special Education to provide advice and support to those providing services for young children with special needs. This Division has worked in the following activities:
 - Conducted a workshop where teachers brought their existing learning materials and compiled a simple curriculum across all areas of development to assist parents and teachers in stimulating children's development. This informal curriculum will serve until the National Preschool Curriculum is developed.
 - Created an instrument and is providing training to teachers to develop an Individualized Educational Plan for each child.
 - Developed a checklist for parents and preschool teachers to use to help identify children who might have special needs.
 - Provides supervision and support to the various special education centres and those regular classroom teachers in private preschools with special needs pre-school children.
 - Provides, upon request, in-service workshops or trainings for those working with young children to help identify signs of disability.
 - Is working with some private preschools to encourage the integration of children with mild to moderate disabilities.
 - The earlier placement for children with visual impairments and mental retardation is underway.

Challenges:

- Although early identification of children with special needs is the priority, some children are identified during primary or even secondary school. The

Central Resource Centre personnel will go to schools upon request to conduct assessments and develop remedial education plans.

- Some parents are in denial even when they know that a child might have special needs.
- Parents are unwilling to send their children to special education centres, especially young children
- Many children with special needs come from very poor communities where parents lack knowledge of typical development and therefore do not recognize nor care for the special needs of their children.
- Most pre-school and day care centres are reluctant to admit children with special needs as their teachers are not trained to help such children and their resources are restricted in terms of accessing additional help.
- Little support exists for home-based education of the 0-3 year old child with developmental delays.

Table 6. Summary of budget allocations to Early Childhood Care and Education in the National Action Plan 2003-2009, Ministry of Education

**Cost Analysis of Botswana Education for All (EFA) National Action Plan (NAP)
(in thousands of Pula)**

Theme 1: Expansion and consolidation of Integrated Early Childhood Care and Education

	2005/ 2004/05 06		2006/07	2007/08	2008/09	2009/10	Total
Obj. 1 To adopt the Draft National Policy on Early Childhood Care and Education	25	200	100	200	200	5	730
Obj. 2 To increase participation in Childcare provision & Education	50	200	500	200	200	5	1,155
Obj. 3 To register schools and Centres to conform to policy requirements	500	200	500	200	5		1,405
Obj. 4 To develop inclusive curriculum for Pre-Primary	500	200	200	100			1,000
Obj. 5 To develop programmes for ECEC 0-4			500	250	250		1,000
Obj. 6 To train carers and teachers in using the new programmes and curriculum				500	550	650	1,700
Obj. 7 To increase number of qualified ECEC Teachers and Carers through Pre-service & In service				1,500	1,500	2,000	5,000
Obj. 8 Identify and make provision for children with special educational needs	115.85	127.4	139.87	154.072	169.329	186.262	892.783
Total	1,190.85	927.4	1,939,870.	3,104.072	2,874.29	2,846.262	12,882.783

These budget allocations are extremely small and the timeline extremely slow considering the scope of the effort needed to communicate and mobilize the wide range of actors needed to expand the quantity and quality of early childhood services.

2. Ministry of Local Government

Policy Background

The Department of Social Services is the department within the Ministry of Local Government which has the responsibility for social welfare, safety net and social protection activities. The unit was created in the colonial department of education in 1946 to strengthen community structures to provide for the needs of vulnerable groups. In 1964 the welfare unit was restructured in the Ministry of Local Government and Lands and called, Department of Community Development. In 1974, the Division of Social Welfare was created at the Ministry level while the Department of Social and Community Development was established in the Local Authorities (District and Town Councils). The central level was responsible for policy development and monitoring while the local level provided services directly to the people. During the restructuring activities coordinated by the Directorate of Public Service Management in 2000, the Division of Social Welfare along with three other divisions were merged and upgraded to the Department of Social Services in the Ministry of Local Government.

The strategic plan of 2003-2006 is the most current statement of policy for this department. Within this plan it notes, *“Family is the basic unit of society: Protect the family—It is a human right!”* Further it states that, *“Children’s rights are human rights, too!”*

“The major objective of the department is to develop, coordinate, facilitate, monitor, supervise and evaluate the implementation of social services programmes throughout the country, with a view to promoting social functioning of individuals, groups and communities in order to improve the quality of life.”

Five specific Programmes within the Department of Social Services focus on the needs of young children:

1. Child Welfare Programmes that protect, care and support children’s development including the monitoring of the National Convention (and African Charter) on the Rights of the Child.
2. Orphans and Vulnerable Children’s Programme which seeks to mitigate the impact of HIV and other social ills that affect children by providing care and support to orphans and vulnerable children.
3. Home Economics Programme that empowers families, especially women and young persons, in skill development and entrepreneurship training, advocacy for women and girl-children, and coordination of the Early Childhood Care and Education Programme including supervision and monitoring of day care centres.
4. Mpule Kwelagobe Children’s Centre is a residential centre donated by the Debswana Mining Company to care for orphans and vulnerable children. It is under the direct supervision of the department.
5. An Allied programme that intersects with children’s needs is the Community Home Based Care Programme for HIV-AIDS patients and families.

Policy Implementation

1. At the local level each district has a Department of Social and Economic Development with specific personnel working with HIV and orphans, the Home Economics officer working with women and day care centre supervision, and others. These members of

the social welfare system work closely with other team members from health, physical plant and housing, agriculture, education etc. The work of these various professionals is coordinated by the District Development or Village Development Councils.

2. In respect to the joint supervision of Early Childhood Care and Education activities with MOE, the Department of Social and Economic Development workers are the only ones who provide local supervision and monitoring. They register, inspect and supervise all centres and programmes for 0-6 children. Some day care centres are operated by village councils, others by private or not-for-profit groups.
3. It is the Home Economics Officer who receives and monitors requests for grants to those eligible day care centers for facility and operating upgrades. No monies are allocated directly for teacher salaries, although some local councils provide such help.

IECD Linkages:

1. All District Social and Economic Development Officers have been informed of the IECD Framework, although specifics have not been relayed.
2. All reports from day care and pre-school centres are received and forwarded through this structure to the Ministry of Education.
3. The Department of Social Services has recently undertaken the task of updating lists of NGOs and especially those working with young children. This process will not only identify the range of organizations working in the country but also provide estimates of the number of early childhood centres and other services provided by these organizations.

3. Ministry of Health

All child related health activities are conducted as part of the *Primary Health Care Programme*. Primary health care services are provided by the Ministry of Local Government through Council Health Departments and District Health Teams. A new structure is being proposed for the Ministry of Health which will have a Division for Child Health, specializing in the needs of child health. It will consist of three major departments: Expanded Programme on Immunisations, Integrated Management of Childhood Illnesses and a newly conceived Department of Child Development. Within this department assessment procedures would be available for the early identification of children with birth defects and developmental concerns. Care for the child 0-5 would be its mandate.

Parallel to the Child Health Division will be the Division of Nutrition and Food Control where the growth monitoring, nutritional surveillance and micro-nutrient deficiency prevention will take place. The Division of HIV-AIDS will deal with HIV transmission from mother to child and family support services. The Division of Epidemiology and Disease Control will have disease surveillance and response responsibilities. All of these divisions will contribute to the health and survival of children.

The national policy for health states clearly that the approach in Botswana is *Health for All*, and actions to date illustrate the wide spread and comprehensive nature of health services in the country. Based on the Multiple Indicator Survey of 2000, more than 85% of the

population of Botswana has access to health services within a 5-10 Kilometer radius. Professional health workers attend 98% of all deliveries and 99% of children are immunized for BCG and 74% are fully immunized. These data suggest a strong and vibrant health care system.

The major nutritional problems in Botswana are protein-energy malnutrition, micronutrient deficiencies and diet-related non-communicable diseases.

Policy Implementation

1. At the District or community level, children's health needs are the responsibility of the Public Health Unit coordinated by the Town or District Councils. This health team manages primary health services and primary level health facilities. Various types of facilities and personnel are involved.
2. The Ministry of Health uses 24 health districts as their administrative units for planning and reporting purposes. In each district there are 6-7 specialists available to provide services. Referrals to higher levels of care occur.

IECD linkages

1. Currently the two most promising points of integration with IECD is with the Integrated Management of Childhood Illnesses (IMCI) programme and the Growth Monitoring Programme.
 - a. The IMCI has been implemented in 11 health districts and currently is being expanded to 6 more. Although highly focused on clinic care, it stresses the education of caregivers to recognize and respond to signs of illness. The expectation is that a strong household-community outreach effort will evolve, beyond the education provided on-site in the clinics when children are brought for treatment. A set of 18 critical care practices have been identified to help parents recognize health and development problems and provide appropriate care. Three of those 18 practices concern normal development and the strategies recommended for early stimulation and psycho-social development. As educational messages are developed for parents in these areas, delivery directly to the home caregivers through the IMCI is possible.
 - b. Another point of integration between health and IECD is in the areas of nutritional surveillance. Currently all children under 5 are requested to attend local clinics for monthly growth monitoring and access to supplemental foods. Actual attendance varies by district but encompasses about 68% of all young children. Parents of children identified with nutritional or growth problems are provided with instruction about how to provide for the nutritional needs of their children.
 - c. In the National Plan of Action for Nutrition 2005-2010, some of the specific strategies being implemented to insure adequate infant and child nutrition are listed below. In all of these cases, an integrated approach with other early education support services would improve outcomes.
 - d. Breastfeeding and proper complimentary feeding practices
 - e. Reduction in ARI and diarrhea episodes and improved home diagnosis and treatment of these ailments.
 - f. Prevention and control of micronutrient deficiencies (vit A, iodine and anemia)

- g. Improved food security, especially for families affected by HIV-AIDS and drought
- h. Improved child care practices and balance in work load of female headed households.

4. Ministry of Labor and Home Affairs

Policy Background: Women's Affairs Department

Beginning with the 1948 Universal Declaration on Human Rights and continuing through to the 1995 World Conference on Women held in Beijing, the Government of Botswana had been creating policies related to gender. Following the conference in Beijing, Botswana formulated the *National Gender Programme Framework* in 1998, a policy and strategy document to guide the implementation of various gender and development initiatives. These initiatives were informed by a number of international and regional agenda. In the same year, Botswana adopted the *National Policy on Women in Development*, which is currently in operation. Basically the gender and development strategy addresses the imbalance between men and women and the linkages between such imbalances and general development challenges. The primary approach within this framework is the Gender Mainstreaming Pilot Project in partnership with UNDP and Four Ministries. This programme recognizes gender equality and gender issues as mainstream issues or societal issues. The national framework identified six critical areas of concern and a cross cutting issue:

- Poverty and Economic Empowerment (Poverty affects males and females, but rural women and female headed households are the hardest hit.)
- Power and Decision-making (When men hold power traditionally, major efforts are needed to bring women into decision-making positions.)
- Education and training (Although school enrolment rates for males and females are about equal, girls are not prepared for higher paying jobs and lag behind males in income potential.)
- Health (Women face higher risks than men due to reproductive health issues and now HIV-AIDS creates even greater vulnerabilities.)
- Violence against Women (A study in 1999 suggests that 3 out of 5 women are likely to have suffered emotional, psychological or physical abuse.)



The girl-child cuts across the five critical issues. (The girl child faces all of these forms of discrimination and inequality and now with the HIV-AIDS crisis, she assumes an increasing burden of care for both older and younger family members.)

It is the Women's Affairs Department that coordinates the various gender programmes organized to address the above concerns. The Women in Development Policy is currently under review with the anticipation that a Gender and Development platform will be forthcoming, with a name change for the unit. The issues, however, will continue to be of concern. Major changes have been incorporated in the laws of the country to redress gender inequalities such as the abolition of the Marital Power Act of 2004. Also a greater number of women are in key decision-making roles in the country. So successes are noticeable.

A major tool developed to facilitate discussion about gender issues has been disseminated--the *Gender Policy Development Tool Kit*.

A recent priority has been to address concerns and messages to males, as many inequalities can only be redressed with changes in male attitudes and behaviors.

Policy Implementation:

As with other ministries, the role of the central level is one of policy formulation and guidance in pursuing programming actions. Within the Women's Affairs Department there are fewer "regulations" to enforce, thus leaving greater latitude to support specific projects, forums and initiatives. The Women's Affairs Department networks with officers at the district level to coordinate observations of "International Women's Day" on March 8 each year. This event provides an opportunity to highlight issues related to gender in the media and at public forums. A National Women's Exposition is held each year to showcase women's entrepreneurial activities. The unit also sponsors women entrepreneurs to participate in various trade fairs. Currently the unit also provides small grants to a variety of women's community based and non-governmental groups to provide direct training, support and outreach to women. Only project specific monitoring and evaluation activities occur which limits accumulating data on coverage or impacts.

IECD Linkages:

The Women's Affairs Department has been a partner on the Preschool Development Committee and has participated in other activities related to the establishment of the IECD Programme. All of the activities of the department in behalf of women and improved gender equity affect children and their futures. Most directly however, the actions on behalf of the girl-child most directly link with IECD goals. As quoted in the *Report on the Gender Mainstreaming Project with Four Pilot Ministries*; "The existence of deep-rooted cultural values, norms and beliefs, which were meant to maintain social harmony in the past, are the root cause of gender disparities..." (p.14) pertain to the conditions affecting families and children and especially the girl child.

Within the network of NGOs and Community Based Organizations addressing gender issues, a number of projects directly affect the quality of the home environment and children's well-being. For example:

- Botshabelo Rehabilitation and Crisis Centre (BRCC) provides counseling to victims of gender based violence. Some cases involve violence against prostitutes or wives and girl friends; others concern exploitation of children and young girls. The BRCC provides behavioral therapy to victim and with the help of police and the women's shelter, creates a period of respite to families facing violence.
- Women's Shelter Project—Kagisono Society provides a place of safety and support for women and their children facing abuse. Medical and legal aid is provided when necessary.
- Economic Empowerment and Outreach Programme: Recognizing that many women who face abuse have few alternatives because of their economic dependence on the abuser, the 7-8 villages of Kweneng District have begun to provide training programmes to enhance women's income generating skills.

- Tshomarelo Tikologo is a community cooperative that produces environmentally friendly commodities such as herbal teas, soaps, lotions and oils. It also runs a “Green Shop” featuring products made with recycled materials. One of the concerns of the cooperative is women’s lack of training in business matters.

5. Summary and Recommendations

Across the major Ministries and Departments involved with early childhood survival, care and development a number of important policies, programmes and activities are underway. In fact, Botswana can be proud of a rich foundation in policies and programmes supportive of young children. However, the majority of the activities and initiatives exist because of line agency mandates and concerns, rather than any special initiatives as a result of the national consensus on Integrated Early Childhood Development. In fact, even within the Ministry of Education and Ministry of Local Government, the nexus of the initiative, traditional roles and services dominate with little momentum toward the goals of IECD. Perhaps this is because of the early stage of development of the initiative, or because of limited financial and human resources.

All countries face difficulties in mounting inter-agency and interdisciplinary initiatives. IECD is no different. A variety of management and communication strategies have been tried around the world to bring about professional dialogue, consensus on action directives, and ultimately coordination of plans, budgets and initiatives. Whether a lead agency is appointed, a new inter-agency coordinating structure created, or a presidential or parliamentary commission empowered, coordination is not easy. Botswana chose the strategy of hosting a multidisciplinary consensus building workshop with follow-up expected of a lead agency (MOE) and a lead coordinating body (National Preschool Development Committee). As most implementation capacity (and integration potential) in Botswana exists at the district or local level, it is at this level that advocacy and education for IECD needs to occur. On the other hand Botswana involved a variety of partner organizations (both governmental and non-governmental) in the dialogue and planning for IECD from the very beginning. This is especially important as most early childhood programmes are sponsored by civil society organizations, and many programs impacting young children are operated by partner ministries, not the Ministry of Education. Many of these partners are ready to support IECD goals. But it would appear that little leadership is invested in these partner organizations and little action toward IECD expected. In fact, it is through the regulatory route rather than the partnership route that the civil society sector seems to be engaged! One opportunity would be the mounting of a strong national communications, advocacy or public relations initiative with simple but common messages about IECD that all ministries, agencies and organizations could use. Likewise a Ministry level coordinating structure might be needed, at least initially to create lines of communications across major programmes impacting young children. The National Preschool Development Committee also needs to be reviewed. An enlarged mandate, internal leadership and budgetary authority to provide incentives to work on communications initiatives or pilot projects that capitalize on opportunities for integration might quicken the pace of change.

Chapter Four

Results of Data Collection

Three different data collection procedures were used to collect new information about parenting behaviors and opinions about child rearing. The first was a set of focus group interviews with 504 parents or home caregivers about child rearing patterns. Second was a set of focus group interviews or key informant interviews with 154 community leaders and local professionals about the climate of local communities in support of child development. Lastly a set of parent interviews were conducted in 264 homes using a questionnaire and home observation check list. The results of these various data collection procedures are reported in this chapter.

1. Results of Focus Group Discussions on Child Rearing Patterns with Parents and Caregivers Across Seven Districts in Botswana, February 2006



A series of three focus group discussions were held at each of three research site across the seven districts of the study. Parents and caregivers were gathered together at various locations like health clinics, preschools, drought relief sites, and village gathering places (kgotla). Groups of 6-8 parents were invited to participate in each session. Young as well as older mothers, a few men, and some orphan caregivers participated.

General Challenges

In opening the focus group discussions parents were asked a general question, “*What are some of the challenges that parents and caregivers face in raising young children today?*” The responses can be categorized under the following headings:

- **Poverty and Unemployment:** Parents noted the difficulties of raising children when parents are unemployed. They noted that today money is needed to supply food and necessities and for all aspects of life. They also noted that often young girls (youth) living in poverty get pregnant and send their children to the grandparents to raise, without providing any assistance. Grandparents, too, live in poverty.
- **Single Parenthood:** A widespread problem in modern Botswana is the lack of male support in the family. Men often abandon women when they are pregnant and then are not welcomed or fail to contribute, financially or emotionally to the children. Support of extended family members is also problematic due to distance and other conditions.
- **Negligence:** Perhaps because of the stresses associated with modern life, increasingly problems exist in providing appropriate care to children. Parental unemployment, illness in the family, illiteracy, alcoholism, caring for orphans or the stress associated with overburdened single parenting—all create situations where children may lack food, medical attention, schooling or basic emotional support. This is also true of working parents who lack the time to care for their children and need to depend on maids and “aunties” who are uneducated.

- **Disease:** Many parents are concerned with their ability to identify or manage childhood illnesses, especially allergies, (including knowing what foods are best). They also lack assistance when children are ill and report shortages of medicines, facilities and specialists at the public health centers. HIV/AIDS is an especially problematic disease as it affects all members of families, and sick parents are unable to meet the needs of children.
- **Orphans:** Caring for orphans is a growing family and societal concern because parents are dying and leaving no one to take care of orphans.
- **Other:** A variety of other issues emerged in these discussions. In urban areas the scarcity of housing was mentioned, drought and food security was a concern in rural areas, and the safety of the water supply was mentioned in the North based on recent outbreaks of diarrhea.

Child Rearing Practices

General, as well as specific probing questions were asked to illicit typical care giving practices. As a whole, the list of various practices was quite extensive. Most could be considered appropriate and likely to be delivered by professionals in the health, education or welfare systems. Others were based on traditional practice or unique cultural habits and might need to be reviewed and assessed for their value in modern Botswana. The lists presented in the appendix to this report are unedited.

It also should be noted that the research team reported that older mothers and caregivers were more verbal in the discussions. Young mothers were shy or reluctant to speak up and often mentioned that they “didn’t know anything about child rearing”. This behavior in itself is a finding of the study pointing to the need to raise the confidence level of young women.

Helping children grow and stay healthy: First of all, “loving a child” was mentioned by parents as being of utmost importance. The most common comments concerning health and growth focused on proper nutrition (traditional sorghum porridge was the most favored food for children), infant feeding, the importance of breastfeeding, attention to immunizations, growth monitoring and check-ups, care of the ill child, and various practices related to the prevention of malaria and respiratory disease. Parents also pointed out that children should be taken to both traditional healers for herbs to protect children against diseases and also to modern medical clinics. Parents noted that they should work hand-in-hand with nurses and social worker to gain knowledge on child rearing practices. One group also recommended that parents should check their own HIV/AIDS status to protect their children from the disease. Discussions of HIV/AIDS were surprisingly missing from these focus groups, although comments about the burden of care and treatment of orphans emerged.

Protecting children from illness and accidents: Both health and safety concerns were expressed in this set of responses.

- **Preventative health:** Parents reinforced the practices of taking children for their immunizations, containing infections and using/obeying the instructions of the medical community. Also the admonition to teach children to be cautious of touching bodily fluids and sharing foods/sweets because of HIV/AIDS emerged.

- **Cleanliness:** Parents mentioned that children and the environment should be kept clean—that children should be bathed, learn to wash hands, brush their teeth, learn to wash their own plates and manage their clothing appropriately.
- **Safe play:** Universally parents were aware of various safety hazards in the environment and advised parents to teach children to stay away from such dangers. However, parents also noted that the environment was not “child friendly” and that parents needed to be vigilant in watching over children. Some of the unique admonitions reflective of current lifestyles involved keeping containers of water away from young children, being careful around fires, not letting children play in stagnant water, learning safe use of pit latrines and being careful to avoid hurting other children with various play things.
- **Road safety:** Parents were very aware that children often play on the roads and felt that children should be taught to stay off the roads, not to run after cars and to be seated in back seats, not front seats of cars. Interestingly no one mentioned the use of car seatbelts nor the dangers of riding in the back of open trucks!

Helping children learn skills needed in school and life: A variety of issues emerged from this question.

- **Respect:** The most universal recommendation of parents was concerning the teaching of BOTHO or respect and good manners. Also, that parents should teach children not to use insulting language. Later in the discussions parents lamented the changes in behavior noted in children and young people today who seem to be disrespectful and lack the traditional manners expected of youth. Some noted that parents should raise children in a religious environment to develop proper behavior.
- **Schooling:** Universally parents wanted their children to attend preschool, although many mentioned that cost and availability prohibited them from sending their children to such programmes. Parents throughout the districts also mentioned that parents or siblings should teach young children to read and write at home. The value of schooling was reflected in strong statements towards encouraging children to work hard in school, for parents to check children’s homework and for parents to meet and work with children’s teachers. The statement that children should be taught that “education is the key to life and success” reflects this attitude of support for schooling. One group mentioned watching TV with their young children and afterwards asking them questions about what was seen to help children learn language and memory skills.
- **Errands:** Another common comment concerned the importance of children learning simple household skills, performing routine chores (such as making sure that the goats are in the kraal) and being sent to perform various errands. These behaviors emerged in the discussion of independence as well as here, as part of developing responsibility. The issue of gender equity emerged but only in a few districts. In those sites, parents felt that both girls and boys should be taught household duties and parents should not differentiate based on gender.

Helping children become responsible and caring of others: Issues of manners, discipline and appropriate conduct with peers emerged in these discussions.

- **Proper behavior:** As noted earlier, concern for teaching children proper behavior, good manners, and respect were highlighted in a number of comments. To some extent parents were critical of parental discipline and guidance techniques as they felt that such parental behavior was the root of the child behavioral problems.
- **Discipline:** Parents were divided in their opinions about discipline. On one hand parents universally noted that parents should show love, use a soft voice and explain what is expected of children regarding good and bad behavior. Universally parents rejected the parental practices of fighting, quarreling and using vulgar and disrespectful language around children as it only resulted in it becoming a part of children's behavior. But a cautionary tone is also noted in comments such as "children should not be too playful or they may end up irresponsible", or "children need to be taught a sense of responsibility" and "parents should set times and routines for children to follow". Later in the discussions, the issues of punishment emerged and seemed to be at odds with these more rational guidance techniques.
- **Playing with others:** Fighting, insulting and ill treating (shaming, name calling) other children were strongly rejected by parents. In fact, parents wanted children to attend preschool so that they would learn how to share and interact with other children in appropriate ways. Parents noted that by buying children toys that stimulate thinking and general development, children learn skills and also learn responsibility in taking care of their toys.

Helping children become independent: Parents were very concerned the children learn various self-help skills, develop their talents and take guidance from other adults.

- **Self-help:** Parents suggested that children should be taught various feeding, bathing, toileting skills as early as possible. One group noted that it is not good for parents to do everything for children, but that they need to learn to do for themselves.
- **Household chores:** Parents felt that helping children learn to care for their own dishes, clothing, toys and school uniforms was useful in children being independent but also responsible. Some parents wanted children to learn handicraft skills and other skills needed to earn a living (such as care of animals).
- **Accepting advice from others:** A strong sense of the traditional village was evident in parents wanting their children to "take any mother as their mother" or "treat any parent as his own" and "asking for help from anyone". Later this practice of adults watching out for all children emerged as a tradition that should be preserved.

Preventing child abuse: The area of abuse is separated in this report as so many comments emerged related to this subject.

- **Taking precautions:** A variety of advice was offered to help children protect themselves. Parents said that children should not talk or take gifts from strangers, should not accept rides, should play only with people they know and should be aware of signs of abuse, such as being touched sexually. Parents encouraged children to "say no" and be open in talking about things that don't seem appropriate. Girls were admonished to dress properly in one district and for children to be home at decent hours to avoid getting into trouble.

- Parental responsibilities: Parents also encouraged parents to be vigilant for signs of abuse, especially within the home, and to take steps to address any concerns. Parents said that children should not be left with people who they do not know or who may be abusive, should not leave children with questionable nannies and should look out for all children, not just their own.
- Treatment of orphans: Interestingly comments about the ill treatment of orphans and children with unemployed parents emerged in a variety of places in the discussions. Parents often noted that all children should be treated equally in the home and community, whether they are orphaned, destitute or of another race. Perhaps a real social problem exists in Botswana concerning the treatment of orphans because of this repeated concern for equality of treatment and the admonition not to use demeaning words with orphans!

Behaviors that have a negative effect on children

Among the many comments about negative behaviors and practices, domestic unrest, molestation and rape, alcohol use and littering were most frequently cited.

- Domestic poverty and unrest: The stresses associated with poverty and single parent lifestyles were repeatedly mentioned as conditions that negatively affect children. Parental quarreling, yelling, fighting and even abuse were noted as making children unsure and uncomfortable in their own homes. Poverty creates situations where there is no food for the children and lack of supervision due to the need for parents to search for jobs. Parents disapproved of adults having multiple sexual partners and worse, performing sexual acts in front of children or in crowded dwellings where privacy is scarce. The poor behavior of men in many families is cited in the following section, but adds to the sense that domestic life is not conducive to the type of role modeling and socialization that would be ideal for growing children.
- Sexual molestation: Parents in three districts mentioned rape in the family or sexual molestation of youth as a problem that often goes unreported as children do not speak up. Often this occurs from stepfathers who abuse their step daughters, from men who take advantage of women when they are drunk, or from older men who seduce young girls.
- Alcohol use and abuse: Although alcohol use by adults in front of children was noted as a negative practice, worse was the encouragement of children to consume alcohol or to buy alcohol for elders. In the next section, parents reported on wanting to close the many neighborhood shebeens and regulate the sale of alcohol to under aged children.
- Severe punishment: The use of demeaning and vulgar words, constant yelling and shouting at children and severe punishment was noted as being a negative force for children. These behaviors may be associated with alcohol abuse or a result of the frustrations of daily life. In any case, they seem to be common enough to be commented upon in this setting.
- Littering: Parents noted that littering is a common but bad habit throughout the country. Not only is the litter unsanitary, it often exposes children to disease such as

can be contracted from playing with used condoms or sanitary pads that are indiscriminately tossed out.

Behaviors in communities that should be stopped

Related to the above negative practices affecting children, a number of behaviors were reported as needing to be stopped. These included the rampant alcohol use, open sexuality, crime and negative behavior on the streets.

- Alcohol use and abuse: As noted above, alcohol use is very open and widespread. Not only are shebeens readily available throughout neighborhoods, some are operated within the homes where children live. The widespread participation in alcohol use at home, in the streets and at the bars exposes children to this habit from a very young and impressionable age. Parents recommend that public consumption be curtailed and that children not be allowed to be at alcohol-serving premises.
- Open sexuality: Adults engaging in multiple relationships and performing intimate acts in the presence of children were especially disliked. Later in the discussions it was suggested that parents should join together to talk about these habits and the implications for the future of children and families. Actual rape and molestation was condemned as behaviors that should be severely punished by the law. But the larger environment was not addressed, as children are exposed to suggestive clothing and behavior in the media, through popular music and even in schools thus perpetuating a culture of open sexuality!
- Crime: Parents in both urban and rural communities noted the need to address crimes like bag snatching, thievery, prostitution and domestic violence. Some also questioned annoying behaviors such as male urination in public, littering and the public demonstration of the use of condoms.
- Local hiring practices: Interestingly at three districts parents noted the improper behavior of public officials who seemed to be favoring outsiders over hiring locals!

Dealing with death

Death is a common experience for all children in Botswana. It is also one of those issues that parents do not talk about and are not sure as to how it can be addressed. Two sets of questions were asked in the focus group discussions concerning death. One concerned the inquiry as to why parents do not explain death to children and the second asked parents what they would do to help a child cope with death.

- Explaining or not explaining death: Parents mostly agreed that adults should talk to children about death. However they also noted that traditionally, death was not discussed and that many parents do not know how to address the issue. Various explanations were given as to why adults do not discuss death with children. Some say adults do not want to upset or scare children, they might think children are too young to understand or if children knew the truth, they would become emotionally disturbed. But in reality most agreed that adults don't talk about it because they inherited that practice from their parent's generation and don't know what is best.
- Practices to help children cope with death: Both traditional and modern practices were reported. Certain traditional rituals, herbs and behaviors were reported that seem to continue to be practiced. Opposing opinions were reported about the advisability of showing children the deceased's casket or gravesite. Also opposing opinions were

reported as to whether children should be told that the deceased would or would not return! However consensus existed about the need for adults to show children love and acceptance and to reassure them that someone would be there for them, even if their parent or relative was dead. Giving children and especially orphans a sense of security and belonging was agreed as being important. Many mentioned the practice of referring to God and the teaching of the church or the bible on this subject.

Male presence in children's lives

Just as death is a common but difficult subject, father absence in Botswana is endemic! In reviewing history, this seems to be both an old and a new practice. Traditionally men and fathers were absent from their families for long periods of time as they sought work in distant places or cared for the cattle at distant cattle posts. But today, the practice is exasperated by a culture of open sexuality and disregard for marriage. Today, both men and women seem to be accepting of "live in" marriages and relationships. As a result large numbers of women are raising children without the help and presence of the children's fathers. HIV/AIDS creates additional problems as the death of one or both parents severely affects children. During the focus group discussions, parents (mostly females) were asked whether children need a father or male in their lives and what are the advantages and disadvantages of a male presence.

Overwhelmingly parents agreed that it was important for children to have a male presence. But there the consensus stopped. Or actually, the consensus continued but the reality of male behavior moderated this ideal.

- Advantages of father's presence: Three aspects of male presence were noted in the responses. One concerned "dignity" or a traditional ideal of family that a male's presence created. Another concerned the practical aspects of father's contribution to the physical maintenance of the family. And lastly, one positive aspect was the emotional or intangible support males provide. This was noted in his ability to help with the discipline of children, to encourage children to do their homework or learn special skills, to assist mothers in times of illness or birth, and to be available to provide a sense of security and direction in children's lives.
- Disadvantages of father's presence: In all settings, parents agreed that sometimes the poor behavior of men makes their presence a burden instead of a contribution. In these cases, families were better off without them. Some of these irresponsible behaviors include, abandonment, withholding of financial support, promiscuity, alcoholism, violence against mothers or children, lack of support for family planning and the risk of bringing disease into the family.

Actions at the Community level to improve the chances for children

A basic concern that was voiced repeatedly is the fact that people have little hope that communities can work together anymore. Modern lifestyles have replaced community unity with diversity, independence and privacy. These new forces make it difficult to garner support for community initiatives. However a variety of suggestions were put forth as actions that could create positive change through grass roots participation.

- Creating caring communities: People yearned for the return to a sense of charity towards all; a time and place where communities took care of each other. This was expressed in a call for parents to work together to expect that children would have

good manners and show respect. That social groups could be formed to raise funds for people or children in need, to collect and donate unused items, to organize clean-up campaigns to improve the environment or to foster improved law enforcement.

- Creating support services: People also suggested that communities create activities and opportunities for children to engage in wholesome recreation or skill development, for families to address alcohol and drug abuse, and for parents to access help in learning about child rearing from their peers or professionals.

Wishes for actions to help raise children

Associated with the above question was the inquiry of what parents and caregivers would wish for that could help them raise their young children. Again, a variety of suggestions were expressed highlighting various services, behaviors and dreams. However, one of the most revealing comments was made by a mother in Letlhakane who was quoted as saying, *“We are not really sure if we raise our children properly—we sleep with them, bathe in their presence and share the same blankets, is this OK?”* This candid appeal suggests that parents yearn for confirmation of their knowledge and practices. Although they look to the community or government or professionals for help, in reality they must act on their own best instincts.

- Child related services: Parents noted a variety of services that would be useful such as drop-in care, libraries, access to professionals, more wholesome entertainment, more churches and access to support groups.
- Playgrounds and parks: Universally parents wished for more recreational facilities for children and youth. Parents wished for playgrounds, parks and places where children could play safely away from the traffic.
- Better education and health services: Although Botswana is fortunate to have widespread access to primary schools and basic health services, a number of suggestions emerged related to the incremental increase in quality or quantity of these facilities and services. Some noted the need for increased numbers of classrooms or nurses or clinics; other mentioned to need for better supplies and equipment at both preschools and clinics. Of universal interest was the provision of free or affordable preschools that could accommodate all the children along with free transportation and the widespread support of feeding malnourished children at the clinics.
- Access to jobs and government support: Lastly parents in three districts wished for more jobs to be available locally, and others asked for access to income generating equipment such as sewing machines or carpentry tools. In rural Ngamiland parents wished for a market place where women could sell their products, and in urban Mahalapye parents wished for access to better housing.

Traditional practices that should continue

The last question of the focus group discussions was an open-ended opportunity for parents to identify any traditional cultural practices that they believed would be useful for today’s children.

- Yearning for discipline: One of the controversial issues raised in the focus group discussions was the repeated concern for the lack of discipline among children today.

In their frustration, parents wished for a return to a time when physical punishment was allowed in the schools and when parents were strict in expecting obedience and inducing fear in children. Of universal interest was the expectation that any adult could discipline a child who misbehaved and that parents would support such actions.

- Agriculture: Another near universal suggestion was the hope that reliance on local agriculture could return so that a variety of food could be available and children would have a chance to learn about caring for domestic animals.
- Cultural identity: Parents made a number of suggestions of ways to preserve cultural traditions. They recommended that children learn traditional songs and stories, understanding initiation rites, have opportunities to wear traditional clothing and learn about traditional tools and lifestyles. They even supported the preservation of traditional birth and child care practices and taboos as they felt those practices might prevent children from getting ill.

Summary

In summary, parents were extremely cooperative and straightforward in their participation in these focus group discussions. As noted earlier, older parents were more verbal than younger parents, and this might account for the fact that some yearning for the past and traditions emerged. Younger parents might not have these same sentiments. Of interest for the baseline study, is the fact that many of the child rearing practices mentioned in the discussions are appropriate recommendations that could be forthcoming from educational or health experts. Thus these data provide useful inputs that can be used in parental and community education pursuits.

However, of concern for families and communities are the wide ranging lifestyle ills that plague families and communities. Father absence, alcohol consumption and the seeming disregard for marriage are serious social trends that do not change quickly. Already the next generation of parents has been socialized to accept these behaviors. The challenge is for both the formal and informal community systems to be more openly and intensely address these issues. HIV/AIDS is one force that has created action, and youth are listening. But more needs to be done to create a future that all Batswana can be proud.

2. Results of Focus Group Discussions with Community Leaders and Service Providers across all Research Sites Concerning Support Systems for Young Children, February 2006

At each of the twenty-two communities where focus group discussions were occurring with parents and caregivers, the research team also interviewed a separate group of community leaders. These were local chiefs, representatives of various government ministries and departments, local educators (teachers or headmasters), social development and community health workers, traditional birth attendants and



other key individuals who could report on the status of the community concerning young children. In cases where a group discussion could not be arranged, individual key informant interviews were held.

Community Services available to support young children and their families

Health

All of the communities visited reported having health centers or clinics of some kind within easy access to the households in the area. These centers provided the full range of services although some centers referred deliveries to other centers and not all provided HIV/AIDS treatment programmes for adults or children. Some centers mentioned the use of IMCI and having outreach to families with young children. Although centers were reported to be functioning well and having a good response from users, still health officials noted a variety of shortfalls (shortages of petrol or refrigeration for immunizations, shortage of staff or equipment, lack of proper scales to weigh babies, and shortages of certain medications). Another complaint was with the food rations that should be handed over to families with young children. Often the supplies arrived late or the food rations themselves were old (use date expired). Only the health center in New Xade (Ghanzi) reported not having full participation of local households (estimated 50%). Other rural communities noted the difficulty of families finding transport and thus missing appointments or treatments.

Of all health concerns, HIV/AIDS was mentioned most often. Some of the issues were the use of ARV medications prescribed for others, women on ARV getting pregnant (even health workers), use of PMCT children's formula for other infants, men refusing to use condoms, etc. Some older respondents noted that many traditional birth attendants have died and taken their skills with them, leaving a vacuum in the community.

Child Care/Preschools

Two out of three villages or communities in this study had at least one preschool programme. At times it was sponsored by the Village Development Committee (VDC), and in other instances the preschool was operated by an NGO, church or private individual. Some centers noted that teachers were basically "volunteering" given their very low salaries. The enrollment at preschool programmes varied with approximately 30-56 children per center. In all villages there were Social and Community Development services for orphans and vulnerable children. The health team, local educators and the social welfare office collaborated in identifying and helping these children. Some of the more rural communities noted that services for OVC came from the nearby larger communities/towns and the social welfare officers were slow to respond. These officers seemed to be overwhelmed with their work loads. Other communities complained that the services provided (food baskets and counseling) was inadequate or misused. One VDC in Francistown had a "Mmabana", mother of all children present to help provide attention and support to children in need. Other communities reported sponsoring special community projects to benefit orphans and vulnerable children such as raising poultry or vegetable gardens. Although the question was asked if any services were available to help parents raise young children, only a few communities noted any outreach by health or education officials to homes.

Formal Primary Schools

All villages had at least one government primary school and some had schools at higher levels. Some villages had more than one primary school. It was reported that children walked as far as 2-7km to reach school. Most of the school buildings were welcoming, although some were dark and in poor repair. Many had insufficient classrooms or furniture and most needed more books and supplies. Few were reported to have adequate play space. The level of training of the teachers varied, but generally few teachers had Diplomas—most teachers had Primary Teaching Certificates. Some schools had untrained teachers.

Generally all the government primary schools provide school feeding programmes and in these communities, 100% of the children were fed. There were the usual complaints about the types of food served but the biggest problem for the schools was that food supplies often arrived late and students needed to go without for days at a time.

The language of instruction at the early primary level was reported to be either Setwana or a mix of local languages and the official language, Setwana. Officials in the Ghanzi Districts commented about the difficulty of teaching the Basarwa children as not only is the language of the home different, but the habits of the families concerning attendance are different and children miss a lot of school. In this district up to 30% drop out rates were reported at the primary level because of the mismatch between the family and the school concerning aspirations and expectations. Heavy drop out rates for boys was also noted in Central Boteti because of the draw of riding donkeys and working with cattle. In various communities with large populations of ethnic groups, local officials reported that these non-Setwana speaking children were disadvantaged because they not only didn't speak Setwana, but they also have had less contact with books and pencils in their homes and at times were needed by their families to help at home. Some children were even asked to work in the streets selling things to help support their families and thus miss-out on schooling.

In all communities boys and girls were equally likely to enroll and were treated alike. The age of enrollment varied, but generally children were enrolled by age seven (only estimated 70% enrollment by age seven in Basarwa communities). Educators reported that children who attend preschool programmes are much better prepared to learn when they enter primary school. They are better socialized, able to speak clearly, are more confident and are not afraid to let their needs be known to teachers (fewer toileting accidents). But since few children attend preschool programmes, generally the first part of the year is spent with orientation/transition or familiarization with school routines and expectations. Because of this teachers noted that often those children who are ready to learn are neglected while teachers tend to the needs of non-preschool attendees. Educators report that most families want their children to complete primary school and proceed to secondary school.

Non-formal Education Programmes

As the adult literacy rate in Botswana is low, it was asked if any non-formal education opportunities exist for adults. All communities reported that Botswana College of Distance Open Learning, BOBODOL was available for literacy and alternative education. But none could indicate whether or not adults in their community took advantage of these programmes. Recreational programmes were reportedly available for school aged children and adults as

well as special activities available for OVC's. Through observations, researchers noted that few cleared spaces seemed to be available in the communities for sports or recreation.

Other children's Activities

Most community leaders noted that young children usually played at home and school aged children played at school. Given that there were no playgrounds or parks, most leaders admitted that children were likely to play on the streets or with other children in the nearby fields. Leaders could mention a variety of dangers for children such as broken glass, stagnant water, construction pits, streams, forests, etc. In Maun, a number of children had been injured by vehicles. When asked about the level of adult-to-child interaction in households, leaders noted that few parents interact with their children; rather children interact and care for each other. Children are often expected to help with household chores. In rural communities, children were often needed at the cattle posts. Some leaders complained about the fact that young children accompanied adults to drinking places or were sent to purchase alcohol.

Some of the communities actually reported the presence of child abuse but most reported something about negligence especially related to alcohol abuse with parents. Village leaders felt that parents often leave young children with grandparents who are too old to care for them and many children are forced to work to provide food. Also men desert their children which cause some youngsters to feel unwanted. Some noted that orphan relief supplies were sold for money or that local agencies ill treat the orphan children that they are supposed to care for. Repeatedly officials mentioned name calling, disrespect of orphans and lack of attention to their emotional development. At one community in Ghanzi District the officials noted that child defilement exists, but that it was culturally accepted so long as the young girl agrees.

On the other hand, in Mahalapye a number of local efforts have been organized to support orphans and other young children. Faith based organizations have held fund raising campaigns, centres have been established and home visits are made to families caring for orphans. Local officials noted that many parents are ill themselves and cannot take care of their young children properly.

Local authorities reported that some children were infected with HIV/AIDS and that parent's do not take any responsibility for their testing or treatment. It is a concern because the threat of spreading the disease is worsened by parents who are in denial or refuse to test their children even when there are signs of illness.

Some local officials complained that parents don't really know their children and only think of their own needs. As a result they use abusive language and severe punishment because they don't take the time to interact with their children. Many of these youngsters become rebellious as a result. In urban areas, officials report that young children are left in the care of uneducated maids and grandparents who also don't take the time to get to know the children.

Poverty was the main concern expressed by local leaders and officials. They noted that the quality of life was about average (not good and not bad) but that many parents are too poor to do what they would like for their children. Some children are poorly fed, ill kept, underweight

and poorly supervised. The estimates of whether households had family members who were economically engaged varied widely. In Kweneng West officials felt that approximately 75% of families had at least one wage earner. In Ghanzi this estimate was 36%! In Ghanzi many families have employment through the drought relief efforts or other forms of government aid, although this type of support is prevalent throughout the districts. When asked if families have a wage earner who has migrated away in order to support the family, this estimate was 70% of families in Kweneng West and 15% for Ghanzi. Generally rural youth expect to leave the community for schooling and jobs. Few of these communities are truly economically viable without aid. The introduction of school fees has increased the burden for poor families who must decide whether or not to send their children to school or day care programmes.

Social and Religious Environment

All communities reported alcohol problems as the number one issue, although all communities also noted concern for HIV/AIDS. Leaders complained that many adults are not taking HIV/AIDS seriously. Adults continue to have unprotected sex, multiple partners and even those who are tested positive do not take their ARV treatments. As a consequence the elderly are burdened with caring for the sick and orphaned. Although these issues have been discussed at the Kgotla meetings and at clinics, few people attend.

The religious community was reported to be active in addressing these modern ills. Many congregations are building homes for the poor, taking care of the ill and orphaned and providing bereavement support. Yet not enough is being done. Few if any community clubs, committees or organizations exist and those that do exist are usually for political or social celebrations, not daily support. Generally, however, local leaders report that the social environment of communities is good and that people care for each other.

Physical Environment

The level of cleanliness varied across communities. Most village councils provided some sort of garbage collection and had designated dumping sites. Still a level of litter existed in most communities. The streets were generally reported as OK, although with the recent rains, some roads were difficult to traverse. Most households had access to safe drinking water from boreholes and stand pipes. Most families used pit latrines for their sanitary needs, but in rural areas such as Ghanzi and other rural areas only 55% of households were reported to even have pit latrines. As reported in the parent questionnaire, local leaders admitted that children rarely used the latrines and this created risks for spreading disease. Most communities had ponds or streams that were used for watering livestock, not for household use.

Summary

These remarks of local leaders reinforce many of the complaints and concerns voiced by parents. Widespread poverty, single parenting, HIV/AIDS impacted families, alcohol consumption and a general disregard for the needs of children are critical issues affecting Botswana. Although health and educational services are widely available, still the use of these services is limited among those in most need—a concern for the quality of life of the community as a whole. As intergenerational separation increases and young adults tune-into their own entertainment, the grounding of the society in traditional systems of belief and respect erodes. Because of this a window of opportunity exists for more modern messages and

practices to be introduced. But the transmission of these modern messages to busy young adults is not easy and the mechanisms to create them and motive their use are not readily available at this time.

3. Results of Parent Questionnaires concerning Child Rearing in Botswana, February 2006

The Integrated Early Childhood Development Baseline Study team designed a twenty-two page *Parent/Caregiver Questionnaire* and a one page *Home Observation Checklist* that were used to gather data about the stimulation potential of the home to support early development. These questionnaires were administered in the home by trained research assistants. Households and respondents were screened to be sure that a parent or caregiver of at least one child between the ages of 0-6 years (preferably 3-5) were available to answer the questions. Almost all the respondents were females. All interviews were conducted in Setswana, the national language. Of the 264 households participating, 73% reported Setswana as the language spoken in the home. Other respondents were able to conduct the interviews in Setswana. The average length of time spent in administering the questionnaires was one hour. Small treats for the children in the family were offered to the parent or caregiver at the end of the administration.

A set of 12 households were interviewed at each research site for a total of 36 questionnaires per district. With the addition of Molepolole to the sample, a total of 22 research sites were involved for a total of 264 households participating.

The parent/caregiver questionnaire contained the following sets of topics:

- Household composition
- Birth registration and health
- Preschool attendance
- Early Learning activities in the home
- Child discipline and affection
- Quality of the child development environment
- Absentee father/mother involvement
- Attitudes toward childrearing
- Environmental sanitation and safety
- Nutrition and food security
- Access to community services
- Presence of individuals with disabilities



Sample Description

A total of 264 households participated in the administration of the Parent/Caregiver Questionnaires in an interview format. These families were approached by house-to-house contact moving out from clinics, preschools or other places where the focus group discussions were held. In cases where the village or neighborhood was considered very diverse, researchers started approaching houses from three or four different directions or in specific

areas populated by discrete groups of people. All interviews were conducted during working hours on weekdays. Interviews were generally held outside the premises, under a tree or in the shade of a building. At each house, the family was screened to be sure that a mother, father or caregiver of at least one child under 6 years was able to participate. Preference was given to households with at least one child between the ages of 3-5, but this did not always happen.

Table 6. Age of target child in the households surveyed

<u>Age of target child</u>	<u>N</u>	<u>Percentages</u>
Zero to 12 months	31	11.7%
12-25 months	41	15.5%
25-36 months	58	22.0%
37-48 months	51	19.3%
49-60 months	47	17.8%
61 months or more	<u>36</u>	<u>13.6%</u>
	264	100%

The final sample consisted of at least ¼ of parents describing child rearing for children less than two years of age and ½ of the sample describing child rearing for children less than three years. The average age of the target child was 37.95 months (s.d.=19) with a range of 1 to 82 months. In 82% of the households, the target child was present during some part of the interview.

Household composition

Almost all respondents were female, generally the biological mother of the target child. However in 13.7% of the households, the biological mother was not living in the house and in those cases, grandmothers and aunties were the most common caregiver respondents. Only in one or two situations did a father respond to the interview.

Table 7. Size and Household Composition

<u>Size and relationships within households</u>	<u>N</u>	<u>Percentages</u>
Number of adults in household		
One	12	4.5%
Two	73	27.7%
Three	71	26.9%
Four	53	20.1%
Five or more	<u>55</u>	<u>20.8%</u>
	264	100%
Number of children under 18 years		
One	27	10.2%
Two	65	24.6%
Three	63	23.9%
Four	41	15.5%
Five	23	8.7%
Six	25	9.5%
Seven or more	<u>20</u>	<u>7.6%</u>
	264	100%

Number of foster children in household		
None	197	76.1%
One	53	19.9%
Two or more	<u>9</u>	<u>3.5%</u>
	259	100%
Number of orphans in household		
None	237	91.5%
One	13	5.0%
Two or three	<u>9</u>	<u>3.4%</u>
	259	100%

Families were generally large with an average of 3.4 adults (s.d.=1.6) and 3.5 (s.d.=1.9) children under 18 years living in the household. Twenty four percent of the households had foster children living in the house and in 9% of the households, an orphan was present. By and large the families and respondents were young. The average age of the mothers in these households was 29.4 years (s.d.=7.2) with a range from 17 years to 54 years. Interestingly in 4.6% of the households, the parent or respondent was reported as being disabled. Of the population of children studied, 43.6% were male and 56.4% were female.

Location and condition of housing

The research assistants conducting the parent interviews were asked to identify the location and condition of the house where the interviews were taking place. In terms of the rural-urban location, 31.5% could be considered urban or peri-urban and 42.1% were located in villages. Another 26.4% were households in rural areas.

Table 8. Location of households

<u>Rural-urban location of household</u>	<u>Percentages</u>
Urban	19.3%
Peri-urban (outskirts of town)	12.2%
Village	42.1%
Rural area	26.4%

The housing construction type was mostly “brick or concrete” (61.7%) with an additional 30.4 % being made of wood and plaster. The condition of the structures was evaluated by the researchers into the following categories.

Table 9. Condition of housing

<u>Condition of housing structure</u>	<u>Percentages</u>
Very poorly maintained	5.9%
Poorly maintained	20.6%
Moderately well maintained	44.3%
Well maintained	29.2%

Table 10. Care of housing compound

<u>Condition of yard/compound maintenance</u>	<u>Percentages</u>
Very trashy, unkept	17.0%

Not very neat	23.3%
Somewhat neat	43.1%
Very neat	16.6%

Based on these ratings by the research team, it would appear that at least ¼ -1/3 of the households lived on the margin, with poor maintenance. Economic constraints may also be the reason for the scant number of playthings visible in the yard/compound. Researchers were asked to record the presence of any toys or places to store playthings. Only about 22% of households had balls or sports equipment visible with about 25% having manufactured toys visible in the environment and 32.5% having handmade toys visible in the environment. Less than 10% of households had any storage places for playthings. On the positive side, in at least 31.6% of the households, music could be heard in the background!

Birth Registration and Health

A variety of questions were included in this section to document the health related history of the child and the household's health seeking behaviors.

Birth and Birth Registration

The first question concerned whether or not the respondent could identify the child's birth date. In 99.2% of the households, the child's birth date could be identified. Also in 93.2% of the households the child was born in a clinic or hospital with trained medical personnel assisting. Of those 6.8% of births at home, traditional birth attendants were used. Interestingly in only 80.6% of the households was the child's birth registered, and only 74.6% of households possessed a birth certificate. Some respondents noted that the registration site was so far away that they never returned to obtain the actual certificate. Among the nearly 20% of households who did not register the child, the most common reasons were, "did not know that it should be registered", "it costs too much", "too far" or "didn't know how or where". These responses indicate that more information is needed by parents to obtain 100% compliance for birth registration.

Breastfeeding

In these households, 86.2 % reported that the child was breastfed (13.8% not breastfed). The average number of months of breastfeeding was reported at 13.73 months (s.d. = 7.5; median, 12 months) with a range of from 1 month to 36 months. Children were also given supplemental feedings at approximately 4.85 months (s.d. =2; median, 3.5 months) with a range from 1 to 20 months.

Immunizations and growth monitoring

Respondents were asked to produce the child's clinic card so that the immunization record could be observed. Given this process, little missing data existed. The children were largely immunized as recommended by the public health officials. Only in the very remote areas were children not immunized. The data follow.

Table 11. Immunization Records

<u>Type of Immunization</u>	<u>Percentage Immunized</u>
BCG.....	98.5

Hepatitis B.....	98.5
DPT.....	98.8
Polio.....	98.8
Measles.....	96.5

Concerning growth monitoring, the record is also very good. Ninety-three percent of the households were participating in growth monitoring practices. When asked if the parent or caregiver felt that the child was growing well, 79.8% reported that “yes” they felt the child was growing well and another 12.2% noted that the child’s growth was “normal”. In only 8% of the households was there some concern for the child’s growth pattern. These attendance figures for growth monitoring are high compared to national averages. However the sample may be biased toward participation as some households lived near clinics.

Illness and health seeking behavior

The question raised was, “*How many times in the past month has this child been ill?*” and if so, “*Was the child taken to a clinic or not?*” Interestingly in 50% of the households, the respondent indicated that the child had not been ill during the past month. This is especially surprising as the interview took place during the summer months and during an especially rainy period of time! Among the other 50% of households, the frequency of illness varied from the “once” (the majority of cases) to up to “30 days” or the entire month! But bouts of illness beyond 3 per month were very rare. In 98.4% of the cases where an illness was reported, the child was taken to the public health clinic or hospital and in another 2.3% of cases, to a private physician. A specific question was raised concerning ringworm which is a common complaint in poor and rural homes. Within this population, only 35% of the households reported having had ringworm and 65% did not.

A question was asked to determine how confident the respondents felt concerning their ability to identify illness in children. The complexity of children’s health concerns was a comment made in the focus group interviews. However in this population, 94.3% of the respondents reported feeling comfortable in their ability to recognize signs of illness in children. Also 91.4% reported having someone else available in the household to help identify signs of illness. These data suggest that parents are not as ill prepared to deal with illness as might be suggested from the focus group interviews. To test these responses, a question was raised about what should be done if a child has diarrhea, a common and serious childhood malady. Parents/caregivers could respond to all or any of three options plus “other”. The responses follow:

Table 12. Actions taken for childhood diarrhea

<u>Parental Responses to Childhood Diarrhea</u>	<u>Percentages</u>
Continue to give fluids or breast milk	8.3%
Administer ORT	62.9%
Take child to the clinic	71.6%
Other	4.5%

It would seem that larger numbers of respondents should have given the option to continue fluid intake in addition to taking the child to a clinic. But this was not the case. When asked if

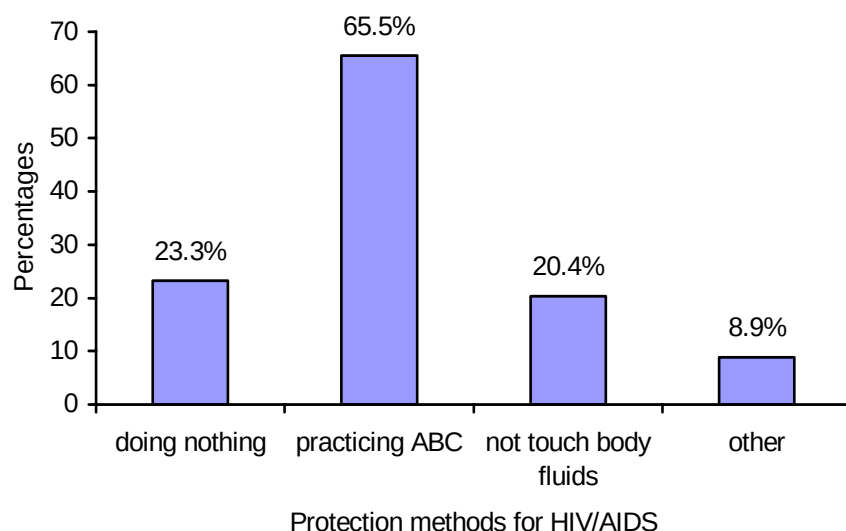
parents or caregivers had any worries about the target child, 53.2% had no worries, and 46.8% mentioned something that worried them. Most of the worries concerned health issues, but some related to father absence or poverty.

The lack of immediate attention to diarrhea in the form of fluid intake is a serious omission and could indicate that parents are not as able to care for ill children as they think!

Parental health precautions

A set of questions concerning family planning and HIV/AIDS prevention were presented to determine the degree of risk taken by parents for disease transmission. If the respondent was considered of child bearing age, the researchers asked, “*Do you do anything to keep from getting pregnant?*” Twenty-one percent of the 224 respondents to this question noted that they did “nothing” to prevent pregnancy. Another 52.2% mentioned using condoms and 25.9% mentioned some other form of birth control, either “pills” or “injection”. Following-up to the use of condoms, respondents were asked if they did anything to protect their family from HIV/AIDS. Only 35.7% of the households admitted that their family had been affected by HIV/AIDS, but 92.8% of respondents had heard about HIV/AIDS. When asked, what did they do to protect their family from HIV/AIDS, the following responses were given.

Table 13. HIV/AIDS Protection Measures



The high number of families “doing nothing” (nearly ¼) to protect themselves from HIV/AIDS is a serious concern. It seems that although parents know about HIV/AIDS, they are not all taking precautions against it! Realizing that the most common protection technique might be the use of condoms, the question was asked as to whether condoms were readily available. Eighty-seven percent of respondents felt that “yes”, condoms were readily available. When asked if they knew about voluntary HIV/AIDS counseling and treatment

programmes, 93.9% said that they did know about these services. This awareness of counseling was a very positive response; however the data on precaution techniques suggests the need to reach more people with HIV/AIDS prevention messages.

Nutrition and Food Security

A series of questions were posed about how and what the child ate and whether food was available routinely. In terms of children's eating habits the following were noted.

Table 14. Child eating patterns

<u>Children's Eating Patterns</u>	<u>Percentage</u>
Children eat with adults	55.7%
Children eat separately	44.3%
Children eat from individual bowls	92.4%
Children are fed by adults	15.5%
Children eat a defined mealtimes	55.7%
Children eat as often as desired	44.3%
Children consume grains daily	95.1%
Children consume vegetables daily	85.2%
Children consume meat daily	84.0%
Children consume dairy daily	85.1%
Children consume fruits/juices daily	68.2%
Children consume sweets daily	67.4%
Children consume soup/stew daily	67.7%

The food patterns reported above suggest that children are treated appropriately concerning when and how they are fed. It would be better if more households had set mealtimes for the children, as only then can it be ensured that children receive nutritious foods and not just snacks. The diet itself could be improved to have children in more households receiving fruits, vegetables, meat and dairy products daily.

Table 15. Household food security

<u>Frequency of food insecurity</u>	<u>N</u>	<u>Percentages</u>
Never insecure	95	36%
Rarely insecure	85	32.2%
Once per season	9	3.4%
Once per month	44	16.7%
Once per week	<u>31</u>	<u>11.7%</u>
	264	100%

When asked if there were times when there was no food in the house, 169 or 64% of the households reported having "no food" at some time. For most of these households the frequency of food insecurity occurred rarely (32.2%). But in 16.7% of households the absence of food occurred once a month, and in 11.7% in happened once per week. Fifty-six percent of households received food from government sources. When asked if households qualified for reduced school fees (a recent development), 17.2% reported qualifying and 67.4% reporting

not qualifying. However 15.7% did not know if they qualified or not! Given this information, it might be concluded that approximately 17% of households were in deep poverty and up to 50% could be considered poor.

Psycho-social Development: Discipline

Discipline is a controversial issue in Botswana. Traditionally, children were disciplined severely and expected to be obedient. With changing lifestyles and the absence of the traditional solidarity of the community, children are being exposed to a variety of disciplinary philosophies and practices. Some traditionalist, decry the seeming liberal attitudes of modern parents, while more educated and urbanized parents decry the severe disciplinary techniques of traditionalists! It was hoped that the parent questionnaires would help to illuminate these practices.

Lists of twenty-two different disciplinary techniques were identified through discussions with professionals. These were listed in the questionnaire as responses, but the actual question posed for parents was open-ended: *“What do you, or someone else in your household do when your child does not obey or does something wrong?”* This question was followed by at least two or three probing questions, *“What do you do if the child is really bad?”* or *“What else do you do?”* If “hitting” was mentioned, the researcher was informed to query as to, *“What did you hit the child with and where on the body?”* The question about discipline was only asked if the target child was at least two years of age. Across the various types of disciplinary techniques, 632 responses were reported. Of this number 36.6 % of the techniques mentioned were a nonviolent type of discipline, 31.6% were a mild physical punishment technique, 35% of the techniques were a psychological disciplinary technique and 16.6% were a severe physical form of punishment. When asked, *“Who in the household is most likely to discipline the child?”* the responses were, “every adult” (69.1%), “mother or female head” (27.5%), “father or male head” (2.0%) and “other” (1.5%). Since traditionally the male head of family was most likely to discipline the children, these data confirm that fewer fathers are present to do so, but males participate as “every adult” in the household.

Table 16. Use of nonviolent forms of discipline

Nonviolent forms of Discipline	Frequency	Percentage of sample responding	Percentage, all forms of discipline
Explained why	71	30.7	11.2
Gave something else to do	8	3.5	1.3
Said “no” in a firm voice	118	51.1	15.2
Took privileges away	2	.87	.32
Other	1	.43	.16
TOTAL Valid	231		36.6% (200)

Table 17. Use of mild physical forms of discipline

Mild Physical forms of Discipline	Frequency	Percentage of	Percentage,
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		sample responding	all forms of discipline
Spanked on bottom with hand	83	41.5	13.1
Slapped on hand, arm or leg	76	38	12.0
Pinched or twisted	10	5	1.4
Total Valid	200		31.6% (169)

The two most frequently mentioned non-violent disciplinary techniques were “saying “no” in a firm voice (15.2%) and “explaining why” (11.2%). In the mild physical discipline category parents mentioned “spanking on the child’s bottom with hand” (13.1%) and “slapping on the hand, arm or leg of the child (12%). Another technique was “pinching or twisting (1.4%).

Table 18. Use of psychological forms of discipline

Psychological forms of Discipline	Frequency	Percentage of sample responding	Percentage, all forms of discipline
Threatened to spank or hit	150	67.9	23.7
Shouted, yelled or screamed	29	13.1	4.6
Shamed, insulted or called names	1	.45	.16
Threatened to leave child or give away	2	.9	.32
Threatened something bad would happen	5	2.3	.79
Sent to a dark place	1	.45	.16
Total Valid	221		35.0% (188)

Table 19. Use of severe physical forms of discipline

Severe Physical forms of Discipline	Frequency	Percentage of sample responding	Percentage, all forms of discipline
Slapped on head, face or ears	3	2.9	.47
Hit with a stick, shoe or object	71	67.6	11.2
Beat repeatedly	1	1.0	.16
Total Valid	105		16.6% (75)

The two most common psychological disciplinary techniques were “threatening to spank or hit the child” (22.7%) and “shouting, yelling or screaming at the child” (4.6%). In the severe discipline set, the most frequently reported type of discipline was “hitting the child with a shoe, stick or object” (11.2%). In total, a wide variety of disciplinary techniques were reported, and perhaps more types of discipline would have been mentioned if each response

was poised as a question. These responses suggest that, YES, parents use physical punishment. But if the punishment is as frequent and severe as to damage the child, is not known. The topic of discipline definitely needs to be discussed among parents as the consequences of various forms of discipline create different responses in children and can have serious implications for the development of the types of internal controls that children need as they mature. The use of demeaning and controlling behaviors on the part of adults can create a new generation of adults who use violence and control as routine ways to interact socially (not a desired action for a nation).

Attitudes toward Child Rearing

A set of questions were included in the parent questionnaire to identify basic attitudes of parents toward child rearing. Parental agreement with the following statements is noted below.

Table 20. Attitudes of parents or caregivers

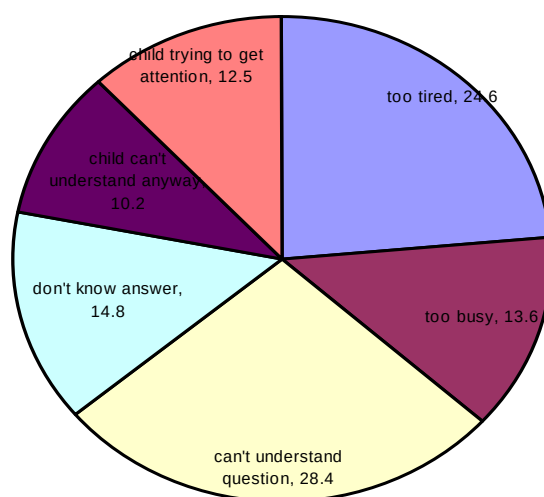
<u>Parental/caregiver Agreement to Attitude Items</u>	<u>Percentages</u>
A. Play helps a child learn to think well.	94.3%
B. Children need physical punishment to learn to obey	68.7%
C. Play has nothing to do with how much young children learn.	44.3%
D. Children can't understand death so there is no reason to talk to them about it.	40.5%
E. Toys and playthings help a child under 6 get ready for school.	95.8%
F. Girls and boys should play with different things to learn about their roles in life	87.4%
G. It is more important to provide toys for boys than girls	35.4%
H. What a child eats has no effect on how well they do in school	54.4%
I. Having enough food is important for a child to be able to learn	96.6%

Parents rightly recognized the importance of play as a learning tool as noted in item A with a 94% acceptance. However item C is the reverse of the statement in A and it received 56% acceptance! Parents affirmed that children need toys and playthings to get ready for school with a 96% agreement. Some gender discrimination is present as parents agreed that girls and boys should play with different things (87%) and although not the majority, 35% of parents believed that it is more important for boys to have toys rather than girls. Later, responses to an item about what would adults do if children were playing with objects more appropriate for the opposite sex, suggests that gender discrimination still exists, but not universally. The items with food also have some inconsistencies. Parents agreed that having enough food was important for children being able to learn (97%) but what they eat was not connected with doing well in school (54%). Most disappointing was the response to the item suggesting that children need physical punishment in order to learn to obey (69%), a confirmation of what was heard during the focus group discussions.

On the opposite side of discipline is praise, an important parental technique that helps to shape children's behaviors. Parents were asked in the questionnaire, "*How often do you praise your child for good behavior or positive actions?*" 80% of the parents said that they praised frequently or many times. However, 20% rarely praised their children.

Regarding the often expressed concern that parents don't really encourage children to be inquisitive, the question was asked, "*Children ask many questions; how frequently do you respond to children's questions?*" Again, 87.1% of the parents said that they always or most of the time answered questions. Reasons given for not answering children's questions fell into the following categories.

Table 21. Reasons for not answering children's questions



Interestingly the two most frequently mentioned reasons for not answering questions was that the parent was "too tired" (25%) or that the parent "could not understand the question" (28%), both responses that do not take into consideration the child's perspective!

It was reported in the focus group discussions that parents should expect children to run errands and help around the house to develop skills and independence. A question on the parent questionnaire asked, "*When do you expect children (girls, boys) to start helping around the house?*" Although parents were given the option to differentiate between male or female children, basically the results suggest that both boys and girls are expected to help at between the ages of 3 and 9 years with the average age of 6 years (mean age: 5.73 for girls and 5.88 for boys, s.d. 3.1 each)

The emotional needs of children were reportedly often ignored by parents. So a question was asked in the parent questionnaire about this. "*If this child or any child were crying and feeling*

sad, what would you do?” A set of eight responses were provided for parents to check. The percentage of parents agreeing with each response follows.

Table 22. Parental responses to a crying child

Parental Responses to a Crying Child	Percentages
Hold them close	75.0%
Ask what is wrong.....	76.5%
Try to distract them.....	15.2%
Tell them to stop crying.....	81.8%
Ignore them.....	1.9%
Give them a sweet.....	26.9%
Tell them to go to someone... ..	6.4%
Tell them to go somewhere... ..	2.7%

It should be noted that positive, soothing behaviors predominated with parents holding children close (75%) and asking what is wrong (76%). Parents did not ignore the child, although large numbers resorted to telling the child to stop crying (82%); a command or controlling behavior. This command, however, could be delivered in a soothing way such as suggesting that the situation is not so dire as to result in crying.

A set of questions were included in the questionnaire to determine how parents show affection. The set of questions were introduced by saying, *“Parents have special ways of showing children that they love them and feel happy to be with them. How do you show affection?”* Responses are listed below.

Table 23. Parental forms of affection

Type of Behavior	Frequency	Percent
1. Do you smile and laugh together?	259	98.5
2. Do you hug or pat the child?	246	93.5
3. Do you hold the child close?	243	92.4
4. Do you use special names such as “honey” for the child?	241	91.6
5. Do you give the child special treats, (foods or sweets)?	242	91.3
6. Do you feed the child?	232	88.2
6. Do you dress the child or fix their hair in a special way?	192	73.6
7. Do you say you love them?	243	92.4
8. Do you say they are special (pretty, handsome, smart, or quick)?	219	83.3

As noted in the table above, all eight forms of affection were widely reported as being used by parents. Little deviation existed, although fewer parents identified with dressing or fixing the child’s hair in a special way as a form of affection.

In summary, these attitudinal questions presented some inconsistencies that suggest that there is some ambivalence or uncertainty among parents about child rearing. These data suggest that parents do respect children's emotional needs; most often respond to children's questions, show affection and offer praise when children conform to parental wishes. However these results raise questions about the role of play in a child's life, whether physical punishment is useful and the reality of gender discrimination.

Learning Potential of the Home

The first set of indicators of the learning or stimulation potential of the home consists of knowing whether or not reading material was present in the home. Questions were asked about the number of adult books or reading material, magazines and newspapers, and children's books. Households averaged 6.4 (s.d.=5) adult books, 4.9 (s.d.=5) adult magazines or newspapers and 3.4 (s.d.=4.6) children's books. This low number of children's picture or reading books is not surprising; however the low number of adult literacy materials is surprising. When asked if there are places to borrow children's books, 63.2% of households reported "no", there were no places to borrow books.

Two series of questions were included in the questionnaire to document the learning potential of the materials in the home. One set of questions asked about the various activities and playthings with which the child occupies his or her time. The second set lists a set of activities asking if the mother, father or someone else in the household engages the child in these learning activities. Some consistencies and well as inconsistencies exist across the responses to these questions. To the request, "*Name the things that he/she plays with at home*", the following responses were given.

Table 24. Play things and activities of young children

Common Activities and Playthings	Percentage all	Percentage over 2 yrs.
1. Household objects such as bowls, plates, cups or pots?	46.9%	45.5%
2. Objects and materials found outside the living quarters such as sticks, rocks, animals, shells or leaves?	79.0%	81.4%
3. Homemade toys such as dolls, cars and other toys?	66.8%	66.3%
4. Toys that come from a store?	73.0%	75.1%
5. Things that make music or noise?	57.9%	58.3%
6. Things for drawing or writing?	41.7%	46.7%
7. Things meant for stacking or building?	39.0%	42.0%
8. Objects for pretend play (dolls, plates, adult clothing)?	78.7%	83.7%
9. Sports or active play materials (balls, rope, pull/push toys)?	67.3%	71.6%
10. Toys for matching color/shape (puzzles, game boards)?	34.5%	39.4%

These responses are interesting in that the nearly 100% that one would expect for things such as “objects outside of the home”, were not identified as playthings! Not surprising, objects that could engage children’s cognitive and pre-academic skills were infrequently available—writing and drawing tools and games and puzzles. But also surprising is the lack of awareness of “active play or sports” objects that surely must occupy much of children’s time. It was thought that perhaps some of the items were less appropriate for very young children, so a separate analysis was done for just those households with a child over two years (last column). As noted, the percentages did not change much based on age. Slightly more drawing and writing activities were mentioned in this older age group, as well as more active sports play, pretend play and play with puzzles and game boards. But these differences were not great.

Gender Sensitivity

Respondents were asked what they would do if a child were playing with something that was considered more appropriate for the opposite sex. Responses follow.

Table 25. Parental reactions to gender-specific play

Reactions to Gender-specific Play	Percentages all	Percentages over 2 yrs.
Let the child continue to play	71.4%	70.7%
Offer something else for play	13.9%	14.1%
Say “no” and take the object away	9.7%	10.5%
Tease the child	.4%	.5%
Explain why not appropriate	.4%	--
Other	4.2%	4.2%

These responses would suggest that generally parents are lenient in their actions concerning gender socialization, yet some traditional attitudes remain. No differences were noticeable based on the age of the child.

Language Development

Traditionally, African cultures placed great importance on children learning to memorize messages, deliver information and develop oratory skills. These traditions are lapsing with the advent of more nuclear families and urban households. As hearing verbalizations are important for a young child’s own language development, in this questionnaire respondents were asked about their verbal behavior related to talking to and with children. The first question concerned “*At what age did you start talking to this child?*” Responses varied but 56.8% of households appropriately mentioned that they starting talking to the child at birth. Another 35% started talking to the child during the first year while the final 8% did not start talking to the child until after the first year and up to 3 years! The most frequent time periods mentioned other than at birth were at 4 months, 6 months and 12 months. When asked if adults talk to children while they are doing housework, the answer was “yes” in 96.6% of households. These responses suggest appropriate verbal interactions with children, although it would be better if 100% of households talked to infants at birth!

Children's Engagement in Learning Activities in the Home

A second set of questions about children's learning activities were posed related to whether or not someone within the household engaged the target child in specific activities. Most of the responses to this set of questions are positive and seem consistent with other responses. As noted below, children are not as likely to be read to or look at picture books, they also are slightly less likely to be told stories and have routines to follow. Interestingly, although preserving traditions was stressed in the focus group interviews, these data suggest that few children are taught traditional stories and rhymes.

Table 26. Learning activities in the home

Learning Activities in the Home	Percentages	Mothers	Others
1. Read books or look at picture books	56.5%	13.7%	32.1%
2. Tell stories	69.2%	17.9%	38.4%
3. Sing songs	92.8%	27.8%	49.0%
4. Take outside the home, compound yard	89.4%	39.5%	27.4%
5. Play with	96.6%	23.2%	57.4%
6. Spend time naming, counting or drawing	82.6%	33.8%	33.1%
7. Catch, throw or roll a ball	77.2%	15.2%	54.0%
8. Tickle, joke or laugh with	92.0%	29.4%	37.4%
9. Ask child to do an errand	82.5%	40.3%	19.8%
10. Set times or routines to follow	65.4%	39.9%	11.4%
11. Encourage botho, bonatla	88.2%	47.5%	16.0%
12. Share traditional stories or rhymes	38.4%		

One aspect of the above set of questions was the identification of who in the household engaged the child in the activities. Generally, (in 40% or more of the time) it was reported that the mother engaged the child in taking the child out of the compound, asking the child to run an errand, setting routines or teaching botho or bonatla. However in activities such as reading to the child, telling the child stories, singing songs, playing with, playing ball with or tickling and laughing with, the largest percentage of times, the persons considered "other" engaged the child! Who might the "other" be? The research assistants report that in the majority of cases the "other" referred to siblings or other children in the household. In some cases, "other" referred to grandparents, but not frequently. These revelations suggest that mothers are not playful with their children but rely on the siblings to provide such stimulations to the child. Mothers are more likely to engage in maintenance behaviors, not play nor learning behaviors. A final question in this set confirms this observation of the role of siblings in playing with children. The question posed was, "*Approximately how much time per day is this child with other children (without adults)?*" The responses follow:

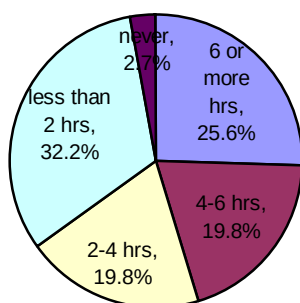
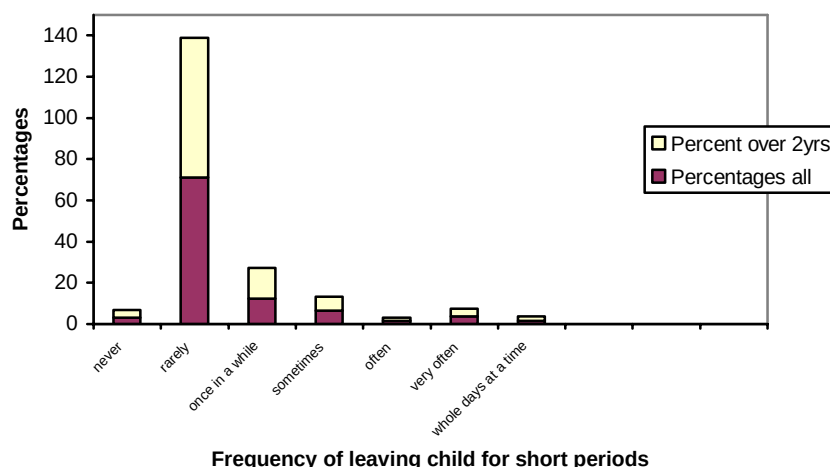


Table 27. Time spent with other children

These data above confirm that young children often spend time with other children, without an adult presence. As noted above, 45.4% of the households report children spending *a lot of time* or *most of the day* in the company of other children. The question below referred to leaving a child with someone over 10 years of age when the mother or caregiver had to do errands for short periods of time. Note that it appears that 2/3 of the households leave a child for short periods, although these occasions are not frequent and older children are left more frequently than infants. In another question, parents reported never leaving children alone (92.7%) or rarely leaving a child alone (4.6%).

Table 28. Child left for short periods

Frequency of leaving child for short periods	Percentages all	Percent over 2 yrs.
Never	3.0%	3.7%
Rarely	71.1%	67.9%
Once in a while	12.5%	14.7%
Sometimes	6.5%	6.8%
Often	1.5%	1.6%
Very often	3.8%	3.7%
Whole days at a time	1.5%	2.1%



When asked if there were places in the community where parents/caregivers could leave their young children if needed, the response was “no” in 53.4% of the households. In the other 46.6% of households they had neighbors or relatives who would care for a child for short periods of time. None mentioned any community services that provided drop-in care. When asked if there were any services or people to help deal with child rearing concerns, the answer was “yes” for 55.5% of households and “no” for 44.5% of households. When queried “who”, most named specific relatives, not professionals who could provide assistance in dealing with child rearing concerns.

Given this dearth of professional assistance, it is interesting to note that 75% of respondents reporting being confident in their knowledge of child development! Also when asked how well they were coping with the demands of care giving, the following responses were reported.

Table 29. Parental judgments of ability to cope with childrearing

<u>Ratings of how well parents/caregivers are coping with childrearing</u>	<u>Percentages</u>
Not well at all.....	2.9%
Not too well.....	31.0%
About average.....	31.4%
Very well.....	34.7%

These rating suggest that only about 1/3 of parents/caregivers feel that they are having difficulties in coping with childrearing...2/3 are coping about average or well.

Child interactions during the interview

The research assistants were asked to record the types of behaviors observed between the respondent (parent or caregiver) and the target child. In 210 households or 82% of the sample, the child was present. It was among these households that the following observations were recorded.

Table 30. Types of adult-child interaction during interviews

<u>Adult-child interaction during interviews</u>	<u>Percentages</u>
Holding, cuddling child	67.8%
Smiling, talking with child	88.4%
Ignoring child's questions	9.1%
Correcting or directing child in positive way	46.9%
Disciplining child in negative way	29.7%
Engaging child in an activity	44.4%
Nursing or feeding child	40.4%
Child demanding attention	37.7%
Child interacting with other children	55.8%

These observations appear appropriate and confirm some of the patterns noted in the actual questionnaire. Adults are affectionate with children. One might expect a larger number of parents to provide positive guidance and engagement in activities to occupy a child. Perhaps the nearly 30% who disciplined the child in front of a stranger is unique, but it is consistent with patterns of child rearing reported in the study. The fact that in 56% of the households, children engaged in interactions with other children confirms that pattern of child-child interaction.

Absentee Father Involvements

The presence and involvement of biological fathers and mothers in their children's lives is an issue of great concern for child development. It has been reported through focus group interviews and in other forums that fathers often abandon their pregnant mates and children. A set of questions was included in the parent questionnaires to determine the degree of biological father presence and involvement with young children. According to the following data, in 68.5% of the households the biological father of the target child did not live in the household. Also in 13.5% of the households, the biological mother of the target child did not

live in the household and in 10% of the households; neither the mother nor father lived with the child.

Table 31. Visitation patterns of absent parents

<u>Father/Mother absence and visitation patterns</u>	<u>N</u>	<u>Percentages</u>
Father living in household		
Yes	80	31.5%
No	<u>174</u>	<u>68.5%</u>
	254	100%
Non resident father 's visitation pattern		
Absentee father visits	73	61.9%
Absentee father does not visit	<u>45</u>	<u>38.1%</u>
	118 ⁵⁴	100%
Mother living in household		
Yes	227	86.3%
No	<u>36</u>	<u>13.5%</u>
	263	100%
Non resident mother's visitation pattern		
Absentee mother visits	29 ⁵⁵	100%
Absentee mother does not visit	0	0%
Number of households with both biological mother and father absent	25	9.5%

Of the 254 households with valid responses to this set of questions, 80 (31.5%) had a father present and 174 (68.5%) had no father living in the household. In 73 (27.7%) households an absentee father visited the children, but in 45 (17.0%) cases, the father did not visit with an estimated 7.1% of households having no father at all (deceased or not identified with family). Based on these data, approximately 62% of father absent households have contact with the absentee father. Visitation schedules varied from daily visits to once or twice a month visits. The most common pattern was once a month. In these father-absent households, the majority of mothers reported that the quality of the relationship between the target child and their father was good to excellent (87.7%). In 66% of the households reporting a father does not visit, the mother responded that there was a male who served as a father figure for the children. In these cases, mothers also reported that the relationship between the child and male was good to excellent (92%). Thus in total, approximately 76.9% of the households reported that the child had contact with a father who lived in the household, a visiting father or a father figure; 23% of children's households had no contact with a "father"! These responses are not positive, but they do suggest that large numbers of children do have contact with males. These data support the importance of a male in a child's life.

Father's interaction patterns with children

⁵⁴ Only 118 out of 174 father absent households responded to this question.

⁵⁵ Only 29 of the 36 mother absent households responded to this question.

When the questions were asked about typical interactions with children, the respondent could indicate whether the interaction occurred with the mother, father or other. The responses indicating the father's involvement are listed below. These data were secured from the total sample of 264 households. As only 80 households had a father present, the percentages are reported based on these 80 households.

Table 32. Father involvements with children

<u>Frequency of father involvements</u>	<u>Percentage of those living in home</u>
Reading or looking at books	7.5%
Telling stories	15.0%
Singing songs	10.1%
Taking child outside the home	20.0%
Playing with	2.5%
Spending time counting/matching	7.5%
Catching, throwing a ball	1.3%
Tickling, laughing with	13.8%
Asking to do an errand	16.2%
Setting times and routines	15.0%
Encouraging botho/bonatla	26.2%

These patterns of father involvement are similar to the pattern of maternal involvements, although the actual frequencies are even lower, suggesting that fewer fathers interact regularly with their children, even when they are present in the household. Fathers encourage good manners, take the child away from the house, ask children to do errands and set times and routines. On the affective side, some fathers laugh and tickle/joke with children or tell stories with children. Fathers do not play ball or play with children.

Table 33. Absentee father involvements with children

<u>Visiting father's involvements with children</u>	<u>Percentages of those visiting</u>
Plays with child	31.7%
Brings food or toys for child	29.8%
Talks with child/asks about things	33.6%
Hugs, jokes or carries child	91.2%
Takes the child places	83.5%
Contributes money for care of child	91.1%
Tells stories or tales	62.2%
Teaches the child special skills	61.9%

The data above refer to those 91 households where a father does not live in the household but visits the child. As noted, these percentages are much higher, suggesting that visiting fathers are more interactive with their children than fathers that live in the household. However contact with children from visiting fathers is very infrequent, modifying this picture! High rates of interaction could be because those fathers who visit make a special effort to do so and might also have greater resources (be more educated, have jobs, etc.) since 91% contribute to the care of the children. Across the different forms of interaction, visiting fathers are more likely to take children places and joke with and hug children. Interestingly, even though

language skills are important and talking with a child is a critical way to establish relationships, few fathers seem to talk to their child or ask their child about things (33.6%).

Preschool Attendance

Of the group of 134 families with children of three years or more and thus eligible to attend preschool, 22 children or 16.4% attended a preschool. These attendance figures could be inflated based on the fact that some of the households were located near preschool facilities, although they are within the range of reports of other national averages. For those attending, the children had been enrolled for from 0-24 months, with a median of 12 months. Interestingly only 84% of the parents could name the center that their child attended. Centers were reported to be operated by the following.

Table 34. Organizations operating the preschools available to children

Organization Operating Preschool Programme	Percentages
Local council	25.0%
Other government.....	16.7%
NGO.....	12.5%
Church.....	4.2%
Private.....	41.7%

Among those families with children who are not attending, the parent was asked if a preschool programme was available in the area. Seventy seven percent (76.8%) of these families noted that a programme did exist and 23.2% noted that none existed. The most frequent reason given for the child not attending was financial (72.1%), “no money”! The other most frequent reasons were that the child was not mature enough (12%) or “other” usually having something to do with distance or access (15%).

Among those with attendees, the parents were asked if they were satisfied with their child’s preschool programme. Generally parents were very (44%) or somewhat satisfied (40%). Ninety-six percent of the parents noted that they would recommend the programme to others. When asked if the parent were active in the programme, 70.8% noted that they participated, but not much. Twenty-nine percent noted that they considered themselves active in the preschool.

These data on preschool attendance confirm the comments made during the focus group discussions. Parents do favor sending their children to preschool programmes but the cost is very prohibitive. Since most programmes are run as a private business, this is understandable. For the few parents with preschool attendees, they were satisfied with the programmes and appeared to have an opportunity to participate in the programmes.

During the focus group discussions, parents reporting wanting to be able to send their children to preschool and even suggested that children be allowed to attend primary school at younger ages, perhaps at five years. However in this survey, when asked at what age children should start primary school, interestingly 61.1% mentioned age six, the official starting age. But additionally 26.5% mentioned age 7 and only 11.1% mentioned an age below 6!

Disabilities

A set of questions was included in the questionnaire to quarry parents as to whether they recognized any signs that a child in the household might have a disability. The twelve items were selected from tools used by professionals to help parents identify disabilities. Interestingly at least one child was identified in each of the twelve categories provided plus three in an “other” category. In total 24 families identified children with potential disabilities (9.1%). The following types and frequencies of potential disabilities were noted.

Table 35. Frequency of reported disabilities of children

Signs of Disabilities	Frequency	Percent of total
Do any children in the household....		
1. Have any serious delay in sitting, standing or walking?	20	7.5
2. Have difficulty seeing, either in the daytime or at night?	13	4.9
3. Appear to have difficulty hearing?	16	6.0
4. Seem not to understand what was being said?	18	6.8
5. Have difficulty in walking or moving arms or legs (weakness, stiffness)	9	3.4
6. Sometimes have fits, become rigid or lose consciousness?	6	2.3
7. Have trouble learning to do things like other children of that age?	10	3.8
8. Have trouble speaking or having him or herself understood?	26	9.8
9. Appear in any way mentally backward, dull or slow?	12	4.5
10. Appear disassociated from others, alone, isolated?	16	6.0
11. Appear not to be able to show emotions?	13	4.9
12. Act too emotional, react strongly or inappropriately?	30	11.3
13. Other	3	1.1

It should be noted that often parents mentioned these signs of delays but were not necessarily concerned about the child, as they felt that the child needed time to develop. If so, some of these disabilities may mitigate themselves with maturation. These responses also might suggest deviations from what parents believe to be “normal” development. For instance the high number of children reportedly having motor development difficulties (20) or having trouble being understood (26), may be culturally associated with a high value placed on children’s physical and verbal skills.

Environmental Sanitation and Safety

To some extent questions were included in this section of the questionnaire to confirm the quality of the physical environment within which children are being raised. Additionally, these questions provided insights as to the household's access to resources to seek help or to reduce the drudgery of daily life, and thus be more responsive to children's needs.

Access to water and sanitation facilities

All but two households in this sample had piped water as their source of drinking water. Sixty-one percent had piped water in the home and 38.3% had access to piped water outside the home. As for latrine systems, 66.3% indicated that they used a pit latrine attached to the house and another 13.6% used a pit latrine unattached to the house. Only 8.3% of households had flush toilets and 11.7% used the bush. The lack of flush toilets would indicate that these are poorer households. A key issue of sanitation is whether children's waste is disposed of correctly to prevent the spread of disease. In these households when asked, "*Where does the child defecate?*", the most frequent response was "next to the latrine and then it is placed in the pit latrine" (34.8%). Other frequent responses were "in the latrine" (26.3%) and "in the yard or the bush" (28.7%). Children defecating in the yard or the roadside are a common sight, which was confirmed in this study. This practice creates sanitation risks for everyone.

Cleanliness

Parents stressed the importance of cleanliness during the focus group interviews. Questions were included in the parent questionnaire to identify hand-washing behaviors as an indicator of the value of cleanliness. When asked whether the children wash their hands at various times, the following responses were given.

Table 36. Child hand washing practices

<u>Children's hand washing practices</u>	<u>Percentages</u>
Wash hands after toileting	88.0%
Wash hands before eating	98.1%
Wash hands after play	49.7%
Wash hands before going to bed	64.0%
Use of soap when washing hands	73.1%

These data suggest that children are taught to wash their hands before eating and most are taught to wash hands after toileting, but not at other times. The use of soap is also practiced in just less than $\frac{3}{4}$ of all households. Therefore, cleanliness related to hand-washing could be improved.

Household conveniences

It has been found in other studies in developing countries, that the level of household technology affects the amount of time mothers spend at routine household maintenance tasks, and thus the amount of time available for interaction with children. The use of modern cooking fuels and access to refrigerators and electricity frees women's time for other activities. In this study, the most common cooking fuel was still "wood or plant material" (46.6%). The next most common fuel was "bottled gas" (44.7%); and only a few households used "kerosene or paraffin" (3.8%) or "electricity" (4.9%). Interestingly only 27% of the

households reported having access to electricity and 32.6% reporting having a refrigerator! These are very low numbers suggesting that these households are poor and unimproved. Mothers in these households would spend considerable time in managing daily tasks.

Transportation and communications

A set of questions were included to determine whether households had access to personal transportation, phones and radios or TV's. All of these resources create opportunities for households to interact with the larger world and to deal with emergencies. The responses to these items are reported below.

Table 37. Transport and communications

<u>Access to transportation and communication resources</u>	<u>Percentages</u>
Car or van	24.2%
Truck	.8%
Motorcycle/scooter	.4%
Tractor	1.1%
Animal drawn cart	11.7%
Bicycle	5.7%
Phone or cell phone	61.7%
Working radio	71.5%
Working T.V.	31.3%

These data reinforce the poor economic status of the households in this study. Only ¼ of the households had a vehicle and not even 1/3 had a working TV. Nearly ¾ of the households had a working radio and 61.7% had a phone.

Safety

Parents in the focus group discussions worried about the safety of their children and wished for better places for the children to play. In the questionnaire, parents were asked if the usual place for their children to play could be considered a safe play space. Seventy-five percent of households answered with a "qualified yes" reflecting the fact that even these places are dangerous, but better than other places. When asked if there were any dangerous places or things in the house or yard, over half mentioned "yes" and provided an example. These responses suggest that parents are aware of safety hazards that might harm their children. When asked who would be called for help in an emergency, the most frequent response was "relative" (29.5%) followed by "police or fire" (27.7%) and "neighbor" (25.8%). Almost all households reported that their community had a health center (99.2%) and the average length of time to reach the center was approximately 15 minutes (range: 1-140 minutes).

Domestic life

Domestic unrest can create stress and unease among children. To determine to what extent children were being exposed to domestic unrest and other forms of risk, a set of questions were included to document family problems. Parents/caregivers did not admit that there were disagreements among the adults in the household. When asked, "*When was the last time there was a serious argument in this household*", most parents responded, "not that I can recall" (79.2%). Only in 20.8% of the households could a parent recall a serious argument within the

past month. Although when asked if they would call for help if there were hitting and shoving during an argument, 90.6% said “yes”. The persons most likely to be called to help in a domestic dispute were “relative” first with 89.8% responses, followed by “police” (78%) and “neighbor” (72.3%). When asked if “*anyone in the household has experienced abuse or physical violence*”, only 6.5% of households responded in the affirmative.

Alcohol has been reported to be an issue in many neighborhoods and households. In this study, 75% of households did not feel that alcohol was a problem. It was reported as a problem in 25% of the households and drugs were reported as a problem in 23% of the households. Also 23% of households admitted that children were exposed to alcohol consumption or purchases.

These data about the safety of the home environment generally reflect positively on the status of these child rearing environments. Approximately $\frac{1}{4}$ of households could be considered at risk because of dangers near children’s play spaces, the presence of alcohol or drug problems or the potential of domestic unrest. Given, however the limited resources that parents have to deal with emergencies (access to vehicles, phones) these, as well as children, in general, can be considered vulnerable.

Summary

The parent/caregiver questionnaires provided a broad range of information about parental child rearing practices and attitudes. It also documented, to some extent, the quality of the home as a learning environment for young children and also the quality of the home as a place of safety and support for young children’s psycho-social development. As noted in the presentation of the results, one could extrapolate that the majority of these participating households were poor and that as many as $\frac{1}{4}$ - $\frac{1}{3}$ could be considered in poverty. Given this fact, the lack of parental involvement with children is understandable.

Demographics

This sample of households is slightly different from the national statistics. Fewer households in this sample spoke Setswana as the language of the home (73%) compared to the national average of 78%. This means that a slightly larger group of minority households participated in the study. The sample was also different in that 68.5% of the study households were female-headed. At the national level only 46% of households are considered female-headed. This fact alone could account for the strong indications that these families lived in poverty as in general, female-headed households are poorer than male-headed households. Nationally, approximately 30% of households are in poverty and this proportion could accurately describe this sample of households. The size of households in the sample was slightly smaller than national averages, and the presence of orphans (9%) was less in this population than has been reported nationally (34% of households).

Health and nutrition

This sample of households had slightly different birthing practices compared to the national average. Ninety three percent of these households delivered at clinics or hospitals compared to 97% nationally. Concerning immunization records, these households have similar patterns for immunizations except for measles. Sample households (96.5%) had higher levels of

measles immunizations than the national average (86.2%). Although precise growth patterns were not reported, the sample households participated in growth monitoring at a higher level than the national average (93.5% compared to 75% nationally). All of these health statistics could indicate that the sample households were more likely to access and use health care services than households in general. Although mothers reported being comfortable with their ability to identify childhood illnesses (94.3%), only 8.3% indicated that they would continue to provide breast milk or fluids to a child with diarrhea, and only 62.9% mentioned ORT; responses that questions parent's self-reported confidence in their health practices.

In the area of nutrition, malnutrition was not investigated, but 8% of households reported concerns for children's growth compared to 13% at the national level reporting under weight in the under 5 population. Most, but not all (86.2%) households reported breast feeding and for an average of one year and on the average beginning supplemental foods at around 4-5 months. However many children do not seem to be getting supplemental foods as indicated by the range of from 1-20 months! One indicator of potential malnutrition is that many sampled households (64%) reported having no food in the house and as frequently as once a week (11.7%) or once a month (16.7%). Thus food insecurity is a pattern in these households. Also the practice of *not having defined mealtimes* (44.3%) is a potential concern for children receiving a proper diet.

Sanitation

The sample of households in this study reflects and slightly exceeds the national averages for percent of households with access to safe drinking water (99% compared to 95% nationally). However concerning sanitary disposal of waste, this sample had less access to flush toilets and thus more households in this sample (91.7%) relied on "pit latrines" or "the bush" compared to national averages of 40% access to adequate sanitation. Therefore concerning waste disposal, this population is at greater risk than is reported nationally.

Early learning

The percentage of children in these households accessing preschool programmes is about the same as is estimated nationally (16% compared to national estimates of 17%). As little is known about the learning potential of children's homes, these data present a useful picture of what is available for children's stimulation and involvement in learning. The results of this study raise serious questions about the quality of parental supervision and involvement with young children. Mothers seem to be caring for children's physical needs, but perhaps not their cognitive needs. Most children are given over to other children for academic and social interactions. Parents do seem to show affection to children, respond in positive ways to children's distress and assist children in learning to take responsibilities around the house. Parents are less likely to attend to children's cognitive development and households lack language and literacy stimulation. A mixed picture emerged about discipline and gender socialization. Both liberal and more traditional attitudes were reported suggesting that parents are divided concerning the use of physical discipline and that some gender differentiation continues to exist.

Father involvement

These results confirm the pattern of fathers not living with their mates or children. Only 31.5% of these households had a father present. And an additional 27.7% had absentee fathers who visited. But since the typical visitation pattern was once per month, these fathers had little contact with their children. Many visiting fathers were reported to contribute to the care of the children (91%), but the level of support is unknown. Fathers, like mothers, seem not to engage children in play or educational experiences.

Child Protection

The results of the household interviews do not necessarily present much new information to inform the issues of child protection. Parents reported almost universally (93%) that they never leave young children alone, although nearly 2/3 leave children with someone 10 years old or older for short periods of time. Parents reported some alcohol and drug problems in households (25%), but very little domestic unrest (20.8%). Only 6.5% of households reported an instance of domestic abuse or violence. Although safe play space is often reported as a concern only 25% of these households reported that children had no safe play spaces and although slightly over half of the households could name household hazards indicating that they were aware of such concerns, still nearly 1/2 could not identify common household risks. Concerning exposure to HIV/AIDS, these households and children are definitely “at-risk”. Nearly 1/4 of the households do not protect themselves from pregnancy nor take precautions for HIV/AIDS exposure! One of the issues of children’s rights is the right to national citizenship which is insured through birth registration. In this sample, 80.6% of children’s births were registered compared to the national average of only 59%. So this is a positive for this sample.

Overall, these results suggest risks for children, mainly from poverty, environmental sanitation, food insecurity, HIV/AIDS exposure, the quality of the learning environment of the home and lifestyles patterns of parents. In total, children’s home environments and parent/caregiver behavior in Botswana are not as satisfactory as is necessary to create positive living and learning environments for children. Young children are ‘at-risk’!

Chapter Five

Conclusions, Discussion and Recommendations

The Integrated Early Childhood Development Baseline Study was composed of two parts; analyses of existing programmes, policies and indicators of the status of children in Botswana as of 2005, and the collection and presentation of new data about child rearing patterns and conditions affecting young children's growth and development. The intent of the Baseline Study was to gather and assimilate the best data available to understand issues affecting the care and rearing of young children. These understandings should lead to improved programmes and policies. Both professionals and government leaders recognized the importance of the early years by creating the "*Framework for Action: An Integrated Early Childhood Development Programme for Botswana*" in 2003. This study evaluates the actions taken and recommended on IECD in relation to current needs and conditions. The goal of this chapter is to frame some of the issues and actions that could strengthen the IECD and to truly operationalize the recognition that the early years are a "window of opportunity" to optimize children's development and thus prevent long term negative health, education and welfare consequences for individuals, families and society as a whole.

The Baseline study focused on the five interrelated areas of development that have been identified as needing coordinated and integrated attention in order to create positive outcomes for children.

- Health
- Nutrition
- Water and environmental sanitation
- Early learning and stimulation
- Child protection

The summary of the work of the Baseline Study is presented in the following sections of this report.



Table 38. Organization of Baseline Study Report related to objectives of the Baseline Study

Objective	Outcomes
1. Establish baseline indicators of the status of children across the above mentioned areas	Preexisting indicators are summarized in Chapter Two.
2. Describe early child care giving practices in selected communities	Parental focus group discussion summaries and questionnaire results are presented in Chapter Four
3. Identify existing knowledge and practices that promote or discourage improved survival, growth and development of children	A summary of positive and negative indicators from the household questionnaires is presented in the Appendix as a result of Chapter Four analyses and discussed in Chapter Five, Part I.

- | | |
|--|---|
| 4. Identify key role players and their capacity and gaps in providing childcare at the family, household and community level | Discussion of the roles and potentials for integrated action on behalf of children is reported in Chapter Five, Part II. |
| 5. Map and evaluate local resources and services | Recommendations for improved resources and services at the local level are reported in Chapter Five, Part III. |
| 6. Make recommendations on strategic actions to strengthen community processes to achieve improved outcomes for children | Recommendations for strategic actions at the national level to strengthen community processes to improve outcomes for children are reported in Chapter Five, Part IV. |

Part I: Conclusions concerning the vulnerably of young children

Family Social and Economic Conditions: Botswana's children comprise a large sector of the general population and thus demand a large share of the resources of the country. And definitely the Government of Botswana has gone to great lengths to establish basic health, education and sanitation systems to serve the entire nation. But the strain of maintaining and expanding such nation-wide coverage with the realities of the HIV/AIDS disaster and other financial demands, is evidenced in the declining child health and survival statistics, inadequate coverage in HIV/AIDS treatment and prevention of mother-to-child transmission and slow responses to quality improvements in both the health and education sectors. From a services point-of-view, children in Botswana might be becoming more vulnerable rather than less vulnerable in this current climate. But also family life in Botswana is changing and affecting the quality of the interactions that parents have with children. A large proportion of households are large, female headed and with economically inactive heads. These data suggest that large numbers of families and children are growing up in poor households, where economic survival is a constant concern.

Health and Nutrition: Although child mortality statistics are increasing due to HIV/AIDS related problems, the basic preventative health measures for young children are a strength. Deliveries with trained personnel, widespread immunizations and access to growth monitoring and clinical services provide a strong foundation for child survival and growth. However, the hovering disaster that is HIV/AIDS affects increasing numbers of young women and children. Although voluntary testing, counseling and treatment exists, many women continue to get pregnant when on ARV treatment and the proportion of eligible infants receiving treatment is unexplainably low. Parental practices related to feeding, food security and responses to illness are not satisfactory, creating added vulnerabilities for children.

Sanitation: The picture for environmental sanitation is mixed. Access to safe drinking water is excellent, although the quality of the overall water supply is becoming increasingly suspect

with the recent rains and diarrhea outbreaks. But the waste disposal situation is very marginal. Even government experts question the adequacy of the vast number of pit latrines being used throughout the country. Not only are children not using the latrine systems, the management of the systems is poor. Also rubble and trash collection is spotty and littering widespread, creating risks for children who play on the streets and byways.

Education and Early Learning: Strong Primary School attendance is a strength in Botswana. But the uneven age of entry and diversity of preparation levels of children create problems for teachers at standard one. Although children with prior preschool participation are ready to learn, often teachers must ignore their needs as the larger majority of students without preschool participation require orientation and familiarization to school routines. Only approximately 17% of Botswana's young children attend a preschool programme. Access and costs are the two factors affecting attendance with cost being the primary reason and capacity at current programmes going unused. The quality of the nation's preschools has not been evaluated. Levels of teacher training, salaries and teacher-child ratios do not suggest a robust system. Although programmes are licensed and inspected, little oversight exists in terms of the quality of the educational component. Efforts are underway to create a national preschool curriculum, which when available would provide some guidance, but in-general this sector is neglected. But of even greater concern is the stimulation potential of the home as a childrearing environment. Based on the household questionnaire data, young children are loved and parents provide for many of children's affective needs. But the lack of parental interaction with children, limited access to literary stimulation, belief in the need for physical punishment and mixed practices related to gender socialization, suggests that childrearing is a topic that seriously needs to be discussed with parents. It is not that there are absolute right and wrong practices, but the implications of various approaches need to be discussed so that parents can make informed choices.

Child Protection: Poverty and unemployment are primary risks for children, because such conditions create stress and uncertainty within the household and open the door for neglect and exploitation. Repeatedly community leaders suggested that children are being neglected in that their food, clothing, housing, schooling and physical safety is affected by the inability of parents to provide for them. When the household also lacks modern conveniences, as was the case in the Baseline sample, mothers have less time to spend with children as they are busy with basic household maintenance tasks. Orphans and foster children have special needs, and it seems that community services are increasingly being made available to these children. A potential vulnerability is the social status or discrimination against children who are orphaned or live in households with unemployed heads. Belief in strong disciplinary techniques is a potential risk for children as is widespread alcohol consumption, the lack of a father's presence and the risk of HIV/AIDS exposure.

Part II: Key players providing childcare at the household and community level

Changing Family Composition: Increasing numbers of children seem to be living in single female-headed households. Father absence is a primary concern. But also of concern is the changing composition of the household. Extended family or intergenerational families are not as prevalent although parents report strong linkages with grandparents and relatives. A common pattern is for children to be fostered to grandparents for daily care while mothers work or seek work. Also single mothers often live with sisters or relatives who provide support. As a result, household sizes are large but housing shortages or limitations create crowding and the lack of privacy.

Mothers seem to be the primary caregiver for young children. Yet the analysis of interaction patterns suggest that mothers provide physical care, but not necessarily the stimulation and language interaction needed for cognitive development. Many young children spend extended amounts of time in the presence of other children who are expected to teach them basic skills as well as social norms. The majority of father's are absent from the household, and even when they visit, their visits are infrequent and the types of father-child interaction limited, so that much improvement could be made in this area. Grandparents and other relatives are noteworthy in that they often fill the gap of maternal or paternal absence. Many parents need to rely on uneducated maids and relatives to care for their children. The quality of this care is questioned by many, but is an essential component of modern reality.

Changing Influence of the Community: Strong, close knit communities are becoming rare in modern Botswana. Not only are mobility and urbanization loosening the ties between neighbors, but the traditional "village" concept is giving way to individualism. Parents lament the passing of the time when all parents looked after all children and children could seek guidance from any adult. These changing values and practices at the community level are placing increasing strains on parents to be the sole source of guidance, discipline and oversight for children. It also creates a vacuum for children's sense of place and identity. Children no longer get feedback from the larger community about who they are and what should be their roles and responsibilities to others.

Changing role of Professional Services: Professionals or people with special expertise have long been present in traditional societies. The mid-wife, local healer, village chief, etc. were people with special talents and services. Modern society has provided a different array of people with special skills. The health, education, social welfare, agriculture, public works and other governmental services provide grass-roots functionaries that service specialized needs. In general, parents reported having favorable opinions about many of these professionals. Although some parents lamented the aging and disappearance of trusted local healers or mid-wives, they also recognized the availability of the modern team of experts. When both are available, some tension exists as people try to decide which type of service to access—traditional or modern. The costs and inconvenience are factors affecting access, but so is "service". Parents seem to feel that they have little voice in modern systems—they wait in long queues, are frustrated with limitations in supplies, are treated in impersonal ways and often fail to understand instructions. Under these circumstances it is no wonder that messages and practices are not always followed! Also little outreach to the home is available. Busy adults cannot be expected to come to meetings or attend events. Yet they recognize that they need help and could provide help to each other.

Community Empowerment: Parents recognized that community activation could help reduce some of the isolation and uncertainty that they feel. Parents recognized the need for peer interaction about child rearing concerns, about alcoholism and domestic violence, and about sharing traditions with the younger generation. They noted that few community committees or clubs exist for such purposes. They also valued their church or civic group participation as filling gaps or trying to deal with crises.

Part III. Resources and Services available to support young children

National Policies and Responsibilities: A broad analysis of the many national level policies and programmes affecting young children provides a list that is expansive and impressive (See Appendix A). And from an ecological perspective many, if not all ministries and agencies of government have an impact on the quality of life of young children. Botswana can be proud of this rich foundation in policies and programmes that directly or indirectly support children. In this Baseline Study only the Ministries most directly impacting young children were analyzed—Health, Education, Local Government and Labor and Home Affairs. Critical units within these ministries are all represented on the National Preschool Development Committee and provide direct services to families and children. Although the Ministry of Education has been appointed the lead agency to manage the IECD, in fact their contribution to young children’s welfare is extremely limited at this time. They share responsibility with the Ministry of Local Government in providing oversight of the nations’ pre-primary programmes but have limited outreach to teachers in these centers or to parents directly that would affect the quality of interactions and impacts on early child development. The actors in this ministry, as well as the other ministries, may be overwhelmed by their workload and lack the resources to serve the expanding needs of the country.

A goal of the IECD initiative is the expansion of pre-primary programmes and opportunities. However the data from this study suggest that currently there is excess capacity at the centers that do exist. Cost is the inhibiting factor. However, in the rural areas access is limited and could be improved. But even if broad expansion were warranted, greater efforts are needed to help train the personnel that work with young children and provide networking opportunities so that sharing across centers can exist and ongoing educational inputs be received. Parents want to learn and need feedback about their childrearing practices. Therefore educational outreach to parents and indirectly to children is essential. Whether such services stand alone or are integrated within centers, the needs of the 0-3 age group will not be well served unless parents are the target of education.

Health is currently the most prominent player at the local level providing direct services to families and children. It is through this contact that is trusted and accessible that most parents receive whatever advice is available on child care and development. Current efforts of the Ministry of Health to provide preventative and educational outreach to parents in the Integrated Management of Childhood Illnesses (IMCI) Programme provides the most promising opportunity to reach parents with child development and caregiving messages. The

other opportunity is through the growth monitoring programme, but the attitude of the health community towards their role as “educator” needs to be reviewed.

The Department of Social Services in the Ministry of Local Government also provides a direct link to parents. Various safety net and social welfare programmes are administered through this unit. In this study, the work of the Social and Community Development Officers are well known in support of orphans and vulnerable children. Also through income generating programmes and their oversight responsibilities to pre-primary programmes, many parents recognize the “social worker” as a potential source of help.

The Ministry of Labor and Home Affairs through the Women’s Affairs Department has a role to play in addressing gender issues and imbalances in the roles men play in the life of the family. In this study, the issue of gender socialization revealed mixed sentiments, perhaps a sign of progress over a traditional gender differentiation perspective. However, on the roles of father’s in children’s lives and the unequal burden of child care placed on women, no progress seems evident. Any major communications campaigns focusing on early childhood should address these issues.

Opportunities to enhance awareness of the needs of children: Parents and local officials recognize the need to raise awareness about conditions affecting the growth and development of children. Many parents expressed interest in mobilizing self-help groups and peer interaction possibilities. Others wanted access to professional inputs in helping them to raise their children. Civic society and the religious community can have an important impact on some of these sensitive issues related to family life and relationships.

Issues of coordination or integration: One of the concerns expressed during the consensus workshop creating the IECD initiative was the fragmentation of services and lack of integration. In looking at this issue from the national perspective, the National Preschool Development Committee was charged with the responsibility to coordinate programmes for young children. Their record in this regard is not impressive. In fact, repeatedly the message was that the committee needed to be reformed or revamped. Yet no action to reorganize is evident. Therefore a gap exists at the national level. However, coordination at the local level appears to have promise as each district has a Village Development Committee to address local needs. Although no information is available to directly assess the level of coordination of services for children...it appears that coordination is being done concerning orphans and vulnerable children. The impression received from this study is that the whole concept of early childhood beyond survival and related health and food issues is missing in the thinking of officials. Traditional line responsibilities dominate their attention, and IECD is not on their radar. The whole issue of integration relies on the fact that multiple services and players are available and wanting to delivery services. But in fact, this is not the case as only selective services are available and they are line responsibilities of individual agencies. Perhaps new inputs about the importance of the early years and the need to give priority to the education of parents for the sake of improving early childrearing environments, would mobilize action.

What would integration look like at the local level? In would include acknowledgement by all officials and non-governmental leaders about the importance of early childhood. It would

involve parents as well as professionals in designing communications and service strategies to respond to educational and support needs. All actors would focus on common messages and reinforce each other's messages so that parents have clear direction and guidance. Agencies and professionals would encourage mass participation in routine services such as growth monitoring, and refer individual families or children for special or individualized attention. But even then they would need to be active in creating options so that such individualized services would be available to deal with special needs. Finally, a review or continuous monitoring process should be created to track progress and take corrective actions.

The special concerns of young women: One finding of this study was the lack of confidence of young mothers in their knowledge and skills related to child rearing. And yet at the national level, teen pregnancies and pregnancies prior to marriage are a common pattern. These realities suggest that education about childrearing needs to become more widely available in the school curriculum and/or in alternative education programmes for young people. It would be good if child care education for boys could be included as such preparation might change attitudes and help young men feel comfortable in their role as fathers.

Part IV: Recommendations

The data and trends illuminated through this Baseline Study provide a range of issues for discussion and resolution. Some actions could be taken quickly to reinforce existing efforts (the IECD Framework for Action) or highlight unique opportunities (Integration of child development messages into IMCI). Some actions need planned strategies and mobilization of critical actors and messages (outreach to parents or alternatives for the 0-3 age group). Other actions have longer term or more pervasive implications and need involvement of a broad set of civil society actors (the role of men in families, domestic violence, alcoholism, etc.). Thus this Baseline Study can inform a variety of planning and mobilization initiatives. Following are a set of recommendations that reflect the voices and sentiments of various informants to this Baseline Study.

Recommendations to improve early child care environments

1. Create greater visibility for the importance of the early years. Actions at the local level suggest the need to inform parents and local officials of the importance of the early years as setting the stage for later growth and development. Parental support of entry into primary school at later years (7+) is just one indication that parents are not aware of the learning that can take place with young children. Also the reliance of parents on other children to teach young children suggest that what is learned may not be important. A national communications and advocacy campaign with integrated messages across all five areas of development may help to create awareness and interest in early childhood.
2. Explore attitudes toward play and the importance of play as a form of learning. It is often said in the professional literature that "Children play: adults work—play is the work of children". Although parents verbalized the importance of play and playthings

for learning, in reality many parents think play is neither valuable nor advisable. There may be different interpretations for the word “play” as, unsupervised or unstructured play is commonly viewed as a way to keep children busy, but is not seen as productive. The play that is organized in preschool programmes is structured to lead to certain learning outcomes. There is a wide difference between the two and many variations in between.

3. Encourage communities to provide safe play spaces for children. Most children play on the streets and indiscriminately across the countryside. Few schools or communities have set aside adequate space for playgrounds, sports fields or recreational activities. Such safe play spaces will become even more important in years to come as the population expands, so action should be taken as soon as possible.
4. Provide educational outreach services to parents to help them appreciate the importance of creating stimulating learning environments at home and to be appropriate role models for their children. The range of learning activities pursued by the children in the households studied reveal a lack of literacy materials, drawing or writing tools, and puzzles, games or problem solving activities. Parents or caregivers also did not read to children nor interact with them in a way to stimulate learning, but rather let older children look after younger children.
5. Recognize and support the transmission of traditions to children to maintain identity with the past. Traditional stories, rituals, and lifestyles are gradually fading and parents expressed interest in trying to preserve some of these folkways to help children recognize their roots.
6. Create more opportunities for young men and women to learn child care skills. Often young boys and girls baby-sit and care for other children. These are good opportunities for teens to learn future parenting skills. But such learning needs to be founded on good child development practices and delivered in such a way that youth appreciate the full responsibilities that early child bearing creates. Reinstitute the teaching of “Family Life Education/Child Development” through the home economics curriculum to help all youth develop parenting skills. Also take advantage of youth clubs and recreational forums to explore attitudes and skills related to children and family life.
7. Support dialogue that explores various discipline techniques and the implications for developing internal controls. Adults in Botswana are unsure about how best to discipline and guide children to become caring and productive adults. Today’s reliance on power and physical violence can only increase the domestic violence evidenced in society. Rational and non-physical forms of discipline are much more likely to develop internal controls in children and build the social skills needed to deal with disagreements. Dialogue about the consequences of various disciplinary patterns is needed so that parents can appreciate various options.
8. Assist parents in creating peer and local support systems. Parents voiced the need for libraries, drop-in care centers, informal parent groups and other community venues where parents could discuss concerns. All families need support systems—people to help in times of need, to listen to concerns, to help identify signs of illness and evaluate treatments, to assist in dealing with major decisions. If such support is not available within the marriage partnership, individuals need to create them within the

family, neighborhood or peer group. Recognizing the importance of these support systems and fostering ways to connect people is a way that communities can become more caring and supportive.

9. Engage the religious and civic institutions in discussing current “lifestyles” related to the socialization of children as our future citizens. Only the society, not professionals can make inroads on some of the current issues facing families in Botswana. Early pregnancy, absence of fathers in children’s lives, alcoholism, domestic violence and other modern issues need to be openly discussed. Concerned public mobilization is needed to change the course of the present. Community mobilization and recognition of grass-roots initiatives may be needed to encourage such dialogue and action.
10. Engage sanitary engineers and public works leaders in designing better toileting facilities for children. Even if only the preschools and primary schools created better toileting systems, they would set an example for families and public facilities to take more seriously the sanitation risks that exist in children’s indiscriminate toileting practices.

Recommendations to improve the IECD initiative

1. Improve the communications and coordination across departments and agencies at the national and local level.
 - The National Preschool Development Committee needs a name change (i.e. “IECD Coordinating Committee”) to better represent the broad range of ECD opportunities.
 - Structural changes in the National Preschool Development Committee are needed so that decisions can be made and implemented across ministries. At least two levels are needed; a policy level with high level representation from Ministries and key organizations and a middle level implementation group such as is currently involved.
 - Composition of the current coordinating group needs to be reviewed to seek broader representation of key organizations, to identify focal persons representing departments and to be sure that those named on the committee are available to serve.
 - More informal or direct means of communications need to be established across departments and ministries so that information reaches the actors most in need of the information. Protocol is important but not to the extent that it interferes with efficiency.
 - As lead agency, the Ministry of Education needs to take a more dynamic role in providing leadership and technical support to the IECD.
 - Primary school programmes and personnel need to become more involved in IECD and make efforts to adjust their own policies and practices to better accommodate the learning styles of young children.
2. Implement with increased vigor the action strategies already identified in the IECD Framework for Action.

- Many useful and important activities have been identified in the IECD Framework but action at implementation has been slow. An honest assessment is needed to review what has transpired in the past three years and correct whatever bottlenecks have prevented the initiative from moving forward.
 - The current budget allocations, manpower deployment, involvement of the academic, private and not-for-profit sectors and the actual leadership of the initiative needs review.
 - Policies at the national level or within ministries may also need review to be sure that they support integration. For instance policies within education may need to become more flexible to embrace pre-primary activities; OVC initiatives might need to be broadened to integrate OVC in mainstream programmes.
 - Beyond policies, IECD needs an implementation capacity, at least at the national level and perhaps at the district level, to initiate advocacy efforts, provide capacity building and technical support to local units, to develop materials and messages that can be used across local jurisdictions, and to monitor and evaluate progress on IECD.
 - Although local structures and personnel are available to support IECD, care should be taken in adding additional roles to already overworked health, education and welfare personnel....and even these professionals need training and technical support to deal with early childhood issues. Alternative personnel to mobilize local IECD initiatives should be considered such as paraprofessionals or volunteers under the supervision of management agencies.
3. Create systems to monitor and evaluate changes in the early childhood environment including the expansion of research available on aspects of early care and development in Botswana.
- The current reporting system to the Ministry of Education concerning preschool enrolments and services needs to be streamlined to collect only the most important data, expanded to include reception classes in private schools and collected and reported-out more systematically so that it can be used as a management and evaluation tool at local and national levels.
 - Other management systems within IECD also should be developed to assist local authorities recognize needs and actions taken to improve conditions for children.
 - Databases about children, collected for various purposes should be organized and reported in user friendly formats to keep all stakeholders (especially at the grassroots) aware of the status of children in the country.
 - Research is needed to further explore many of the findings of the Baseline Study and to investigate other issues needing information to guide interventions.
4. Expand training for existing teachers in the preschool system and expect higher levels of credentials in the future. All teachers and caregivers in the formal systems should be expected to have training and credentials consistent with the skills needed for their role. Pre-service training opportunities need to be expanded and in-service systems established so that learning activities are monitored, recorded and recognized in reward systems.

5. Expand the types of informal and less formal programmes available to young children. Parents need a more varied array of services to help them with their young children's needs. Drop-in care centers, neighborhood or church play groups, library story hours, etc. can provide opportunities for parents to meet each other and to interact with professionals about childrearing. These less formal programmes do not need the same level of oversight and thus the same bureaucratic restrictions that currently apply to child care environments. In fact, even those licensing and inspection policies need to be reviewed to be sure they reflect current needs and realities and are the most efficient way to monitor quality of care. Greater emphasis should be placed on education for parenting and supporting the 0-3 year old child.
6. Evaluate the possibilities of establishing kindergarten or transition programmes at the primary level to make the transition to schooling more efficient for all children. When children have attended preschool programmes they are ready to learn and should not be "warehoused" temporarily until the schooling system is ready for them! More flexible early primary instructional modes and transition programmes for non preschool attendees can be arranged. And greater communication between parents, teachers and early care providers can make the transition to school a positive experience for all.
7. Develop native language and bi-lingual programmes for children needing assistance in learning the official language. When language differences exist they usually exist along with an array of cultural, economic or social differences that also influence the way children and parents respond to schooling. Recognizing and accepting diversity is only the first step, but managing resources and relationships to help young children who excel in one environment to excel in another is an even more important step. Done well, such programming can lead to the more productive integration of minority peoples into the mainstream and less waste in time and energy in meeting unreasonable expectations.

Recommendations for future study

1. The conditions surrounding the role of father's in children's lives needs more in-depth study. It has been accepted that a range of cultural patterns support the current lack of involvement, but could there be other influences in society or at the policy level that could be changed to improve the situation?
2. Explore the meaning of "play" from the perspective of parents and the general public as well as by service providers to help shape communications about ways to improve the learning environments of young children.
3. This study confirms that mothers and caregivers are "caring" but too busy to adequately deal with children's learning needs. More in-depth studies are needed to unravel how best to involve parents and alternative support systems in creating more stimulating environments for children without adding an addition burden on these individuals.
4. Current language differences and readiness concerns of young children entering primary school need further investigation to see what alternatives can be developed to ensure that schooling is a positive experience for all children.
5. Develop processes to identify tools and indicators of children's development to assist child care and education providers to better serve the needs of individual children and track progress more systematically.

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