

Factors Influencing Adulthood Adversities among Low-income Women in Botswana

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Abstract

Although Botswana women are vulnerable, there is little research on their lived experiences. This paper explores the childhood experiences of low-income single mothers in Botswana with the aim of understanding the psychosocial pathways that might have exposed them to risk. Utilizing a narrative research approach, face-to-face interviews were conducted with fifteen low-income single Botswana mothers. The Adverse Child Experience – International Questionnaire (ACE-IQ) provided descriptive data. Thematic analysis was undertaken of women's narratives and identified household dysfunction, abuse and neglect to have been prevalent in their lives, and how these factors affected their life trajectories. The narratives also indicated that the childhood adversities they were exposed to were influenced by some socio-ecological factors. Structural interventions are needed to ensure adolescents stay in school and have access to reproductive health services. Also, enhancing early family relationships that can buffer childhood adversity is an important intervention to help women onto healthier trajectories. Furthermore, there is need for early recognition of risk, and need for interventions, to address these risks.

Keywords: Low-income single women; Childhood adversities; Life course; Socio-ecological factors.

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Introduction

Childhood lived experiences are framed within the family of orientation where socialization is expected to take place. The family system provides the foundation for the individual's first experiences and is where they form relationships and a sense of belonging as part of their unique development (McGoldrick, Carter, & Garcia-Preto, 2011). Regardless of origin, individuals are expected to develop, grow, and be nurtured within this system. Lived experiences include experiences, events, and transitions from childhood through into adulthood. Studies on childhood experiences document that lived experiences can impair or influence individuals' functioning into adolescence and beyond and their trajectories in life (Boivin & Hertzman, 2012; CDC, 2012; Felitti et al., 1998). This article draws from a larger study that investigated and explored the lived experiences of low-income single mothers in Botswana with an aim to understand the psychosocial life course pathways that might be exposing them to chains of risks and exposed them to vulnerabilities. This article reports on the childhood adversities that the low-income women experienced and what influenced these adversities.

The paper integrates the life course framework within the context of the socio-ecological framework to explain the factors that might have been at play in influencing and exposing them to some risks while growing up. The life course framework, according to Elder, Johnson, and Crosnoe (2003), desires to “understand social pathways, their developmental effects, and their relation to personal and social-historical conditions.” (p. 7) The socio-ecological theory assumes that a human being does not exist as an isolated entity, but rather in constant interaction with other systems such as the individual, family, community, society and the global world (Bronfenbrenner, 1977, 1994). This theory argues that an individual is influenced by not only the context, but the person characteristics, historical time and the interaction among family members (Rosa & Tudge, 2013).

Literature Review

Childhood lived experiences can be positive, negative, or both. Lived experiences can be framed by the family of origin, cultural practices, and by community and neighborhood interactions. Several studies have identified predisposing factors to neglect and abuse, as poverty, alcohol use (Morantz et al., 2013), and non-biological caregivers or parental absence (Kidman & Palermo, 2016). Gaydosh (2015) emphasized that parental absence is a high-risk factor for children living within extended family networks, exposing them to a variety of adversities. Milner (1994) and Nevid, Rathus, and Greene (1991) allude to circumstances where a parental history of alcohol use, low-income status, family violence, residential instability, and step-parenthood were prevalent and associated with the likelihood of children being physically abused and neglected (Madu, 2003).

There are no studies in Botswana that explore the lived childhood experiences among women or the general population. However, a few studies have explored women's lived experiences and how these have influenced their lives (Modie-Moroka, 2003). Some of the lived experiences early on in their lives include dropping out of school, living in poverty, experiencing and exposure to abuse and domestic violence, death and separation of parents, being raised by different family members other than their biological parents, and early sexual debut. These experiences have been categorized into family, cultural practices, and individual behaviors.

Family: In her study of women and criminality in Botswana prisons, Modie-Moroka (2003) found that family was alluded to as a source of adversity for women. Growing up, women reported exposure to violence and abuse in their households (Modie-Moroka, 2003). Furthermore, growing up in female headed households, and extended, blended, and polygamous families exposed children to maltreatment. In some families, it was

reported that children were exposed to poverty and hunger, experiencing abuse, and being neglected or abandoned (Modie-Moroka, 2003). Growing up in such arrangements detrimentally affected individual development by restricting educational opportunities or attainment.

Death of a parent or guardian and parental divorce are other childhood experiences reported retrospectively by women (EmangBasadi Women's Association, 2002; Modie-Moroka, 2003). Losing a parent early in life through death negatively affects one's life in terms of loss of emotional, social, and financial support (Modie-Moroka, 2003). Divorce too, is reported to expose children to trauma, and economic and social hardships (Maundeni, 2000). From the dislocations that result, children may stay with grandparents or move into blended or stepparent families when parents remarry—a situation reported as less favorable compared to the time when the biological parents were still together or alive (Modie-Moroka, 2003). Some women who grew up in extended and blended families reported being denied basic needs like food (Women's Shelter Project, 2001). Besides the negative experiences, some women reported that extended family members were a source of support in times of need as they provided financial and emotional support (Modie-Moroka, 2003).

Cultural practices: Cultural practices that young girls are exposed to include female genital mutilation, early and forced marriages, son preference, and dowry systems that all can have serious consequences for the girl child's development (UNCRC, 2008). Ntseane and Preece (2005) explored some cultural practices in Botswana and how these might have influenced women as they were growing up. Such practices include where a husband could ask for sexual favors from his wife's younger sister; uncles similarly could solicit sex from nieces; and sex exchange between cousins also occurs. In some cases, these transactions involve minors. Wife inheritance also permitted a widowed husband to

marry the younger sister of his wife (Ntseane&Preece, 2005). As such, girls who married early in life are likely to be trapped in motherhood at the expense of formal education, resulting in social and economic challenges later in life (Singh & Samara, 1996). Gender inequalities have been cited as disadvantageous for a girl child because they limit what they can gain from education, often by early termination of schooling (Nyati-Ramahobo, 1992; UNICEF, 2003; Watkins, 2006) as parents invested more in boys' education as opposed to girls' because they believed that girls could learn the skills they need at home (childcare and running and maintaining the household) (Jackson & Abosi, 2007).

Childhood adverse experiences and maltreatment reported by women not only drive them to engage in riskier behaviors, it also robs them of their childhood (Modie-Moroka, 2003; Women's Shelter Project, 2001). As a result of a lack or insufficiency of social, economic, and emotional support, young girls may resort to some risky behaviors as a way of coping to fill the void they may be experiencing or simply to sustain themselves. Running away from home and resorting to alcohol abuse and engaging in sexual encounters at an early age were common experiences reported by some women (Modie-Moroka, 2003). Early sexual debut and childbearing can often cause an accumulation of subsequent life disadvantages, including loss of educational opportunities, socioeconomic hardship, and even longer-term consequences that could manifest throughout adulthood (Peltzer, 2010).

METHODOLOGY

This study adopted the *constructivism* paradigm which argues that knowledge is in the minds of individuals and that this knowledge can be discovered by understanding individual experiences (Savin-Baden & Major, 2013). Constructivism allowed the

researcher to capture the voice of women as they described their lived experiences and how they reconstruct their realities. The narrative approach was used to collect data as it begins with the experiences as expressed in lived and told stories of individuals” (Creswell , 2013a, p. 70). It allowed single mothers to give chronological accounts of events and transitions they encountered throughout their lives (Clandinin& Connelly, 2006). Utilizing this method and guided by the life course perspective provided a framework to allow in-depth discussions and the unfolding of the mothers' childhood experiences. The Adverse Childhood Experiences International Questionnaire (ACE-IQ), developed by the International ACE Research Network (WHO, 2011) was used to collect descriptive and demographic data from the participants.

Recruitment and sampling

The study was conducted in the rural Tutume sub-district of Botswana. This location was chosen because the Central District is one of the four districts in Botswana with the highest absolute number of poor people (Statistics Botswana, 2013). As such, exploring the perspectives of the low-income women in this area was an opportunity to understand what could have curtailed their life course making them vulnerable to living in poverty in adulthood. Three villages were purposively selected, and community stakeholders; chiefs, church leaders and Village Development Committee leaders were consulted to help in recruitment. As leaders, their approval better facilitated cooperation from the villagers.

Participants were invited to partake in the study if they met the inclusion criteria; never married, a single mother with dependent children, and being low-income. Low-income include both those living in extreme poverty (below the Less than a Dollar a Day metric - P135.32 or \$37.98 per month) and those living at or below the poverty datum line (PDL) (less than P878.87 or \$97.65 per

month) (Statistics Botswana, 2015). Dependent children included those aged 18 or below who were living with their parents. In each selected village, five participants were purposively recruited and selected. Local gatekeepers who helped to identify potential participants facilitated this purposive selection. For those who met the inclusion criteria and were interested in participating in the study, an oral consent script was read and explained. Oral consent was preferred to signing forms, which might be intimidating and uncomfortable as signing documents can be perceived as legally binding. The Sample

Participants consisted of fifteen low-income never married mothers with dependent children. Low-income women were the focus of this research because studies in Botswana have shown that this group is vulnerable and exposed to various risks in their lives. Participants were aged between 23 and 47 years (mean age = 37). Two participants did not complete seven years of primary school, while 4 completed primary school, but did not go further. Seven participants completed junior secondary school (either 9 or 10 years depending on the cohort) and two completed senior secondary school (2 years). One participant, whose parents could not afford to send her to junior school, enrolled in night school when she started working as a shop assistant, and managed to complete 10 years of basic education. The participants had between 1 and 9 children. The majority (60%) had their first child before their 18th birthday. Three participants had lost a child or had a miscarriage. All the participants lived with their children in their homes while older children were in boarding school.

The ACE IQ showed that the prevalent childhood experiences were emotional abuse (86.7%), followed by physical abuse, neglect, domestic violence, and community violence, each at 66.7%. The possible numbers of exposure to adverse events ranged from 0 (unexposed) to 13 (exposed to all categories). The ACE score for the women who participated in this study ranged

between 0 and 9 out of a total score of 13.

Data Collection

Data collection was done through a survey and interview guide. The survey was used to determine the subjects' eligibility and establish rapport for subsequent interviews. Thereafter, in-depth interviews were conducted at the participants' homes and at the church, whichever was deemed convenient and comfortable for them. The interviews were conducted by the author and lasted for 40 to 90 minutes, with the average interview taking approximately seventy minutes. An interview guide was used as it allowed the researcher to ask consistent questions enabling a comparability of the women's experiences. The guide was designed to elicit information about the participants' life course experiences, from the earliest days of their lives, through their teenage years, and into adulthood.

Data Analysis

Data analysis included two sets of collected data: the surveys, and the participants' narratives. The ACES survey provided descriptive data of study participants and was analyzed using SPSS 24.0. Analysis focused on getting descriptive data such as frequency scores for the ACE categories, and demographic data. The analyses of the narratives comprised the central part of the study and drew on a thematic approach (Miles, Huberman, & Saldaña, 2014) to make sense of the participants' meaning of their experiences. Recorded interviews were transcribed verbatim and reconstructed post-interview transcripts served for non-recorded interviews. Data analysis was an iterative process and included categorizing and connecting the stories (Maxwell, 2012). The interviews were arranged in chronological order to connect the events and transitions experienced from one stage to the next. A process Creswell (2013b) refers to as *re-storying*, whereby

interview narratives are reorganized into a chronological sequence in order to identify life course stages and to develop a sequential linking of ideas. A provisional start list of codes was developed (Saldaña, 2016). This list was of words and phrases informed by research questions, the interview guide, the literature and life course perspective.

RESULTS

The ACE survey and the narratives indicated that the mothers had been exposed to adversities in their childhood. The mothers retrospectively gave accounts of their adverse childhood experiences. These included narratives of childhood poverty, exposure to substance use (46.7%) and domestic violence (66.7%), emotional (86.7%) and physical abuse (66.7%) by parents, sexual abuse (53.3%), neglect by parents and guardians (66.7%), and separation from and loss of parents (20%). These adversities are clustered as household dysfunction, abuse and neglect. Another prevalent experience amongst the women was early childbearing, indicating early sexual debut. Detailed information on these experiences follows. Pseudo names are used to conceal the identity of the participants.

Household dysfunction

Childhood poverty

Childhood poverty was a common theme amongst the mothers. Their parents engaged in menial jobs such as maid and cattle herding. Majority practiced *majako*, whereby they provided their labor in exchange for part of the harvest or to be loaned the draught power to till their own land. Dikeledi (38 years) reported how she and her mother worked tirelessly on their neighbor's lands before

they could be loaned the donkeys to plough in their land. With a sad frown, she reported that the death of her father made life difficult in their household as she was one of the eldest children who had to help in the ploughing and babysitting. She said,

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

Due to living in poverty, parents/guardians could not afford to pay school fees and maintain the children to stay in school. As a result, the women drop out of school. When Dikeledi secured a place at secondary school, she reports that she did not complete her studies due to lack of funds. She recounted one incident thus:

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

Substance use exposure

Substance use was another theme that arose as the mothers shared their childhood stories. They were exposed to alcohol either because the parent(s) were using it, or it was a way of sustaining the family as they brewed and sold. The women recounted how dejected they felt that their parents spent time at drinking places and failed to make ways to engage in ways to provide for their children. Segopotso, for instance, shrugged her shoulders and stated:

...It's because the parents stayed at the drinking hole, without any plans on how to take care of us, so they are the ones who made our situations worse. Maybe if they did not drink, my life would be different.

Same sentiments were shared by 36-year-old Shelly, whose parents abused alcohol. With a 'black look', she remarked how happy she was that she had secured a place for junior secondary school, and how that dream could not be fulfilled as her parents were unable to cover the related costs. She observed:

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

Domestic violence exposure

The ACE-IQ showed that two-thirds of the mothers reported domestic violence (DV) exposure. DV was common in households where there was substance use. The mothers reported constant instances of physical aggression where the female caregiver would be slapped, punched, kicked, and choked, as well as use of to humiliate the other. Malebogo, (34) who grew up with two parents, reported how violent her father was. With pain in her eyes, Malebogo illustrated by saying:

Mother always cried. Whenever father drank, he would hit mother for no apparent reason. At times, we, the children, would run away, seeing that he might also hit us. He would shout, scream, and yell to everyone. Whenever he was sober, he was a nice person.

In similar cases of DV, the mothers also reported deprivation or neglect when the father would fail to provide for the family even though he could afford to. In some cases, the father would leave home for days and upon return, would be violent towards the family.

Abuse

Emotional and physical abuse by parents

Emotional and physical abuse at the hands of their caregivers was reported. Physical abuse was in the form of punishment, where the mothers reported that they would be reprimanded for not fulfilling the instructions of the caregiver for the chores. For example, in cases where one had to herd goats, if they went missing or they destroyed at the neighboring fields, they would receive corporal punishment. Even though it is cultural for children to be reprimanded for wrongdoing, the women indicated that the painful part was that some children in the household even if they did wrong, would not receive the same severe punishment. They reported favoritism in the household. Shelly remarked on how she was responsible for all the household chores, and if these were not carried out to the satisfaction of the aunt, then punishment would follow. She said;

Ijooo, being whipped was part of life.... The person would beat you up and even step on your neck...But my cousins did not get such beating (Shelly, 36 years).

In most cases, corporal punishment was paired with emotional abuse where the caregiver would use verbal assaults and harsh words when communicating with the child, through being told that they are stupid and worthless, as well as ignoring their needs and feelings.

Even though staying with extended family members could be positive, as they noted, and provided the security of having an elder at home, there were also worries of a lack of stability. Most of the women aired feelings of being unloved and not cared for.

Thirty-six-year-old Shelly displayed this eagerness of love when she said,

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

Childhood Sexual abuse

The women did not report sexual abuse, despite them having had sexual intercourse before their 18th birthday. Legally, Botswana laws indicate that the age of consent is 16 as indicated in Section 147 of the Penal Code (2006) and that anyone in violation can be sentenced to a minimum of ten years. The mothers' narratives indicate that majority were defiled. For them they saw it as a benefit as they were able to get some resources and necessities that their families could not afford or were unable to provide. Even though they engaged in sexual activities, they reported that they did not have access to preventive measures against pregnancies and hoped the men will be responsible. They reported that health facilities required them to bring a guardian. Also, sex talk with parents or guardians was a taboo and could not ask them to accompany them to the health facility. Such behaviors exposed the m to unplanned pregnancies.

Neglect by parents and guardians

The women alluded to the exploitation they experienced, as they had to take care of the household and younger siblings while the mother was unavailable. The women were emotionally neglected when parents or guardians failed to understand their problems and never engaged in conversation where they shared their experiences with parents. The only exchange was when they were being reprimanded for doing something wrong. Also, women talked about the moving of houses which made them feel unwanted. In cases where parents were using alcohol, they would

frequent shebeens, leaving the children alone with no caretaker to protect them. Another concern voiced by the women was how their parents could afford to get drunk while being unable to provide a meal in the household. This was illustrated by Shelly, who said,

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

Separation from parents and loss of parents

Loss of a parent, especially the father, preceded hardships in the family, as the father was the main provider. Basetsana, whose father died when she was sixteen, illustrated this experience. Upon his death, her mother was unable to keep up as the provider as she had more roles to fulfill. Staring into space, Basetsana talked about how her family life changed for the worse, with them sometimes going days sleeping on 'empty stomachs'. She said,

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

For Kedibonye, she never knew her father and she lost her mother at age ten. She remarked that, even before she lost her mother, she was already staying with her uncle since her mother abandoned her due to heavy alcohol use. In a way, she feels she paid for her

stay as she had many responsibilities in the household compared to her cousins. She lamented,

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

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

DISCUSSION

The results are testimony to the adversities women faced in their childhood. The life course model emphasized links between the life events and the transitions from childhood, to adolescence, and to adulthood. It examined an individual's life history and explored how early events influence future events and decisions (Elder, 1998; Hutchison, 2010). Furthermore, as illustrated in the social ecological model which explores major factors that expose individuals to risk, the results indicate that the women were at risk due to factors taking place in their families, community and the larger society as well as individual factors.

Family factors

Drawing from the study findings, child maltreatment took place in the context of the family. A family is supposed to provide a sense of belonging and should provide integration of individuals into social life, emotional and material support for the growth and wellbeing of its members (African Union, 2004). There was compelling evidence that family was a source of stress for the women and exposed them to risk factors as they alluded to various negative experiences. The life course framework helps illustrate that the family context and relationships that individuals have in this context can shape and influence their life trajectories (Elder, 1995). The narratives showed that they were abused, neglected, and exposed to DV and substance use within the family environment, and were raised in extended family networks where support was minimal. As evidenced in this study, interactions taking place in the family context can influence individual and behavioural development, attitudes and thoughts (Bronfenbrenner & Evans, 2000). For example, childhood poverty, which was common amongst the women and their families forced them to engage in survival techniques such as exchange labor for resources, which therefore deprived them of an opportunity to go to school.

Children who are exposed to acts of DV are deprived of their right to a safe and secure environment. At risk for developing emotional and behavioral problems, witnessing such violence can also affect concentration and focus in school (UNICEF, 2006). This might have devastating outcomes in their lives since it may lead to further exposure to violence later on in life. Experiences of exposure to parental alcohol use, exposed the women to danger as they were at risk of abuse and neglect. For instance, in many cases the women had to take care of the household and babysit while the parents were not around. This is what Ruiz-Casares and Heymann (2009) called unsupervised self or sibling care, which is common in Botswana and other countries due to limited parental social and financial

resources. Such arrangements are common where households are poor, headed by a single parent, and have limited resource networks as was the case in this study.

Individual/child factors

Individual characteristics such as attitudes, knowledge, behaviour, skills, developmental and history can influence one's life trajectories (McLeroy, Bibeau, Steckler, & Glanz, 1988). As shown in the results, the decisions that the women took in adolescents have lifelong effects on their life course. The vulnerability of adolescent girls and their economic pressures drew them to early sexual debut. A promising life of luxury lured them in to engaging in early sexual relations, though short lived as they got pregnant and the man denied the pregnancy. Behavioural and cognitive strategies that individuals adopt to cope with life stressors, might be augmented by growing up in certain households (Thorsteinsson, Sveinbjornsdottir, Dintsi, M., & Rooke, 2013) as was shown by women who grew up in adverse circumstances. As such, maladaptive coping might influence adolescent engagement in risky sexual behaviours (Thorsteinsson, et al. 2013).

Results indicate that the women experienced early and unexpected transitions. Transitions must be age appropriate for one to experience positive development (Elder, 1994). Early transitions can impact on subsequent life course outcomes as they alter role sequence and disrupt normative development (George, 1993). As evidenced by the low-income mothers, they failed to master this age-structured development and to follow the normative way as they had early sexual debut, faced early pregnancy, yet had not established a homestead, and became unwed mothers. Early pregnancy and motherhood is an off-timed transition that can affect human development (Elder, 1994; Elder et al., 2003) if no buffers are available. The life course perspective illustrates that timing of

events and transitions is critical in individual development. Failure to complete the chronologically ordered developmental tasks in childhood leads to poor adjustment (Peskin, 1973), as time is needed to acquire, integrate, and consolidate adaptive and coping skills before transitioning to the next developmental phase (Petersen & Crockett, 1985).

Early childbearing is associated with greater risk of social and economic disadvantage (Osborne et al., 2012), as illustrated by the current findings where it affected the mothers' future income and exposed them to risk of poverty, and poor quality of life. Teenage motherhood therefore affects a girl's ability to complete high school, or to return to school, to seek and secure lucrative employment opportunities, or even to obtain life skills information that they can exploit for social advancement opportunities. Elder et al. (2003) argue that early transitioning into adulthood roles can minimize individuals' positive developmental pathways. Departure from normal timing and expected scheduling of life sequences lead to increased risk for emotional and behavioral problems, and emotional trauma.

Community factors

Community level factors include individual's environment such as the physical environment and social support systems. These can be influential in one's life, especially their sexual behaviours (Billy, Brewster, and Grady, 1994). For example, growing up in poverty can be viewed as an example of opportunity structure where the women perceived engaging in sex as beneficial for them. Furthermore, growing up in dysfunctional households where there is exposure to domestic violence, substance use, neglect and abuse, were found to predispose girls to sexual violence. The linked life principle of the life course argues that poor interactions in the family, lack of engagement with children,

and lack of support can influence one's turning points and life trajectories, as individuals can transition earlier than the norm. Kidman and Kohler (2019) argue that adolescents who had experienced adverse childhood are more likely to engage in early sexual debut.

Unsupportive living environments can be a source of stress as illustrated by the mothers who sought support elsewhere by engaging in early sexual relations with older men in search of love, emotional connectedness, and material gains unavailable in their households. Early sexual debut however, resulted in unplanned pregnancies, which affected women's socio-economic wellbeing. In Botswana, early childbearing has been a concern, especially where young people drop out of school (Meekers& Ahmed, 1999). Even though the timing of childbirth can be perceived as a barrier to or short-circuiting girls' chances of a better life academically, in the cases of the majority of the women in this study, they had already dropped out of school due to poor performance or a lack of finances to support their academic journey. Faced with the struggles of living in poverty and being out of school, a girl child might see no other avenue, and start engaging in sexual relations as a form of security. This therefore can alter the timing of transitions and events.

Institutional and societal factors

Results indicate that the women could not stay in school due to parents' inability to pay for school and other fees and maintain them to stay in school. This indicates that there were no structures in place to help those families in poverty to keep their children in school. Chandra-Mouli, et al., (2013) illustrate that there are some social and cultural barriers that obstruct service delivery to adolescents. It is in schools where children can learn social norms and values, livelihood skills and encourage positive behaviors. As a result of not being in school the women tended to resort to sexual

relations without any precautions. Inadequate or lack of accessibility to reproductive health services can expose adolescents to unsafe sexual practices and eventually unplanned pregnancy.

CONCLUSION

This was a narrative study that investigated the childhood lived experiences of low-income single mothers in Botswana to understand the psychosocial pathways that might have exposed them to chains of risks. Even though the study was informed by the life course framework, results pointed to some socio-ecological factors that influenced the women's life course trajectories. The adversities that they experienced within their families include abuse, neglect, and exposure to DV and substance use. In their communities, the environment was not supportive as the educational system could not allow them to stay in schools due to lack of funds while the health facilities could not allow them to access reproductive health services. Identifying such factors can help focus interventions at multiple levels which can help in promoting safe sex, preventing pregnancy, and avoiding sexual violence and coercion. Preventive interventions are therefore necessary to buffer the negative experiences that young females undergo in childhood as the study showed that their life events lacked protective relationships to enhance positive trajectories.

The socio-ecological framework can help explore all the significant players in the adolescents' life such as the family, community, institutions as well as individual factors. Health service providers should therefore ensure that there are adolescents friendly services without requiring them to be accompanied by an adult to allow them some privacy. Such a gesture would promote

adolescents' sexual and reproductive health as they are afforded privacy and confidentiality (Chandra-Mouli, et al., 2013). They further argue that in schools, there should be comprehensive sexuality education to allow adolescents to get the necessary information on sexual and reproductive health and life skills. Moreover, there is need for structural interventions such as elimination of fees needed in schools to keep girls from low-income families in school as well as economic opportunities to reduce young girls engaging in sex for survival as well as enforcing laws that can address issues of sexual violence to girls.

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