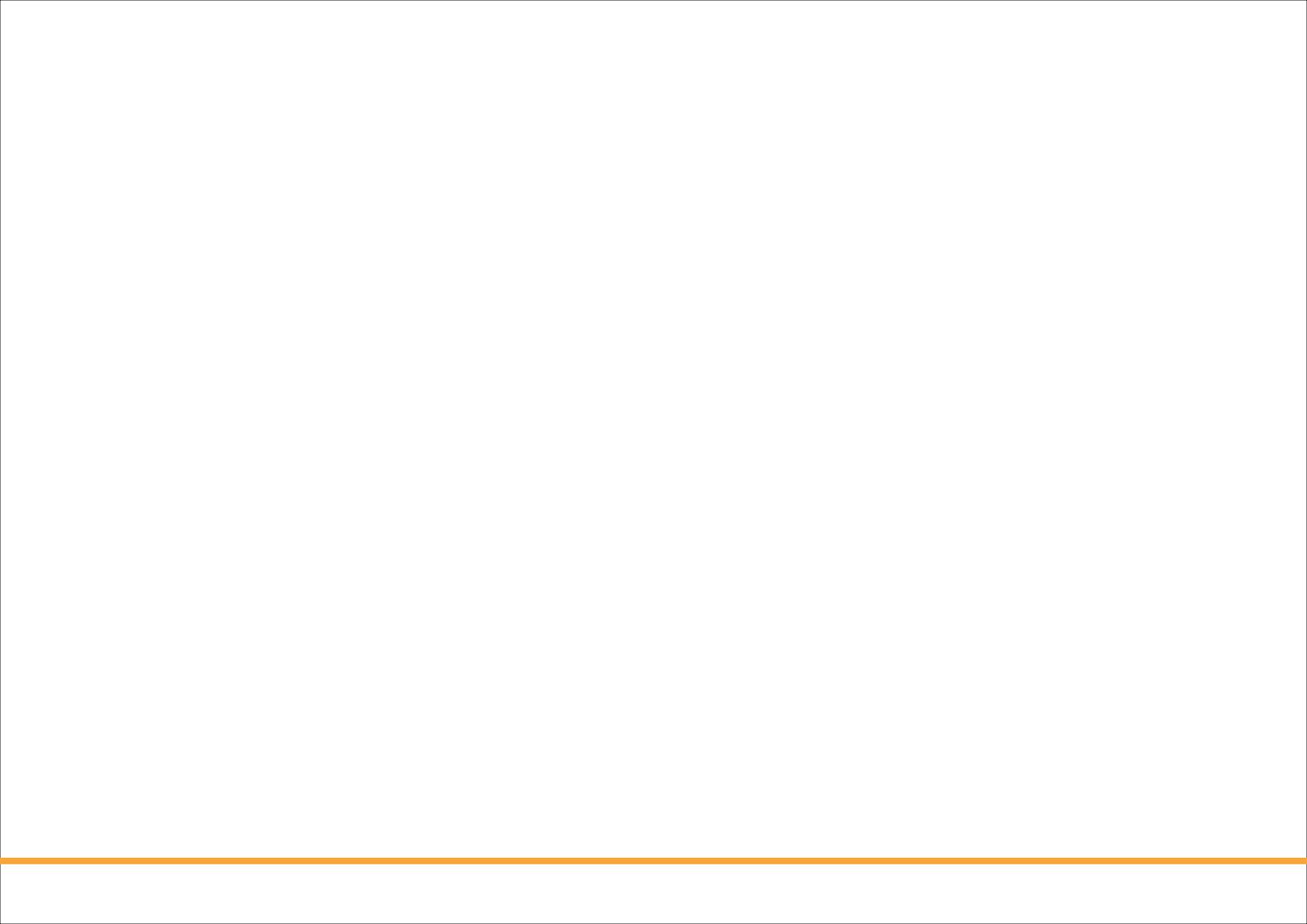




RIGHTS AND CHOICES: THE UNFINISHED BUSINESS OF THE ICPD IN BOTSWANA





BOTSWANA AT A GLANCE



State of World Population Report Launch in Nata



Population

Total: 2 024 904 Young People aged 15-24 years:
411 118 (20.3%)



HIV Prevalence among young people aged 15-19 years

Total: 5% Male: 3.6% Female: 6.2%



Number of new HIV infections per week among young women (15-24 years)

61



Maternal Mortality Ratio

143.2 deaths per 100 000 live births



Total Fertility Rate

3.1 births per woman



Teenage Pregnancy Rate

9.7% (2007)



Contraceptive Prevalence Rate

67.4% among married women aged 15-49 years



Unmet Need For Family Planning

No Data

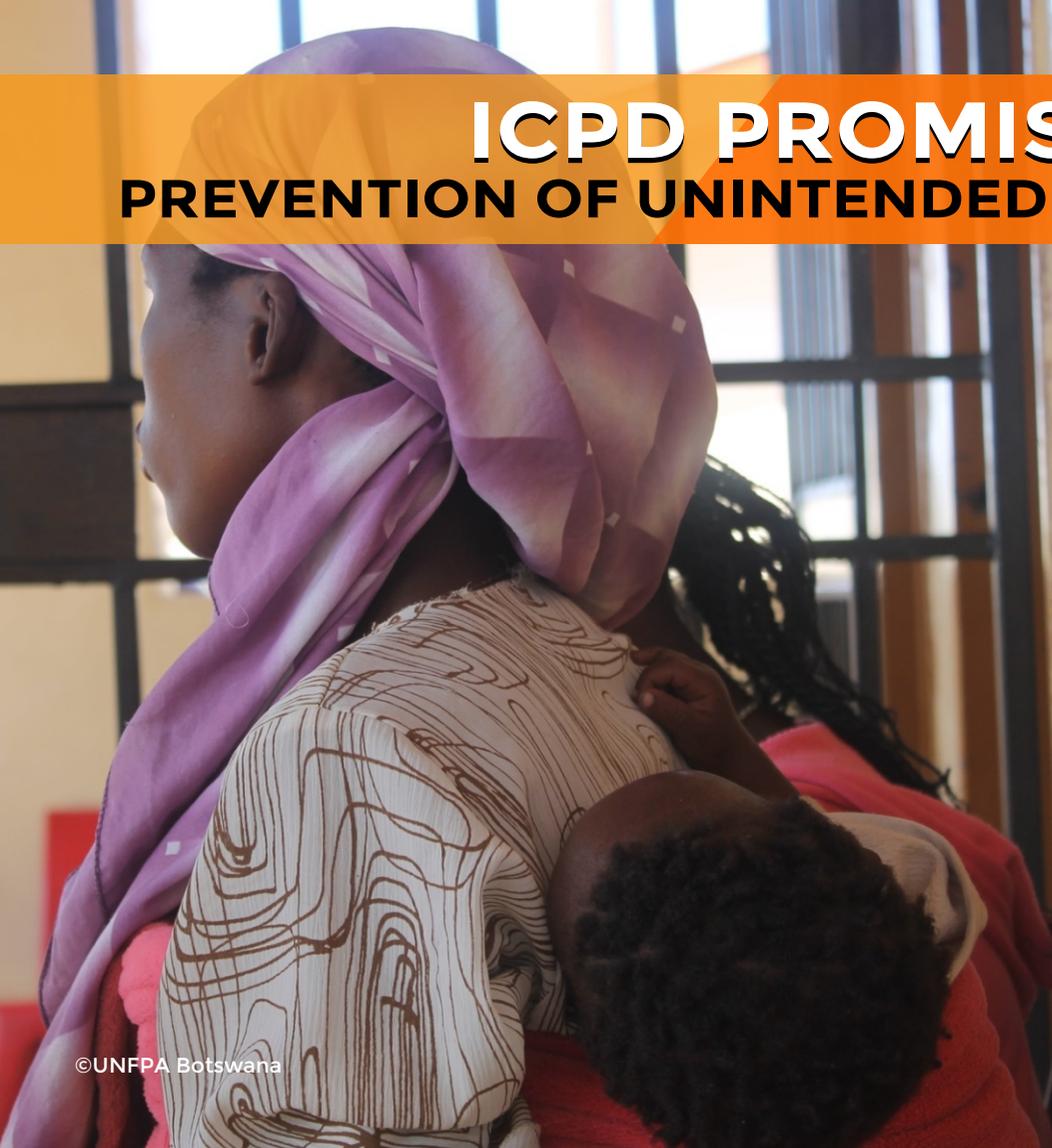


Gender-Based Violence

37% of women have experienced GBV in their lifetime

SOURCES:

- Botswana AIDS Impact Survey 2013
- Botswana Demographic Survey 2017
- Botswana Family Housing Survey 2007
- Botswana Maternal Mortality Ratio 2017
- Botswana Population and Housing Census 2011
- Botswana Relationship Study, 2017
- Botswana Youth Risk Behaviour & Biological Surveillance Survey 2016

A photograph of a woman wearing a purple headscarf and a patterned top, holding a young child in a red garment. They are positioned in front of a window with a black grid pattern. The image is partially overlaid by an orange banner at the top containing the title.

ICPD PROMISE: PREVENTION OF UNINTENDED PREGNANCIES

The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility.

MY FIRST PREGNANCY



As a 15 year old Form Two student, Thatego Lorato, (now 19 years old) had to drop out of school because of an unintended pregnancy, joining a growing number of adolescent girls who are forced to drop out of school after falling pregnant.

Like many teenage mothers, Thatego's experience was a very confusing time for her. She didn't know when she was pregnant or later, that she was in labour. Fortunately for Thatego she had her sister to guide her during this confusing time of giving birth to her first child.

Thatego remembers her parents' disappointment when she told them she was pregnant. Like many parents they had hoped she would finish school and create a better life for herself. While Thatego had hoped to return to school someday, this dream was not fulfilled as she had to stay home to look after her child. Four years on, this young mother relies on her sewing and hairdressing skills to provide for herself and her young child.

"Being a mother when you are so young is not easy. There are so many challenges that you are forced to face."

TEENAGE PREGNANCY: RETURNING TO SCHOOL AFTER



“Girls are still falling pregnant and are forced to drop out of school because they are not educated about family planning early enough.”

Olorato Bathoeng fell pregnant in 2015 at 17 years old, becoming one of a growing number of adolescent girls in Botswana who are forced to drop out of school because of unplanned pregnancies.

Wanting to be closer to home when she returned to school two years later, Olorato transferred to a different school, but was forced to put her hopes of going back to school on hold as there was no one to help look after her daughter. “I stayed at home for one year doing nothing, sometimes I feel like I lost two years of my life.”

Never giving up on herself, she was finally able to return to school in 2018. Despite the challenges she was facing, Olorato remained determined to go back to school to achieve her dream of becoming a librarian. As one of the few girls who return to secondary school after having a child, Olorato acknowledges that it is not easy and that the fear of stigma keeps too many girls out of school.

Reflecting on the challenges she faced as a young mother, Olorato pleads for more to be done to help girls prevent unintended pregnancies. “Girls should be taught about family planning as early as Junior school (13-16 years old) rather than waiting until they get to Senior Secondary school when it will be very late for them.”

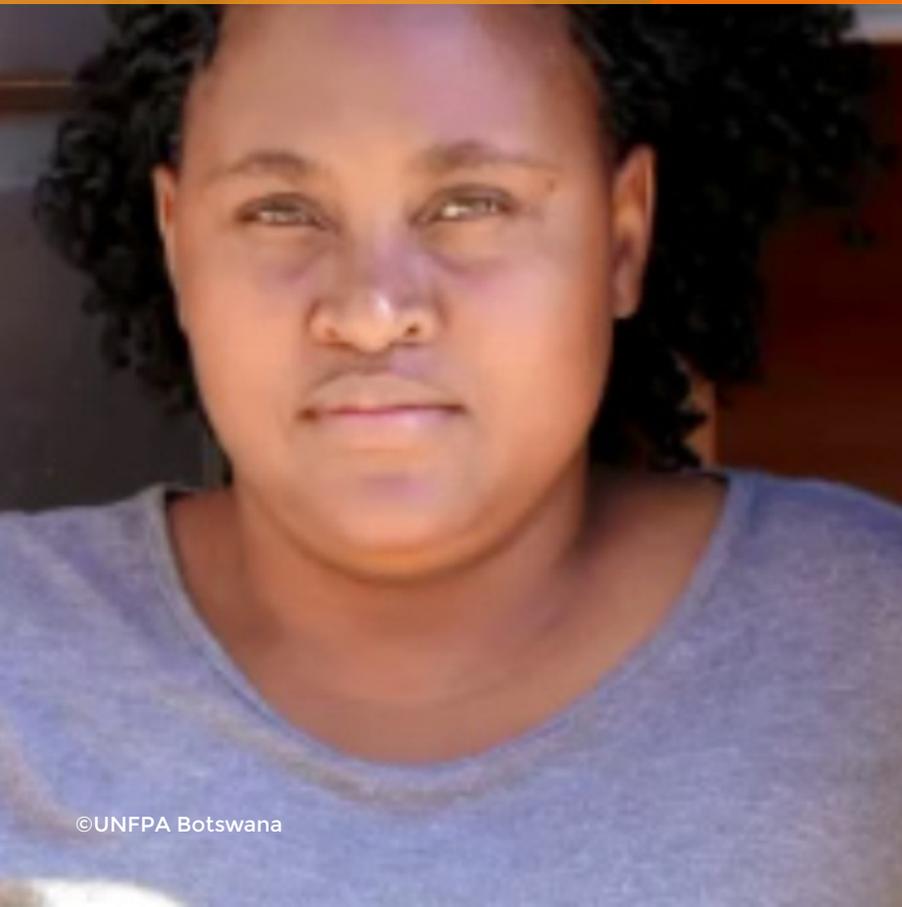
ICPD PROMISE: ACCESS TO MODERN CONTRACEPTIVES



CONDOMIZE! Campaign in Gantsi District

The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods.

WHEN CHOICE FACILITATES USE



“For two months I went from clinic to clinic trying to get my injection,” Opelo, 27, remembers her frustrating struggle to get the contraceptive method of her choice.

After having a child at 18 years old, Opelo started taking the contraceptive pill to prevent another pregnancy when her partner refused to use condoms. However, having to take the pills on a daily basis was not convenient for her. Opelo then began using the Depo Provera (the injection) which she received every three months.

However, inconsistent availability of the injection at her local clinic caused Opelo to stop using family planning. “Sometimes I went to the clinic only to be told that the injection was out of stock. They would try to give me the pill but I knew it is a method that didn’t work for me.”

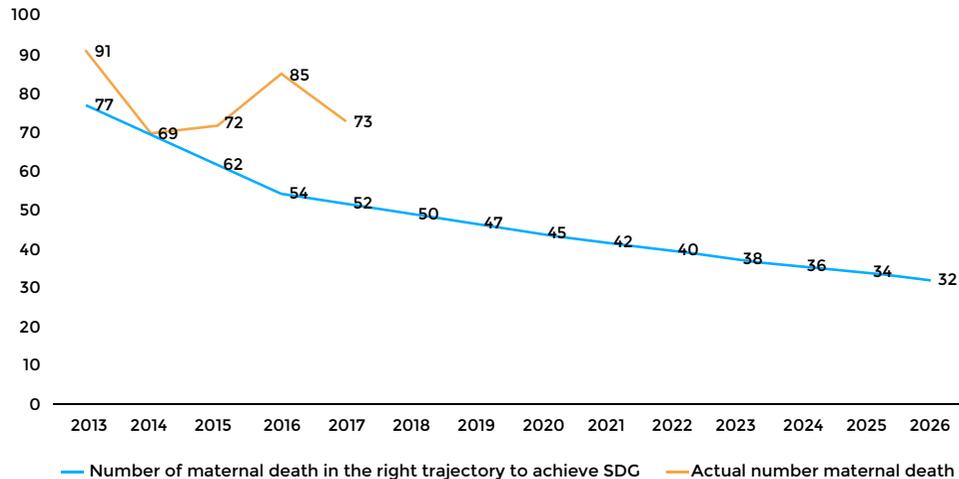
In late 2017, after two months of being unable to access her preferred contraceptive method Opelo, completely discouraged, she stopped going back to the clinic and now no longer uses any form of modern contraception.



ICPD PROMISE: PREVENTION OF PREVENTABLE MATERNAL MORTALITY

All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning.

MATERNAL DEATHS IN BOTSWANA



- At 143 deaths per 100 000 live births, Botswana's maternal mortality remains persistently high for a Middle Income Country.
- Botswana is not on track to meet SDG target 3.1.
- Botswana Targets: 71 deaths per 100 000 live births by 2025 and 54 deaths per 100 000 live births by 2030

ICPD PROMISE:

**PROTECTION FROM SEXUALLY TRANSMITTED DISEASES
AND PREVENTION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV)**



Information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, should become integral components of all reproductive and sexual health services.

LEAVING HOME FOR UNIVERSITY: THE JOURNEY OF A YOUNG GIRL LIVING WITH HIV



“At ten (10) I feared that I was going to die, in my late teens while at university I feared rejection.”

Masedi Kewamodimo, 23, was born HIV positive and has faced many challenges especially when she left home for university. Botswana has the world’s third highest HIV prevalence rate, yet young people like Masedi have little help developing the coping skills needed to navigate through life as a young person living with HIV.

Without these support systems, young people struggle to cope with changes to their environment which often results in defaulting on their HIV treatment and not disclosing their HIV status to loved ones, friends and new partners.

MORE TO BE DONE FOR THE LEFT BEHIND



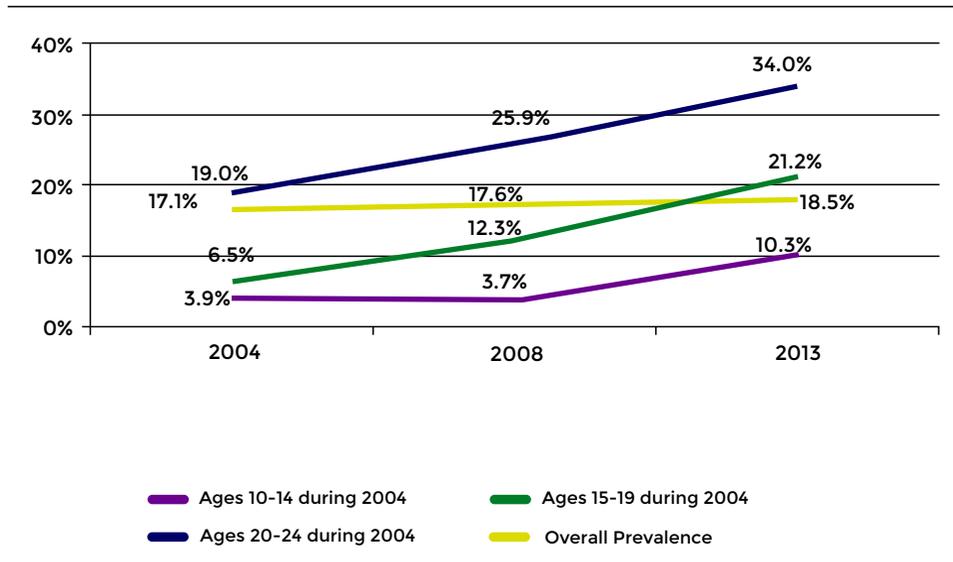
“As a transgender woman, I do not receive adequate health care because health care providers in clinics discriminate against us and are sometimes verbally abusive” says 28 year old Nelly Thobega.

As a result of the discrimination she has faced at health care facilities, Nelly has not been to a clinic in several years.

“I am not the only one, there are many of us who simply do not bother to go to health care facilities anymore because we know we will be treated unfairly and will not receive the proper medical care we need.”

These are some of the challenges faced by many key populations (men who have sex with men, female sex workers and transgender persons) in Botswana. Many of the key populations in Botswana rely on HIV prevention services from donor-funded NGOs in select locations.

HIV PREVALENCE AMONG YOUNG PEOPLE AGED 10-24 YEARS IN BOTSWANA



Courtesy of Juliana-Cuervo Rojas, ACHAP

- HIV prevalence among adolescents aged 10-14 years 2004 increased by more than two-and-a-half times by the time they were aged 20-24 years in 2013.
- HIV prevalence among adolescents aged 15-19 years in 2004 doubled by the time they were 20-24 year (2008) and increased by 178% by the time the cohort was aged 25-29 in 2013



ICPD PROMISE:

PROTECTION AGAINST GENDER BASED VIOLENCE

The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public. Achieving change requires policy and programme actions that will improve women's access to secure livelihoods and economic resources, alleviate their extreme responsibilities with regard to housework, remove legal impediments to their participation in public life, and raise social awareness through effective programmes of education and mass communication. In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction.

I NEVER THOUGHT IT COULD HAPPEN TO ME

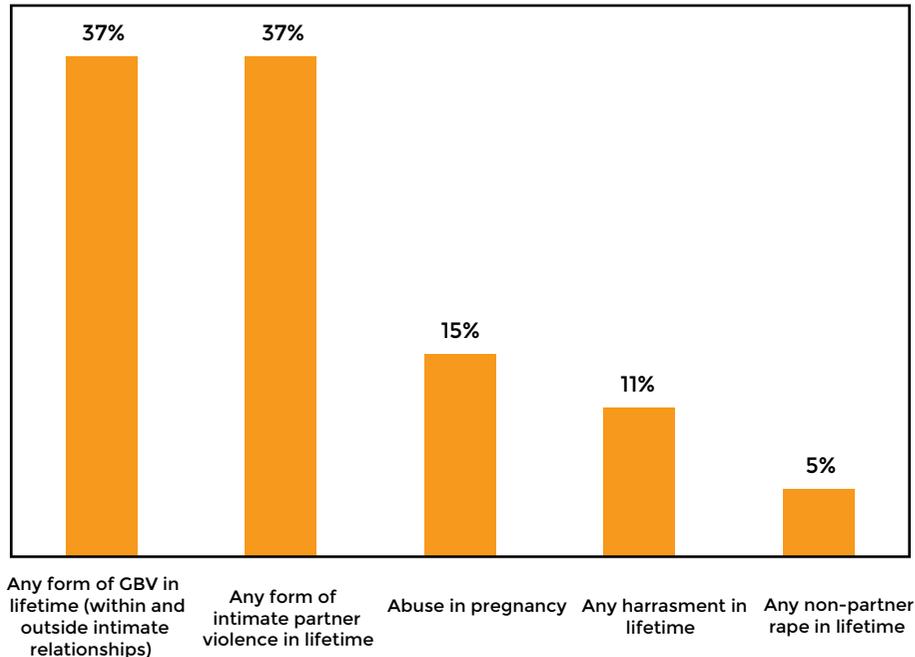


In 2017, Ikgopoleng Keabetswe reunited with the father of her first child whom she met when she was 16 years old. Two months into the relationship, Ikgopoleng's partner became abusive. She tried to report the matter to the police, but was discouraged from doing so by the police officer. Advice she agreed to follow.

The violence continued for a year with her family pleading with her to leave the relationship but she believed, despite the abuse, her partner loved her.

In August 2018, Ikgopoleng was able to escape her abusive relationship when members of her church took her to a women's shelter where she received the encouragement and support she needed to finally press charges against her partner.

FORMS OF VIOLENCE EXPERIENCED BY WOMEN IN A LIFETIME IN BOTSWANA



- 1 in 3 women in Botswana had experienced gender-based violence at the hands of a current or former intimate partner
- 1 in 6 women in Botswana have experienced abuse while pregnant.

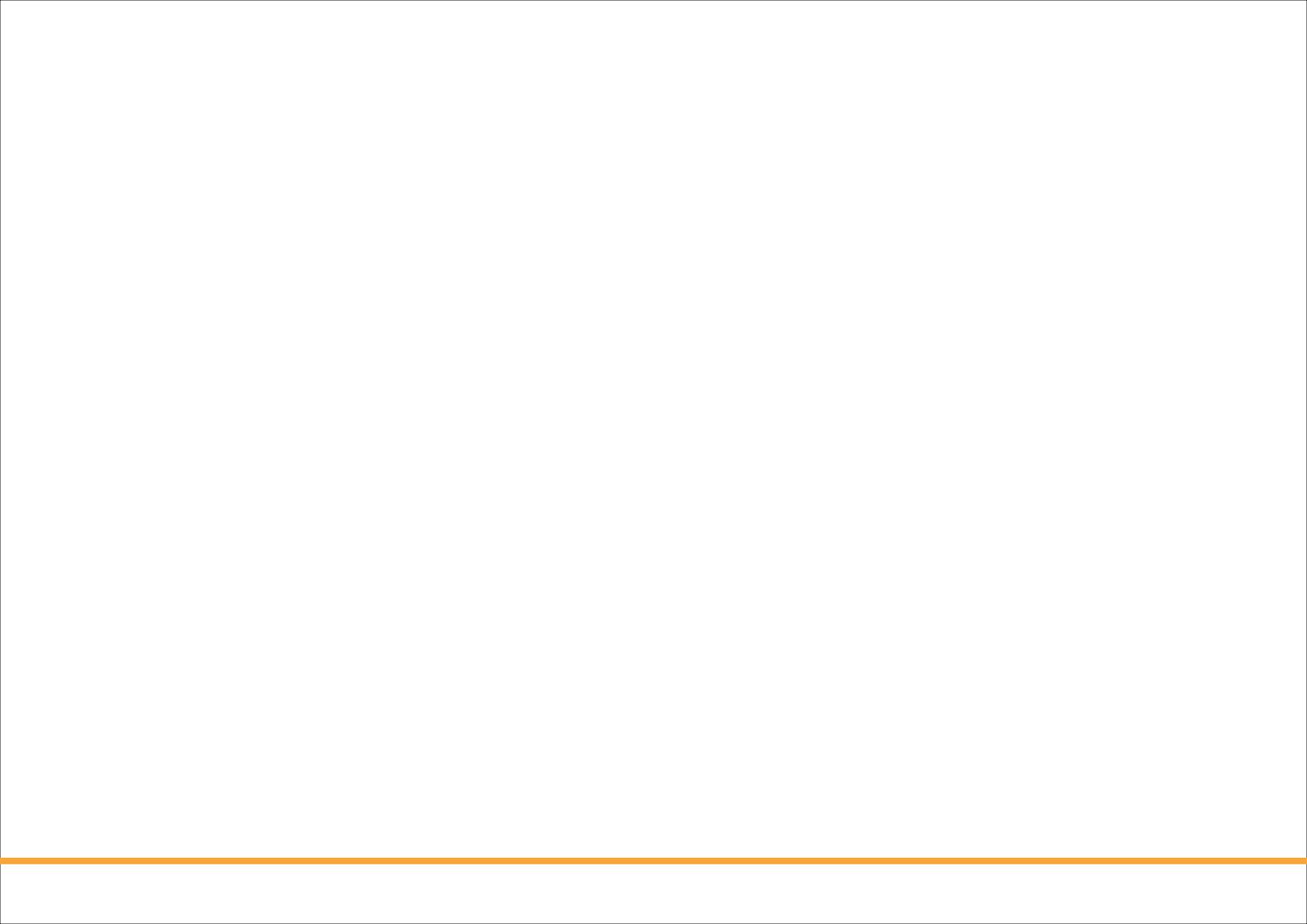


THE ICPD PROMISE DEMANDS BOLD ACTION

Although great progress has been made in the fulfilment of sexual and reproductive health rights in Botswana since the International Conference on Population and Development, there are still many women and girls who have not benefiting from the promise of the ICPD.

Bold action is needed to ensure that the SRH rights of every women, girl and young person in Botswana are fulfilled:

- **Political Reaffirmation** of the importance of the ICPD Programme of Action (PoA) due in part to its contribution to achievement of the Sustainable Development Goals.
- **Financial Support** for full implementation of the ICPD PoA.
- **Strategic Partnerships** for the development and implementation of new and innovative solutions.





Ensuring rights and choices for all since 1969



ICPD25

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