Lived Experiences of Low-Income Unmarried Women in Rural Botswana: A Narrative Approach

Tumani Malinga[1] [ID] · **Tirelo Modie-Moroka**[1]

Abstract

The research explored the lived experiences of low-income single mothers, to understand the psychosocial life course pathways that might expose them to chains of risks. Studies have found a high prevalence of co-occurring poverty, single parenthood, unemployment, violence, and multiple life traumas among rural unmarried women. It is important to explore how single mothers are vulnerable to poverty and its many effects and how these factors heighten adverse experiences of unmarried rural women. Fifteen low-income unmarried Botswana mothers were purposively sampled. A narrative approach was used to collect data, allowing participants to share detailed lived experiences from childhood to adulthood. The study used a life course framework to explore the lived experiences, transitions, events, and trajectories of the women's lives. Women's narratives conveyed exposure to emotional, physical abuse and neglect in childhood; teenage pregnancy and the poverty connection; exposure to intimate partner violence; and multiple pregnancies and promised and suspended marriage. The study suggests that several life events and experiences have negatively influenced and skewed transitions and trajectories in the lives of low-income women. There is need for establishment of family policy and safety net programmes to cater for low-income mothers' families.

Keywords Adverse childhood experiences · Life course framework · Lived experiences · Low-income mothers · Marriage · Narrative approach

Introduction and Background

A body of scholarship around lived experiences of low-income rural women is gaining momentum the world over and in Africa in particular. Gaining traction is the idea that life course trajectories of unmarried women in resource-limited settings are decidedly more disadvantaged than other women, shaping subsequent routes (Bennett et al., 1995; Farber & Miller-Cribbs, 2014; Scott et al., 2002; McLanahan & Bumpass, 1988; Ntoimo & Mutanda, 2020). Several studies have found a high prevalence of co-occurring poverty, single parenthood, unemployment, violence, alcohol abuse, multiple life traumas, and poor mental health among rural unmarried women

(Ntoimo & Mutanda, 2020; Odimegwu & Mkwananzi, 2016). It is important to explore how single mothers are vulnerable to poverty and its many effects and how these factors heighten adverse experiences of unmarried rural women. There is currently limited empirical and theoretical research examining the convergence of adverse life experiences in resource-limited settings. To address concerns among rural unmarried women, it is necessary to understand the complex interactions between experiences clustering and the environments in which these conditions exist. Unmarried women in rural areas are particularly at risk of experiencing a convergence of the same factors.

The study aimed to explore the lived experiences of low-income unmarried women, to understand the psychosocial life course pathways that might expose them to chains of risks. Drawing from a life course theoretical orientation (Elder, 1998; Hutchison, 2010), the study describes and explores how life experiences of fifteen unmarried women during childhood, adolescence, and adulthood may short-change human and social capital in the lives of the women.

✉ Tumani Malinga
malingat@ub.ac.bw

Tirelo Modie-Moroka
modiet@ub.ac.bw

1 Department of Social Work, University of Botswana, Private Bag, 00705 Gaborone, Botswana

Studies have found a correlation between childhood and adulthood experiences (Assini-Meytin & Green, 2015; Greene et al., 2020; Ward et al., 2015). Lived experiences are embedded in and shaped by family interactions and community exposures and depend on when transitions occur. Studies on childhood experiences document that lived experiences may impair or influence individuals' functioning into adolescence and beyond (Assini-Meytin & Green, 2015; Boivin & Hertzman, 2012). There is a correlation between early childbearing and adverse outcomes, such as decreased adult socioeconomic wellbeing and poverty, poor health, exposure to domestic violence and abuse, and multiple pregnancies. Ardington et al. (2015) noted some association between teenage pregnancy, poor educational outcomes, and the likelihood of HIV infection. Early childbearing is linked with educational and economic disruptions for teenage girls (Font et al., 2019). Adults who reported negative life experiences when growing up, such as parental divorce or death and childhood abuse, were likely to have poor mental health (Ntoimo & Mutanda, 2020). Studies have found that childhood trauma can be the foundation for psychological and economic disadvantages that form the individuals' life course and restricting future positive accomplishments (Malinga & Olster, 2022; McLeod & Almazan, 2003).

Negative early life experiences can be stressors and accumulate negative adulthood experiences as individuals continue to be exposed to negative life events (Malinga & Olster, 2022; Palermo & Peterman, 2009). As a result, cumulative disadvantages continue to pile up and defer engagement in other positive opportunities that would enable a more meaningful and productive life. A flow of accumulating disadvantages with limited resources and support might be the foundation for continuous exposure and engagement in risky behaviours (Germain & Gitterman, 1996; Palermo & Peterman, 2009). Despite several studies showing a high prevalence of poverty among unmarried mothers (Modie-Moroka, 2010; Ntoimo & Mutanda, 2020), comparatively, little evidence is available in shedding light on their childhood and adulthood experiences. This paper explores several factors: abuse and neglect in the family of origin, teenage pregnancy and the poverty connection, exposure to intimate partner violence and abuse, multiple pregnancies, and marriage proposal expectations.

First, exposure to emotional and physical abuse and neglect in the family of origin (FOO) is common among unmarried mothers, and harsh and inconsistent parenting has been reported (Malinga & Olster, 2022). The effects on children, such as feeling neglected, have resulted in children engaging in risky behaviours that can negatively impact their educational outcomes (Ward et al., 2015). Children, who are found to be living in such conditions, are exposed to parental stress resulting from living in poverty. Ward et al. (2015) further argue that poverty can weaken parenting as parents fail to provide adequate support for their children. Children in poverty-stricken households or who face other negative experiences will likely experience poor behavioural and educational outcomes. Studies have concluded that exposure to parental low-income status, substance abuse, and maltreatment in FOO can heighten the risk of engagement in risky behaviours, such as engaging in risky sexual behaviours that lead to teen pregnancy (Malinga & Olster, 2022; Ward et al., 2015).

Secondly, female adolescents with maltreatment in FOO are more likely to have an early sexual debut (Thurman et al., 2006), have STI symptoms, and have experienced teen pregnancy (Gregson et al., 2005). Engagement in such behaviours can disrupt one's role sequence and continue into adulthood, exposing one to an increased risk of repeated unplanned pregnancies and poverty (Palermo & Peterman, 2009). Poverty is both a cause and a consequence of teen pregnancy. Such behaviours also heighten vulnerability and risks to HIV infection (Gender Links Botswana, 2012; Stöckl et al., 2013).

Early childbearing often accumulates life disadvantages, including loss of educational opportunities, socioeconomic hardship, and even longer-term consequences that could manifest throughout adulthood (Malinga, 2020; Peltzer, 2010; Ward et al., 2015). Furthermore, early childbearing exposes adolescent girls to competing demands for resources, altering their roles from (potentially) being a student and children to being a parent and adults when they are expelled from schools to care for the baby (Meekers, 1994). Such an experience can hamper their prospects of providing for themselves and their children later on, and it creates an obstacle to economic independence later in life (Assini-Meytin & Green, 2015; Malinga, 2020; Women's Affairs Division, 1995).

Exposure to early childbearing with limited resources is likely to expose young females to further risks as they engage in multiple concurrent sexual relationships and sex exchange for material gain (Ackermann & de Klerk, 2002; Malinga, 2020; Modie-Moroka, 2010; Menendez et al., 2011). Early childbearing in the life course can be devastating, with an extensive range of negative influences on girls' general health, education, and household wellbeing (Greene, 2008; Menendez, et al., 2011). As young girls are exposed to earlier than normal life transitions, this can jeopardise subsequent life course outcomes as they continue to engage in unhealthy behaviours such as rapidly repeated pregnancies, low levels of education, and multiple concurrent relationships (Savio-Beers & Hollo, 2009) which are likely to alter role sequence (Elder, 1985). Studies have shown the association between teenage pregnancy and birth, socioeconomic disadvantage, and intergenerational transmission of disadvantage (De Genna et al., 2011; Malinga, 2020).

Thirdly, majority of single mothers live in poverty and are exposed to diverse adverse experiences (Sulla et al., 2015). Studies have shown that mothers living in poverty are likely to experience intimate partner violence (IPV) and abuse (Malinga, 2020; Modie-Moroka, 2010; Ntoimo & Mutanda, 2020). Living in poverty can expose women to socially structured dependency on men for economic support (Malinga, 2020; Modie-Moroka, 2003; Zierler & Krieger, 1997). Socially structured dependency expounds on women's vulnerability to violence due to discrimination and socioeconomic and psychological dependence (Turshen & Holcomb, 1993). Such experience will likely expose them to poor health and domestic and intimate partner violence as they have no access to or control of resources (Buseh et al., 2002; Ntoimo & Mutanda, 2020; Rajaraman et al., 2006). The Gender-Based Violence Indicators Study in Botswana reported that about 67% of women experienced violence and abuse in their lifetime, which is common in intimate relationships (Gender Links Botswana, 2012). The increased risk of IPV and abuse results from women's economic vulnerability and living in poverty (Modie-Moroka, 2010). As a result of the increased risk of IPV, women fear negotiating safe sex and experience repeated unplanned pregnancies and poverty (Palermo & Peterman, 2009).

Fourthly, studies have demonstrated that multiple pregnancies among low-income women are common due to failure to negotiate safe sex (Malinga, 2020; Modie-Moroka, 2016; Modie-Moroka & Letshwiti-Macheng, 2017). Low-income women are prone to IPV as they have few or no sources of support and often succumb to multiple high-risk sexual behaviours where they lack the power to negotiate safe sex due to their poor socioeconomic circumstances (Greig & Koopman, 2003; Letamo & Bainame, 1997; Mac-Donald, 1996). Food inadequacy is associated with inconsistent condom use and a lack of control in sexual relationships, exposing women to HIV infection and unplanned pregnancies (Weiser et al., 2007). Even though low-income women are seen to have a structured dependency on men, in most cases, these men are not formally employed; hence, Kefalas and Edin (1999) espouse that they view the economic prospects of the father of their potential child through rose-tinted lenses.

Life Course Perspective

Scholars of lived experiences of women have employed the life course theoretical orientation. A life course model is an interdisciplinary approach used to study individuals and families (Hareven, 1982). Its focus is on how varying transitions and trajectories, their timing in the lives of individuals, and how it might influence the life course trajectories of individuals (Heinz et al., 2009). Life course "refers to the unique pathways of development that each human being takes—from conception and birth through old age-in varied environments and to our infinitely varied life experiences" (Germain & Gitterman, 1996, p. 21). According to Elder et al. (2003: p.7), life course desires to "understand social pathways, their developmental effects, and their relation to personal and social–historical conditions."

The life course model [LCM] emphasises links between life events and childhood, adolescence, and adulthood transitions. It examines an individual's life history and explores how early events influence future events and decisions. LCM highlights that childhood events shape people's lives 40 or 50 years later, if not from birth to death (Elder, 1998; Hutchison, 2010). While the model employs "age-graded trajectories" that impact the person's current and future life (Elder, 1995), it also explores life transitions that are stressful and challenging as "ongoing biopsychosocial processes occurring and recurring at any point in the life course" (Germain & Gitterman, 1996, p. 22). In general, Elder (1995) emphasises the importance of the biological process in studying a person's history, physical attributes, and the meanings that inform their life patterns. Biological timing can have social and developmental implications for one's health.

In exploring life transitions, the life course model examines the context of historical, individual, and social time (Aldous, 1990). Historical time indicates that cohorts experience life trajectories differently due to formative effects of social change/that help explain generational and age differences (Germain & Gitterman, 1996; Hutchison, 2010). The impact of individual time includes self-constructed narratives of meanings around lived experiences from personal and environmental factors (Germain & Gitterman, 1996), while social time explores collective life events in a family along with the transformations that take place due to human interactions (Germain & Gitterman, 1996). In exploring life transitions within these different times, interrelated trajectories come into focus, their influence on later experiences, and an understanding of their interdependence and roles within individuals' lives (Elder, 1995).

Method

This paper is based on data collected from low-income unmarried women in rural Botswana, which explored their lived experiences to understand the psychosocial life course pathways that might expose them to chains of risks. The study was based on interpretivism paradigm, which relies on the participants' views of the situation and capturing their voices as they describe their experiences and reconstruct their realities (Creswell, 2013). A narrative inquiry was used to collect data, allowing participants to

share detailed lived experiences and express themselves as they gave a chronological account of events, trajectories, and transitions they have gone through (Creswell, 2013; Czarniawska-Joerges, 2004).

The study was conducted in an undeveloped rural area where three rural villages with similar characteristics were purposively selected. Krüger (1998) illustrates that in rural areas, there is unevenness of development compared to urban areas. Rural areas are characterised by unemployment, absolute poverty, over-exploitation, and degradation of the environmental resource base, resulting in rural to urban migration (Gwebu, 2004). The majority of residents in the villages were living in poverty, and each village had a population of below 6000 individuals, with majority females. Each village had a primary school; hence, the children had to relocate to another village to progress to the next educational level. There was also a clinic with limited services. A doctor visits the clinic once a month, and in case of emergencies, patients are referred to another village with bigger clinic. In rural areas, housing units are detached houses and traditional huts and shacks. Majority sourced water from communal taps and had no running water. Also, there was no electricity, and they relied on the use of paraffin and candles. Moreover, firewood was used for cooking. Majority of the households in the research sites subsisted through clearing other people's farms and yards, firewood cutting and selling, and doing laundry for well-off families, compared to urban areas where residents engage in formal sector employment and also have more employment opportunities due to availability of industries. They also relied on "Ipelegeng" a government drought relief assistant programme which pays about $56.00 per month, which barely covers the households' necessities as the women have dependent children.

The researcher obtained Institutional Review Board (IRB) approval at the University of Illinois at Urbana-Champaign to conduct this study and a permit from the Ministry of Local Government. Local gatekeepers who included community leaders (herdsmen, pastors and, church elders, village development committee (VDC) members) identified potential participants and facilitated this purposive selection. Soliciting community leaders aided data collection since their influence and approval as village leaders better facilitated cooperation from the villagers and were knowledgeable about the people in their communities. Local gatekeepers were given a flier with the inclusion criteria: low-income unmarried mothers, below and less than a dollar a day (Statistics Botswana, 2013); have dependent children; never married; and be willing to share their lived experiences. Dependent children included those aged 18 or below living with their parents (Statistics Botswana, 2014).

From the three villages, five participants were purposively recruited and selected. Since people tend to cluster in households, only one participant was purposively recruited from each household. An oral consent script (detailing the objectives, benefits, and risks of participation and that they retained the right to withdraw from the study) was read and explained to those interested in partaking in the study. Oral consent was preferred to signing forms, which might be uncomfortable for participants, and participants can be intimidated from participating when signing documents is perceived as legally binding. The sample consisted of fifteen low-income unmarried mothers with dependent children who agreed to the study conditions as outlined in the consent form.

An in-depth interview took place at the participants' homes, community halls, and church buildings. Interviews lasted for 40 to 90 min, with the average discussion taking 70 min. An interview guide was used to ask women about their life experiences. The interview guide made it possible for the researcher to be consistent during the interview allowing for comparability of the participants' experiences. The approach allowed for probing, which provided thick descriptions of participants' experiences. The guide elicited life course information, from childhood through to adulthood. They were also asked their views on how their childhood might be linked to their current life status. Interviews were done in Setswana by the first author. Participants were not willing to have the interviews either audio-recorded or video-recorded. The researcher took detailed notes during the interview. Also, to ensure that more data was not omitted, the interviewer narrated the story on the tape recorder immediately after the interview to ensure that details are not missed by relying on the notes taken.

Data Analysis

Reconstructed post-interview transcripts were developed from the interviewer's recording and later transcribed verbatim. The script was then used for analysis. To inhibit misinterpretation of the data, coding and analysis were conducted in Setswana, the language used for interviews. The analysis was manual and iterative and included categorising and connecting the stories (Maxwell, 2012). A provisional start list of code was developed from words and phrases informed by research questions, the interview guide, and the literature and life course model, which helped guide the coding process. The list included lived experiences, transitions, turning points, and timing of experiences. In the analysis, re-storying was done where interview narratives were reorganised into a chronological sequence to identify life course stages, develop a sequential linking of ideas, and connect the events and transitions experienced from one stage to the next (Creswell, 2013). Data coding and analysis took place concurrently. In the first coding cycle, with guidance from the provisional list, the researcher coded the transcript line by line while also analysing the content. Words and phrases

from the provisional list were used to label ideas from the transcripts. In the second coding cycle, codes were grouped into categories, a process referred to as "coding for patterns." Patterns are "trustworthy evidence for our findings since patterns demonstrate habits, salience, and importance in people's daily lives" (Saldaña, 2016, p. 6). There was cross-case analysis to allow for data comparison. Cases, where the codes were not common among the respondents, brought something new to the research findings (Saldaña, 2016). After the analysis and identification of themes, themes were translated into English.

Results

Respondents were aged between 23 and 47 years (mean age = 37). Of the fifteen single unmarried mothers interviewed, two participants did not complete primary school, four completed primary school, seven completed junior secondary school, and two completed senior secondary school. Only two had enrolled in bricklaying and hairdressing short courses. The participants had between one and nine children fathered by different men. The majority 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 while older children were in boarding school. The main themes that emerged were exposure to emotional, physical abuse and neglect in the family of origin; teenage pregnancy and the poverty connection; exposure to intimate partner violence; and "giving a man a child" and multiple pregnancies and "promised marriage, suspended, but still expecting."

Exposure to Emotional, Physical Abuse and Neglect in the Family of Origin

The women reported experiencing emotional and physical abuse and neglect in their families of origin. As described by 36 years old Shelly, the neglect she felt was not in isolation from other adversities. She reported that she was exposed to alcohol early as her parents abused alcohol and spent most of their time drinking, hence could not provide guidance or support for her to stay in school. She remarked that:

> Right now, I struggle, and I think that if my parents were not abusing alcohol, they could have supported me to stay in school. Unfortunately, alcohol was their priority, so eventually I was kicked out due to failure to pay for school fees. Even in the household, we starved, as there was no food.

Most women detailed feelings of frustration as they reiterated their childhood experiences of exposure to parental alcohol use and linked it to evidence of abuse, neglect,

and experiencing domestic violence. Instances of constant incidents of physical aggression where the female caregiver would be slapped, punched, kicked, choked, and having harsh words used to hurt the other person, including yelling, insults, and humiliation, were reported. Verbal and physical aggression, and deprivation or neglect when the father fails to provide for the family, was the reality of most women. In other instances, the participants stated that they experienced the violence first-hand. As illustrated by 34-year-old Malebogo,

> Mother always cried. Whenever our father drank alcohol, he would hit mother for no apparent reason. We, the children, would run away at times, seeing that he might also beat us. He would shout, scream, and yell at everyone without saying what he wanted.

In another case, Segametsi, 23 years old, who stayed with her grandparents, narrated how her grandfather was verbally abusive to her grandmother:

> Grandfather used to take days away from home, especially at month-end, and when he came back, he demanded food from grandmother. He would use vulgar language and tell grandmother that she was poor and that he did her a favour by marrying her and building her a house.

As the women were exposed to parents being assaulted and ridiculed, this could have devastating outcomes in their lives as it might lead to further exposure to violence later on in life. At the risk of developing emotional and behavioural problems, witnessing such violence can also affect concentration and focus in school. Furthermore, such exposure can be a lesson for the girl child, as she assumes that it is ok and that women have no value and have low status in their families when partners mistreat them. The girl child might also grow up accepting situations of mistreatment and be devalued by male partners.

Women also reported being exposed to physical, emotional, and sexual abuse. Perpetrators of physical and emotional abuse were mostly parents or guardians, even though it was deemed punishment for failure to perform the assigned chores. Shelly, who lost her parents at a young age, remarked on how she had to move from one household to the next. In each case, she was responsible for all the household chores, and if this were not done to the satisfaction of the aunt, then punishment would follow. She said:

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

In other instances, the women reported emotional abuse in childhood, including verbal assaults, harsh words when communicating, being told that they are stupid, worthless,

and ignoring their needs and feelings. The mothers reported that this was common since parents used alcohol most of the time and did not care. Findings of abuse and neglect were reported mostly in households where childhood poverty was prevalent, as family economic stress can be a risk factor.

Neglect was also common among the women. Women reported that they had to take care of the household and younger siblings, while the mother was unavailable, either engaging in economic activities for family sustenance or indulging in alcohol abuse. As a result, they reported that they would drop out of school due to continuous absenteeism or they would not have time for school homework. Kedibonye lamented that not a day would go by without her mother saying, "Stay with your younger sibling. I am coming." She will be gone the whole day without worrying about what they have eaten.
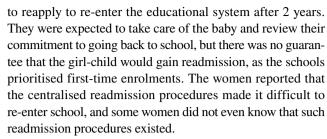
The women's narratives indicated that they were emotionally neglected when parents or guardians failed to understand their problems. The mothers reported that they never engaged in a conversation where they shared their experiences with parents/guardians. They noted that the parents talked to them only to reprimand them for wrongdoing. Another concern voiced by the women was how their parents could afford to get drunk while 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).

As the women narrated their stories, it was habitual for them to be left alone to fend for themselves already at a young age. Parents were reported to be unavailable for the children due to alcohol abuse, engaging in economic activities, and other sustenance activities away from home. Such living environments with no supervision can play a role in maternal detachment and lead to more risky as the child grows. As indicated by the women, due to abuse and neglect in their households they reported that they resorted to sexual relationships, mostly with older men, at a young age. An unplanned pregnancy, therefore, followed an early sexual debut.

Teenage Pregnancy and the Poverty Connection

Most women attributed their current poverty and singlehood to having had children during their teen years. From dropping out of school, pregnancy interrupted their school completion and negatively skewed future employment opportunities and the inability to support their families later in life. In those days, after delivery, the women reported they were expected to reapply to re-enter the educational system after 2 years. They were expected to take care of the baby and review their commitment to going back to school, but there was no guarantee that the girl-child would gain readmission, as the schools prioritised first-time enrolments. The women reported that the centralised readmission procedures made it difficult to re-enter school, and some women did not even know that such readmission procedures existed.

Since their guardians were angry with them for getting pregnant or were negligent, no effort went into reporting the matter so that the responsible man could pay *tshenyo/*damages. The women felt relieved when being invited to cohabit by their partners. The women stated that while procedures exist if the girl got pregnant by a boy-child in school or an older person in the community, only the girls often get forced out of school. Procedures did not enforce the Child Maintenance Act and were disconnected from readmission procedures. Few opportunities existed to further their education, and with their limited skills, the women were doing menial and low-paying jobs and had low bargaining power for reasonable pay. Most women were employed in Ipelegeng, cattle herding, yard clearing, and cleaning and cooking at primary and secondary schools. One of the women stated:

> The father of my first child used to work in town. When I told him I was pregnant, he did not want to see me. After the delivery, I could not go back to school or look for a job as I had to take care of the baby. My mother was unwilling to help as she said this was the path I selected for myself; hence I had to endure the consequences. When the baby was three months old, I took him to look for some jobs for sustenance. (Portia, 42 years)

Other women stated:

> My aunt stayed at the lands, and we children stayed alone. Food was barely enough, and then I was lured into a sexual relationship with an older guy as he promised to take care of me. When I got pregnant, he did not care anymore and told me that he was married and was taking care of his family. I stayed home with the baby and later had to look for work to survive. My aunt would stay with the baby, and sometimes she would refuse to help me as she indicated that she also had to move around to look for a job for sustenance. I had to move around carrying the baby on my back. It wasn't easy. Eventually, I slept with men for survival. (Segopotso, 47 years)
> I could not go back to school after I delivered because my aunt was unwilling to care for my child, so I stayed home to take care and fend for myself. I did menial jobs such as clearing yards and doing laundry. Still, it

was not enough. Eventually, I met a man who promised to provide for my son and me. Before I knew it, I was pregnant once again, and the man disowned the pregnancy. The struggle was more as I had two children to provide for. Life has been hard ever since. I was moving from one man to the next, hoping they would provide for me, but it was always the same, they leave after pregnancy. As for my last child, the third one, when I went back to him after delivery, I found that he had another woman in the house and did not want to see me. Life has been bad for me as I struggle to provide for my children. Maybe if I could have gone all the way in my education, we would not be talking about life struggles and the poverty I am living in. (Malebogo, 34 years)

Some women, however, bore children after they had already dropped out of school due to poor academic performance or a lack of finances to support their academic journey. As they could not secure a job due to lack of skills, the alternative was cohabiting and engaging in sexual relations as a form of security and love seeking. As indicated in the quotes, women tend to run from one sexual relationship to the next, hoping that the men will provide for them. However, the women reported that cohabitation was short-lived as they would get pregnant, and the man would then disown them. If they go back to the village for delivery, they find the men have already moved on with another woman. This exasperated their situation further as they narrated, and poverty became part of their lives.

The women reported that early sexual debut with pregnancy outcomes leads to negative life outcomes, such as continued poverty, including repeated pregnancies and increased maternal and child poverty, the likelihood of having more sex partners in their lifetime, and exposure to HIV infection. Portia's narrative summarised this as she articulated that:

I only went up to form two in school, and I did not do well to proceed. I then went to the neighbouring town to look for a job. It did not pay well, and life was difficult. I then started cohabiting with an older man who helped provide for me. I got pregnant and had to go back to my mother to help care for me after delivery. When the baby was six months old, I left the baby with my mother as I went back to town for better employment opportunities. A year later, my second pregnancy came, and I went back to the village. This time, my mother did not agree to take care of the baby. I stayed in the village (lost contact with the baby's father), where I eventually started a sexual relationship with another man who impregnated me and disowned the pregnancy. By 23 years, I was a mother to three children whose fathers were not providing for. I now have six children fathered by four different men. (Portia, 42 years).

Trapped in motherhood responsibilities early can force women to transition into adulthood earlier when they are not ready. The majority of the women in this study deviated from the normative pathway as they engaged in motherhood early and were unprepared for the role and the responsibilities that come with it. The women narrated that this early transition into motherhood, coupled with childhood poverty and other traumas (parental loss, violence, etc.), exposed them to poor health as some reported living with HIV. Women believed that their financial lives would probably improve if they married, as they would have someone to help with providing for the family.

Exposure to Intimate Partner Violence and Abuse

Intimate partner violence (IPV) and abuse were common in these women's lives. They narrated how they have been subjected to intimate partner violence and abuse since their sexual initiation. Further, their partners would constantly belittle them and even take the money they would have worked to spend on alcohol. Despite the evidence of violence and abuse, women tended to overlook these experiences hoping that the men could provide for them and their children. In addition, they were also hopeful that the men would marry them someday. This is illustrated in this case:

I have long endured his abuse and violence and given him all these children. He said if I gave him children, he would marry me. I cannot leave, and he is the father of my children. Even if he beats me and sometimes leaves us (mother and children), I just stay here since he gives us food. I am still waiting for marriage. (Kedibonye, 39 years)

In another case, 33-year-old Basetsana, mother of five children fathered by four different men, recounted how she endured abuse and violence with her first partner, the first-born's father. She indicates that eventually, she relocated for fear of her life. However, the second and third partners were no different as she faced violence. She reports that she stuck around as they provided for her and the children financially, while she did not have a job to sustain herself. She narrated her story:

My baby's fathers would beat me up and insult me. I endured all this because they provided for the children and me. I had no way to go, and I lived under physical abuse. At first, I ran away, and the men I met after that were no different. My current partner had stopped as I took him to the Kgotla (traditional court), were he was reprimanded, never to be violent again. (Basetsana, 33 years)

Another mother of five reported her endurance of intimate partner violence at the hands of her children's fathers.

The family intervention did not work, and he continued to be violent. The violence subsided after customary court intervention, even though she reports occasional emotional and verbal abuse episodes. She lamented:

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

The women narrated their stories of violent endurance and how they felt helpless and trapped at the hands of these men. In some cases, they were not allowed to visit their families. Some reported that they still deal with the effects of violence as they continually experience physical pain and get heart palpitations when they remember some of their violent encounters. Despite all the emotional and physical pain they went through, some continued to endure the pain as they felt that, eventually, it would pay out through marriage. The women reported that family members encouraged and persuaded them to stay in abusive and violent relationships, especially if they had children with the perpetrators, stating that they could not leave the baby's father.

"Giving a Man a Child" and Multiple Pregnancies

Giving a man a child (a re ke mo fe ngwana), in the local lingua, means bearing a child with the man. A considerable number of the women experienced psychologically severe problems or an "emotional roller-coaster" because of the serial intimate relationships in which they were involved, in the event of a breakup of relationships. The extent to which this ethic affects women's wellbeing, especially in emotional deprivation and vulnerability, is costly when one experiences a breakup. This is illustrated by the below quotes of women who were asked to prove their love through bearing a man a child, and the men did not show appreciation until the relationship ended and they moved on to the next one. One woman stated:

> I have four children fathered by two different men. The first man I had two children with worked as a security guard. He declared his love for me before the pregnancy, and when pregnancy came, he said the child was not his and that I was cheating. After the delivery, when he saw that the child looked like him, that's when he took me back and said he was sorry. He treated us nicely and soon changed, and he would stay away for days without coming to where we were staying with him. I then realised that he was cheating. When I confronted him, he said I was

the one who made him cheat as I did not want to give him a child as I was on the pill. Since I loved him, I stopped the prevention pill and once again, I was pregnant with baby number 2. I went to the village after delivery for confinement, and when I came back after four months, I found that he was staying with another woman. I was devastated. Since then, we went our separate ways, and he does not help take care of the children. I met the father of the last two of my children, who was good and providing for my children and myself. He said that I should give him a child if I loved him like the first one. I had the last two children, and all I got was the abuse. Even though we stay in different compounds, I am still with him, but he is abusive. He shouts at me and tells me that I am nothing. He can visit me anytime, but I cannot do the same. He will chase me away if I visit him at his house unannounced. (Dikeledi, 38 years)

Another woman also shared her story:

> I have had several men, and each will say, "give me a child to show that you really love me. Then I will marry you." I now have nine children fathered by five different fathers, and I am still single. You give him a child, do all the household chores, and get violence. It is frustrating not to be appreciated. I ended up abusing alcohol and sleeping around, which brought me HIV and not even knowing who is the father of two of my children. (Segopotso, 47 years)

The above quotes are the sentiments shared by a majority of the women in the study. They reported jumping from one man to the next with the hope that the next one would be better, only to realise that they once again relive the violence and abuse and are continually asked to satisfy the man by "giving him a child" who eventually they are not able to provide for.

Promised Marriage, Suspended, But Still Expecting

Because of the promise of having children as a prerequisite for getting married, most women live with a high expectation of getting married. The women have a deep desire to be married. Despite the earlier promise, a majority voiced the frustration of having no marriage proposals but were still undeterred in their ambition to marry someday. A woman shared her story:

> What pains me is that this man is not talking about marriage. I have been with him for seven years, and I have given him children, and he is always promising marriage. He is silent after all these three children, and I hope he will marry me someday. (Shelly, 36 years)

The women reported that they understood their partners' challenges, mostly low socioeconomic status. Sugar-coating their partners' circumstances could result from low self-efficacy, believing in one's ability to succeed in a particular situation. During the interviews, there was a reiteration of, "*Ba re ga ke mosadi…*/ They say that I am not a woman." One woman recounted:

> People belittle me, saying that I am not woman enough, even though I live in my home. Since I am not married, they say I am not a woman. (Kedibonye, 39, who has been with the same partner for 8 years)

Another woman said:

> … Another issue that pains me is that this man is not talking about marriage. He is silent even though he always promises to marry me if I give him children. We have two children together. (Shelly, 36 years)

These beliefs that if you bear a man's child, it will end in marriage shows how they think, create meanings, and behave. The women expressed an inability to engage their partners in a dialogue about marriage and hence are not even sure of their partners' intentions. The financial implication of marriage is that if a man proposes marriage, the woman's family charges him a bride price. Kedibonye had this to say:

> My parents have to eat something (the bride price has to be paid). I have long endured his abuse and given him all these children. The least he can do is pay the bride price. I have not given up on him; he will marry me.

Portia (32 years) lamented:

> I have been with him for 6 six years, and he is the father to three of my six children. Even after all these children, he is silent. I broke up with the father of the other two because I thought this current one would be more committed but look where I am now, and I am still not married.

Even though the women realised the cost of marriage and that their partners might not cover the costs, they were still adamant about getting married with the bride price being paid. Their undeterred ambition to marry clouds their judgement as to the reality of the financial status of their partners, which is a hindrance to getting married as they would have to pay the bride price. Marriage for these women implied womanhood, self-definition, and gain in social empowerment and social status. Besides, the women felt that having a spouse could help them deal with stressful situations and provide a sense of meaning in their lives and obligation to others. The way relationships, sexuality, and intimacy are experienced and expressed is critical to women's sense of self and wellbeing. These effects could be rational responses to the many double binds, ambiguities, and conflicting social demands that women suffer in a patriarchal society. Mainstream low-income mothers believe that marriage can improve their social standing in the community. They believe marriage is supposed to offer better finances, longer life, protection, stability, and better mental health.

The women poured out their frustrations of singlehood, borne out of the stigma attached to being a single parent and being perceived as not woman enough by some community members. They felt that society stigmatised unmarried women who had children out of wedlock. Such women are not valued in society as they have broken the social norms that children should be brought up with two parents. The importance of public recognition and validity in marriage relationships had been noted by other researchers. Their relationships are not validated for the women who continue to have children out of wedlock. Even though society might not support their desires, the women desire to conceive, which could be considered a way to prove fertility to the man and hope that this will increase their chances of being married. However, their perspective or proving fertility did not guarantee marriage. The majority of the women reported that they have been with the same partner for at least 5 years, while others had about 8 years. Changing partners was common due to violence or the hope that the next person would marry them. Those who promised marriage had concurrent sexual partners, hence thought the other was more eligible or had pledged to marriage soon.

Discussion

A narrative approach was used to explore the lived experiences of low-income unmarried women in rural Botswana. The study used a life course orientation to trace the lived experiences, transitions, and trajectories of the women's lives. The study suggests that several life events and experiences have negatively influenced and skewed transitions and trajectories in the lives of low-income unmarried women in rural Botswana. Using the life course, the study shows how the low-income unmarried mothers' experiences are linked from childhood to adulthood. Furthermore, the life course model argues that there is a stress-related pathway to later life from exposure to early childhood poverty, emotional, physical abuse and neglect, exposure to violence, and teenage pregnancy. Significant psychosocial outcomes resulting from these exposures include low self-efficacy, low self-esteem, a heightened sense of hopelessness and helplessness, and a common sense of internal locus of control (Siegrist & Marmot, 2004). Moreover, these attributes are socially determined outcomes from inequality and class structures, potentially explaining why lived experiences among individuals are tied to their future, subsequently suffering from
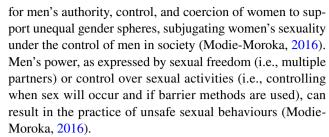
poorer health and less able to prosper in their lives, both socially and economically.

The life course further acknowledges that social context impacts the family and, in turn, influences transitions that individuals go through (Bengtson & Allen, 2009). This model helps to understand how family and social interactions influence individuals' development, what meanings they create, and how they interpret the changes. Connell (1987) contended that different social structures condition the relations between men and women in different ways. Gender and culturally bound factors interact to predict how women experience power imbalances in their life course and within intimate relations creating vulnerabilities for women. There may be culturally bound norms that control access to resources and roles of power based on gender on a societal level. The study suggests that the women were prematurely and chronically experiencing economic exposures and socioeconomic risk factors. The gender roles in their lives determined the lack of access to potent occupational and economic opportunities. Patriarchy and sexism were the underlying determinants of such exposures. Lerner (1986) defines patriarchy as a set of institutional structures like property rights, access to positions of power, and relationship to sources of income based on the belief that men and women are dichotomous and unequal categories. The system of patriarchy devalues women's experience and disfranchises and disempowers them. Instead, patriarchy empowers and privileged men through the relationships created by this system (Payne, 2005). Studies summarised in a meta-analysis by Morantz et al. (2013) found that women often report material deprivation, starvation, inadequate clothing, inability to pay for school uniforms and fees, and engaging in household chores instead of school.

The study contends that continuing historical patterns of disadvantage are more dominant in low-income rural women in Botswana. Histories of teenage pregnancy, desertion by males, and transient intimate relationships lead to compromised educational pursuits and employment in low service jobs, where they earn low wages. Women face some economic exposures, such as living in poverty and not having graduated from high school. Since they engaged in sexual relations with older men, this was also a socioeconomic risk factor as it exposed them to some adversities throughout their lives.

Gender power imbalances bring about behavioural and physical risk factors within relationships and decrease women's decision-making control (Davila, 2002). The distribution of power within men's and women's interpersonal relationships and the exercise of men's authority, control, and coercion of women are consistent with Wingood and DiClemente's (2000) work. Intimate relationships are guided by gender norms and sexuality, determining sexual regulation and authority. The "structure of power" provides the means

for men's authority, control, and coercion of women to support unequal gender spheres, subjugating women's sexuality under the control of men in society (Modie-Moroka, 2016). Men's power, as expressed by sexual freedom (i.e., multiple partners) or control over sexual activities (i.e., controlling when sex will occur and if barrier methods are used), can result in the practice of unsafe sexual behaviours (Modie-Moroka, 2016).

In sexual relations with older men and living in poverty, the women were exposed to abuse and violence. With limited power in these relationships, they tended not to be assertive in their communication and hence could not bring their views to their partners. Besides the little power in relationships and the exposure to abuse and violence that affected their wellbeing, the women had affective attachments to their partners. The bond they had with their male partners kept their hopes up that marriage would eventually come. The women hoped for the best from their partners despite the violence, abuse, and lack of emotional and financial support. The women were emotionally invested in their relationships, yet they were also aware of the reality they were living in. Holding on to such can also be cultural, as women are supposed to be submissive in relationships with men.

Gender, power, and affective attachments and social norms may also help explain the women's integration of gender and power imbalances in relationships. Men and women are not considered equal politically, economically, and socially. Some of the manifestations are the acceptance of conventional, male-dominant social norms and beliefs; the diminished potential for sexual communication requiring or dictating that women should be passive, not assertive; and holding conservative norms, acceptable for men to have multiple sex partners (Wingood & DiClemente, 2000; Modie-Moroka, 2016). As Wingood and DiClemente (2000) illustrate, the structure of cathexis "shapes our perceptions of ourselves and others and limits our experience of reality" (pg. 544). Therefore, adhering to the societal norms can be a risk factor for women and affect their general wellbeing as they believe they have to get married to have a better life and status in the community.

Traditional gender norms are at the foundation of many power imbalances within relationships. Payment of bride price gives men exclusive rights to the bride's sexuality. There is a double standard concerning marital infidelity, and men's infidelity is tolerated. Husbands are "excused" for high-risk sexual behaviour as the culture overlooks multiple sexual partners for males. Traditionally, and within the patriarchal set-up, marriage provided safety and security to the women.

Male dominance is a crucial feature of conventional gender norms in marriage issues in Botswana. Traditional gender and cultural norms contribute to power imbalances in heterosexual relationships by reinforcing male dominance

and female submissiveness. The affective attachments and social norms refer to the structure of emotional and social norms, emotional attachment, or the sexual desire as emotional energy attached to an object (Connell, 1995). The system explains the acceptable sexual behaviours at the societal level, including the emotional and sexual attachment women display toward men.

Several studies have suggested that the longer duration of the relationship influences how a female perceives her power within that relationship (Cabral et al., 1998). Studies in the HIV literature have found that as the length of time in the relationship increased, condom use decreased, and higher levels of relationship commitment had negative effects on condom communication (Cabral et al., 1998). Women who feared the loss of their relationship were also six times less likely to use condoms regularly. Since they are expected to defer to men at all stages of their lives, often this puts them at risk of HIV infection.

As fathers disappear after children are born, the financial, psychological, and emotional strain and stress of child-raising and maintenance fall to the mother (Molokomme, 1991). Since the mothers live in poverty, they tend to run into the hands of the next man, hoping that he would provide financially for her and the children. Hamburg (1986) argued that they tend to be psychologically vulnerable and seek connections through sexual intimacy as a compensatory mechanism to meet their needs. In the case of the women in this study, they tended to endure the abuse of such men as they felt that they met their basic needs. In cases where the relationship did not work out, they tend to blame themselves for what went wrong, despite the life of self-sacrifice and over-functioning in the relationships.

Implications

The study suggests that women are vulnerable from a young age into adulthood, hence the need to focus on key issues to ensure their economic security. To ensure a pathway out of poverty, it is recommended that a policy on early childhood care and education for low-income mothers be developed to ensure that they get back to school without worrying about meeting their children's basic needs. Furthermore, there is a need to establish safety net programmes focused on low-income women to support them and encourage a favourable environment allowing them to develop skills that can enable them to have economic independence. The government should invest in women as the improvements in their lives will also impact their families and communities. Investing in women and allowing them to have equitable access to resources, social services, and social protection benefits

them and society (UN Women, 2014). Supportive family structures are encouraged, and women should be supported to achieve this without reducing their dependence on men. Providing support that will also enhance women's roles in sustaining their families will create just and sustainable communities. The study had also shown that low-income mothers are a vulnerable group whose life course has a history of multiple traumas. The circumstances under which they raise children are unhealthy as children are exposed to violence in the household and living in poverty. Due to the lack of social capital in the lives of the women, there is possibility of intergenerational transmission of vulnerabilities to their children. Policies and programmes should be designed to cater for low-income mothers' families. To help low-income mothers, it is imperative that family policy is introduced as suggested by Thévenon (2011). This will focus on poverty reduction and income maintenance, direct compensation for the financial cost of raising children, fostering employment, and support for early childhood development among other issues that low-income mother struggle with.

Declarations

References

Ackermann, L., & de Klerk, G. W. (2002). Social factors that make South African women vulnerable to HIV infection. *Health Care for Women International, 23*(2), 163–172.

Aldous, J. (1990). Family development and the life course: Two perspectives on family change. *Journal of Marriage and the Family, 52*(3), 571–583. https://doi.org/10.2307/352924

Ardington, C., Menendez, A., & Mutevedzi, T. (2015). Early childbearing, human capital attainment and mortality risk: Evidence from a longitudinal demographic surveillance area in rural-KwaZulu-Natal, South Africa. *Economic Development and Cultural Change, 63*(2), 281–317.

Assini-Meytin, L. C., & Green, K. M. (2015). Long-term consequences of adolescent parenthood among African-American urban youth: A propensity score matching approach. *Journal of Adolescent Health, 56*(5), 529–535.

Bengtson, V. L., & Allen, K. R. (2009). The life course perspective applied to families over time. In P. Boss, W. Doherty, R. LaRossa, W. Schumm, & S. Steinmetz (Eds.), *Sourcebook of Family Theories and Methods* (pp. 469–504). Plenum.

Bennett, N. G., Bloom, D. E., & Miller, C. K. (1995). The influence of nonmarital childbearing on the formation of first marriages. *Demography, 32*(1), 47–62.

Boivin, M., & Hertzman, C. (Eds.). (2012). Early childhood development: Adverse experiences and developmental health. Royal Society of Canada - Canadian Academy of Health Sciences Expert Panel (with Ronald Barr, Thomas Boyce, Alison Fleming, Harriet MacMillan, Candice Odgers, Marla Sokolowski, & Nico Trocmé). Ottawa: Royal Society of Canada.

Buseh, A. G., Glass, L. K., & McElmurry, B. J. (2002). Cultural and gender issues related to HIV/AIDS prevention in rural Swaziland: A focus group analysis. *Health Care for Women International, 23*(2), 173–184. https://doi.org/10.1080/073993302753429040

Cabral, R. J., Pulley, L., Artz, L. M., Brill, I., & Macaluso, M. (1998). Women at risk of HIV/STD: The importance of male partners as barriers to condom use. *AIDS and Behavior, 2*(1), 75–85.

Connell, R. W. (1995). *Masculinities*. University of California Press.

Connell, R. W. (1987). *Gender and power*. Stanford University Press.

Creswell, J. W. (2013). Research design: Qualitative, quantitative, and mixed methods approaches. Thousand Oaks, CA: Sage Publications.

Czarniawska-Joerges, B. (2004). *Narratives in social science research*. Sage Publications.

Davila, Y. R. (2002). Influence of abuse on condom negotiation among Mexican-American women involved in abusive relationships. *Journal of the Association of Nurses in AIDS Care, 13*(6), 46–56.

De Genna, N. M., Larkby, C., & Cornelius, M. D. (2011). Pubertal timing and early sexual intercourse in the offspring of teenage mothers. *Journal of Youth and Adolescence, 40*(10), 1315–1328.

Elder, G. H. (1998). The life course as developmental theory. *Child Development, 69*(1), 1–12. https://doi.org/10.1111/j.1467-8624.1998.tb06128.x

Elder, G. H. (1995). The life course paradigm: Social change and individual development. In P. Moen, G. H. Elder, K. Lüscher, & U. Bronfenbrenner (Eds.), *Examining lives in context: Perspectives on the Ecology of Human Development* (pp. 101–139). APA Press.

Elder, G. H. (1985). *Life course dynamics: Trajectories and transitions, 1968–1980*. Cornell University Press.

Elder, G. H., Johnson, M. K., & Crosnoe, R. (2003). The emergence and development of life course theory. In J. Mortimer & M. Shanahan (Eds.), Handbook of the Life Course. Handbooks of Sociology and Social Research (pp. 3–19). Boston, MA: Springer.

Farber, N., & Miller-Cribbs, J. E. (2014). First train out: Marriage and cohabitation in the context of poverty, deprivation, and trauma.

Journal of Human Behavior in the Social Environment, 24(2), 188–207.

Font, S. A., Cancian, M., & Berger, L. M. (2019). Prevalence and risk factors for early motherhood among low-income, maltreated, and foster youth. *Demography, 56*(1), 261–284.

Gender Links Botswana. (2012). The gender based violence indicators study Botswana. Gaborone: Gender Affairs Department.

Germain, C. B., & Gitterman, A. (1996). *The life model of social work practice: Advances in theory and practice*. Columbia University Press.

Greene, C. A., Haisley, L., Wallace, C., & Ford, J. D. (2020). Intergenerational effects of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. *Clinical Psychology Review, 80*, 101891.

Greene, M. (2008). Poor health, poor women: How reproductive health affects poverty. *Focus on Population, Environment, and Security*. Washington, DC: USAID; Woodrow Wilson International Center for Scholars.

Gregson, S., Nyamukapa, C. A., Garnett, G. P., Wambe, M., Lewis, J. J., Mason, P. R., . . . Anderson, R. M. (2005). HIV infection and reproductive health in teenage women orphaned and made vulnerable by AIDS in Zimbabwe. *AIDS Care, 17*(7), 785–794.

Greig, F. E., & Koopman, C. (2003). Multilevel analysis of women's empowerment and HIV prevention: Quantitative survey results from a preliminary study in Botswana. *AIDS and Behavior, 7*(2), 195–208.

Gwebu, T. (2004). *Patterns and trends of urbanization in Botswana and policy implications for sustainability*. Department of Environmental Science, University of Botswana.

Hamburg, B. A. (1986). Subsets of adolescent mothers: Developmental, biomedical, and psychosocial issues. In J. B. Lancaster & B. A. Hamburg (Eds.), *School-age Pregnancy and Parenthood: Biosocial Dimensions* (pp. 115–145). Transaction Publishers.

Hareven, T. K. (1982). The life course and aging in historical perspective. In T. K. Hareven & K. Adams (Eds.), *Aging and Life Course Transitions: An Interdisciplinary Perspective* (pp. 1–26). Guilford Press.

Heinz, W. R., Huinink, J., & Weymann, A. (2009). *The life course reader: Individuals and societies across time*. Campus Verlag.

Hutchison, E. D. (2010). A life course perspective. *Developmental Psychology, 13*(4), 300–333. Kefalas, M., & Edin, K. (1999). The meaning of motherhood. *Unpublished manuscript*.

Kefalas, M., & Edin, K. (1999). The meaning of motherhood. Unpublished manuscript.

Krüger, F. (1998). Taking advantage of rural assets as a coping strategy for the urban poor: The case of rural/urban interrelations in Botswana. *Environment and Urbanization, 10*(1), 119–134.

Lerner, G. (1986). *The creation of patriarchy*. Oxford University.

Letamo, G., & Bainame, K. (1997). The socio-economic and cultural context of the spread of HIV/AIDS in Botswana. *Health Transition Review, 7*(Suppl 3), 97–101. Retrieved November 5, 2022, from http://www.jstor.org/stable/40608692

MacDonald, D. S. (1996). Notes on the socio-economic and cultural factors influencing the transmission of HIV in Botswana. *Social Science & Medicine, 42*(9), 1325–1333.

Malinga, T. & Olster, T. (2022). Perspectives on being mothered and on negotiating the transition to motherhood: A qualitative study of low-income single mothers in Botswana. *International Social Work*, 1–14.

Malinga, T. (2020). Factors influencing adulthood adversities among low-income women in Botswana. *Journal of Social Development in Africa, 35*(2), 93–119.

Maxwell, J. A. (2012). *Qualitative research design: An interactive approach*. (2nd ed.). Los Angeles, CA: Sage publications.

McLanahan, S., & Bumpass, L. (1988). Intergenerational consequences of family disruption. *American Journal of Sociology, 94*(1): 130–152.

McLeod, J. D., & Almazan, E. P. (2003). Connections between childhood and adulthood. In J. Mortimer & M. Shanahan (Eds.), *Handbook of the Life Course* (pp. 391–411). New York, NY: Springer.

Meekers, D. (1994). Sexual initiation and premarital childbearing in sub-Saharan Africa. *Population Studies, 48*(1), 47–64. https://doi.org/10.1080/0032472031000147466.

Menendez, A., Branson, N., Lam, D., Ardington, C., & Leibbrandt, M. (2011). *Revisiting the 'crisis' in teen births: What is the impact of teen births on young mothers and their children?*. Southern Africa Labour and Development Research Unit.

Modie-Moroka, T. (2016). Masculinities, gender-based violence, HIV and AIDS in Botswana. *Pula: Botswana Journal of African studies, 30*(2), 284–297.

Modie-Moroka, T. (2010). Intimate partner violence and poverty in the context of Botswana. *Journal of Psychology in Africa, 20*(2), 185–191.

Modie-Moroka, T. (2003). Vulnerability across a life course: An empirical study: Women and criminality in Botswana prisons. *Journal of Social Development in Africa, 18*(1), 145–180.

Modie-Moroka, T. & Letshwiti-Macheng, P. (2017). Female sex workers as key populations in the HIV and AIDS epidemic in botswana: implications for social work practice (2017). In *Social Work & Social Development in Botswana, Issues, Challenges & Prospects.* Edited by Rodreck Mupedziswa, Gloria Jacques and Lengwe-Katembula Mwansa. International Federation of Social Workers, pp. 217–237

Molokomme, A. (1991). *Children of the fence: The maintenance of extra-marital children under law and practice in Botswana*. Leiden, The Netherlands: African Studies Centre Research.

Morantz, G., Cole, D., Vreeman, R., Ayaya, S., Ayuku, D., & Braitstein, P. (2013). Child abuse and neglect among orphaned children and youth living in extended families in sub-Saharan Africa: What have we learned from qualitative inquiry? *Vulnerable Children and Youth Studies, 8*(4), 338–352.

Ntoimo, L. F. C., & Mutanda, N. (2020). Demography of single parenthood in Africa: patterns, determinants and consequences. In *Family Demography and Post-2015 Development Agenda in Africa* (pp. 147–169). Springer, Cham.

Odimegwu, C., & Mkwananzi, S. (2016). Factors associated with teen pregnancy in sub-Saharan Africa: A multi-country cross-sectional study. *African Journal of Reproductive Health, 20*(3), 94–107.

Palermo, T., & Peterman, A. (2009). Are female orphans at risk for early marriage, early sexual debut, and teen pregnancy? Evidence from sub-Saharan Africa. *Studies in Family Planning, 40*(2), 101–112.

Payne, M. (2005). *Modern social work theory* (3rd ed.). Lyceum Books.

Peltzer, K. (2010). Early sexual debut and associated factors among in-school adolescents in eight African countries. *Acta Paediatrica, 99*(8), 1242–1247. https://doi.org/10.1111/j.1651-2227.2010.01874.x

Rajaraman, D., Russell, S., & Heymann, J. (2006). HIV/AIDS, income loss and economic survival in Botswana. *AIDS Care, 18*(7), 656–662. https://doi.org/10.1080/09540120500287010

Saldaña, J. (2016). *The coding manual for qualitative researchers*. Sage.

Scott, E. K., London, A. S., & Myers, N. A. (2002). Dangerous dependencies: The intersection of welfare reform and domestic violence. *Gender & Society, 16*(6), 878–897.

Savio-Beers, L. A. & Hollo, R. E. (2009). Approaching the adolescent-headed family: A review of teen parenting. *Current problems in pediatric and adolescent health care, 39*(9), 216–233.

Siegrist, J., & Marmot, M. (2004). Health inequalities and the psychosocial environment—Two scientific challenges. *Social Science & Medicine, 58*(8), 1463–1473. https://doi.org/10.1016/S0277-9536(03)00349-6

Statistics Botswana (2013). Botswana Poverty Survey 2009/2010: Botswana Core Welfare Indicators Survey. Gaborone: Statistics Botswana. Retrieved April 20, 2022, from https://www.statsbots.org.bw/sites/default/files/BCWIS%202009%2010%20MAIN%20REPORT.pdf

Statistics Botswana (2014). Population and Housing census 2011-Analytical Report. Gaborone: Central Statistics Office. Retrieved April 20, 2022, from https://www.statsbots.org.bw/sites/default/files/publications/Population%20%26%20Housing%20Census%20Dissemination%20analytical%20report%20.pdf

Stöckl, H., Kalra, N., Jacobi, J., & Watts, C. (2013). Is early sexual debut a risk factor for hiv infection among women in Sub-Saharan Africa? A systematic review. *American Journal of Reproductive Immunology, 69*(s1), 27–40. https://doi.org/10.1111/aji.12043

Sulla, V., Zikhali, P., Ndip, A. E., Uulu, A., Tesliuc, C., Heleniak, T. (2015). *Botswana poverty assessment*. Washington, DC: World Bank Group.

Thévenon, O. (2011). Family policies in OECD countries: A comparative analysis. *Population and Development Review, 37*(1), 57–87.

Thurman, T. R., Brown, L., Richter, L., Maharaj, P., & Magnani, R. (2006). Sexual risk behavior among South African adolescents: Is orphan status a factor? *AIDS and Behavior, 10*(6), 627–635. https://doi.org/10.1007/s10461-006-9104-8

Turshen, M., & Holcomb, B. (Eds.). (1993). *Women's lives and public policy: The international experience. westport*. Greenwood Publishing Group.

U. N. Women (2014). World Survey on the role of women in development 2014: Gender Equality and Sustainable Development. A report signed by the Secretary General and Executive Director, UN Women.[PDF].

Ward, C., Makusha, T., & Bray, R. (2015). Parenting, poverty and young people in South Africa: What are the connections. *South African child gauge*, 69–74.

Weiser, S. D., Leiter, K., Bangsberg, D. R., Butler, L. M., Percy-de Korte, F., Hlanze, Z., Heisler, M. (2007). Food insufficiency is associated with high-risk sexual behavior among women in Botswana and Swaziland. *PLoS Med, 4*(10), 1589–1597. https://doi.org/10.1371/journal.pmed.0040260

Wingood, G. M., & DiClemente, R. J. (2000). Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health Education & Behavior, 27*(5), 539–565.

Women's Affairs Division. (1995). *Policy on women in development*. Gaborone: Department of Culture and Social Welfare, Ministry of Labour and Home Affairs.

Zierler, S., & Krieger, N. (1997). Reframing women's risk: Social inequalities and HIV infection. *Annual Review of Public Health, 18*(1), 401–436. https://doi.org/10.1146/annurev.publhealth.18.1.401