

## Introduction

Africa is the continent which lags behind in the global fertility transition, yet within Africa the Southern African countries, along with a number of small island states, are well advanced along the pathway to low or replacement level fertility (Wilson 2011). Of these Southern African countries, Botswana, is second only to South Africa with respect to a low fertility), with a Total Fertility Rate (TFR) of around 2.5. It appears to be an environment where there is considerable fertility control. Given that it is also a country often represented as a model of democratic stability which has invested the proceeds of its mineral resources in human capital development such as education and health care, it may be tempting to assume that the fertility decline is an uncomplicated consequence of increasing female education, relative wealth and effective health and family planning services. Judging by the low level of fertility and general availability of family planning services at the population level, relatively effective pregnancy planning might appear to be a *fait accompli*. This is actually far from the case and this paper explores the dimensions of pregnancy planning in order to highlight contradictions between some of the headline indicators and the reality of women's reproductive lives.

## Background to the research:

Worldwide, a better understanding of women's intentions around future pregnancy in a specified, relatively short, time period (12-18 months) is key to improving contraceptive and pre-conception care. While tools have been proposed, no psychometrically validated and clinically usable tools to measure this currently exist (Barrett et al. 2014; Bellanca & Hunter 2013; Brunner Hubert et al. 2013). Such a tool could ultimately guide clinical decision-making at the individual level and inform health service planning at the population level. The last 15 years have seen a growing body of work around measurement and classification of the intendedness of pregnancy. This work has shown that the concept of pregnancy intention is more complex than previously assumed and requires a sophisticated measurement approach, such as the *retrospective* London Measure of Unplanned Pregnancy ([www.lmup.co.uk](http://www.lmup.co.uk)) which is a short, psychometrically validated measure of pregnancy planning for a *current or recent* pregnancy (Barrett & Wellings 2002; Barrett et al 2004). Despite demand by clinicians and researchers, work around the measurement and classification of women's intentions regarding a *future* pregnancy remains undeveloped. Most research on *prospective* pregnancy planning has been conducted in well-resourced, developed countries (Bellanca & Hunter 2013; Brunner Hubert et al. 2013) and we have little idea about whether women's conceptualisations and experiences of pregnancy intention and planning are similar in the global South where the reproductive health context is very different. Botswana, which combines relatively low fertility and high levels of contraceptive knowledge (Kraft 2009) with a reproductive context which includes strong pronatalism, (Upton 2001, 2010), little access to abortion (Smith 2013) and a severe HIV epidemic (UNAIDS country report; Farahani et al 2013) is an ideal environment to explore such conceptualisations of pregnancy intention and planning.

This qualitative study was undertaken in order to explore how Botswana women discuss and represent their orientation to future pregnancy; to consider the relevance and saliency of concepts of intention and planning for women's everyday lives in this reproductive health context and to explore the social and cultural conditions in which women are able to discuss pregnancy and understand the diverse constraints which might inhibit women from articulating intentions. A qualitative approach was chosen because pregnancy intentions are complex constructs influenced

by culture, family, marital and social environments (Stevens 2015) alongside an individual's socio-demographic and economic characteristics, and previous experience with contraception and reproductive decision-making. Any robust, useful measure of future pregnancy intention needs to capture these dimensions, and incorporate uncertainty and ambivalence. Its validity will ultimately depend upon (a) asking the right questions and (b) respondents feeling that the questions are oriented around meaningful categories and dilemmas. The flexibility and open-ended nature of qualitative methods are ideally suited to this exploratory project which also touches on sensitive issues and where it is highly likely that there are strong elements of ambivalence and ambiguity about motivations. We expected that there might be a strong influence of cultural norms which respondents might not be able to articulate clearly but could emerge from their discourse.

Using the data generated by this pregnancy planning preliminary study this paper investigates the diverse dimensions of pregnancy planning articulated by Botswanan women and the extent to which these ideals of planning emerge out of women's own personal experience and pregnancy histories.

## Methods

36 in-depth interviews were undertaken with a cross-section of women in Gaborone and 5 women in Mochudi – a small town about 40Km from Gaborone. Women were identified through a number of different pathways including encounters on the street, in shops and in shopping malls, individuals recruited in offices where they worked either as administrative staff or cleaners,. A number of women were recruited through the sexual and reproductive health and rights NGO BOFWA (Botswana Family Welfare Association), and four from Stepping Stones, an NGO that provides life-skills and psychological support to orphaned and vulnerable youth. The intention was to include women from a broad range of socio-economic contexts and reproductive experiences. When interviews were arranged the interviewers had no prior knowledge of the respondent's reproductive experience. Three of the authors (BB, NM and CK) undertook the interviews after a week's training in theoretical dimensions of using qualitative approaches to study reproductive decision making and contemporary understanding of dimensions of pregnancy planning. The authors jointly developed the interview guide, translated key concepts into Setswana and undertook pilot interviews. At early stages of the fieldwork, group meetings were important for discussing the issues which should be pursued and identifying emergent issues not originally envisaged. Interviews were all undertaken in Setswana, English, or a mix of the two languages. They were recorded and immediately transcribed and translated into English by the interviewer. Rapid feedback was provided on each interview by the lead author (SR) in order to generate an iterative process whereby insights from earlier interviews could be used to develop the issues explored in later interviews.

Transcriptions were coded using NVIVO. Codes of life situations and aspects of pregnancy planning, which developed out of the theoretical aims of the project, were used as well as inductive codes for themes which emerged from the interview material – allowing us to be guided by women's representation of their own experiences. Factual codes were combined with analytic codes which extracted elements of pregnancy planning from the accounts even when these were not directly articulated as planning. In order to understand better the importance of previous reproductive experience on both current behaviour and the opinions expressed, individual reproductive life history profiles were created highlighting patterns of contraceptive use and the degree to which different births were both planned and wanted. The outcome of the birth and the current situation and residence of any children were a key part of these profiles.

## Results

Table 1 summarises the socio-demographic characteristics of the respondents. In terms of education they ranged from incomplete secondary school to several with university degrees.

Table 1: Characteristics of 36 respondents (as of 22/10/2015)

	N	Comments
Age		Only 3 respondents were married. 6 were cohabiting and not married, 18 were not cohabiting but in a relationship and 7 were not in a relationship. For two respondents their residential / marital status was missing or unclear. Of those who were not cohabiting, some lived alone in rented accommodation, whereas others lived with their parents or siblings.
<20	2	
20-24	8	
25-29	8	
30-34	12	
35-39	4	
40-44	1	
45-49	0	
50-59	1	
Number of pregnancies		
0	3	
1	17	
2	10	
3	3	
4+	3	
Number of living children		Three women experienced miscarriage and one a neonatal death of a premature child. One woman had had 5 induced abortions
0	6	
1	21	
2	4	
3	4	
4+	1	
Planned nature of first pregnancy		In a number of unplanned cases the woman said that she suspected her partner was trying to get her pregnant
Planned	10	
Unplanned	19	
Unplanned and coerced	2	
Not clear	2	
Not applicable	3	
Planned nature of second pregnancy		A few women who had not yet experienced their second pregnancy were actively planning timing and their physical condition.
Planned	2	
Currently planning (preg or trying)	3	
Unplanned	11	
Unplanned and coerced	1	
not applicable	20	
HIV status at interview		As stated by the respondents during the interview
Confirmed HIV+	8	
Probably HIV+	1	
Confirmed HIV-	18	
Probably HIV-	6	
Unknown	3	

Interpretation of the aspects of life behind 'planning' a pregnancy took many different forms and, whatever the particular understanding of planning, only a small minority of the reported pregnancies were described as planned in terms of the woman herself trying to get pregnant at that time.<sup>1</sup> However, even where the pregnancy was unplanned and unintended, many women expressed very clearly that it was wanted: sometimes immediately, other times after the pregnancy had progressed a little and at other times after birth. This highlights the distinction that must be made between intendedness and wantedness of a pregnancy. Even a case where a pregnancy resulted from rape by her partner, a woman expressed satisfaction with the timing of the pregnancy.

*R: He would even get to a point where he would rape me. He is the one that told me I was pregnant. He knew what he did.*

*I: Oh ok.*

*R: But I feel that the timing was right.*

*I: How so? [I was shocked. She just told me she got raped but it was ok.]*

*R: I wanted a three year birth space between the children.*

*I: Why three years?*

*R: I feel that gives the child enough time to have all the love and attention from me.*

The different dimensions of planning evoked by respondents can be summarised as follows:

- Economic dimensions
- Finding (and keeping) an appropriate man to be the father
- Preparing one's body for pregnancy which could include counselling if HIV+ve
- Emotional preparedness for motherhood
- Having access to family help both during *botsetse* (the traditional lying in exclusion period of 3-6 months) and afterwards.
- Pressures on women to bear children
- Contraceptive use and managing contraception
- Autonomy in pregnancy

After delving into each woman's reproductive history and decision making, all women were asked whether they thought that it was best to plan pregnancy, and if so what dimensions they would plan. Despite the universal acknowledgement that some dimension of planning was beneficial, few had actually planned any of their pregnancies and even fewer had achieved planning in all the desired dimensions.

### Economic planning

The concept of pregnancy planning was usually interpreted as planning in broadly economic terms. This priority was also where most women felt they had failed in their planning although for several of the women considering a second pregnancy after an unplanned first one, this was the preparation

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<sup>1</sup> In the interview guide we asked for each pregnancy :

Were you trying to get pregnant? *A ne o na le maikalelo a go ima ka nako ya teng?*

Do you think it is better to plan pregnancy or just see what happens? Why?

*Go a ka wena a go botoka go baakanyetsa boimana kana jang? Mabaka?*

they saw as the most important. Their ability to plan their economic life was a principal determinant of the very long birth intervals (5-15 years) that many saw as necessary. This reflects some of the more recent work on birth intervals in Sub Saharan Africa suggesting that postponement of births and the resulting long birth intervals is an important feature of African fertility transition (Towriss 2014; Timaeus & Moultrie, 2008)

The economic concerns that women had varied: for some it was the general economic situation of each member of the couple, their employment and whether they, or one of them, owned their own house.

*for me what I wish for, my wishes are the second child if I were to have her/him, I would have my own house, that I built, I mean having my house, so that when I have that child, they will be two right? I can take them and have them and put them in a safe place, not at so and so's place. You see where I live it is not my place, it is like am just asking for accommodation, I wish to have my own place, with my own money, that I can help my children with, knowing I buy them food, clothes, I put them through school I buy them everything child may need in life, without begging from anyone. CKGAB02*

For some women (usually those who had had an unplanned child and were economically insecure) the principal preoccupation was the costs of baby in terms of milk, clothing and nappies

*R: Yes even the financial status. The baby needs a lot of money to be able to take care of. It is very expensive to maintain a baby so you have to consider your social status before you think of having a baby. BBGAB01*

Whereas others, often those who were less immediately economically constrained, were more concerned with the long term costs of childrearing, in particular schooling and health care.

*Yeah, definitely, I think considering their way of living as a situation, that is financial stability some would like to have probably five kids, I suppose that's the maximum a woman would like to have, but if one is having a busy life style they would have less, some would have less kids so as to put them into good private schools and take them to good private hospitals so that they have a proper way of living. BBGAB03*

*Personally, without taking into consideration my partner's will, I would have one more child preferably a girl and get finished. Two is enough for me. Raising a child has a lot of expenses that grows with their age. BBGAB06*

*I. Ok, why have you not been pregnant the second time?*

*R. I was looking at the issues of life, again, I was looking at the challenges of life, I don't have a job, I am also looking at the fact that she is still young [her daughter is 12], such that I cannot be thinking of having a sibling for her, I am also looking at the salary I am making right now would not allow me to have two children. I am also looking at that fact that my father died, and now my mother is taking care of her (daughter), and I have to also help her with the minimum that I am making, CKGAB02*

Owning one's own home, being employed and having an employed partner were relatively

infrequent, but those women who did meet these conditions were those who were actively planning to get pregnant.

*I realized that I can manage two children, I am working a permanent job, the father is working also a permanent job, the first one is bit older {now aged 6}, and we have pushed through pre-school and the money that we were spending on pre-school now we will spend on it on pampers, milk and other things. CKGAB06 currently pregnant with 2<sup>nd</sup> child*

In many ways urban Batswana have moved beyond the first demographic transition – that of decisions about controlling fertility - into a new era where, for many, the decisions are not about preventing reproduction, but how to manage their lives so that they see themselves as being able to decide to have children. This is particularly marked for decisions about having a second child. Yet the ideal economic and marital situation for childbearing is highly elusive, and most women are unlikely to achieve this ideal. This inability to reach the desired economic and domestic goals means that either women end up with fewer children that they wanted, extremely long birth spacing or their pregnancies are unplanned. An example is NMGAB11 (now married, both she and her husband are employed, with one child aged 3 ½) :

*I. So do you feel like it would have turned out better or worse for you had you planned your pregnancy from the beginning, .....*

*R: I think if we had planned it, right now we wouldn't have a child.*

*I: Why?*

*R: Because we thought that we would have a child when we are around twenty-seven years old so right now would have been the time when I starting making a baby. Maybe this would be when we plan on making a baby. Maybe the issues of life would prevent me from having a child because we plan. So sometimes I feel like planning doesn't work out, so for the baby to just come is just a perfect thing. ....*

*I: Are you intending to have a second one?*

*R: Not now.*

*I: Not now, when?*

*R: Maybe when my son is ten years old.*

*I: Ten years? Why ten?*

*R: That's when, because from the start we told ourselves that a child, me and him we grew up in single parent households, so we were like when we bring child into the world, we want them to be living that kind of a life which you see on televisions. NMGAB11*

### Finding an appropriate man to be a father

Finding an appropriate father is also part of economic planning in an ideal world. Most respondents were pretty dismissive of men, their reliability, their fidelity and their trustworthiness. Several had had two or more children by different fathers and male partners were often represented as transient and capable of leaving at any time. A reliable man who is economically secure is the ideal.

*I am in plans to have my next baby, I have my own home and I am financially stable so I will not depend on my parents to take care of my baby..... for me if I had a man who would not run away like the first one did, who will marry me I would have six kids by now without even spacing with many years. (laughs) BBGAB07*

*R: It's important to plan because you can't depend on someone especially if he has not married you.*

*I: Mm.*

*R: Yes so if you have planned for it you are fine knowing that anytime even if he runs off I can still take care of my child. NMGAB07*

*R. yes, when I think of a second child, the issues becomes very difficult*

*I. is that your ideas alone, how about the man you are with now.*

*R. .. aah, he said he wants a child but I said to him no, if you want a child, marry me first then we can sit down and have a child, after having our own home. Because you may tell me you want a child, then once the baby is here, then you disappeared because men this days just make babies and then disappear, CKGAB2*

*My dear it was a painful experience. Every woman does not want to be deserted with a baby at pregnancy, I cried so much but at the end of the day I accepted my situation and gave birth to my child and raised him until I left the child with my parents to find work. BBGAB07*

Although men's economic position was certainly an important factor in the way women articulated potential pregnancy planning, the reality of the life experiences described in the interviews demonstrated that this was often little more than a dream. A couple of women's children had been brought up by their fathers and both were very proud of the private education that the wealthier father had provided although in both cases the circumstances of the pregnancy were very problematic, both being young schoolgirls seduced by older, richer men.

One very sad case is of a young 24 year old orphaned woman with 3 children by different men who had all left her during pregnancy, and who was living in acute poverty with her siblings and children. All she wanted was a partner who would provide the visible trappings of an ideal relationship:

*I had told myself he was going to be there. The way he was I had told myself that this pregnancy I'm going to have someone to go to the clinic with me, someone to buy me the child's clothes etc. I really wanted to be seen walking with my child's father to the clinic for a check-up or going to the shops. So I had told myself that, you see. NMOCH01*

Although most respondents dreamed of marriage and a stable relationship with the father of their children, the majority also had little faith in men fulfilling this role, even if they eventually did get married. The children of most multiparous women usually had different fathers, and even when they had the same father there was often an interlude in the relationship when the man had had another relationship and even a child elsewhere. In general, women expected men's sexual infidelity, but this expectation influenced women's perspectives of pregnancy planning by making those women who were able to plan very wary of childbearing unless they were economically independent and ideally with their own house.

*even on the computer we have a chat, we talk a lot, then he said he is expecting another child, I asked him what he meant by expecting another child, he said he met with another girl, but he is not sure it is his child. That time I almost fainted at work my heart was in pain, I could not understand why and what was that, I even thought of going to destroy it. My*

*situation was heavy. I had so much pains and was thinking of going to South Africa but my parents knew I was expecting, even people at work realized it, I kept asking myself what was I going to say to them, what was I going to tell my mother because she was excited, what was I going to tell God, I was in a fix, that was my dilemma CKGAB08: age 32 currently pregnant. In relationship but not co-habiting.*

Although men are seen as unreliable and promiscuous, and many couples do not cohabit, most men are also very positive about childbearing and supportive their children in diverse ways even when the child is unplanned

*Yes, you see these debt things. He feels like the child came at the wrong time amidst our debts. But he had welcomed the baby properly with open arms and he was really happy about it..... The thing is that now he feels he is not raising S. the way he had wanted to. It is better if we plan for our next kid and plan to have it after our affairs are in order after we have gotten married. NMMOC02*

Very few women were married. Many dreamed of marriage and planned to have future children within marriage, but given the experience of most women in the study, this seems highly unlikely. Apart from a couple of highly religious women, marriage was certainly not a necessary context for sexual relations and was rarely a prerequisite for childbearing, especially for the first birth. A few women were entirely pragmatic about the problems of dreams of waiting for marriage before childbearing:

*The issue that we must get married first and have kids I do not agree with it at all. There are women out there who have reached menopause while waiting for marriage which does not happen to them. It's a woman's responsibility to be pregnant and have a child, either married or not. BBGAB05*

#### Preparing the body for pregnancy

Although most women felt that economic planning was the ideal, even if this did not match the reality, relatively few saw any need to prepare their body for pregnancy, to have any check-ups or tests, with the possible exception of HIV testing – which most respondents did relatively regularly anyway.

*I. And your body have you ever prepared it in any way, like preparing it for pregnancies?*

*R. Meaning preparing it like how?*

*I. Well like ways in which women prepare their bodies for pregnancies.*

*R. No, I didn't do anything.*

This somewhat surprised response was typical of many respondents although a small minority were much more planned:

*R: No we discussed it; I told him I want a child.*

*I: And he agreed.*

*R: Then he said he is old. That time I was 22, that he was 26 about to turn 27. Then he told me he is also old, he needs a child of his own. Then we decided then we were (shows both thumbs up). Then we went to the clinic did all the processes.*

*I: Please explain these processes to me, I don't know them.*



*R: (laughs) I went to the clinic, and then we went to the family planning unit. They told us you can get pregnant in one, two, three, four, you see. So we did exactly the way they told us.*

**NINGAB03. She also went on to have a second child with the same man.**

This woman was also unusual in that she was using the contraceptive pill before her first child and stopping taking the pill involved much more conscious decision making than was the case with the more haphazard contraceptive histories of most women. She went on to say:

*R: You know what, really the first kid I just decided to have a kid. I really decided "you know what I just want to have a kid."*

*I: You didn't prepare financially? I sometimes hear ladies say you have to prepare money.*

*R: (laughs) No really there was none of that. Really the only thing that mattered was to have a child, only.*

### Emotional preparedness for motherhood

Emotional preparedness for childbearing was evoked by most women as an ideal prerequisite although the dimensions of this were not well developed. There was a general assumption that women under the age of 20 or 21 were not mature enough to be mothers, but other than that this was clearly not an aspect of maternity where there were clear cultural guidelines.

### Having access to family help both during *botsetsi* and afterwards.

A much more important part of Botswanan pregnancy planning, and managing unplanned pregnancies was the post partum period – *botsetsi* – where a woman is supposed to be secluded with her child and cared for by others for between three and six months after birth (see Legodimo 2012). Although there is a recognition that modern life is incompatible with the full *botsetsi* tradition of prolonged exclusion, some separation and care by maternal kin is seen as totally essential in the immediate post-partum period. Many women were very pre-occupied with how this would be managed, especially if their own mother had died or couldn't provide it, and in some cases, there was careful coordination with sisters about pregnancy timing.

*The last time we talked we planned to have a child next year, but due to some minor issues, for example right now I have five female siblings the other one is having a year child right now, the other ones have two kids each and the last one is on her youthful years so I fear she might fall pregnant. So she is the one I talked to her about my intentions to get pregnant next year and I asked her to allow me to have a baby so that my mother take care of me and my baby. So I asked her to prevent so that she give me a chance. BBGAB06*

*yes, obviously, I need to think about it, like when falling pregnant who is going to take care of me, like when in confinement who is going to look after me, who will look after my children as you know, after having a child you cannot just go away with the child. CKGAB03*

*yes, but also I am looking at the fact that I don't have a parent who will help me with the child, also my older sister whom I could think will help me, has also died. I am looking at such things; I don't want to make anyone suffer. CKGAB05*

There were also more long term concerns about child care. An extremely high proportion of the children borne by respondents were not being raised by their mothers, but instead were being

brought up by a grandmother (usually the mother's mother), a great grandmother or an aunt. For many the availability of such childcare was essential in being able to continue to manage their working life, and for those that could not afford paid alternatives there were difficult negotiations to be made.

*The fact that I had a baby at a young age influenced me to be having only one child after fourteen years, I was very young and was poor, I left the baby with my mother to find school. When you have a child as a teenager or very young you miss those times to socialise. When you are in school vacations you have no time to waste but to rush to your baby. BBGAB06*

*I: So did that affect your decisions to fall pregnant?*

*R: No, not at all. I am financially stable, if I fall pregnant at the same time with her (her sister), she will be taken care of by our mother and I will employ a helper to help me with the baby. BBGAB06*

*When you have planned it [there is] better chance for you to do some of your priorities in life, and you have the ability to exercise your motherhood and raise your child the way you want as a mother. Look at me for example my first born was not raised by me but by my mother. I had to leave the child at four months to come to work. As for the second one I only stayed with my mum for a month and came to stay with him and his father, I had a chance to be attached to him as a mother, he also attached to his father. His father was there for us all the time. So all I am trying to say is had I planned for all my pregnancies I would have stayed with them as a family but now the other one is staying with my sister and the other one with my mother. .... It needs many things, it's not all about money, you also need social support, a functioning one, I had a friend who had the baby the same time I got my first child, it was difficult for her because her parents were late [=had died], as for me I had a mother, a sister and a father who were always there for me. When you are alone it is like that you are in a desert with a baby. BBGAB04*

*R: Yes I can't even take care of myself. How am I going to handle four children? I also have to think about the people who are helping me.*

*I: And that is?*

*R: My mother and family. She has taken in my children and that has relieved me of so much trouble. NMGAB05*

These women are from a wide range of socio-economic situations, yet for all, the availability of their mother is absolutely critical to any childbearing planning and also to resolving issues generated by unplanned childbearing.

#### Pressures on women to become mothers

Women feel a number of different pressures to reproduce: for many of them their mothers, especially back in the village, want to have grandchildren to care for. Even though most women have had at least some secondary schooling, reproduction remains a key aspect of being a woman, and many women expressed their strong 'need' to become a mother – a need that could overrule more practical dimensions of pregnancy planning.

*Thing is, a child is a blessing. A child shows that you are a woman, you see. It shows that you are a woman. That precious little thing inside should bring happiness to you as a woman. .... I love my kids. I love my kids very much. They bring meaning to my life. I know the purpose of life because them. NMGAB03*

Other researchers have described the pressure on Batswana women to become mothers (Mogobe 2005; Schaan 2015; Upton 2001). Although this certainly was present in the ways our respondents talked about childbearing, it was not articulated particularly strongly but is likely to have been a factor behind the very low recourse to abortion by many women, despite the unplanned and totally mistimed nature of their pregnancies. Pressures to experience motherhood was probably a contributory factor to the general acceptance of pregnancy whatever the woman's situation. However there were a few women who did articulate experiencing a very basic desire or need to be a mother, ignoring anything else going on around them.

*R. at that time, the man had wanted to marry, so I felt that all my age mates had children and I wanted a child; I was desperate..... uuuhm, I live with the virus, but when I talked to him, he was understanding, he did not have a problem, because he is an adult (older), and we have been together, and I think I got very desperate, all my friends now had children, and I felt I was of age to have one, then I talked to him, and asked him if we can do this thing, aa UVI, is that what they call it UVI...aaaee*

*I. you mean Artificial Insemination*

*R. yeah, yes, uuuhm, but he was against it, he said we will do it the natural way, he said he was prepared, he said I know your status and I know my status and I am not against doing it the right way (natural), I think at the time I had said to him, I wanted a child, and I had said to him whether he stays or leaves me, I did not have a problem, yes,*

*R. yes, I wanted a child by then, also it was long since we started dating, but I said to him " I really want a child", also because he did not have a child he agreed to my proposal.*

*I. but why did you wanted a child that much?*

*R. I just wanted a child.*

*I. What made you want a child that much, was it a thing of age, pressure from family, love for babies?*

*R. Well I was just fascinated by seeing myself with my own child. CKGAB07*

*But sometimes you'll be looking at your age and you will be forced to have a kid. NMGAB01*

Part of the pressure on women is from their mothers who want a child to look after, as seen here from the perspective of the potential grandmother.

*No, it did not affect her at all. Her CD4 count is still high. My wish is that, even though things are like this, I told her [her adult daughter] that she should have one last child whilst I'm still alive, maybe they might give me that child. NMGAB10*

### Contraceptive use, stopping contraception and planning timing of pregnancy

In such a relatively low fertility population with generally good knowledge about contraceptive methods, it was surprising that, with the exception of condoms, there was actually very little use of modern contraceptive methods, and practically none before the first birth. Most women were highly suspicious of what hormonal contraception would do to their bodies in terms of their long term fertility, their weight, their looks, and the ways they had heard contraception disrupted patterns of menstruation. A typical response was CKGAB02

*R. right now what I am preventing with is a condom, because these other ones, pills, injections and many others, as I am, I have never used them in my life, I. Why have you not used them?*

*R.aaa, because I learnt from others who were using them saying that they are not making them feel ok, some were saying they do not have their periods (menstruation), some were saying they make them fat, some were saying things, I meant they say so many different things, so maybe if I were to use them I will also have the same problems like these other women. Then I made a decision that I will only use a condom*

*aaah, no, it's just that I am not comfortable with those ones [pill, injection, IUD]; truth is I am afraid of them a bit. CKGAB03*

*I. condoms are better?*

*R. Yes, because some of these ones [hormonal methods] when I am ready to have a child I may fail to have a baby. CKGAB04*

*Well like the injections it makes them fat, when they stop they become thin, with the pills sometimes when one is using them, they period can take longer and not being normal like before she used them, it changes, so I thought to myself let me stick to condoms only. CKGAB06*

Information on hormonal contraception came from a variety of sources: rumours were very important, experience of friends and sisters and sometimes information from health workers. Women's preoccupations in choosing or rejecting modern contraception were their own health, side effects like weight gain and headaches, and the particular importance of regular menstruation and fears about long term impacts on fertility. Although some women rejected modern methods just because of rumours, others had done considerable research.

*R: I heard a lot about the other things. I did research because, I googled.*

*I: Tell me what you learnt from Google.*

*R: Yes. All of them have side effects, but the pill I could just say they said that it fattens and makes you infertile if you continue with it, and I was like ok, now I have a baby, I wouldn't mind being infertile and I could control being fat. And then with the injection, you are hormonal and you do not have a normal menstrual cycle, there is an imbalance of the hormones, sometimes your period doesn't come and I didn't want that I want to be having my period every month. So it was that, so the injection was a no go, they also said that it could make one infertile too. And then there is sterilization which I did not want at all, then there is this loop, with this one I asked girls about it and I was told that the womb would*

*grow; you end up having a big abnormal womb so it was like no I don't want that. Extra stomachs no no. NMGAB11*

A number had tried hormonal contraceptive methods and had abandoned them and all had used condoms at some stage of their reproductive lives, although it was hard to discern how regular condom use had been.

*Contraceptives, the problem is we rely on condoms and pills and most of times we have sex next to a condom rather than with it. (laughs)BBGAB04*

Apart from the very pronounced fear and dislike of side effects, other factors such as shame and embarrassment hindered women from using hormonal contraception, even when they knew that it would make their life easier and enable them to fulfil their articulated plans.

*I. why they do not think of spacing?*

*R. education, not going to school, or even lack of the right advice, even shyness, like me I was ashamed to seek family planning, thinking my family will imagine me with my feet high having sex with a man., (laughing), it can also be the way you have been raised CKGAB01*

*So what was your reaction when you realised here's the second one.*

*R: The second one Ah! I gave up. I asked myself why I wasn't taking prevention.*

*I: Tell me why you were not taking prevention?*

*R: I don't know. I'm always preaching about going to take prevention, when it's time to go I don't go.*

*I: Yes.*

*R: So I don't know what is stopping me but I have the desire to go to the clinic for prevention. But for me to get up and go it's difficult. NMMOC01*

### Autonomy in pregnancy decision making

Tied in with the difficulties in finding a suitable man with whom to have children is the whole issue about gendered power relations and male control over reproduction. A number of women stated that their first pregnancy was unplanned and that they were using condoms (although it was never very clear how regular the condom use was) but in several cases they suspected that the man had either deliberately tried to get them pregnant or had hidden the fact that there was a problem with the condom. In such cases it is difficult to establish whether this is just the woman expressing some shame that she got pregnant in an inappropriate situation and is blaming the man to reduce the blame on herself, or whether this was genuine. Whichever, given the predominance of condom based contraception, men had considerable control over women. This control was accentuated in situations of violent and coerced sex, sex between a younger girl and an older man and even situations where men are more economically stable and are supporting women.

*women who are unemployed and depend on the men for financial provisions may find themselves not having decisions on their child spacing only because the man can take care of the kids he will make the woman pregnant. Sometimes it is just to satisfy the man. When a man gives you money he thinks he can stop using a condom. BBGAB07*

*we tend to think that if a man can provide for you financially you have to have more kids with him that is why women end up having many kids without their desired child spacing*  
BBGAB05

*let me say the truth, I was not really prepared. I was not prepared, because the man I was seeing wanted a child, you know I was the type that drinks alcohol, and he was not drinking, he would allow me to go wherever I wanted to go. One day I went drinking, then when I came back he had sex with me, it's sort of like a rape, but when I realized that I was pregnant I just accepted it, even now he knows that he has a child with me, but he does not take care of her. So I gave up as the child was there, there was nothing I could do. I just accepted the situation and had the child.*CKMOC01

## Discussion

The situation of pregnancy planning in Botswana is well summed up by one respondent

*the problem is as Batswana we don't plan our pregnancy, it's like 80% of us just fall pregnant. Even how we are raised, planning is not discussed with us, even sex issues. It's our culture.* BBGAB01

Our data suggest that, despite a low total fertility rate nationally, Botswana is far from experiencing relatively effective pregnancy planning. These individual accounts of reproductive lives suggest that low fertility at the national level is partly a chaotic consequence of different contingencies occurring within the context of high HIV prevalence; high acceptability of condom use, a culture of unstable sexual partnerships and where, for second or third births women are seeking almost unattainable dreams of economic security and marriage and fidelity. Few women plan their first pregnancy and this has physical, psychological and economic repercussions throughout their reproductive lives. Instead of widespread planning at the individual level responding to reproductive desires and aspirations, we observe a constellation of constraints in different dimensions of women's lives including economic and employment uncertainty, perceived unreliability of men, and the practical difficulties of managing and caring for children in a context of a serious HIV epidemic. At the same time women experience strong social pressure to become mothers and experience childbearing and motherhood.

Two principal childbearing trajectories emerged from our data: firstly there are women with unplanned first pregnancies followed by further unplanned pregnancies, usually with different fathers and with rather chaotic personal, economic and reproductive lives. The second widespread trajectory was women who also commence childbearing with an unplanned pregnancy – although often at a somewhat later age - and this is followed by very long birth spacing as the women, or occasionally the couple, attempt to fulfil the reproductive and familial dream.

*No I am not planning to get pregnant now, I would like to get married, settle down first, have a stable job, get my life in order first. .... I think it is very very important that both of the parents be in a stable relationship. In a very committed relationship (respondent put more emphasis) or they should be married and be stable. There should be a stable home and income so as to take care of the child properly* BBGAB03

The widespread dream is to have two or three children with a man, to whom one is married, and where both parents are employed and own their own house. Not a single respondent had actually achieved this. Although many women had had only one child, none only wanted one child although a number indicated that their man might only want one.

*I don't think anyone wants one child, unless if God gave her one child, she is trying and failing truth there are many reasons, sometimes you hear someone saying I had this child struggled with it, because the father left, so there are many reasons for one to have just one child, not because they want to end up with one child. CKGAB06*

Despite the almost total absence of marriage, there remains a sense of shame about childbearing outside marriage, especially when the conditions are not ideal – unemployment, still in education, an absent father. This has repercussions for pregnancy planning and women's willingness to articulate or admit their desire to get pregnant to the outside world. There was considerable reticence to talk about a personal desire to get pregnant.

*You know it's better to want a child when married and one can even talk about it with friends, but when not married, tjoo, you can't say to people I want to fall pregnant, with who...unless you have a steady relationship, but you know men in this era ha...They cheat, they lie...mxwem...CKGAB 10*

Despite this hesitation in talking about desires to get pregnant, with the exceptions of younger primiparous women wishing to conceal their pregnancy from their parents out of shame, or women with chaotic lives being ashamed to admit a second or third pregnancy with another different partner, there seem to be relatively few obstacles to talking about pregnancy even in its early stages. This differs from observations in some other contexts such as rural West Africa or Mozambique (Chapman 2006) where secrecy around pregnancy is essential to prevent witchcraft, jealousy and evil eye and other misfortune. Such attitudes were occasionally mentioned but did not seem to constitute a widespread reluctance to discuss early pregnancy.

## Conclusions

Given the unplanned nature of the majority of pregnancies the whole notion of pregnancy planning from a medical management perspective seems somewhat peripheral from the perspective of most of our respondents. It is certainly not a priority from the women's perspective; they are much more concerned about economic planning and establishing a secure emotional and supportive relationship with the fathers of their children and, at present, both of these dimensions are far from being achieved in many cases. The absence of economic and partnership security constitutes a barrier to pregnancy planning because women whose lives are not ordered in ways that are seen as socially ideal are reluctant to admit any desires to get pregnant; it is not clear to what extent in cases of pregnancies that were ostensibly unplanned, women were publically stating that they were unplanned or a mistake because they feared social opprobrium because they lacked a stable partnership or good residential and economic conditions. The frequency with which women who stated that their child was wanted, despite the lack of planning suggests this scenario is quite frequent.

For policy makers and service providers this is an environment where there are many women who could benefit from encouragement to plan and improved services to facilitate this: women for whom pregnancy planning is very important for the well-being of both mother and baby (eg. HIV+) or those who really do want to avoid pregnancy and are unaware of or unable to access a range of suitable options. At present the practical possibilities of engaging with ideas of pregnancy planning through health services or clinics seems much more likely to be successful for second births, where there is already a much greater determination to plan the economic and personal dimensions of life.

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