



REPUBLIC OF BOTSWANA FACTS AND PROSPECTS

Sexual and Reproductive Health and Rights 2019



Indicator	Value	Source/Year
Total Population in Millions (% Female)	2.4 (50.5%)	SWOP 2019
Youth Population (10-24 years)	28%	SWOP 2019
Total Fertility Rate (TFR)	2.6	SWOP 2019
Adolescent Birth Rate (15-19yrs)	39 per 1,000	SWOP 2019
Maternal Mortality Rate (MMR)	144 per 100,000 live births	MMR 2019
Modern Contraceptive Prevalence Rate (CPR)	58%	SWOP 2019
Unmet Need for Family Planning (FP)	14%	SWOP 2019
HIV Prevalence	21.9%	HDR 2018
Gender Inequality Index (GII)	0.434 ranked 98th	HDR 2018
Gross Domestic Product (GDP) Growth (%)	0.5%	HDR 2018
Gini Index	60.5%	HDR 2018
Human Development Index (Inequality HDI)	0.717 ranked 101 (NA)	HDR 2018



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BACKGROUND

The Republic of Botswana¹ is located in Southern Africa, having boundaries with Namibia, South Africa, Zambia, and Zimbabwe. One of the world's poorest countries at independence in 1966, Botswana rapidly transformed into an upper middle-income country, enabled by significant mineral wealth, good governance, prudent economic management, and a relatively small population. However, the country is still characterized by development inequalities that require attention to ensure prosperity for all.



UNITED NATIONS POPULATION FUND MODE OF ENGAGEMENT

Classified as an **Upper Middle-Income Country** (UMIC), Botswana is placed in the **yellow** quadrant mode of engagement of the United Nations Population Fund (UNFPA), underlined by the appreciable economic growth and gaps of inequality requiring concerted actions. In recognition of the country priorities, UNFPA primarily works with government and other partners on policy dialogue and advice, knowledge management, strategic partnerships and development coordination, including South-to-South and triangular collaboration.

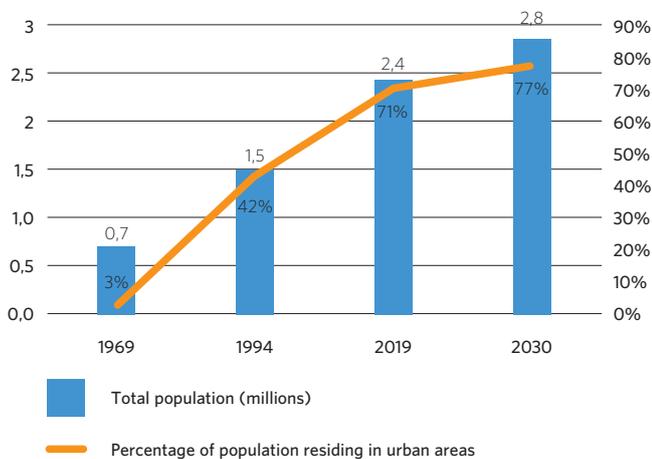
¹ The last Demographic and Health Survey (DHS) in Botswana was conducted in 1988 and the last Multi-Indicator Cluster Survey (MICS) was done in 2000. This brief draws from published, global comparative data for countries and regions. Key sources are the 2019 State of the World Population Report (SWOP, UNFPA), United Nation's World Population Prospects 2019, Human Development Report 2018 (HDR, UNDP), World Bank Poverty and Equity Data Portal, WHO's World Health Statistics, Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (Maternal Mortality Report [MMR], 2019) and official national data. Recommended citation for this document: United Nations Population Fund (UNFPA), Republic of Botswana Facts and Prospects: Sexual and Reproductive Health and Rights, 2019.



POPULATION DYNAMICS

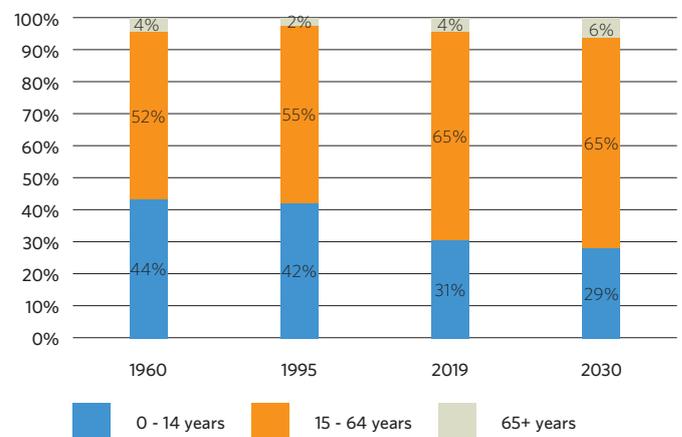
Botswana is a sparsely populated country with an estimated four people per square kilometre. While the country's population has grown from less than a million in 1960 to the current 2.4 million, the annual average rate of population change declined from 2.6 per cent in 1990-1995 to 2.1 per cent in 2015-2020 and is projected to decline further to 1.6 per cent by 2030 (Figure 1). **Total fertility rate (TFR)** per woman has declined by 61 per cent from 6.7 in 1969 to the current 2.6 children. The fertility transition has significantly impacted on the population age structure, with about 30 per cent reduction in the proportion of the population aged 0-14 years and a 25 per cent increase in the proportion of the working age population aged 15-64 years from the 1960 levels.

Figure 1: Total population and percentage of population residing in urban areas, Botswana, 1969 - 2030



The proportion of the population above 65 years currently estimated at 4 per cent is expected to grow further by 2030 (Figure 2). **Life expectancy at birth** rose from 54 years in 1969 to the current 69 years with projections to 71 years by 2030. Female life expectancy of 70 years is attributed to remarkable improvements in access to socioeconomic opportunities and services. The percentage of the population residing in urban areas has increased from 3 per cent in 1969 to the current 71 per cent, resulting from an urbanization rate of 2.3 per cent and from increasing migration (Figure 1).

Figure 2: Population composition by age, Botswana, 1960 - 2030



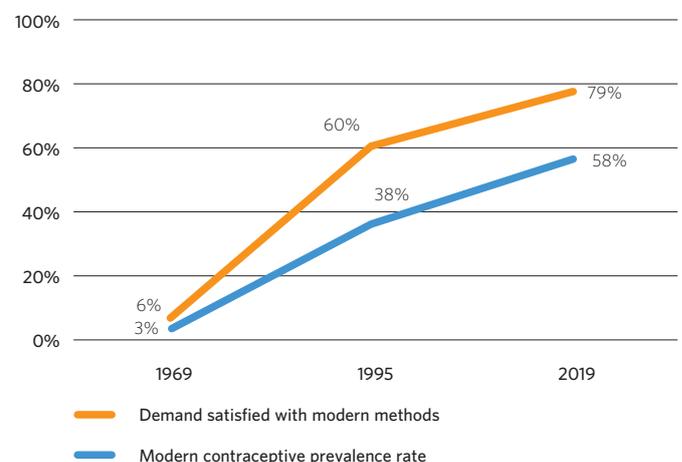
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Maternal mortality rate: A performance marker of health systems, the maternal mortality rate (MMR) has almost halved from 262 cases per 100,000 live births in 2000 to 144 cases in 2017. This is the positive outcome of universal skilled birth attendance and improved quality of care. Intensified targeted interventions are required to eliminate maternal deaths.

Contraceptive use: Modern contraceptive prevalence rate (CPR) and demand satisfied for family planning (FP) among women of reproductive age increased more than ten-fold between 1969 and 2019 (Figure 3). However, there is still a 14 per cent unmet need for FP among women of reproductive age.

Adolescent birth rate: The total number of births per 1,000 girls aged 15-19 years declined four-fold from 162 in 1969 to 39 births in 2019, and is now less than the global average of 44. However, increased access to youth-friendly sexual and reproductive health (SRH) services remains critical to further reduce adolescent pregnancy.

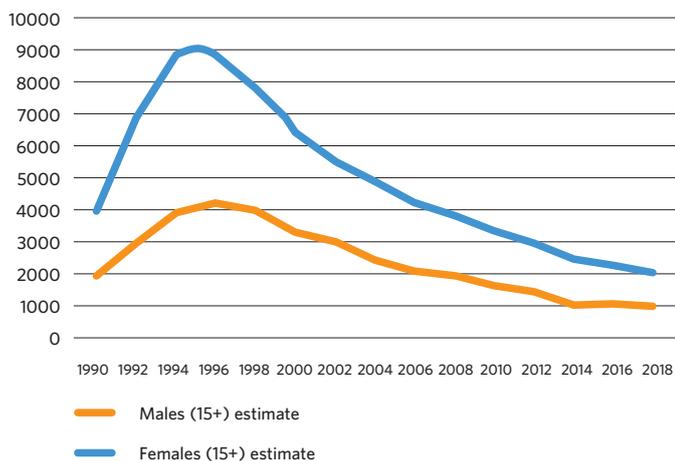
Figure 3: CPR and demand satisfied with modern methods, women 15 - 49, Botswana, 1969 - 2019



HIV: Botswana has recorded a 36 per cent decline in new HIV infections since 2010, but in comparison to men, women still account for a higher proportion of new infections in all ages (Figure 4). The country is on target to achieve the 90-90-90 HIV treatment cascade by 2020 (Figure 5)².

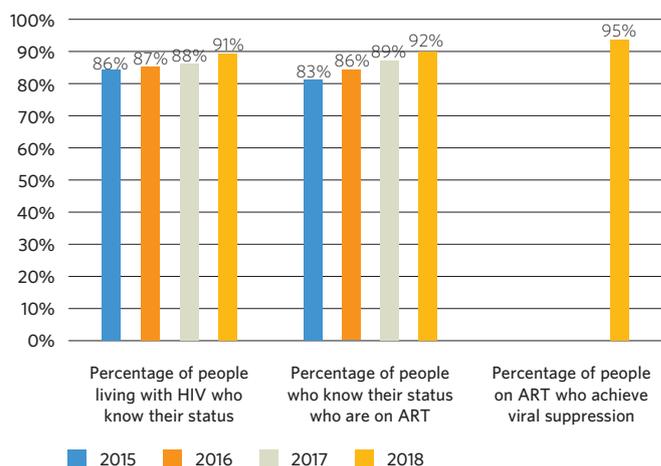
Gender equality: Botswana has ratified or signed many international and regional conventions or protocols regarding women's rights and gender equality such as the 1979 Convention on the Elimination of all Forms of Discrimination

Figure 4: New HIV infections among young people (15 - 24), by sex, Botswana, 1990 - 2018



Against Women (CEDAW), the Beijing Declaration, and the Southern African Development Community (SADC) Protocol on Gender and Development. However, gender equality gaps remain in the country with just one in 10 **seats in parliament** being held by women³, and women and girls experiencing high levels of **gender-based violence** (GBV). Over 67 per cent of women have experienced abuse, which is double the global average. A 2015 survey indicates that 33 per cent of sexually active students had sexual debut before the age of 13 years, with one in five being forced into sex.

Figure 5: Progress towards 90-90-90 target (all ages), Botswana, 2015 - 2018



ECONOMIC PERFORMANCE AND EQUITY

Recognized as one of the world's fastest growing economies, with average real economic growth of 5 per cent per annum at its acceleration point, the economic performance slowed down as a result of the market fluctuations emerging from the continued reliance on a commodity-based economy. **Real economic growth** accelerated to 4.4 per cent in 2018 and is projected to remain at around 4 per cent up to 2020 (Figure 6)⁴. Unemployment remains high at approximately 18 per cent, with a **youth unemployment rate** of 37 per cent, illustrating a "jobless growth". Botswana's **Human Development Index (HDI)**⁵ value for 2017 was 0.717, placing the country in the high human development category and ranking 102 out of 189 countries and territories. Between 1990 and 2017, the HDI value increased by 23 per cent from 0.581. There is no inequality adjusted HDI available for Botswana from the latest Human Development Report (HDR 2018).

Income inequality measured by the **Gini index** declined from 60.5 in 2009 to 53.3 in 2015, but still places Botswana among the most unequal countries in the world. The **richest quintile** account for nearly 60 per cent of the income and consumption distribution (Figure 7)⁶. Based on the upper middle-income class poverty line of 30.6 Botswana pula (2015) or \$5.50 (2011 purchasing power parity) per day, nearly two thirds (60%) of the Botswanan population are classified as poor, highlighting the paradox of economic growth and inequality in the country.

Figure 6: Real GDP growth, Botswana, 2010 - 2019

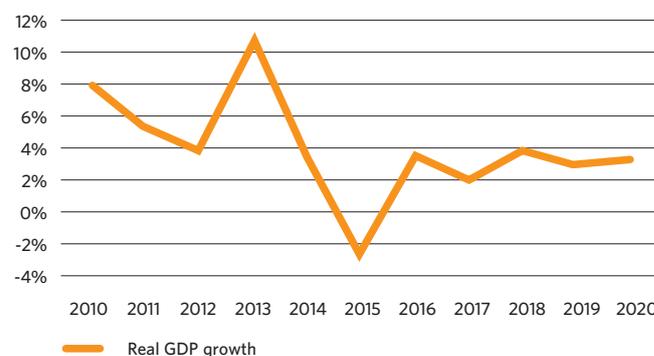
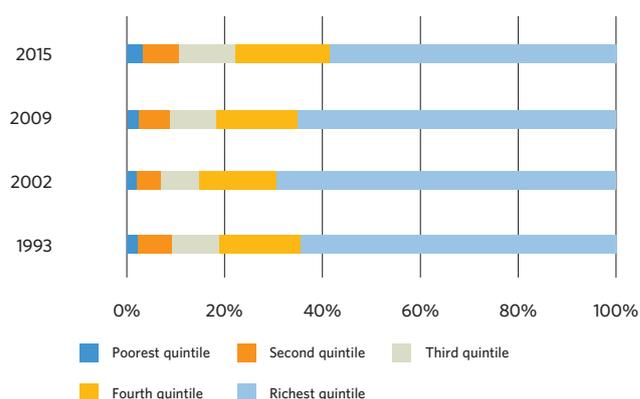


Figure 7: Distribution of income or consumption by quintile, Botswana, 1993 - 2015



² HIV/AIDS data based on The Joint United Nations Programme on HIV/AIDS (UNAIDS) special analysis, 2019.

³ United Nations Development Programme, Human Development Report 2018.

⁴ International Monetary Fund (IMF), Regional economic outlook: Sub-Saharan Africa, April 2019.

⁵ HDI is a composite measure of average achievement in key dimensions of human development, namely life expectancy, education and income.

⁶ World Bank Poverty and Equity Data Portal.



OTHER DEVELOPMENT COMPLEXITIES

Climate change: The change in climate is reflected in longer drought episodes, changes in rainfall patterns, and outbreaks of crop diseases that affect subsistence agriculture, with ripple effects on rural livelihoods. Botswana is also experiencing significant water shortages nationwide, resulting in a dependence on neighbouring countries for inter-basin water transfers to augment domestic supply. As a result of climate change, Botswana is expected to experience a temperature rise of up to 2°C from 2015 levels and a decline in river flows of up to 13 per cent.

Education: Universal education is a priority for the government, evidenced by the 89 per cent and 90 per cent enrolment rates at primary schools among boys and girls, respectively, and gender parity at primary school level of 1.01. Policy and programmatic interventions are required to improve secondary school completion rates and progression to tertiary level. Compared to primary education, between 2012 and 2015, the net enrolment rate at senior secondary schools was 30 per cent, and at tertiary education level 19 per cent, highlighting challenges of progression to higher education levels.



ACCELERATING THE PROMISE IN 2019 AND BEYOND

Demographic dividend: The transition to smaller family sizes over the last few decades, and a shift in Botswana's age structure, with close to two-thirds of the population being within the working ages of 15–64 years, call for targeted policy actions and investments. Findings from a study commissioned by the government and UNFPA in 2018 suggest that Botswana has been harnessing this demographic dividend since at least 1990. However, high rates of unemployment, especially among the youth, and high consumption patterns that do not match labour income pose a challenge to optimizing the demographic dividend in the country. Targeted policy actions and investments for youth employment are needed, as well as investments in scaling up access to and utilization of comprehensive and integrated health services including SRH, HIV prevention and treatment services, and comprehensive sexuality education (CSE).

Sexual and reproductive health and rights within universal health coverage: Pockets of inequality in accessing comprehensive and integrated care in Botswana highlight the need for further investments in strengthening the health systems within on-going universal health coverage (UHC) efforts, including SRHR services. Deliberate interventions are required to strengthen integration of SRHR, HIV prevention, and FP services within the UHC benefit package. Also, purchasing mechanisms are required to adequately respond to notable levels of adolescent pregnancies and preventable maternal mortality.

Gender equality: Given the high levels of GBV in the country, concerted efforts to implement relevant legislation and policies to prevent GBV at household and community levels are required. Particular attention is required to prevent occurrences of violence against women and adolescent girls, specifically, rape, and school and community-based GBV, among others. Closing the gaps in gender parity in education, labour force participation and political appointments is also important to advance gender equality.

Lifestyle changes to reduce non-communicable diseases: Multi-sectoral promotion and support for lifelong healthy living is required to address the increasing prevalence of non-communicable diseases (NCDs) such as hypertension and diabetes. Monitoring and ensuring effective interventions in the increasing older population are important, as well as addressing the consequent effect of evolving urbanization trends.

Climate change: The effect of climate change and associated environmental threats is acknowledged in the National Development Plan. Climate change issues are also noted across different policy areas with a common focus on achieving sustainable growth and environmental sustainability. Prevention and mitigation efforts are therefore required to address adverse impacts of climate change on health and on the well-being of the country's population. This can be achieved through appropriate mitigation, adaptation and resilience strategies, policies, and investments.

Strengthening availability and use of data to guide development: Generation, analysis, and the use of disaggregated data to monitor policy implementation will significantly contribute to the country's economic aspirations. These actions will contribute to measure the impact of investments and business solutions and to evaluate development programmes.

Strengthening and forging strategic partnerships: Intersectoral and multi-stakeholder partnerships have potential to effectively address the prevailing development inequalities. Sustaining existing partnerships, expanding partnership base, and ensuring effective coordination will serve as success drivers.



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