

Bridging Tradition and Modernity: Enhancing Mental Health Care for HIV-Positive Youth in Botswana

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Abstract

Botswana's HIV-positive youth face profound mental health challenges, including prevalent anxiety and depression. Mental health challenges are intensified by the nation's high HIV burden. In this context, the existing healthcare system struggles to provide adequate mental health services, lacking both integration and specialised support. This article champions a comprehensive care model that integrates Indigenous Knowledge Systems (IKS), particularly through traditional healers, to deliver culturally attuned mental health support. The approach proposes a synergistic blend of modern healthcare with IKS, aiming for holistic solutions. The article delves into how mental health is understood across both frameworks, assessing the benefits and hurdles of their integration, while carefully considering ethical aspects like cultural sensitivity and informed consent. The article further examines how pervasive stigma, alongside socioeconomic factors such as poverty and inequality, influences whether youth seek help and can access treatment. Ultimately, the article outlines strategies for enhancing collaboration across sectors and building a more inclusive, culturally grounded mental health support system, aligned with Botho principles, to nurture the overall well-being of Botswana youth.

Keywords: Youth; Mental Health; HIV and AIDS; Indigenous Knowledge Systems; Botswana; Traditional Healers; Stigma; Intersectoral Collaboration

Introduction

A pressing concern exists regarding the complex relationship between adolescents, mental health, and the pervasive HIV and AIDS epidemic. This interrelation is critical, as individuals facing mental health challenges are often more susceptible to acquiring HIV. Moreover, existing mental health issues can complicate the effective treatment of HIV and other infections, intensifying the overall burden (Gonzalez et al., 2011). This article aims to explore how social determinants, particularly the HIV and AIDS epidemic, profoundly affect the mental health of youth in Botswana. Furthermore, it investigates the potential of Indigenous Knowledge Systems to contribute to addressing these issues and foster mental health through culturally relevant approaches.

To address these intertwined challenges effectively and explore potential solutions, it is first crucial to establish a clear understanding of what constitutes “mental health”. The World Health Organization defines mental health as a condition of well-being where “every individual can cope with the normal stresses of life, is productive and contributes in some meaningful way to her or his community” (Henn & Morgan, 2019). This definition highlights the essential link between an individual's mental state, their personal capabilities and their overall social health and well-being. However, in Botswana, various social factors, particularly the persistent HIV and AIDS pandemic, significantly hinder youth from achieving this state of mental well-being. This problem is multifaceted: mental health challenges themselves can unfortunately increase the likelihood of new HIV infections among HIV-negative youth, while also impeding the effective treatment of HIV among those who are positive (Gonzalez et al., 2011).

Conversely, living with HIV often leads to significant mental health challenges such as isolation and stigmatisation, which can manifest as anxiety and depression (Gonzalez et al., 2011). These issues severely impact a young person's capacity to reach their full potential, manage life's demands, secure gainful employment, and actively participate in governmental and societal spheres. Consequently, Botswana youth face alarmingly high rates of mental disorders, including depression, suicidal ideation, conduct disorder and attention deficit hyperactivity disorder (Olashore et al., 2022). These struggles are further exacerbated by critical gaps in the provision of mental healthcare services across Botswana. They are marked by a shortage of medical staff, inadequate facilities and difficulties in implementing mental health policies effectively.

To understand the full scope of these challenges and the population affected, it is essential to define “youth.” This period is generally regarded as a crucial transitional phase between childhood and adulthood. It is characterised by significant physical, emotional and social development. This period is vital for shaping identity, acquiring skills and fostering social connections. While the precise age range varies across cultures and contexts, the United Nations (2010) broadly defines youth as individuals aged between 15 and 24 years.

This paper argues that the challenges surrounding youth mental health, the HIV and AIDS epidemic, and the potential role of Indigenous Knowledge Systems in Botswana are deeply interconnected and mutually influential. For instance, the stigma associated with HIV impacts mental health. Additionally, prevailing beliefs about mental illness significantly shape how young people seek support and the type of help they ultimately receive. Merrill et al. (2021) further substantiate this, reporting high rates of violence, victimisation and mental health problems among adolescents in sub-Saharan Africa, including Botswana. These issues are intricately linked with other developmental and health risks, such as increased substance use, lower educational achievement and poorer sexual and reproductive health.

Indeed, many scholars argue that responses to HIV and mental health in Botswana cannot be fully understood outside of the country's unique cultural, ethical and religious frameworks. Sheila Tlou, for instance, emphasises the crucial role of community-oriented health policy in the national HIV response. Her work highlights that effective health policies in Botswana are deeply integrated with community structures, fostering interventions that resonate with local needs and support systems. The profound influence of religious narratives on stigma, healing, and care is further illuminated by various

researchers. Musa W. Dube's work, often viewed through a postcolonial feminist theological lens, critically examines how religious interpretations shape perceptions of HIV and AIDS. Her research explores how these interpretations influence coping mechanisms and either perpetuate or challenge stigma within communities. She advocates for a more inclusive religious response to the epidemic (Chitando and Gabaitse, 2007). Similarly, Lovemore Togarasei (2010) details how Christian theology in Botswana informs understandings of life, death and healing in the context of antiretroviral therapy. He explores the diverse ways faith communities engage with HIV prevention and care, particularly among the youth. He discovered that some Pentecostal and African Independent Churches in Botswana held negative attitudes towards ARVs. These churches often discouraged their members from using these drugs, a stance he attributed to their traditional, Bible-based interpretations of healing.

Studies also indicate that African Initiated Churches actively mobilise spiritual resources to address illnesses, including HIV and AIDS, offering spiritual solace, community support, and alternative healing practices that often complement conventional medical treatments. This approach deeply embeds health responses within local spiritual contexts (Kang'ethe, 2009).

Furthermore, the ethic of *Botho* remains central to communal healing and well-being in Botswana. Gaie and Metz, (2010) explain how African communalism, embodying *Botho's* principles, significantly influences public health policies for HIV and AIDS. His work emphasises collective responsibility and shared humanity in addressing the epidemic. This indigenous philosophy supports communal care systems and guides ethical care. It ensures interventions which are culturally grounded and promote holistic well-being within the community.

These prevalent challenges highlight the critical need for comprehensive and culturally sensitive interventions. This brings us to the promising potential of Indigenous Knowledge Systems. "Indigenous Knowledge Systems" (IKS) refers to the practices and beliefs that are integral to the cultural and historical experiences of a community. It encompasses traditional healing practices, social support structures, and culturally relevant approaches to health and well-being. In Botswana, IKS include various forms of traditional health practices, social practices, and community rituals that offer identity and resilience (Maunganidze, 2016). The article clearly states its central question: the valid and necessary request to integrate IKS into public health and mental health approaches. Integrating IKS into public health and mental health approaches can therefore make services more culturally relevant. Integration can facilitate trust-building and encourage participation of youth and their families. Accommodating these systems of knowledge in mental healthcare can contextualise services to fit the lived experiences of young people. It can further enhance their ability to cope and diminish the stigma of mental health issues.

Understanding and leveraging IKS can lead to holistic approaches to youth experiences that take into consideration the cultural context and offer alternatives to the biomedical model. Such an approach is congruent with the call for innovative strategies to address the gaps in training and resources as well as enhancing service coordination and collaboration made by Merrill et al. (2021). By drawing upon IKS, stakeholders can create integrated care models that not only address the psychological impacts of violence

and HIV but also nurture community solidarity and resilience, fostering better mental health outcomes for youth in Botswana.

The article provides sufficient context on the prevalence and interrelated nature of mental health challenges among youth living with HIV in Botswana. Sequeira et al. (2022) discuss the considerable weaknesses of the health system in attending to the mental health needs of HIV-positive adolescents. They show that specialist mental health services are scarce, weakly integrated into primary health care, and non-coordinated intersectoral interrelations. This scenario constitutes a barrier to offering effective care to this vulnerable population. Dessauvagie et al. (2020) maintain that among HIV-positive adolescents, the main determinants of mental health problems are older age, not being in school, impaired family functioning, HIV-related stigma and bullying, and poverty. Conversely, social support and competent parenting constitute mediating factors; that is, when these factors are present, the risk of exhibiting problems is lower. All of this confirms the need to integrate mental health care into HIV treatment. Moreover, older HIV-positive adolescents are more likely to have difficulties related to the awareness of their health problem, such as stronger stigmatisation, greater concern about their future, and experiencing more complex social and emotional problems, which can also lead to mental health problems.

Martinez et al. (2014) discuss the importance of psychosocial support for youth living with HIV, as well as other interventions targeting broader social and structural factors. Similarly, Vreeman et al. (2017) describe the intersectionality of physical, emotional, and social stressors for adolescents living with HIV, particularly in the context of the transition to adult care. Understanding these stressors is crucial in developing targeted support systems that meet the needs of these young people. HIV interventions must consider not only the physical health effects of HIV but also the emotional and social impact of the illness, including stigma, discrimination, and mental health concerns, such as depression and anxiety. The transition to adult care is a particularly vulnerable time, thus support is needed to ensure the continuity of care and navigating adulthood with HIV. The article effectively highlights how HIV can lead to mental health challenges such as isolation and stigmatisation, further demonstrating the interrelated nature of these issues.

The problem here is a complex one, situated at the nexus of youth mental health, the HIV and AIDS epidemic and the role of IKS in Botswana. More precisely, the problem is the high prevalence of mental health problems among adolescents living with HIV in Botswana. These mental health problems are further exacerbated by the high burden of HIV in the country. The healthcare system provides little to no support, including limitations in access to specialised mental health services, poor integration with primary healthcare and a lack of intersectoral coordinated collaboration. Furthermore, mental health problems are highly stigmatised in the country, and there is a poor understanding of the relationship between mental health and social determinants of health, such as poverty. This problem requires innovative solutions that can address these challenges and improve the mental health outcomes for youth affected by the HIV and AIDS epidemic in the country.

This paper illustrates the interrelated challenges of youth mental health, HIV and AIDS, and indigenous knowledge systems. It first explores specific mental health conditions and risk factors unique to adolescents. The paper then discusses specific gaps

in the healthcare system. The article acknowledges the various points of contrast between IKS and modern primary health care services. In view of these contrasts, the complexity of the request to integrate traditional systems with modern services is clearly stated and duly appreciated. It further examines the potential of indigenous knowledge systems and traditional healers to offer culturally sensitive mental health support, along with the benefits and challenges of integrating traditional and modern healthcare. The impact of stigma and social determinants of health, such as poverty and inequality, on help-seeking and access to care is also explored. Finally, recommendations are provided to bridge the gap between intersectoral collaboration, improve access to culturally sensitive mental health care, and ensure continuity of care during the transition to adult care.

Mental Health Challenges among HIV-Positive Youth

Recent research highlights the significant complexity of mental health challenges among adolescents living with HIV in Botswana. Molebatsi et al. (2024) specifically emphasise the link between childhood trauma and mental health symptoms. He argues for a strong connection between depression, anxiety and substance use among HIV-infected youth in Botswana. In his findings, he highlights the critical need for trauma-informed care within HIV programmes. Moreover, studies in Botswana indicate that alcohol and illicit drug use is a growing concern among adolescents, with a reported overall prevalence of substance use at 17.4% among school-going youth aged 13 to 19 in some regions (Diraditsile and Rasesigo, 2018).

Specifically concerning youth living with HIV, substance use poses a major obstacle to both HIV prevention and effective management. This concern is multi-faceted: substance use can worsen existing mental health conditions, interfere with adherence to antiretroviral therapy, and contribute to risky behaviours. It can further intensify the overall burden on HIV-positive youth and the healthcare system (Molebatsi et al., 2024; Olashore et al., 2023). For instance, non-smoking youth have been observed to have better physical and mental health compared to their smoking counterparts. Beyond substance use, mental health challenges among HIV-positive youth in Botswana are significantly influenced by pervasive stigmatisation. Studies indicate that mental health issues are widespread, yet they often go underreported due to deep-seated cultural stigmas and a general lack of awareness. These issues are further exacerbated by significant socio-economic stressors, as youth in Botswana face immense pressure from academic demands, considerable economic strain, and often limited opportunities for personal growth and development (Olashore et al., 2022).

This situation is particularly pressing given Botswana's demographic profile. With a population of 2.36 million as of 2022, a substantial 64% are under 35, and approximately 22.5% fall within the 15- to 29-year-old age bracket. Despite a high literacy rate of 88% and excellent school attendance for 10- to 14-year-olds at 96%, indicating widespread access to primary education, youth unemployment remains a significant concern, rising to 32.9% in 2022 from 17.8% in 2011 (Statistics Botswana, 2022). This difficult economic landscape, combined with the lack of adequate mental health services, creates a challenging environment for young people already vulnerable to mental health issues, especially those living with HIV.

Botswana also grapples with one of the highest HIV prevalence rates globally, affecting approximately 19.9% of the population (United Nations Annual Results Report

Botswana, 2022). Young people living with HIV face unique mental health challenges, including stigma, isolation and the psychological toll of managing a chronic illness. They are at a higher risk for depression and anxiety, compounded by social determinants of health such as poverty and unemployment (Vreeman et al., 2017). Historically, HIV prevalence in the country has been on a steady rise since the 1980s, peaking at over 30% in the late 1990s and early 2000s. While national efforts since 2005 have led to a decline in prevalence, stabilising at around 20–21% by 2024, youth aged 15–24 remain particularly affected, with young women being especially vulnerable. In 2021, young women had an infection rate of 5.2%, compared to 2.0% for young men aged 15–24 (United Nations Annual Results Report Botswana, 2022). This striking disparity, where approximately three young women are infected with HIV for every young man, highlights a stark gender imbalance (Olashore et al., 2023). This heightened risk, coupled with societal pressures and gender inequalities, further exacerbates the mental health challenges faced by young women.

The 14–35 age group in Botswana includes many individuals born with HIV, especially during the 1990s and early 2000s when mother-to-child transmission rates were high. Botswana has made significant strides in the fight against HIV, from making antiretroviral treatment available for all in 2002 to introducing preventive measures like the 2013 Option B+ regime, which drastically reduced mother-to-child transmission rates to less than 5%. These interventions ensured that many young people born with HIV reached adulthood. In 2018, an estimated 29,500 adolescents and young adults aged 15–24 were living with HIV, with females disproportionately affected (UNICEF, 2018). The high youth unemployment rate and high HIV prevalence among young women thus necessitate integrated interventions focusing on gender inequality and socio-economic issues, alongside strong health interventions like ART and prevention measures. Despite reduced mother-to-child transmission and high literacy rates, more focused efforts are needed to ensure that youth are healthy, well, and economically secure (UNICEF, 2018).

Studies on youth and HIV in Botswana reveal various challenges and vulnerabilities. Karugaba et al. (2023) highlight issues such as fear of stigma, disclosure worries and poor antiretroviral therapy adherence among young adults living with perinatally acquired HIV. Tsheko (2012) provides a historical overview of the importance of considering the social and political context when examining HIV and its impact on education in Botswana. Anderson and Kiwanuka-Tondo (2017) discuss prevention work among younger adults, noting that stigma and “risk fatigue” affect young adults. Stephens et al. (2012) highlight risky sexual behaviour among university students and emphasise the importance of community and education in prevention strategies. Furthermore, research indicates the limited availability of specialised care, poor integration with primary healthcare, and a lack of intersectoral collaboration (Olashore et al., 2023). This gap in services particularly affects young people living with HIV, leaving them without the necessary support. The connection between HIV, mental health, and young people in Botswana clearly shows that focusing solely on HIV prevention and treatment is insufficient. Religious narratives, as explored by Togarasei (2010), play a significant role in shaping perceptions of stigma, healing, and care related to HIV. His work reveals how faith-based organisations and theological interpretations influence responses to the epidemic, often contributing to or challenging existing stigmas.

In a study by Olashore et al. (2022) focusing on adolescents living with HIV in Botswana, it was found that 23.6% of participants met the criteria for a current depressive episode, with 15.9% experiencing a previous episode and 7.2% having recurrent depression. Additionally, 18.8% of participants reported suicidal behaviour in the past month, with 6.8% showing mild to moderate risk and 5.3% facing severe risk. The research highlighted that females were nearly twice as likely to be depressed compared to males, and those with poor viral suppression (viral load of 400 copies or higher) had a significantly higher likelihood of depression (AOR=5.01). Moreover, having inadequate social support and feelings of distress related to their HIV status were associated with heightened depression and suicidal risk (Olashore et al., 2022).

Adolescents living with HIV in Botswana thus face a disproportionate burden of mental health challenges. These challenges arise from a complex interplay of factors, including the biological impact of HIV and its treatment, the psychosocial impact of living with a chronic illness, and the social and environmental stressors associated with HIV (Laurenzi et al., 2020). The implications are profound, as these overlapping challenges hinder their ability to lead fulfilling lives, pursue education and participate fully in society. Dessauvague et al. (2020) present a systematic review of mental health issues among adolescents living with HIV in sub-Saharan Africa. They show that these young people face a higher risk of developing depression, anxiety and other mental health disorders.

This heightened vulnerability is influenced by factors such as stigma, discrimination, and the psychological impact of living with a chronic illness. Vreeman et al. (2017) also explore these mental health challenges, noting the impact of stigma, discrimination, and social isolation. According to these authors, HIV-related stigma and discrimination lead to social isolation, fear of disclosure and internalised shame. It negatively impacts self-esteem, mental well-being and adherence to treatment (Vreeman et al., 2017). Adolescents experience stigma from peers, family members and even healthcare providers. This creates barriers to accessing support and care. They also note that the fear of stigma and discrimination often leads to social withdrawal and isolation. Adolescents often avoid social situations or refrain from disclosing their HIV status to friends and family. This therefore limits their social support networks and increases feelings of loneliness.

The transition from childhood to adolescence and then into adulthood presents unique challenges for young people living with HIV. They must navigate issues of disclosure, romantic relationships and independent management of their healthcare, all while coping with the psychosocial impact of HIV. This transition period can be particularly stressful and may exacerbate existing mental health issues (Vreeman et al., 2017). This period is characterised by significant physical, emotional and social development. It makes young people particularly vulnerable to the impacts of HIV infection and mental health challenges (Martinez et al., 2014). This age group also faces unique challenges related to identity formation, peer pressure and navigating romantic and sexual relationships, all of which can be further complicated by an HIV diagnosis (Laurenzi et al., 2020). However, as highlighted by Olashore et al. (2023:8), psychiatric services specific to adolescents living with HIV in Botswana are “very rudimentary” and there is a “dearth of knowledge” posing a significant challenge to formulating need-based treatments. This

underlines the critical gaps in the healthcare system's ability to adequately address these needs.

Gaps in Healthcare Services

Botswana faces significant challenges in providing adequate mental healthcare services, particularly for individuals requiring specialised interventions. The country has a severe shortage of mental health professionals and facilities, which restricts access to appropriate care. As of 2020, there were only 2 psychiatrists per million people and 0.3 psychologists per 100,000 people, highlighting the scarcity of expertise in the mental health field (Opondo, 2020). Additionally, the ratio of mental health nurses, estimated at 2.1 per 100,000 people, falls far short of the required threshold for adequate service delivery. This gap is further compounded by the fact that Botswana's mental health policy, introduced in 2003 to integrate mental health into general healthcare services, lacks sufficient data to guide its implementation effectively. Without robust data, addressing mental health needs comprehensively remains a challenge (Opondo, 2020).

Botswana's mental health system is structurally dependent on one psychiatric hospital in Lobatse, supported by outpatient psychiatric clinics at 13 general hospitals and district health units. While this setup provides a framework for service delivery, it remains under-resourced and overburdened. The critical shortage of psychiatrists, estimated at 0.29 per 100,000 people, and the heavy reliance on psychiatric nurses exacerbate the challenges. Moreover, the limited availability of acute psychiatric hospital beds, approximately 7.1 beds per 100,000 people, demonstrates the inadequate infrastructure to support patients with severe mental illnesses. As a result, the current system primarily remains institution-based, with community-based mental health services largely absent, contributing to high relapse rates and restricted accessibility for those in need (Seloilwe and Thupayagale-Tshweneagae, 2007).

Efforts to integrate mental health services into Botswana's primary healthcare system, initiated in the 1970s, have yielded limited success. Currently, less than 20% of healthcare facilities offer mental health services, leaving many individuals to navigate tertiary care systems that are geographically and economically inaccessible (Opondo et al., 2020). This weak integration aligns with global trends in low- and middle-income countries, where approximately 85% of people with mental health disorders do not receive treatment (WHO, 2008). However, evidence from other nations shows that integrating mental health into primary care can improve access, reduce stigma, and promote early intervention. For example, training primary care workers to deliver basic mental health interventions has proven effective in several resource-limited settings (WHO, 2008). Botswana could benefit from adopting similar approaches, complemented by increased investment in training and policy implementation.

The coexistence of traditional healing systems and Western medical practices in Botswana adds another layer of complexity. Many Botswana initially seek care from traditional healers, whose practices align with a holistic worldview that emphasises the balance of physical, social, emotional, and spiritual factors. While traditional methods address culturally rooted perceptions of illness, they often delay access to Western mental health care, which focuses predominantly on biological and psychological treatments (Stockton et al., 2015). This disconnect not only limits early intervention but also represents a missed opportunity for collaboration. Integrating these two systems

could enhance mental health care delivery by respecting cultural practices while introducing evidence-based treatments.

Stigma, deeply entrenched in cultural beliefs and societal attitudes, is another significant barrier to effective mental health care. Studies suggest that stigma deters individuals from seeking help, further compounding delays in diagnosis and treatment (Stockton et al., 2015). Public education campaigns aimed at normalising conversations around mental health and demystifying traditional and spiritual interpretations of mental illness could reduce stigma and encourage earlier engagement with healthcare services.

The issue of human resources is equally critical. Botswana's vast geographical size and sparsely distributed population present logistical challenges in ensuring equitable healthcare access, including mental health services (Sidandi et al., 2011). The uneven distribution of trained professionals exacerbates disparities, leaving rural populations particularly underserved. Addressing this gap requires strategic workforce planning, including incentives to attract and retain mental health professionals in underserved regions.

Lastly, the lack of nationally representative data on mental health prevalence and treatment outcomes hinders the ability to design evidence-based interventions. While studies such as those by Maphisa et al. (2020) underscore the need for more robust research, efforts to fill this gap remain limited. Data collection initiatives, combined with rigorous evaluation of existing programmes, could provide critical insights into the mental health landscape and inform policy adjustments. Addressing these gaps therefore requires innovative strategies that focus on improving the availability and integration of mental health services, enhancing training and awareness among healthcare providers, reducing stigma, and fostering intersectoral collaboration. This section transitions to exploring the need for an integrated mental health framework in Botswana, emphasising the importance of bridging traditional and biomedical approaches to create culturally sensitive, evidence-based care.

Role of Indigenous Knowledge Systems in Botswana's Mental Healthcare

In Botswana, indigenous knowledge systems (IKS) are deeply embedded in the social and cultural fabric of its diverse communities, reflecting the unique values, beliefs, and practices of its people. This knowledge is primarily transmitted orally through storytelling, songs, proverbs, dances, and rituals, and is also embedded in cultural values and community laws (Tella, 2007). For example, many Botswana communities pass down agricultural practices through oral traditions, teaching younger generations how to cultivate drought-resistant crops such as sorghum and millet, which are vital for food security in a semi-arid climate. This knowledge includes the timing of planting and harvesting based on observations of natural signs, such as animal behaviour or the flowering of specific trees, which serve as ecological indicators (Bhushan et al., 2018).

Traditional healthcare is one of the most prominent examples of IKS in Botswana. Traditional healers, known as dingaka tsa setso in Setswana, play a vital role in addressing the health and well-being of individuals and communities. These healers use herbal remedies, spiritual practices, and ancestral guidance to treat physical, psychological, and spiritual ailments. For instance, plants such as lengana (*Artemisia afra*) are commonly used to treat respiratory illnesses, while specific rituals are performed to address mental health challenges, often understood through spiritual or

cultural lenses (Sarginson, 2001). Liverpool et al. (2004) report incidents where patients at hospitals refused medical treatment without the presence and consent of their traditional healer, highlighting the significant influence of traditional medicine. Some scholars argue against ignoring this influence, emphasising the need to consider traditional medicine in healthcare approaches (Subrick, 2006).

The transmission of knowledge about medicinal plants and their applications is safeguarded within families or specific groups, ensuring its continuity. This knowledge is particularly significant in rural areas where access to modern healthcare is limited. While some dismiss traditional healing as unscientific, many Batswana view it as complementary to biomedical approaches, providing culturally relevant and accessible care (Tella, 2007).

The integration of IKS, particularly the role of traditional healers, offers significant potential in addressing mental health challenges in Botswana by providing culturally relevant and accessible support deeply embedded in communities (Bojuwoye and Moletsane-Kekae, 2018). In rural areas, where access to formal healthcare is often limited, traditional healers frequently serve as the first point of contact for those seeking mental health assistance (Mutiso et al., 2014). Their profound understanding of local customs, beliefs, and explanatory models of illness facilitates trust and engagement in the therapeutic process (Nortje et al., 2016). For example, behaviours interpreted as “schizophrenia” from a Western perspective might be perceived as an ancestral calling to become a healer in certain Zulu and Xhosa communities. Such cultural context is crucial for effective treatment. Moreover, traditional healers often enjoy a high level of trust within their communities. This trust can facilitate open communication and encourage individuals to seek help for mental health issues, which might otherwise be stigmatised or ignored (Stockton et al., 2015). Stigma is a significant barrier to seeking mental health care, particularly for youth. Traditional healers, deeply embedded in local communities, provide culturally relevant care that normalises mental health challenges. Nortje et al. (2016) argue that the trust and respect traditional healers command within their communities can encourage youth to seek help earlier, mitigating the long-term effects of untreated mental health conditions.

Indigenous knowledge systems typically adopt a holistic approach to health, addressing not only the physical symptoms but also the social, emotional, and spiritual dimensions of illness. This comprehensive approach can be particularly beneficial for mental health, where the interplay of various factors is crucial (Maphisa et al., 2020). A holistic view of health aligns well with the needs of youth, who often experience mental health challenges at the intersection of physical, emotional, social, and spiritual domains (Maphisa et al., 2020). For instance, traditional healers in Botswana address mental health issues such as anxiety or depression through herbal remedies, rituals, and community engagement, which offer both physiological and psychosocial benefits (Chinsamy and Koitsiwe, 2016). The communal aspect of IKS ensures that youth are supported within their social networks, reducing feelings of isolation that often accompany mental health struggles. This cultural framework profoundly influences religious life, where churches often provide crucial emotional and spiritual support to youth living with HIV. As highlighted by Togarasei (2010), these faith-based spaces significantly shape help-seeking behaviours and reinforce communal understandings of illness and healing within the community.

IKS plays a pivotal role in fostering a strong sense of cultural identity among youth, which is critical for mental health. Studies indicate that when young people are connected to their cultural heritage, they develop a stronger sense of belonging and self-esteem (Bhushan et al., 2018). In Botswana, traditional practices such as initiation ceremonies (bogwera for boys and bojale for girls) help instil cultural values, promote emotional maturity and build resilience. These rites of passage are designed to equip youth with life skills, including stress management and conflict resolution, which are essential for navigating the challenges of adolescence.

IKS emphasises preventive care, which is particularly beneficial for youth mental health. Practices such as storytelling and proverbs serve not only as tools for transmitting knowledge but also as mechanisms for teaching moral values, emotional regulation and problem-solving skills (Tella, 2007). These preventive measures align with developmental psychology, which underscores the importance of early intervention in mental health.

Bojuwoye and Moletsane-Kekae (2018) highlight how youth participation in cultural practices strengthens their leadership skills and enhances community cohesion. IKS can also serve as a bridge between generations, fostering intergenerational dialogue that supports youth mental health. The transmission of traditional knowledge from elders to youth creates a platform for mentorship and emotional support, which are crucial during adolescence. Such interactions help young people navigate identity formation and cultural adaptation in a rapidly globalising world (Bhushan et al., 2018).

In contexts where socio-economic challenges contribute to youth mental health issues, IKS offers practical solutions. For instance, traditional practices related to agriculture and environmental stewardship provide youth with skills that enhance their livelihoods and reduce poverty-induced stress. Shisanya (2017) highlights the role of IKS in fostering economic resilience, which indirectly supports mental well-being. Traditional ethnobotanical knowledge plays an important role in managing natural resources and indirectly supports mental well-being by improving community livelihoods and social structures. For example, Batswana communities in South Africa use their knowledge of medicinal plants, guided by cultural practices, to care for both physical and mental health (Chinsamy and Koitsiwe, 2016). However, Shisanya (2017) highlights the need to strengthen the role of indigenous institutions and ensure fair sharing of the benefits that come from using indigenous knowledge systems (IKS).

However, the integration of IKS and modern healthcare approaches presents both opportunities and challenges. While traditional healers can promote cultural reintegration and holistic well-being (Mutiso et al., 2014), scepticism remains among some mental health professionals due to the perceived lack of evidence-based support and concerns over associated fees. Nortje et al. (2016) point out the complexities in evaluating traditional healing for mental disorders, given the contrasting cultural conceptions of mental illness and the interconnected nature of physical, emotional, and spiritual health in traditional practices.

One significant challenge is the lack of standardisation in traditional healing practices. Unlike modern healthcare, which relies on evidence-based protocols, traditional methods vary significantly in their efficacy and safety. This inconsistency complicates efforts to incorporate traditional healing into formal healthcare systems (Opondo et al., 2020). For example, the use of herbal remedies by traditional healers can

vary widely in terms of dosage, preparation methods, and administration. One healer might use a specific plant in a tea infusion, while another might use the same plant in a topical paste. This variability can lead to inconsistent treatment outcomes and potential safety risks, making it difficult to integrate these practices into a standardised healthcare framework.

Meanwhile, traditional healers often serve as the first point of contact for individuals experiencing mental health challenges due to their accessibility and cultural relevance. This normally delays critical evidence-based interventions for severe mental health conditions. Stockton et al. (2015) highlight how such delays can have adverse effects, particularly when timely treatment is essential for conditions like psychosis or severe depression. Addressing this, Maphisa et al. (2020) argue that establishing regulatory frameworks and providing training can help align traditional practices with modern healthcare principles, fostering mutual respect and collaboration. Stigma and misconceptions surrounding traditional healing also pose a barrier. While many recognise its cultural importance, others view traditional practices as outdated or ineffective. This perception not only undermines the credibility of traditional healers but also hampers integration efforts. Opondo et al. (2020) rightly emphasise the need for careful planning to ensure that the integration of traditional and modern systems does not compromise the quality or accessibility of either.

In Botswana, the cultural understanding of mental health within indigenous frameworks is deeply rooted in the belief that mental health issues are often linked to spiritual or social imbalances. Traditional healers, with their holistic approach, address these imbalances through a combination of herbal remedies, rituals, and spiritual guidance. This perspective contrasts with the biomedical model, which primarily focuses on the biological and psychological aspects of mental health. The challenge lies in integrating these two perspectives in a way that respects and values both.

Ethical considerations are paramount when integrating indigenous knowledge systems into modern mental health care. One of the key ethical issues is ensuring informed consent and respecting the autonomy of patients. Patients should be fully informed about the nature of the treatment they are receiving, whether it is traditional or modern, and should have the right to choose the type of care they prefer. This requires clear communication and transparency from both traditional healers and modern healthcare providers.

Another ethical consideration is the need for cultural competence among healthcare providers. Modern healthcare professionals should receive training to understand and respect the cultural beliefs and practices of their patients. This includes recognising the role of traditional healers and being open to collaboration. Similarly, traditional healers should be educated about the benefits and limitations of modern medicine to facilitate a two-way dialogue. The issue of confidentiality is also crucial. Traditional healers often operate within close-knit communities where privacy can be challenging to maintain. Ensuring that patients' personal and health information is kept confidential is essential to building trust and encouraging individuals to seek help without fear of stigma or judgment. Furthermore, the integration of IKS into modern healthcare should be guided by the principles of equity and fairness. This means ensuring that all patients, regardless of their socio-economic status or geographical location, have access to the mental health

services they need. It also involves recognising the valuable contribution of traditional healers to the health and well-being of the community.

Cultural Understanding and Ethical Considerations in Botswana's Mental Healthcare

A deep understanding of cultural contexts is essential when addressing mental health within indigenous frameworks in Botswana. This involves recognising and engaging with the unique beliefs, values, and practices that shape how mental health is perceived, experienced, and addressed within the community (Bhusumane, 2007). In Botswana, cultural beliefs significantly influence perceptions of mental illness, help-seeking behaviours, and treatment preferences. For instance, mental illness is often attributed to spiritual causes, such as witchcraft or ancestral displeasure, leading many individuals to seek help from traditional healers alongside biomedical care. This dual system reflects a strong cultural reliance on traditional explanations and treatments for mental health issues (Becker et al., 2019).

Moreover, clinicians' cultural backgrounds and the prevailing "healthcare culture" can differ significantly from patients' values, potentially creating ethical dilemmas (Hoop et al., 2008). Therefore, interventions must be aligned with cultural principles to be effective and ethical. In Botswana, the cultural disparity between clinicians' training and patients' indigenous beliefs can present ethical challenges. For instance, Bhusumane (2022) highlights how metaphysical views, like the belief in witchcraft or ancestral displeasure, shape mental health perspectives and could lead to patients avoiding clinical care. These cultural nuances must be respected in clinical practice to align interventions ethically. Becker et al. (2019) emphasise how stigma around HIV and mental health, intertwine with traditional beliefs, requiring clinicians to navigate these cultural realities sensitively to provide effective care.

A key cultural principle in Botswana, *botho*, embodies compassion, interconnectedness, and community support. This value, integral to Setswana culture, enhances mental health care by emphasising shared responsibility and social harmony (Seloilwe and Thupayagale-Tshweneagae, 2007). Incorporating *botho* into mental health care can bridge traditional and modern practices, reduce stigma, and facilitate open dialogue about mental health issues (Madigele et al., 2022). *Botho* is more than an individual quality; it is a social ideal shaping communal interaction, conflict resolution, and support structures (Madigele et al., 2019). When applied in mental health care, *botho* encourages empathy and a collective approach to well-being, aligning with community-based models that are essential in resource-constrained settings. This principle promotes an inclusive environment that respects both traditional healing and modern psychological approaches, fostering stronger therapeutic relationships based on trust and shared understanding.

However, integrating indigenous knowledge with modern practices presents ethical challenges. Adaptations of evidence-based interventions must be scrutinised to maintain their effectiveness and safety (Doyle et al., 2014). Examples from other contexts, such as culturally adapted mental health programmes in Canada (Crooks et al., 2018), reveal the delicate balance needed between cultural relevance and clinical standards.

To address these complexities, it is crucial to develop ethical guidelines that incorporate indigenous beliefs and foster community participation. Collaborative

approaches, such as consulting with community leaders and elders, ensure culturally aligned, sustainable interventions (Gopalkrishnan, 2018). Ongoing research should focus on evaluating culturally adapted mental health strategies and creating frameworks for the ethical integration of traditional and modern approaches, ultimately leading to more effective and inclusive care.

The impact of stigma significantly influences help-seeking behaviours and access to care for HIV-positive youth in Botswana. It creates barriers to seeking help, as individuals fear judgment and social isolation. This stigma is often compounded by traditional beliefs in spiritual causation, such as witchcraft or ancestral displeasure, which can lead to further marginalisation and reluctance to seek professional mental health services (Bhusumane, 2022). Additionally, social determinants like poverty and inequality exacerbate mental health issues by limiting access to necessary resources and support systems. These factors collectively contribute to a cycle of poor mental health outcomes and inadequate care for HIV-positive youth. The next section explores the various strategies and initiatives that can help mitigate the impact of stigma and social determinants on the mental health of HIV-positive youth in Botswana.

Impact of Stigma and Social Determinants

Impact of Stigma

This section analyses the impact of stigma and social determinants, such as poverty and inequality, on help-seeking behaviours and access to care among HIV-positive youth in Botswana. These factors significantly exacerbate mental health issues, creating a complex web of vulnerability. Stigma, defined as a set of negative beliefs that a society or group holds about a particular attribute or behaviour, in this case mental health conditions (Ahad et al., 2023).

In Botswana, stigma associated with mental illness is shaped by cultural and social norms, often resulting in status loss and discrimination for those affected. Beliefs in spiritual causation, such as witchcraft or ancestral displeasure, are prominent and significantly influence mental health perceptions and care-seeking behaviours. Displeased ancestral spirits, often seen as moral guardians, are believed to cause illness or misfortune as a form of punishment. This belief can lead to stigma, secrecy, and reluctance to seek professional mental health services, as these conditions may be viewed as moral or spiritual failings. Traditional practices, like sacrifices or rituals, are commonly used to restore harmony between individuals and their spiritual or communal environments. This contrasts with Western therapeutic approaches, which focus on individual agency rather than holistic and communal interventions (Bhusumane, 2020).

This delay or avoidance of treatment often exacerbates symptoms and hinders recovery. Kang'ethe (2009) discuss some of the hurdles faced by youth living with HIV and AIDS, which is compounded by mental health stigma. Young people living with HIV and AIDS face numerous interconnected challenges impacting their mental and overall well-being. These include social isolation and stigma, difficulties adhering to complex treatment regimens, increased risk of mental health conditions, limited access to specialised healthcare, lack of adequate support systems, economic hardships, and educational disruption. Stigma also forces individuals to conceal their mental health struggles, leading to social isolation and a lack of support. This secrecy also prevents family members and friends from understanding and aiding. Vreeman et al. (2017)

highlight the importance of social support for adolescents living with HIV, a group particularly vulnerable to mental health challenges.

Furthermore, individuals may internalise the negative beliefs and attitudes associated with mental illness, leading to feelings of shame, self-blame, and low self-esteem. This can further hinder recovery and create a cycle of negativity. Stigma can also limit access to essential resources, such as housing, employment, and education, further marginalising individuals with mental illness. The stress and social isolation caused by stigma can worsen mental health symptoms, creating a vicious cycle (Corrigan et al., 2012).

The stigma against seeking mental health care in Botswana is also influenced by traditional gender norms and cultural beliefs. For example, men are often discouraged from seeking help as it challenges cultural ideals of masculinity, which emphasise strength, stoicism, and resilience. Women, conversely, may face unique stigma tied to their societal roles, often being blamed for mental health issues as a reflection of personal or familial failure. Traditional beliefs in spiritual causation, such as witchcraft or ancestral displeasure, further complicate this, driving individuals to seek remedies from traditional healers rather than mental health professionals. This reliance on traditional healing can create barriers to accessing formal mental health services. Individuals may not recognise the benefits of psychological therapies or may fear being stigmatised by their communities if they pursue such options. As a result, many people remain untreated or receive inadequate care for their mental health conditions (Bhusumane, 2022).

Impact of Social determinants

The interplay of mental health and social determinants, including poverty, unemployment, inequality, and the HIV and AIDS epidemic, has profound implications for youth in Botswana. These determinants are inextricably linked, creating a complex web of challenges that exacerbate mental health issues, limit access to care, and reduce opportunities for recovery and resilience. Poverty is a significant social determinant that directly and indirectly impacts mental health. It creates conditions of chronic stress, insecurity, and limited access to basic needs, such as adequate nutrition, education, and healthcare. In Botswana, poverty remains a persistent issue, with 16.1% of the population living below the national poverty line as of 2021. For youth, poverty not only contributes to mental health challenges such as depression and anxiety but also limits their ability to access treatment and supportive services (Vreeman et al., 2017).

Economic hardship particularly affects adolescents living with HIV. Many come from low-income households that struggle to afford transportation to healthcare facilities or cover additional costs related to treatment adherence, such as nutritious food to accompany antiretroviral therapy (ART) (Olashore et al., 2022). This financial strain creates a cycle of poor health outcomes and economic disadvantage, perpetuating intergenerational poverty and mental health vulnerabilities. Unemployment not only limits economic opportunities but also contributes to a sense of hopelessness, frustration, and low self-esteem among youth. Prolonged unemployment can lead to depression, substance abuse, and other mental health issues, which in turn reduce employability, creating a vicious cycle of economic and psychological distress (Ahad et al., 2023).

For HIV-positive youth, unemployment often amplifies existing stigma and discrimination. Without stable income or employment, these young individuals may face

additional barriers to accessing healthcare, social inclusion, and mental health support, worsening their isolation and emotional well-being (Martinez et al., 2014). Programmes that combine vocational training with mental health interventions have shown promise in breaking this cycle, offering practical skills while fostering a sense of purpose and social connection.

Inequality and Social Exclusion

Inequality in Botswana, particularly in rural areas, limits access to quality healthcare, education, and economic opportunities. These disparities exacerbate mental health outcomes among marginalised youth. Gender-based inequalities further compound these challenges, as young women face higher rates of HIV infection, increased caregiving responsibilities, and greater stigma related to both their health status and societal roles (UNICEF, 2018). These inequities often place young women at heightened risk for depression, anxiety, and social withdrawal.

Geographic inequality also plays a significant role. Rural youth often face logistical and financial barriers to accessing mental health services, as healthcare facilities are concentrated in urban areas. The limited presence of community-based care models, coupled with the scarcity of mental health professionals in rural regions, leaves these populations particularly underserved (Opondo et al., 2020).

Youth living with HIV face additional stressors, such as the need for strict adherence to ART regimens, fear of disclosure, and uncertainty about their future. These stressors are exacerbated by social determinants like poverty and unemployment, which limit access to support systems and coping resources. Adolescents transitioning from pediatric to adult HIV care are particularly vulnerable, as they navigate increased independence while managing the complexities of their health and social circumstances (Vreeman et al., 2017).

The interaction of these social determinants creates a cumulative impact on youth mental health in Botswana. For instance, a young woman living with HIV in a rural area will likely face compounded challenges, including poverty, geographic isolation, gender-based violence, and limited access to education and healthcare. These intersecting determinants increase her vulnerability to mental health issues while simultaneously limiting their ability to seek and receive appropriate care (Bhusumane, 2022).

Recommendations

To address the complex interplay of stigma and social determinants on the mental health of HIV-positive youth in Botswana, several key recommendations can be made. Firstly, public education and awareness campaigns are essential to reduce stigma and misconceptions about HIV and mental health. These campaigns should aim to normalise conversations around mental health and demystify traditional and spiritual interpretations of mental illness. By using media, community events, and school programmes, accurate information about HIV, mental health, and the importance of seeking professional help can be disseminated widely.

Community engagement and participation are crucial for developing culturally aligned and sustainable interventions. Involving community leaders, elders, and traditional healers in the design and implementation of mental health programmes can help bridge the gap between traditional beliefs and modern healthcare practices.

Establishing community support groups where HIV-positive youth can share their experiences and receive peer support can also reduce feelings of isolation and stigma. Guiding these collaborations with the ethical principle of *Botho* is essential. This philosophy emphasises relational care, mutual respect, and communal responsibility, rooted in the idea of “I am a person through other people” (Gaie, 2007; Mmolai, 2015). Aligning mental health interventions with *Botho* consequently strengthens cultural legitimacy and improves participation among youth and their families.

Integrating traditional healers into the formal healthcare system is another important step. This can be achieved through training programmes that enhance traditional healers' understanding of mental health and HIV care. Creating referral systems that allow traditional healers to refer patients to modern healthcare facilities for specialised care when needed can ensure a more holistic approach to mental health care.

Designing mental health services that are culturally sensitive and respectful of indigenous beliefs and practices is essential. This can include incorporating traditional rituals and practices into mental health care where appropriate. Training healthcare providers to understand and respect the cultural context of their patients ensures that interventions are culturally aligned and effective.

Addressing social determinants such as poverty and inequality is critical for improving mental health outcomes among HIV-positive youth. Implementing policies and programmes that provide financial support, housing assistance, and employment opportunities can help alleviate economic hardships. Enhancing access to education and vocational training can empower HIV-positive youth and improve their economic prospects, reducing the impact of social determinants on their mental health.

Developing programmes that empower HIV-positive youth to take on leadership roles in their communities can foster a sense of purpose and belonging. Encouraging youth participation in the preservation and practice of indigenous knowledge systems can strengthen their leadership skills and enhance community cohesion.

Ongoing research and evaluation are necessary to inform policy adjustments and the development of evidence-based interventions. Collaborating with community members to ensure that research findings are relevant and actionable can help create more effective and inclusive care.

Conclusion

The analysis of the impact of stigma and social determinants on the mental health of HIV-positive youth in Botswana reveals a complex interplay of cultural, social, and economic factors that significantly influence help-seeking behaviours and access to care. Stigma, deeply rooted in cultural beliefs and societal attitudes, creates barriers to seeking professional mental health services. Traditional beliefs in spiritual causation, such as witchcraft or ancestral displeasure, further compound this issue, leading to delays in treatment and exacerbation of mental health symptoms. Social determinants, including poverty, unemployment, and inequality, also play a critical role in exacerbating mental health challenges among HIV-positive youth. Poverty creates chronic stress and limits access to basic needs, while unemployment contributes to a sense of hopelessness and low self-esteem. Inequality, particularly in rural areas, further restricts access to quality healthcare, education, and economic opportunities, leaving marginalised youth particularly vulnerable. The findings highlight the importance of integrating indigenous

knowledge systems (IKS) with modern healthcare practices to provide holistic and effective mental health support for youth affected by HIV and AIDS in Botswana. Indigenous knowledge systems, which include traditional healing practices and cultural rituals, offer culturally relevant and accessible care that can help reduce stigma and improve mental health outcomes. By incorporating traditional healers into the formal healthcare system and developing culturally sensitive mental health services, Botswana can create a more inclusive and effective mental health care system.

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