Surviving Solitude: A Preliminary Approach to Mental Health Outcomes Among Adolescent Mothers in the Context of Botsetsi
For many women in Botswana, pregnancy is followed by the customary three-month confinement period in the mother's home called Botsetsi. The thought is that during such a vulnerable period and through strict isolation, the mother and child are protected from pathogens, evil spirits, and other factors that could damage both the mother’s and the child’s development. Traditionally, the practice is characterized by confinement in the home of the mother, no contact from the father, and various rules about eating and postpartum care. All of this is instrumentally guided by the new mother’s own mother as she broadly guides her daughter into motherhood and the beginnings of adult womanhood.

Knowing of Botsetsi through stories passed down from his Bostwana mother and grandmother (whom themselves had closer, personal experience), Kgosi Hughes wanted to know more. Financially funded by the Richter Scholarship, and intellectually funded by rich cultural histories from family ties to Botswana, Kgosi Hughes set out to rediscover a practice he had only heard about. Whereas there had been some anthropological and medical research about the practice, Kgosi set up a new angle: a psychological deep dive into the mental and emotional lives of teen mothers nearing the start or finish of their Botsetsi isolation. Kgosi’s research attempts were aimed at really knowing what it was like to be one of the teen mother’s during the modernization of Botsetsi; in some ways, he just wanted to know “How are you doing through all of this?”
The biggest learning experience throughout my research was being able to walk through the experience of Botsetsi with mothers and learn that the knowledge about mental health (i.e., meaning of depression, anxiety, etc.) was unknown to many participants, even when Setswana was used. It is difficult to find a way to explain your mental state or emotions when you don’t know the meaning behind these terms. I believe we have a big task to improve availability of information about mental health, especially for young mothers with a heightened risk for depression.
With help from the Bill and Melinda Gates Foundation funded Monana Ke Isago (MKI) located in the Botswana Harvard Partnership (BHP) in Princess Marina Hospital, Kgosi got to work with his research that was meant to gain insight and guide interventions for mental health complications during the Botsetsi confinement period. The methods were both qualitative and quantitative: Kgosi was able to refine and analyze some interviews and survey data collected by MKI as well as conduct interviews with some teen mothers himself. The results supported the initial thought that the intense isolation of Botsetsi did have a negative mental health association. Although the sample size was small, preliminary results suggest that approximately 40 percent of teen mothers experienced a consistent form of moderate or severe depression during isolation. Kgosi’s wider understanding of the cultural context of Botswana suggested that this might be due to the fact that the wave of mental health interventions had only just begun to be taken seriously in the country.
In many ways, Kgosi’s research is breaking new ground, filling in the informational contours neglected by anthropology focused on describing Botsetsi and by the medical field only just now beginning to move into a holistic, mental health-integrative approach. Fueled by the stories that had persisted in his family’s cultural knowledge, Kgosi was able to utilize the Richter Scholarship to have these anecdotes become real before his eyes and perform research that rigorously answered the very human question:

How are you doing?

Laezah (mother) and Kiara (child) Gaafele, who Kgosi spent the summer and became good friends with,