

The Development of Professional Counseling in Botswana

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Among African countries, Botswana stands out for achieving lasting political and economic stability, which has enabled the government to develop a strong system of educational and social services for its people. Development of professional counseling in the country has occurred both through targeted efforts to provide a strong system of guidance services in schools and in response to the impact of the HIV/AIDS epidemic. This article reviews the development of professional counseling in Botswana and highlights trends likely to shape its future.

After decades of colonial rule by Europeans, many countries in Africa gained independence beginning in the 1960s. Since that time, many of these countries have struggled to develop political and economic stability. In much of the continent, that struggle persists today. War, corruption, poverty, and disease continue to have a devastating impact and create major obstacles to stability and peace. Despite these damaging threats to the health and well-being of its people, health services are often poorly funded in many parts of the continent. Mental health services have often been given particularly low priority and are thus often poorly developed (Okasha, 2002).

Among the countries to achieve independence in the 1960s, Botswana stands out as a country that has been able to achieve both political stability and very strong economic growth. As a result of this political and economic stability, the government of Botswana has been able to develop and provide a relatively thorough system of education and social services for its people. One important aspect of this success has been the development of the counseling profession in the country. This article reviews the development and current status of counseling in Botswana and highlights future trends and challenges facing the profession there in coming years.

History of Botswana

After nearly 80 years as a British protectorate, Botswana achieved independence in 1966. Unlike many of the countries in Africa following independence, Botswana was not overwhelmingly affected by corruption or a political rise of its military forces. This has resulted in Botswana developing one of the most stable governments in all of Africa. Since independence, Botswana has maintained 4 decades of uninterrupted democratic civilian leadership (U.S. Central Intelligence Agency, n.d.).

In addition to political stability, Botswana has maintained strong economic growth since independence as well. Although the economy was based originally on cattle, the discovery of diamonds near Orapa in 1967 resulted in the development

of a mining industry that quickly transformed the Botswana economy. According to the U.S. Department of State (2006), Botswana has had the fastest growth in per capita income in the world since its independence. The political stability and economic growth of the country have allowed the government to develop and provide an infrastructure of social services to its people that many other African countries have not yet been able to achieve. In the area of health care, there has been an extensive buildup of facilities and services in the smaller villages and rural areas as well as in the rapidly growing urban areas (Parsons, 1999). An emphasis on education in the country since independence has been significant at all levels, and the government's stated goal of 10 free years of education for its entire population has been largely realized.

The emphasis on education has taken place at the level of higher education as well. A university was developed in cooperation with the countries of Lesotho and Swaziland and was originally housed in Lesotho. A campus in Botswana's capital, Gaborone, was established in 1970, which became the University of Botswana in 1982. In addition to the university, a number of other postsecondary educational opportunities have been developed in the country. Basic teacher training in Botswana takes place in teacher training colleges, whereas advanced teacher training takes place at the university. Additionally, after much planning and development work, a master's degree in counseling and human services is now being offered at the university, and a few doctoral-level courses are available to a small number of students each year.

The Development of the Counseling Profession

The history of the development of counseling in Botswana mirrors that of the history of the country since gaining independence; counseling has come as a result of several factors. The rapid social and economic changes that occurred in Botswana following independence brought with

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them an evolving set of changes in the lives of individuals and a corresponding need for services and structures to address these changes. As noted by Navin (1992), the positive changes associated with the transition of Botswana into a modern society also brought with them a number of serious social challenges that are more common in modern societies, including increased rates of unemployment, crime, teenage pregnancy, and substance abuse, among others. Additionally, as in many other parts of Africa, the increased urbanization of the society has slowly resulted in a breakdown of the extended family system of support and a need for an organized support system to meet the needs traditionally met through the extended family (Bhusumane, Maphorisa, Motswaledi, & Nyati, 1990; Okasha, 2002).

A crucial factor in the development of counseling in Botswana was the need for career guidance services for students. One important aspect of the goal of education in the country since independence has been the development of human resources to meet the needs of the expanding economy. A program of career guidance thus became an important component of education from early on. Initial efforts to provide career guidance information to students in secondary schools in Botswana date back to 1963, when a workshop was held to train a selected group of secondary school teachers in career guidance. Following the workshop, a system for the provision of these services was implemented in which "careers masters/mistresses" were designated and assigned to each secondary school to provide career information (Navin, 1992; Republic of Botswana Ministry of Education, 1996).

Although this emphasis on career guidance continued, efforts were gradually undertaken to develop a more comprehensive program of guidance and counseling in the schools. In 1985, a policy direction seminar attended by senior officials in government recommended that the career guidance services should be expanded to include social, educational, and personal needs of learners. This was followed by a consultancy (recommended by the seminar) to identify the needs for guidance and counseling at the different levels of education. The consultant, Sally Navin, recommended among other things that there should be an officer responsible for guidance services within the Ministry of Education and that a staff member within the Faculty of Education at the University of Botswana be trained to offer courses in counseling.

This recommendation to make counselor training available at the university was an important one; at the time of the recommendations, there was very little preservice training available in guidance and counseling. Early on, the guidance and counseling program was delivered by teacher-counselors (Rollin & Witmer, 1992) who either volunteered or were selected for these roles. Teacher-counselors were teachers of specific subjects who also took on guidance counseling duties, often without any release time or compensation for doing so and almost always with no training. Thus, there

was a need for the development of a comprehensive program of in-service training for practicing teacher-counselors, in addition to comprehensive preservice training programs in guidance and counseling.

Since the 1985 seminar, the call for the expansion of counseling services beyond career guidance has been reflected in many other government planning documents, including the Revised National Policy on Education in 1994 (Republic of Botswana Ministry of Education, 1994). In this way, counseling has become a part of the overall national development plan, representing a major step forward in the development of the profession. Another important milestone in the development of counseling in the country was the creation of a counseling center at the University of Botswana. As a result from recognizing the need for a continuation of services provided by the guidance and counseling program beyond secondary school, a proposal for and feasibility study of the development of a university counseling center was undertaken in 1988 (Navin, 1992). With findings of strong support for the development of a counseling center, and a need for the services it would provide, the University of Botswana established the Careers and Counselling Centre in 1993 (C. Tidimane, personal communication, December 13, 2006).

Although the development of counseling in the schools has been significant (with the support of the government) since 1963, it was not until the 1990s that a focus on mental health issues outside the education system took hold, due in large part to the impact of the HIV/AIDS epidemic on the country. With the highest infection rate anywhere in the world, at 37% of the adult population, Botswana has been hit particularly hard by the AIDS epidemic in sub-Saharan Africa, and the impact of this disease on the country cannot be overemphasized. It is estimated that by the year 2010, 21.6% of all children in Botswana will be orphans (UNAIDS/WHO [Joint United Nations Programme on HIV/AIDS and World Health Organization], 2003). This epidemic has and will continue to create a host of social problems in the country, as well as a need for services such as counseling to address them.

In response to this major epidemic, counseling centers and agencies sponsored by nongovernmental organizations began to provide counseling services. These services were often directly linked to HIV/AIDS issues, such as preantiretroviral therapy counseling. Mental health counseling was thus originally linked closely to health care settings, and recognition of the broader value of counseling is an issue of ongoing importance to the professionalization of the field.

As with school guidance and counseling, the need for mental health counseling services developed more quickly than did a mechanism for training service providers, and thus many of those working as counselors have limited training. With only one university offering a counselor training program, and the high cost of training professionals abroad, training needs also remain an important ongoing issue for the professionalization of counseling in the country.

Current Status of Counseling in Botswana

Although it originated from needs in educational and health care settings, counseling in Botswana is evolving into a fully developed profession and is taking place in an increasing number of settings. Whereas many mental health counseling services are still specific to HIV/AIDS issues, general counseling services are increasingly being offered through government ministries and community agencies, nongovernmental organizations, prisons, churches, and private agencies. Not all of these services are being provided by professional counselors. In many rural areas of the country, psychiatric nurses may be more readily available to provide mental health services than are professional counselors (Wankiri, 1994). In other cases, paraprofessionals are providing counseling; however, services are increasingly being provided by professional counselors (H. Mokgolodi, personal communication, January 15, 2007).

An important step forward has been the development of the Botswana Counselling Association, one of the three counselor associations in Botswana, which was formally launched on June 26, 2004. The Botswana Counselling Association provides a forum for counselors to discuss ideas and develop strategies for meeting the many challenges and diverse needs of the country. Involvement in the association during this initial year included participants from the Counselling Unit of the School of Education at the University of Botswana, the University Careers and Counselling Centre, all six teacher training colleges, several departments from the Ministry of Education, and a handful of private counseling services and not-for-profit agencies. The association welcomes membership from professionals such as counselors, clinical psychologists, and social workers, as well as involvement from interested companies and educational, industrial, and business organizations. The organization currently has more than 100 members (J. A. Muchado, personal communication, December 14, 2006).

The school guidance and counseling program also continues to develop. The Ministry of Education is responsible for monitoring and supervision of guidance and counseling services in schools; it also provides in-service training for school counselors and guidance teachers. The ministry has made notable efforts to integrate a systematic program of guidance and counseling into the curriculum at the primary and secondary levels. A comprehensive guidance and counseling curriculum to guide and systematize program implementation by individual schools and teachers was published by the Ministry of Education in 2002.

These national curriculum guidelines and timetables for guidance lessons are a unique aspect of counseling services in Botswana. The curriculum guide reflects the guiding rationale for and philosophy of the program. According to the guide, "the Guidance and Counselling Programme is meant

to prepare each Motswana for an active role in the nation's economic and social development" (Republic of Botswana Ministry of Education, 2002, p. VIII). The rationale for the guidance and counseling program in the schools includes the concept that the provision of these services "are a continuation of the traditional processes by which the young learnt from the wisdom and experience of their elders" (Republic of Botswana Ministry of Education, 2002, p. IX).

Both the Ministry of Education and the University of Botswana are aware of the challenges counselors in the country, and much effort has gone in to addressing them. One of these efforts has been the development of a systematic program of in-service counseling training for teachers who take on the role of guidance counselors. A recent in-service training in group counseling recently conducted by us was an early part of this program. This training workshop was attended by 17 guidance and counseling teachers from across the country, as described by Terry, Stockton, and Nitza (2007). This workshop was geared toward those from the more remote areas of the country who are more likely to have limited counseling training as well as fewer opportunities available to obtain such training. In discussing the challenges facing them in their guidance and counseling roles, participants reported issues that would likely resonate with counselors in the United States and other countries. For example, guidance and counseling services in some schools are not given much attention or value by the staff; participants also noted that it can often be difficult to garner support for activities not covered on student exams. In addition, workshop participants described ongoing difficulties and the need for more training in dealing with many of the social problems facing their schools, such as the number of HIV/AIDS orphans and the secrecy and stigma still surrounding the disease in rural areas, as well as other serious situations facing some of their students, for example, arranged marriages of young girls (more common in the remote areas), sexual abuse, and prostitution. This anecdotal evidence supports the earlier recommendations of others for the crucial need for continued development of comprehensive preservice and in-service training programs (Navin, 1989; Rollin & Witmer, 1992).

Future Trends for the Counseling Profession in Botswana

Undoubtedly, professional counseling in Botswana will continue to expand. Increased numbers of counselors and counseling centers to address community mental health needs are likely, driven in part by the devastating impact of the HIV/AIDS crisis in the country. Spearheaded by the government, efforts to stem further spread of the disease and to deal with its social aftermath permeate almost all aspects of society. Other increasing social problems, such as unemployment (even among university graduates), suicide and passion killings among young people, crime and violence, poverty among the

young, orphaned children, and teenage pregnancy, underscore the need for a well-developed counseling system.

As stated earlier, one specific need that has been identified is for a formalized training program for guidance and counseling teachers. To address this need, the University of Botswana has developed a bachelor's degree program in counseling and human services. This program is targeted toward teachers who typically hold certificate or diploma-level qualifications and comes as a response to the lack of training programs in Botswana and elsewhere that admit people with qualifications below the bachelor's level for further training in counseling.

Finally, an important and ongoing issue remains the roles of traditional and Western approaches to the provision of mental health counseling services in the country. In traditional Botswana cultures, mental health care was provided by families as well as by traditional healers. Mental symptoms were believed to be the result of the evil deeds of enemies or spirits, and traditional practices and ceremonies were used to treat these problems (Sidandi et al., 1999). To this day, counseling and mental health services are provided to clients who may very well be consulting traditional healers simultaneously. The experience of dealing with the HIV/AIDS epidemic has revealed some of the flaws in contemporary counseling approaches that have limited the use of and sensitivity to traditional cultural values and practices. There is thus a growing awareness among counseling professionals of the importance of incorporating such values and practices to keep counseling culturally relevant. Understanding the influence of traditional beliefs and treatment approaches on both those who provide services and those who receive them and a strategy for integrating the two systems effectively are thus important considerations as the profession grows and expands in Botswana.

Conclusion

The continued increase in social problems and the limited access to mental health services, as well as the continued disintegration of the indigenous social support system, will continue to be a driving force for the development of counseling in Botswana. Other major influences will likely be the need for training and professional development of counselors practicing in schools and community centers and the need for standards of practice to address the complexities and contradictions between traditional and Western approaches to counseling. However, with the recognition of the importance of counseling, and the resources invested in and planning that is taking place, counseling in Botswana can be expected to flourish in the coming decades.

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