



**GLOBAL SCHOOL – BASED
STUDENT HEALTH SURVEY (GSHS)
(BOTSWANA 2024)**

Survey brief



INTRODUCTION AND BACKGROUND

The Global School-Based Student Health Survey (GSHS) is a collaborative surveillance initiative designed to help countries measure and assess behavioural risk factors and protective factors among young people. It is a relatively low-cost, school-based survey that uses a self-administered questionnaire to collect information on health behaviours and protective factors associated with the leading causes of morbidity and mortality among children and adults worldwide.

The GSHS data collection instrument was developed by the World Health Organization (WHO) and was pretested in Brazil, China, Venezuela and Zambia. The instrument underwent revisions in 2012, 2017 and 2021 following data reviews and consultations at WHO. Countries were allowed to omit certain modules, provided they remain with at least six modules to carry out the study. Additional developments to the instrument included the use of standardized core and core-expanded questions, with the option to add country-specific questions. Through this survey, policymakers and educators are able to access evidence-based information on the effectiveness of school health programmes, life-skills-based HIV education and Comprehensive Sexuality Education. This evidence supports the refinement and strengthening of national programmes to address the specific needs and challenges faced by young people in the region.

In Botswana, the GSHS was successfully implemented by the tripartite Ministries of Child Welfare & Basic Education (MCWBE), Health (MoH) and Local Government & Traditional Affairs (MLGTA), in conjunction with World Health Organization (WHO) and United Nations Educational, Scientific and Cultural Organization (UNESCO). The survey targeted learners aged 13 – 17 years, an age group found in secondary schools. A total of 34 schools across 16 sub-educational regions participated in the study. Data collection was conducted from 11–13 September 2024. Data analysis has been completed and the survey results have been released and validated.

PURPOSE OF THE SURVEY

The Global School-Based Student Health Survey is designed to provide accurate data on health behaviours and protective factors among students to:

1. Help countries identify priorities, establish targeted programmes and advocate for resources to strengthen school health and youth health programmes and policies.
2. Allow international agencies, countries and others to make comparisons across countries regarding the prevalence of health behaviours and protective factors.
3. Establish trends in the prevalence of health behaviours and protective factors by country for use in evaluation of school health and youth health promotion.

OBJECTIVES

The overarching goal of this project is to generate health information through school surveys that will be used directly and locally.

Specific Objectives

- To understand the status of adolescent health in Botswana.
- To generate data which will be used to improve the health of adolescents in Botswana.
- To establish trends in the prevalence of health behaviours and protective factors and help develop priorities, establish programs and advocate for resources.

METHODOLOGY

This study used a cross-sectional research design using a two-stage cluster sampling approach to obtain data representative of all students aged 13 to 17 years across Botswana. The Botswana survey technical team furnished WHO technical team with a sampling frame that comprised names of schools, enrolment per forms and the gender distribution of students. In the first stage, a total of 34 Secondary schools were selected using probability proportional to enrolment size. In the second stage, classes within the selected schools were randomly selected and all students in the selected classes were eligible to participate in the survey. A total of 3977 students were sampled and 2485 students participated in the survey, resulting in a student response rate of 62.5%, whereas the school's response rate was 100%. The study was predominantly females with 1432 (57.6%), 1041 (41.9%) males and 12 missing (0.5%) whose gender was not recorded.

KEY FINDINGS OF THE GSHS

The Botswana GSHS measured Alcohol Use; Dietary Behaviours; Drug Use; Hygiene; Mental Health; Physical Activity; Protective Factors; Sexual Behaviours; Tobacco Use; & Violence and Unintentional Injury. Students self-reported their responses to each question on a computer scannable answer sheet. The study results have weighted prevalence estimates (percentages) and 95% confidence intervals as presented below;

Results for Students Aged 13 - 17 Years	Total (%)	Boys (%)	Girls (%)
Alcohol Use			
Percentage of students who currently drank alcohol (at least one drink containing alcohol on at least 1 day during the 30 days before the survey)	27.3 (24.4 - 30.4)	30.9 (26.8 - 35.4)	23.9 (20.5 - 27.7)
Percentage of students who drank so much alcohol that they were really drunk (one or more times during their life)	18.6 (15.7 - 21.9)	21.2 (17.4 - 25.5)	16.3 (13.3 - 19.8)
Dietary Behaviours / Nutritional status			
Percentage of students who were underweight (<-2SD from median for BMI by age and sex)	10.7 (8.7 - 13.0)	16.8 (13.8 - 20.3)	5.4 (3.4 - 8.5)
Percentage of students who were overweight (>+1SD from median for BMI by age and sex)	15.2 (12.2 - 18.9)	10.2 (7.0 - 14.7)	19.6 (16.0 - 23.7)
Percentage of students who were obese (>+2SD from median for BMI by age and sex)	4.3 (3.1 - 5.9)	2.9 (1.7 - 5.1)	5.4 (3.9 - 7.5)
Percentage of students who drank any sugar-sweetened drink one or more times per day (during the 7 days before the survey)	50.7 (47.7 - 53.6)	50.1 (46.4 - 53.9)	51.0 (47.0 - 54.9)
Percentage of students who ate fruit less than one time per day (during the 7 days before the survey)	69.9 (66.7 - 72.8)	69.4 (65.8 - 72.8)	70.6 (66.2 - 74.8)
Percentage of students who ate vegetables less than one time per day (during the 7 days before the survey)	65.4 (63.3 - 67.5)	66.7 (63.1 - 70.0)	64.3 (61.2 - 67.4)
Drug Use			
Percentage of students who used cannabis (one or more times during their life)	7.2 (5.7 - 9.0)	10.6 (8.6 - 13.0)	4.2 (2.7 - 6.5)
Percentage of students who used amphetamines or methamphetamines for non-medical purposes (one or more times during their life)	3.5 (2.7 - 4.6)	6.0 (4.6 - 7.9)	1.2 (0.8 - 2.0)
Hygiene			

Percentage of students who did not clean or brush their teeth or usually cleaned or brushed their teeth less than 1 time per day (during the 30 days before the survey)	3.4 (2.4 - 5.0)	5.3 (3.5 - 8.1)	1.7 (0.9 - 3.0)
Percentage of students who missed classes or school because of a problem with their mouth, teeth, or gums (during the 30 days before the survey)	7.4 (6.0 - 9.1)	9.1 (6.9 - 11.8)	6.0 (4.7 - 7.6)
Percentage of students who never or rarely washed their hands after using the toilet or latrine (during the 30 days before the survey)	7.2 (6.0 - 8.7)	7.9 (5.9 - 10.5)	6.6 (5.0 - 8.6)
Mental Health			
Percentage of students who have no close friends	11.5 (10.1 - 13.1)	12.2 (10.1 - 14.8)	11.0 (8.5 - 14.0)
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	22.5 (19.6 - 25.7)	16.8 (13.6 - 20.7)	27.4 (23.9 - 31.2)
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	21.5 (19.4 - 23.8)	19.2 (16.2 - 22.6)	23.3 (20.7 - 26.2)
Physical Activity			
Percentage of students who were not physically active for a total of at least 60 minutes per day on all 7 days (during the 7 days before the survey)	81.2 (78.6 - 83.5)	79.2 (76.4 - 81.7)	82.8 (78.9 - 86.0)

Results for Students Aged 13 - 17 Years	Total (%)	Boys (%)	Girls (%)
Percentage of students who did not go to physical education class (each week during this school year)	65.5 (61.5 - 69.2)	61.3 (56.1 - 66.3)	69.1 (63.8 - 73.9)
Percentage of students who spent three or more hours per day sitting or lying down (when they are not in school or doing homework or sleeping at night during a typical or usual day)	55.7 (51.7 - 59.6)	51.6 (46.4 - 56.8)	59.1 (54.7 - 63.3)
Percentage of students who got less than eight hours of sleep on an average school night	60.9 (56.0 - 65.5)	62.1 (56.4 - 67.5)	59.7 (54.4 - 64.8)
Protective Factors			
Percentage of students who missed classes or school without permission (on at least 1 day during the 30 days before the survey)	27.6 (24.6 - 30.7)	29.7 (25.5 - 34.3)	25.6 (22.4 - 29.1)

Percentage of students who reported that their parents or guardians never or rarely understood their problems and worries (during the 30 days before the survey)	42.4 (39.6 - 45.3)	42.2 (38.7 - 45.8)	42.7 (38.0 - 47.5)
Percentage of students who reported that their parents or guardians never or rarely really knew what they were doing with their free time (during the 30 days before the survey)	33.2 (30.5 - 35.9)	35.2 (31.1 - 39.5)	31.4 (29.1 - 33.8)
Sexual Behaviours			
Percentage of students who ever had sexual intercourse	18.3 (15.4 - 21.7)	25.1 (20.9 - 29.9)	12.8 (10.1 - 16.1)
Percentage of students who used a condom during last sexual intercourse (among students who ever had sexual intercourse)	60.0 (50.1 - 69.1)	60.2 (50.3 - 69.4)	60.5 (46.9 - 72.6)
Tobacco Use			
Percentage of students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	8.5 (6.9 - 10.3)	10.6 (8.3 - 13.5)	6.4 (4.9 - 8.3)
Percentage of students who currently used a tobacco product (on at least 1 day during the 30 days before the survey)	12.0 (10.3 - 14.0)	15.3 (12.4 - 18.8)	9.0 (7.5 - 10.7)
Percentage of students who currently used electronic cigarettes (on at least 1 day during the 30 days before the survey)	11.1 (8.6 - 14.2)	14.3 (11.0 - 18.3)	8.3 (5.6 - 12.1)
Violence and Unintentional Injury			
Percentage of students who were seriously injured (one or more times during the 12 months before the survey)	56.7 (53.6 - 59.8)	61.4 (56.6 - 66.1)	52.4 (48.0 - 56.7)
Percentage of students who were in a physical fight (one or more times during the 12 months before the survey)	33.8 (29.9 - 37.8)	45.1 (40.5 - 49.7)	23.6 (20.4 - 27.1)
Percentage of students who were bullied on school property (during the 12 months before the survey)	34.0 (31.2 - 37.0)	29.9 (25.1 - 35.2)	37.7 (33.5 - 42.0)
Percentage of students who were cyber bullied (during the 12 months before the survey)	13.8 (12.0 - 15.8)	11.5 (9.3 - 14.2)	15.7 (13.4 - 18.3)

DISCUSSIONS

The survey reveals key health challenges amongst 13 – 17 - year-old students in Botswana. Alcohol use remains common, with over a quarter currently drinking, and boys reporting higher levels of harmful use of alcohol. The dietary behaviour findings show a dual burden of notable undernutrition among boys and higher rates of overweight and obesity among girls. Frequent consumption of sugar-sweetened beverages is reported by half of all students, which further increases the risk of diet-related health problems. Hygiene practices are generally positive, though a small proportion of students report poor oral hygiene and infrequent handwashing. Mental health concerns are more pronounced among students, with a notable number of students reporting that they do not have close friendships and alarming levels of suicidal thoughts and attempts, especially among girls.

Physical inactivity is widespread, with more than 80% of students not meeting daily activity recommendations, and most not attending physical education classes. Sedentary behaviour is also common, as over half spend three or more hours a day sitting, while 60.9% do not get adequate sleep. These patterns contribute to poor physical and mental health outcomes. Moreover, tobacco and e-cigarette use are reported, though lower in prevalence, and are significantly higher among boys. Sexual activity is reported by nearly one-fifth of students, with condom use at last intercourse standing at 60%, signalling gaps in consistent protection. Violence and injury are widespread, with more than half of students reporting serious injury and one-third involved in physical fights, particularly boys. Bullying is also prevalent, both in-person and online, and disproportionately affects girls.

Protective factors are weak, with many students reporting that their parents have a limited understanding of their problems and worries, as well as inadequate supervision. These gaps in support may contribute to the already alarming levels of mental health concerns, including high rates of suicidal behaviors: ideations and attempts, especially among girls, exacerbated by significant limitations of psychosocial support from their peers, as evidenced by results. These findings point to the urgent need for strengthened, coordinated interventions across schools, families, and community structures. Key mitigation priorities include: targeted alcohol and drug-use prevention programmes; strengthened mental health support and accessible counselling services; improved nutrition education and healthier school food environments; and continued promotion of good hygiene practices. Overall, the results provide a clear call to action: sustained evidence-based interventions are needed to safeguard the well-being of young people and improve their long-term health and educational outcomes.

CONCLUSION

The 2024 Botswana GSHS provides a clear and comprehensive picture of the health and behavioural risks faced by adolescents aged 13 - 17 years. The findings highlight significant challenges, including alcohol use, mental health concerns, physical inactivity, nutrition-related issues, violence and bullying, while also revealing weak protective factors such as limited parental support. These results reaffirm the value of the GSHS as a dependable tool for generating actionable evidence to strengthen school health programmes, improve counselling and mental health services, enhance nutrition and physical activities initiatives, and support safer learning environments. Overall, the survey underlines the need for coordinated, evidence-based interventions across schools, families, and communities to safeguard the well-being and development of young people in Botswana.

RECOMMENDATIONS

Recommendations for future studies/research

- Botswana should conduct GSHS every five (5) years to monitor trends and assess the effectiveness of school-based interventions.
- The tool should be expanded so that it covers more detailed information such as dietary patterns.

RECOMMENDATIONS SPECIFIC TO STUDY OBJECTIVES

- ✓ Improve the current school feeding program to cater for the nutritional needs of learners.
- ✓ Intensify nutrition education in schools.
- ✓ Enhance nutritious school food environments by collaborating with relevant stakeholders to improve the availability of healthy food options (snacks) in and around school premises and by educating all parties involved.
- ✓ Strengthen and intensify educational awareness on drug and alcohol abuse.
- ✓ Strengthen dialogue with learners on issues of health risk behaviours such as early sexual debut, tobacco, drug and alcohol use.

- ✓ Enforcement of alcohol, tobacco and drug legislations should be a collaborative effort between schools, parents, communities, law enforcement agencies, retailers and other stakeholders to prevent use by minors.
- ✓ Strengthen initiatives that promote good hygiene practices by improving access to facilities and strengthening hygiene education.
- ✓ Enhance routine mental health screenings / assessment, psychosocial support, and referrals for those struggling and those at risk.
- ✓ Creating safe, supportive therapeutic environments to aid open communication.
- ✓ Integrate mental health programs in schools to promote mental wellbeing of adolescents through education, prevention and early intervention.
- ✓ Provision of conflict resolution and emotional management courses / classes.
- ✓ Re-establish physical education and school sports to deal with the physical inactivity of the students.
- ✓ Strengthen parent–child communication to promote healthy behaviours and decision-making among adolescents.
- ✓ Strengthen healthy positive working relationships with parents and significant others and offer support when needed.
- ✓ Resuscitate peer support programs (PACT) and mentorship of students.
- ✓ Comprehensive Sexuality Education (CSE) should be strengthened to ensure effective and efficient empowerment of learners.
- ✓ Resuscitate school health structures at all levels which include amongst others Local School Health Committees and empower structures such as Parents and Teachers Association.
- ✓ Intensify school-based interventions such as anti – bullying and anti – violence interventions to arm students with the necessary tools to protect themselves.



GSHS

