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Организация  
Объединенных Наций по  
вопросам образования,  
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منظمة الأمم المتحدة  
للترقية والعلم والثقافة

联合国教育、  
科学及文化组织

# STUDY OF THE IMPACT OF THE GLOBAL ECONOMIC CRISIS ON PRIMARY SCHOOLS

PARENT/GUARDIAN SURVEY  
2010 SCHOOL YEAR

Survey number: \_\_\_\_\_

Administered by: \_\_\_\_\_

Date: \_\_\_\_\_

School name: \_\_\_\_\_

Country: **Botswana**

Dear Parent/Guardian,

We are asking you to complete this survey as part of UNESCO's study of the impact of the global economic crisis on primary schools, teachers and parents. We greatly value the opinion of parents and guardians and hope you will take the time to complete this survey.

**Purpose and Benefits of Study:** Late in 2008/early 2009, the world experienced one of the most severe global economic crises since the 1930s. Although there have been warnings on how education can be impacted by the global crisis, evidence on whether and how it trickles down to schools and households is scant. This survey asks about your experiences as a parent in a context of a global economic crisis. The information you give will be helpful in learning about the implications of the crisis on pupils and in guiding efforts to develop the means to detect early impacts of future crisis in time to protect children's schooling.

**Sponsor:** This UNESCO study is being facilitated in Botswana by researchers at the *University of Botswana, Faculty of Education*. It is sponsored by the United Nations' Global Pulse initiative, through the Rapid Impact Vulnerability Analysis Fund (<http://www.unglobalpulse.org>).

**Voluntary Participation and Confidentiality:** Taking part in this survey is voluntary. Your own and/or your child's relationship to the school and its programs will not be affected if you decide not to complete the survey. Feel free to skip any questions that you prefer not to answer. All information collected will be confidential. We will not provide any information that identifies you individually to anyone outside of the study team.

**Response Burden:** The survey will take about 45 minutes to complete.

**More Information:** For questions or more information about this study, you may contact the research team at the University of Botswana, Faculty of Education in Gaborone, by telephone (3552399) or email (Monyatsip@mopipi.ub.bw).

**Please either write your answers directly on the questionnaire in the space given, or by ticking a box (using an "x" as illustrated here: )**  
**If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.**

**Thank you very much for your cooperation in this very important effort!**

# I. Parent/guardian's demographic and background information

1. Are you: (Tick one box only.)

- 1  Female  
2  Male

2. What is your day, month and year of birth?

		19	(Date/Month/Year)
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3. What is the highest level of education you have completed? (Tick one box only.)

- 1  Primary education  
2  Senior secondary or other secondary education certificate (e.g., COSC or BGCSE)  
3  Teacher training (Diploma in Education)  
4  Other post-secondary, non-university certificate (e.g., PTC)  
5  University degree (Bachelor's)  
6  Advanced university degree (Masters, Doctorate, etc.)  
7  Other (specify): \_\_\_\_\_

4. How many children total do you have and/or care for, regardless of their age and school status?

	(Write number of children)
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5. How many of those children are of primary school age?

	(Write number of children)
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6. Please indicate the age of your primary school age children and/or the children you care for, and whether they attend this school. (Write age, and tick Yes or No for each cell.)

Primary school age children	Age (completed years)	Attends this school?
a. Child 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Child 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Child 3		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Child 4		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Child 5		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

7. Of the children referred to in the previous question, what is your relationship with the oldest child in this primary school? (Tick one box only.)

- 1  Mother
- 2  Father
- 3  Uncle/Aunt
- 4  Grandparent
- 5  Brother/Sister
- 6  Other (specify): \_\_\_\_\_

8. What is your position in your household? (Tick one box only.)

- 1  Head of household
- 2  Spouse
- 3  Son/Daughter
- 4  Other (specify): \_\_\_\_\_

## II. Child's schooling history

*If more than one of your children or the children you care for attends this primary school, please think only about the oldest child when answering the following survey questions in this section.*

**9. Please indicate whether the child attended this and/or other schools, for the years requested. (Tick one box per column only.)**

School attended	2007	2008	2009	2010
a. This school, all year long	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. This school, part of the year	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Other schools, all year long	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Other schools, part of the year	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

**10. Please indicate whether the child is a day-only or boarding pupil in this and/or other schools, for the years requested. (Tick one box per column only.)**

Day and boarding schooling	2007	2008	2009	2010
a. Day-only pupil	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Boarding pupil	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

**11. Please indicate the type of school programme the child attended in each of the last four years. (Tick one box per column only.)**

Type of school programme	2007	2008	2009	2010
e. Full-day (e.g., morning <u>and</u> afternoon shifts)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
f. Half-day, <u>morning</u> shift only	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Half-day, <u>afternoon</u> shift only	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Half-day, <u>evening</u> shift only	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

**12. Please indicate what standard the child attended in this and/or other schools, and your estimate of the number of pupils in the child's class, for the years requested. (Write in the numbers, zero if none, or N/A if it does not apply to your school.)**

Standard and class information	2007	2008	2009	2010
a. Standard the child attended				
b. Number of pupils in the child's class				

**13. How frequently were the child was absent from this and/or other schools in a typical month, for the years requested? (Write in the numbers, zero if none, or N/A if it does not apply to your school.)**

School absenteeism	2007	2008	2009	2010
Number of days the child was absent from school in a typical month				

**14. Please indicate how often the child's classroom teacher was absent from this and/or other schools, for the years requested. (Tick one box per year only.)**

Classroom teacher	2007	2008	2009	2010
a. How often was the child's teacher absent from school in a typical month	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Seldom 3 <input type="checkbox"/> Most of the time	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Seldom 3 <input type="checkbox"/> Most of the time	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Seldom 3 <input type="checkbox"/> Most of the time	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Seldom 3 <input type="checkbox"/> Most of the time

**15. Please indicate whether the school expected payment for any of the following for the child to attend this and/or other schools, for the years requested. (Tick Yes or No for each cell.)**

School charges	2007	2008	2009	2010
a. Tuition	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Non-tuition fees (e.g., uniform, PTA, sports, school development/improvement, etc.)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**16. What were the typical annual tuition and/or non-tuition fees paid by the child to attend this and/or other schools, for the years requested? (Write in the numbers in Pulas, zero if none, or N/A if it does not apply to your school.)**

Tuition and fees	2007	2008	2009	2010
<b>Tuition</b>				
a. Day-only				
b. Boarding				
<b>Non-tuition fees (e.g., uniform, PTA, sports, school development/improvement, etc.)</b>				
c. Day-only				
d. Boarding				

**17. Did you or your household have problems paying the child's school tuition and/or non-tuition fees, for the years requested? (Tick Yes or No for each cell.)**

Problems paying	2007	2008	2009	2010
<b>Tuition</b>				
a. Day-only pupil	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
b. Boarding pupil	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
<b>Non-tuition fees (e.g., uniform, PTA, sports, school development/improvement, etc.)</b>				
c. Day-only pupil	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
d. Boarding pupil	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No

**18. Please, indicate the following regarding school meal provision and the child's participation, for the years requested. (Tick Yes or No for each cell.)**

School meal or lunch	2007	2008	2009	2010
a. School provided school meal or lunch	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. The child participated in school meal or lunch	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**19. Please, indicate whether the school provided the following regarding the school environment and opportunities for learning, for the years requested. (Tick Yes or No for each cell.)**

School environment and opportunities for learning	2007	2008	2009	2010
a. Additional health, nursing and first aid services (e.g., medical visits to the school)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Access to drinking water	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Availability of toilets/latrines	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Books or other instructional material	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Pupils' learning supplies (notebooks, pencils, etc.)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No



**20. Did the child do any kind of work for someone who is not a member of the household, for the years requested? (Tick Yes or No for each cell.)**

Child labour	2007	2008	2009	2010
a. Yes	----	----	----	----
...for pay (cash or in-kind)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
... unpaid	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
...about how many hours per week? (Write number of hours)				
b. No	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

**21. To help pay for school expenses, did the child help with school chores such as shopping, cleaning, washing, cooking or caring for other pupils? (Tick Yes or No for each cell, and write in the numbers, zero if none, or N/A if it does not apply to your school.)**

Help with school chores to pay school expenses	2007	2008	2009	2010
a. Helped with school chores	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. If yes, about how many hours per week? (Write number of hours)				

### III. Parent/guardian's employment history

**22. What was your employment situation, for the years requested? (Tick one box per column only.)**

Employment situation	2007	2008	2009	2010
Employed	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Unemployed (not employed but looking for job)	2 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Economically inactive (student, retired, pensioner, etc.)	3 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

**23. What was your employment status in your main occupation, for the years requested?**  
*(Tick one box per column only.)*

Employment status	2007	2008	2009	2010
Employee (received basic remuneration from employer)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
<b>Self-employed</b>	-----	-----	-----	-----
<i>...employer (has one or more employees on a continuous basis)</i>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<i>...own-account (has no employees on a continuous basis)</i>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
<i>...with a producer's cooperative</i>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
<i>... in a relative's business</i>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Not applicable (unemployed, student, pensioner, etc.)	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**24. In what type of economic activity were you employed in your main occupation, for the years requested?** *(Tick one box per column only.)*

Type of economic activity	2007	2008	2009	2010
Agriculture, fishing or mining	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Manufacturing	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Utilities supply (electricity, gas, water, etc.) and construction	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Wholesale and retail trade, repair of motors	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Service (hotels and restaurants, transport and communications, other community and social services)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Financial and real estate	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Public administration and defence, including education and health services	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Private household with employed person	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Other	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Not applicable (unemployed, student, pensioner, etc.)	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>

**25. About how many hours, days and weeks have you worked in your current and/or other employment, for the years requested? (Write in the numbers, zero if none, or N/A if it does not apply to your school.)**

Hours, days, weeks worked	2007	2008	2009	2010
a. Hours per day				
b. Days per week				
c. Weeks per year				
d. Not applicable (unemployed, student, pensioner, etc.)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>

## IV. Your household's strategies in relation to the global economic crisis

*If more than one of your children or the children you care for attends this primary school, please think only about the oldest child when answering these survey questions.*

**26. Please indicate whether you or your household used any of the following budgetary strategies to respond to the global economic crisis. (Tick one box per row only.)**

Budgetary strategies	Yes	No
a. Sought additional sources of employment income	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Sought additional sources of non-employment income (remittances from family members or relatives, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Borrow from the financial sector (bank), relatives or friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Sold some hard household assets (land, buildings, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Sold some flexible household assets (computers, other equipment, shares & bonds, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Decreased the child's schooling expenditures (tuition, non-tuition fees, books, other schooling expenses)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Decreased the household's food expenditures	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Decreased the household's clothing expenditures	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Decreased the household's transport expenditures	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Transferred the child to a less expensive school	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Transferred the child to a nearby school	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Took the child out of boarding schooling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Moved to a less expensive home/neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**27. What other strategies has your household used in its efforts to respond to the global economic crisis?**

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## V. The impact of the global economic crisis

*The recent global economic crisis has impacted many aspects of life in Botswana. We would like your opinion about how you feel the global economic crisis has impacted several aspects of your household, your child's school experience, and the school your child attends.*

*If more than one of your children or the children you care for attends this primary school, please think only about the oldest child when answering these survey questions.*

**28. Please indicate how you feel the global economic crisis has impacted the following conditions. (Check Yes or No for each item.)**

Impact of the global economic crisis	Yes	No	I don't know
a. My child's school experienced financial difficulties due to the global economic crisis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. The tuition and/or non-tuition fees have increased at my child's school due to the global economic crisis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. The global economic crisis has made it more difficult for our family to pay my child's school tuition and/or non-tuition fees	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. The availability of school meals and lunch has decreased due to the global economic crisis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. The availability of pupil's supplies such as books or other instructional materials has decreased due to the global economic crisis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. My own ability to work and earn money has been more difficult due to the global economic crisis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

## VI. Concluding section

**29. Is there any clarification or elaboration you would like to provide regarding the issues and conditions addressed in this survey?**

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**30. What impact has the global economic crisis had on your household that has not been addressed in this survey?**

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***Thank you!***

*For questions or more information about this study, you may contact the research team at the University of Botswana, Faculty of Education, in Gaborone, by telephone (3552399), or email ([Monyatsip@mopipi.ub.bw](mailto:Monyatsip@mopipi.ub.bw))*