Exploring the Culture of Teenage Pregnancy in a Refugee Camp in Rwanda

by

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Abstract

Currently, 79.5 million people worldwide have been forced to cross international borders because of political instability and civil war in their country of origin (International Organization for Migration, 2020; United Nations High Commissioner for Refugees, 2020). Globally, 51% of refugees are under 18 years of age (International Organization for Migration, 2018; United Nations High Commissioner for Refugees, 2013). Teenage pregnancy is recognized as one of the most significant health issues for refugee youth (Maguire, 2012; Okanlawon, Reeves, & Agbaje, 2010).

Teenage pregnancy is a complex phenomenon involving various factors including economics, culture, family, health care, location, age, and gender. Within the context of a refugee camp, this phenomenon is further complicated by intersecting social and political factors inherent within the circumstances.

This critical ethnographic study employed an intersectionality framework to explore the culture of teenage pregnancy in Kigeme Congolese refugee camp in Rwanda. The research participants were pregnant teenagers and unmarried teenage mothers within the camp, as well as other stakeholders. Purposive and snowball sampling were used. Data were collected using participant observation, and individual and focus group interviews. Thematic analysis of the findings produced inductively emergent themes: factors contributing to refugee teenage pregnancy; effect of pregnancy on teenagers, parents, and community; culture as a determinant of teenage pregnancy; impact of social determinants of health on teenage pregnancy; factors that intersect with teenage pregnancy; and suggestions to help decrease teenage pregnancy rates as noted by participants.

Keywords: intersectionality, culture, teenage pregnancy, refugee camps

Preface

This thesis is an original work by Desire Urindwanayo. This research study has received research ethics approval from the University of Alberta Research Ethics Board, Project Name "Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda", Nº. Pro00085254, April 8, 2019.

Parts of chapter one and chapter two have been published as Urindwanayo, D., & Richter, S. (2020). Teenage pregnancy in refugee camps: A narrative synthesis. *Journal of Women Studies, 21*(1), 255-270. I was responsible for undertaking the literature review, synthesizing the findings, and manuscript composition. S. Richter was the supervisory author and contributed to manuscript shapes and edits.

Dedication

This study is dedicated to my wife, Alice, my parents, Jonas and Regina, and other relatives for all their love, support, and encouragement.

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Firstly, glory be to the Lord God Almighty for things He has done for me and the things He will do. Indeed, I owe my existence to Him. I will not withhold, but render my gratitude to the Lord God for His provision and protection.

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Exploring the Culture of Teenage Pregnancy in a Refugee Camp in Rwanda

In this study, I explored the culture of teenage pregnancy in Kigeme refugee camp in Rwanda. The work is presented in six chapters: the background and significance of the issue, the literature review, research methodology, findings, discussion, and conclusion including recommendations and knowledge dissemination plan.

Chapter One: Background

Currently more than 272 million people are displaced from their native countries (International Organization for Migration, 2020a; United Nations High Commissioner for Refugees, 2020). Of this 272 million, 79.5 million people have been forced to migrate because of political instability or civil war in their country of origin. Among forced migrants, 26 million are registered as refugees, and a high number of them live in Africa (Okanlawon, Reeves, & Agbaje, 2010; United Nations High Commissioner for Refugees, 2020a; World Health Organization, 2018a). Statistics suggest that 90% of refugee youth have experienced conflict, poverty, and a lack opportunity. Within this displaced group, teenage pregnancy is one of the most significant health issues (Maguire, 2012; Okanlawon, Reeves, & Agbaje, 2010).

Approximately 34,000 people are forced daily to leave their countries, and among them, 15,000 are within Africa (United Nations Children's Fund, 2018; United States Conference of Catholic Bishops, 2018). The United Nations Children's Fund (2018) estimates nine out of 10 refugees flee to regions close by. More than 86% of world refugees are located in countries that are not able to meet basic needs for their own population (United Nations Children's Fund, 2018; United States Conference of Catholic Bishops, 2018), making it difficult for host countries to integrate refugees into their society and economic system. Forced migrants, or refugees, have

two main concerns, namely employment and housing (Organisation for Economic Co-operation and Development & United Nations High Commissioner for Refugees, 2018). Refugee youth are significantly impacted by economic need, and the lack of appropriate employment opportunities within refugee camps.

With limited employment options, youths are at greater risk from violence, exposure to disease, and unwanted pregnancy. Globally, 51% of refugees are under 18 years of age (International Organization for Migration, 2018; United Nations High Commissioner for Refugees, 2013), many of whom must work to provide for the economic needs of themselves and their families. In refugee camps, parents often cannot find employment, do not earn enough to support the family, or are unable to work owing to physical, legal, or cultural barriers, and consequently an enormous burden falls on children to help support the family.

Children as young as seven years old work long hours for little pay, sometimes in dangerous or exploitative conditions. Though boys and girls alike are employed, notably in agriculture and domestic work, most of the child workforce is comprised of young boys. These children are at risk of being mistreated in the workplace, being exposed to unlawful activities, or coming into conflict with established laws and regulations (United Nations High Commissioner for Refugees, 2013).

Teenage refugees, often separated from their parents by war or insecurity in their country of origin, are forced to become heads of their families, and must find a source of livelihood where available work is usually casual day labour. Housework is one of the few income-earning opportunities available for encamped youth, but it frequently exposes them to gender-based violence and sexual exploitation. More dangerous still, teenage refugees often pursue sex work inside and outside the refugee camps in order to meet economic needs of themselves and their

families. Indeed, parents may ask their daughters to engage in prostitution to earn money that helps the family to survive (Okanlawon, Reeves, & Agbaje, 2010). This work exposes them to sexual violence and puts them at risk of acquiring sexually transmitted infections, including HIV/AIDs, and experiencing unintended pregnancies (Sutter et al., 2012).

Teenage pregnancy is a widespread issue among many refugee groups. Jaafari (2017) documents the problem among Syrian refugees. In Pakistan, the incidence of teenage pregnancy is higher among refugee girls than among non-refugee girls (Redman & Millar, 2016). In Malawi, a study conducted in the Dzaleka refugee camp showed that early pregnancy is a common issue among refugees from many countries, including Ethiopia, Burundi, Rwanda, Somalia, and the Democratic Republic of Congo (Healy, 2012). The United Nations International Children's Emergency Fund (2016) purports that teenage pregnancy is one of the most serious issues for encamped Burundian refugees in Rwanda. A study conducted in two Congolese refugee camps in Rwanda, Kiziba and Gihembe, indicated the top four issues among encamped refugees were prostitution, early pregnancy, children not able to attend school, and delinquency. Among these issues, teenage pregnancy was the most prevalent (Prickett, Moya, Muhorakeye, Canavera, & Stark, 2013).

Globally, approximately 18 million girls less than 20 years of age give birth annually. Two million of these births are to girls less than 15 years of age (Presler-Marshall & Jones, 2012). Teenage pregnancy and birth are associated with many health risks including maternal mortality (Presler-Marshall & Jones, 2012), which is five times higher for teenage women than for women later in their reproductive years (Igras, Macieira, Murphy, & Lundgren, 2014). Additionally, infants born to teenage mothers have a higher mortality rate; fifty percent of newborns born to teenage mothers are likely to die within one month of their birth (Presler-

Marshall & Jones, 2012). Abortion in teenage girls is also high, and is associated with maternal death from unsafe abortions. In Rwanda, abortion accounted for 50% of deaths of women who died from reproductive health complications within the last decade (Urindwanayo & Engelbrecht, 2016). Iyakaremye and Mukagatare (2016) found that in one Rwandan refugee camp, Kigeme, many pregnant girls attempted to terminate their pregnancy due to their social situation and financial constraints.

While there is a strong case for the significance of the issue of teenage pregnancy, there is limited research literature with a specific focus on this group in refugee camps. Moreover, authors tend to merge research focusing on teenage pregnancy within the full spectrum of women's maternal health (Mantovani & Thomas, 2013). To understand and address the experiences of teenagers, it is necessary to separate or distinguish teenagers from older women. Focusing on pregnant teenagers and teenage mothers living in a refugee camp in Rwanda, this study explores their experiences and perspectives, and adds to existing knowledge of the culture of teenage pregnancy within refugee camps. The objectives of my research study were to explore:

(a) the cultural contexts in which pregnant teenagers live in refugee camps;

(b) how parents, community workers, and refugee camp leaders integrate pregnant teenagers into the refugee camp community;

(c) what supports are available to help pregnant teenagers living in refugee camps;

(d) what existing supports are in place to reduce teenage pregnancies; and

(e) the underlying health determinants that influence teenage pregnancy in refugee camps.

Chapter Two: Literature Review

A literature review includes a summary and synthesis of existing knowledge on a specific topic of interest (Grimshaw, Eccles, Lavis, Hill, & Squires, 2012; Whittemore, Chao, Jang, Minges, & Park, 2014). Evidence from a synthesis is used to formulate policies and inform both decision-making and clinical practice (Grimshaw et al., 2012; Whittemore et al., 2014). This section aims to synthesize existing knowledge of teenage pregnancy in refugee camps.

A comprehensive literature review was conducted using keywords: refugees, asylum seeker, pregnancy in adolescence, pregnancy and unwanted, contraception behavior, family planning services, contraceptive agents, reproductive health services, camp, and settlement. A librarian supported the search for literature in multiple databases. Databases searched included Scopus, EMBASE, Web of Science, CINAHL, Medline (Ovid), and ProQuest Dissertations & Theses Global. The same keywords were used in all databases; however, the truncations and wildcards changed depending on the specific database. Inclusion criteria used during article screening were clearly defined as follows: articles must 1) focus on teenage pregnancy in refugee camps, and 2) be published in English.

The process for screening is depicted in a PRISMA diagram (Figure 1). The total number of articles retrieved was 987. After removing duplicates, 870 remained and were screened based on titles and abstracts, eliminating another 820 articles (including two that were not in English). Full-text screening was undertaken with the remaining 50 articles; this process excluded 31 articles, leaving 19 articles that were advanced to the data extraction phase. An additional nine articles were excluded in this phase, leaving a final 10 articles included in this synthesis. A systematized review of the included articles may be found in Table 1.

Table 1

Retrieved Articles in Databases

Article No	Authors, year of publication, and title	Method	Population	Findings	Comments
1	Benner, T. M., Townsend, J., Kaloi, W., Htwe, K., Naranichakul, N., Hunnangkul, S., … Sondorp, E. (2010). Reproductive health and quality of life of young Burmese refugees in Thailand.	Stratified two-stage random, questionnaire survey used, semi-structured interview, qualitative. No design mentioned.	15-24 years, refugees, Myanmar people	Refugee youth have limited reproductive health knowledge. Existing health services do not target the youth community. Youth or unmarried people have limited access to reproductive health services in the refugee camps. The confinement of refugees in camps gives them a negative view of their future and their quality of life is judged to be poor. Reproductive health services are for married couples and focus on prenatal and postnatal care only.	In Thailand
2	Kealy, L. (1999). Women refugees lack access to reproductive health services.	-	-	The decline in teenage pregnancy is linked to the use of contraceptives. Moreover, better jobs and strong economies, delaying sexual activities among youth, and fear of attracting HIV/AIDS or other sexually transmitted infections (STIs) were reasons for the decreasing rate of teenage pregnancies. Female refugees and teenage girls are at risk for STIs and unwanted pregnancies due to inadequate reproductive health programs for encamped refugees. The priorities in refugee camps are shelter and food, which highlights that reproductive health may be considered relatively unimportant.	Suggests some ideas to improve reproductive health in refugee camps
3	Laurie, M., & Petchesky, P. R. (2008). Gender, health, and human rights in sites of political exclusion.	No methodology section; discussion paper	-	25% of reproductive refugee women are at risk of pregnancy at any given time. High-risk pregnancies and unprotected sex are exceptionally high in teen girls living in refugee camps. The prevalence of teenage girls dying during pregnancy and childbirth is high. Pregnancies occur due to sexual violence as a consequence	

				of war. UN, NGO staff, & UN peacekeepers barter supplies and food in exchange for sex from female refugees.	
4	Mace, E. S. (2016). Global threats to child safety.	Not documented	Not documented	Early marriage or child marriage is a sign of gender inequality in society. Early marriage is accompanied by poverty. Child marriages denote marginalization of women. Young girls often marry older men.	This article deals with several key issues facing global child safety, discusses advocacy, and references some strategies and successful programs for combating the violence toward exploitation and abuse of children worldwide
5	Ecker, N. (1998). Where there is no village: Teaching about sexuality in crisis situations.	-	-	Youth refugees are victims of sexual abuse in exchange for protection, food, and habitation. Sexual abuse and rape are considered a transitional rite from childhood to adulthood in some refugee camps. Refugees have sex as a means to ensure their survival or gain another day of life. Sexual behavior and actions may be associated with power and control, e.g., personnel who distribute some commodities may take physical, emotional, and sexual advantage of teenage girls. The view of females as submissive depicts gender inequality and societal stereotypical beliefs; in return, this increases sexual and domestic violence as well as abuse. Youth may experiment with sex and view sex as a rite of passage transition from infant to	-

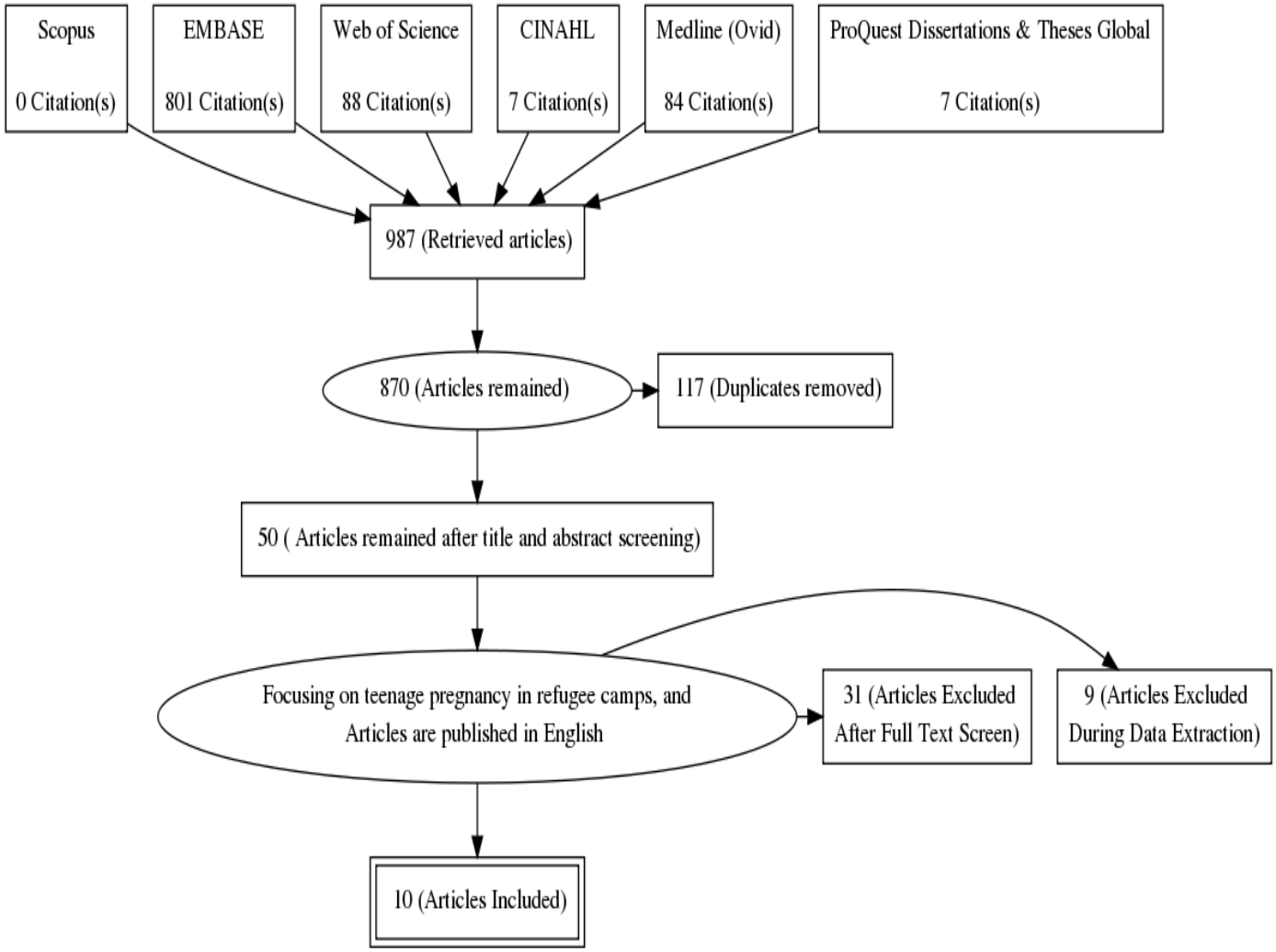
				adulthood. Lack of reproductive health services noted.	
6	Okanlawon, K., Reeves, M., & Agbaje, F. O. (2010). Contraceptive use: Knowledge, perceptions and attitudes of refugee youths in Oru refugee camp, Nigeria.	Household survey	10-24 years female and male	Many youths with refugee status have reproductive health issues that put their health and lives at risk. The United Nations High Commissioner for Refugees affirms that the foremost reproductive issues in refugee status or crisis situations is unintended pregnancy. Living in a refugee camp increases the vulnerability of youth for unintended pregnancies. Participants were aware that unintended pregnancy occurs with unprotected sex; however, many participated in unprotected sex. Approximately 50% of female refugees were mothers and dropped out of school due to their pregnancies.	
7	Pinehas, N. L., Wyk, C. N., & Leech, R. (2016). Healthcare needs of displaced women: Osire refugee camp, Namibia.	Qualitative; phenomenology used in-depth interview	Women in the Osire refugee camp	Female refugees in the Osire refugee camp in Namibia feel undermined and deprived of authority, specifically related to access to contraceptive services for teenage girls. The refugees believe that abstinence is the only way to avoid teenage pregnancy. Their social norms and traditions believe in abstinence before marriage and therefore no need for contraceptive services.	Healthcare needs of displaced
8	Roxberg, M. (2007). "I am a shame…" A qualitative field study of the prevalence of teenage pregnancy within two Burundian refugee camps in Tanzania.	No design noted; semi-structured interview	A research study that focused on teenage mothers	Teenage mothers in refugee camps face challenges related to discontinuing their education, stigmatization, protection or unsafe environment, and an unclear future. Unwanted pregnancies cause stigma, shame, and feelings of marginalization in teenage girls in the Burundian society as people view pregnant teenagers as prostitutes. This impacts the mental health of pregnant teenagers. Participants did not feel supported by their families when they were pregnant, except in the case of rape when	

				the families tend to accept and integrate a pregnant teenager and try to offer psychological support. A large number of pregnant teenagers discontinued their education because of their pregnancies, household activities, school fees, and long walks to the school. Rape culture is prevalent in refugee camps and often practiced by men from outside of the refugee camps. Poverty is a contributing factor as teenage girls may have sex for incentives. With the global refugee crisis, decreasing rations are contributing to the hopelessness of teenage mothers, teenage girls, and refugees in general.	
9	Wayte, K., Zwi, B. A., Belton, Z., Martins, J., Martins, N., Whelan, A., & Kelly, M. P. (2008). Conflict and development: Challenges in responding to sexual and reproductive health needs in Timor-Leste.	Qualitative; no design mentioned; in-depth interview and documents analysis	Adolescent health in crisis	Research conducted with internally displaced people (IDP) in refugee camps in Australia found that violence was a main issue among displaced people. Regarding reproductive and maternal health, the Deli initiative developed two strategies to help vulnerable people. They provided mobile maternal care in IDP camps and instituted a maternity waiting camp at a national hospital. This highlights the initiative of the government to strengthen safe pregnancy but ignore other reproductive components. A dearth of adolescent-specific sexual and reproductive health information coupled with services in crisis exists, contributing to increased vulnerability in this group. This lack of youth-specific services may increase the risk of sexual exploitation, STIs including HIV/AIDs, and unwanted pregnancies. Youth-focused programs should include both females and males in resolving youth reproductive issues. Youth reproductive issues encompass	Adolescent health in crisis

				reproductive health concerns and needs, establishing appropriate services as well as policies that promote their wellness.	
10	Zakharia, F. L., & Tabori, S. (1997). Health, work opportunities and attitudes: A review of Palestinian women's situation in Lebanon.	No design noted	1,501 Palestinian refugee women (aged 15-60 years), 80% living in refugee camps in Lebanon	Palestinian refugee women experience early marriages, insufficient contraceptive information, and a high fertility rate. Refugees are in economic crisis and those who are employed occupy low paying positions in unskilled jobs. One-third of women got married at 16 years old and the majority were pregnant at the same age. Early marriage and early pregnancy are major hindrances to personal achievements. The findings from this study show lower levels of education among refugees due to customs and traditions of their community followed by marriage and financial barriers.	

Figure 1

PRISMA



The results of this analysis are presented in a narrative synthesis of available evidence about teenage pregnancy in refugee camps globally. These findings reflect nine emerging themes based on the articles included (Table 2).

Table 2

Themes Generated

Findings/Themes	Authors
1. Problems and view of teenage pregnancy in refugee camps	• Benner et al. (2010) • Laurie & Petchesky (2008) • Ecker (1998) • Okanlawon, Reeves, & Agbaje (2010) • Roxberg (2007)
2. Knowledge about teenage pregnancy in refugee camps	• Benner et al. (2010) • Laurie & Petchesky (2008) • Okanlawon, Reeves, & Agbaje (2010)
3. Education and school dropout as a consequence of pregnancy in refugee camps	• Benner et al. (2010) • Ecker (1998) • Okanlawon, Reeves, & Agbaje (2010) • Roxberg (2007) • Zakharia & Tabori (1997)
4. The influence of culture on teenage pregnancy in refugee camps	• Benner et al. (2010) • Ecker (1998) • Pinehas et al. (2016) • Roxberg (2007)
5. Early marriage and childbearing in refugee camps	• Benner et al. (2010) • Laurie & Petchesky (2008) • Mace (2016) • Ecker (1998) • Wayte et al. (2008) • Zakharia & Tabori (1997)
6. Rape and violence against women in refugee camps	• Laurie & Petchesky (2008) • Ecker (1998) • Roxberg (2007) • Wayte et al. (2008)
7. Socio-economic issues among refugees in camps	• Ecker (1998) • Roxberg (2007) • Wayte et al. (2008) • Zakharia & Tabori (1997)
8. Health and other services for refugees in refugee camps	• Benner et al. (2010) • Ecker (1998) • Okanlawon, Reeves, & Agbaje (2010) • Pinehas et al. (2016) • Roxberg (2007) • Wayte et al. (2008)

9. Strategies to overcome teenage pregnancy in refugee camps	• Kealy (1999)

Problems and Views of Teenage Pregnancy in Refugee Camps

Life in a refugee camp increases the vulnerability of youth to a multitude of health and social problems, including unintended pregnancies (Okanlawon et al., 2010). Teenage refugees face disruption of family ties, violence, forcible displacement, persecution, and loss of social networks (Ecker, 1998), compounded by low income, and lack of educational and occupational opportunities. As well, the quality of life for refugee youth is poor, with the camps often described as places of confinement. This imparts a negative view of the inhabitants' futures, a view that is strengthened by refugees' poverty, dependence on donors, and limited employment opportunities (Benner et al., 2010). Though these factors affect all encamped refugees, teenage mothers face the additional challenges of lack of education, stigmatization, and inadequate security that contribute to an unclear future (Roxberg, 2007).

Most teenage pregnancies are unwanted and unintended. Teenage mothers describe unwanted pregnancy as stigmatizing, shaming, and marginalizing. For example, Burundi society views pregnant teenagers as prostitutes, which affects the mental health of pregnant teenagers and isolates them from their community (Roxberg, 2007). Teenagers may believe that their pregnancy brings shame to their families and communities, and one study indicated that few felt supported by their families when they were pregnant. However, unwanted pregnancy can occur for various reasons, including rape (Roxberg, 2007).

In the case of rape, families tend to accept and integrate a pregnant teenager, and try to offer psychological support (Roxberg, 2007). After giving birth, teenage mothers may go back to

school or resume other activities. However, the school environment might not be welcoming as they are often ridiculed. Consequently, teenage mothers may prefer to stay at home and discontinue their education (Roxberg, 2007).

Further contributing to teenage pregnancy is the young refugees' increased vulnerability to sexual exploitation. Those who wield power and control within the camps can influence the behaviour of powerless young refugees for their own ends. For example, personnel who distribute commodities could exchange goods for physical, emotional, and sexual favors from teenagers (Ecker, 1998). Staff representing the United Nations (UN), non-governmental organizations (NGOs), as well as UN peacekeepers have been implicated in bartering supplies and food in exchange for sex with female refugees (Laurie & Petchesky, 2008).

Knowledge about Teenage Pregnancy in Refugee Camps

Knowledge related to reproductive health among youth refugees is limited (Benner et al., 2010). Teenage pregnancy is a prominent issue among refugees, and 25% of female refugees of reproductive age are at risk of pregnancy at any given time (Laurie & Petchesky, 2008). Engaging in unprotected sex that can result in pregnancy is common among teenage girls living in refugee camps (Laurie & Petchesky, 2008) and is often related to their poor living conditions (Benner et al., 2010; Okanlawon et al., 2010). This underscores the need to pay careful attention to unwanted and unintended pregnancies among teenage refugees.

Education and School Dropout as a Consequence of Pregnancy in Refugee Camps

Refugee camps offer limited educational opportunities (Ecker, 1998), contributing negatively to the future quality of life of youth, and adding to their poverty (Benner et al., 2010). Educational opportunities are often associated with the location of the refugee camp, as well as other factors such as the customs and traditions of the community, early marriage, and financial

barriers (Roxberg, 2007; Zakharia & Tabori, 1997). While elementary or primary schools in refugee camps are typically free of charge and may allow teenage refugees to complete their primary education (Roxberg, 2007), in most countries, refugees must pay for their own secondary or high school education. The inability to pay high school fees results in increased school dropout rates.

Young girls have even fewer educational opportunities than boys, and have increased risk of leaving school early. Household duties may hinder girls from taking advantage of educational opportunities. As well, school location may cause refugee girls to discontinue their education if they must walk long distances in an unsafe environment to reach their school. Some refugee camps offer vocational training opportunities to boys, but refugee girls are not considered a priority for post-secondary training (Roxberg, 2007).

Unintended pregnancy in teenage refugee girls is a primary cause for leaving school either during primary or elementary studies, or at the completion of elementary education (Okanlawon et al., 2010; Roxberg, 2007). School dropout among teenagers due to pregnancy is associated with social isolation, family tension, and single parenting (Roxberg, 2007).

The Influence of Culture on Teenage Pregnancy in Refugee Camps

Young female refugees may find their own cultural understanding of sexuality and gender roles at odds with those of the host country. Pregnancy rates among teenage refugees may reflect their culture of origin if it orientates toward early childbearing and motherhood, pushing pregnancy rates higher than that of local teenagers (Roxberg, 2007).

Abstinence from sexual activity outside of marriage is an important value in many cultures (Benner et al., 2010). For females, sexual abstinence before marriage represents loyalty and respect for parents, and is viewed as the only way to avoid unplanned pregnancies, and

sexually transmitted infections, especially in adolescents (Roxberg, 2007). Abstinence is sometimes linked to religious and societal values, and is thought to increase young girls' honour (Benner et al., 2010; Pinehas et al., 2016). Moreover, cultural views in a society that values virginity and virgin brides can significantly contribute to the burden of teenage pregnancy among refugees, especially in terms of their mental health (Roxberg, 2007). A girl who is not a virgin can limit her prospects for marriage, as men may prefer to marry a virgin bride.

In some refugee camps sexual abuse, experimenting with sex, and rape are considered a transitional rite from childhood to adulthood (Ecker, 1998), and may contribute to teenage pregnancy. As well, when young girls consider sex to be an expression of love, misconceptions of trust can lead to unprotected sex, and pregnancy without intention or control (Benner et al., 2010).

Knowledge about reproductive health among youth refugees tends to be low if their culture of origin considers sexuality to be a taboo topic, and discussion of sexual health issues is prohibited (Ecker, 1998; Roxberg, 2007). Parents often do not educate their children about reproductive health, referring them instead to teachers or books for information (Benner et al., 2010). In cultures where talking about sexuality is unthinkable, this lack of sexual health education and information (Ecker, 1998; Roxberg, 2007) exacerbates the potential for unprotected sex and unwanted pregnancy.

Early Marriage and Childbearing in Refugee Camps

Early childbearing has devastating consequences for adolescents worldwide, including death. Maternal death is higher in teenagers than other age groups; and particularly so in refugee camps (Benner et al., 2010; Laurie & Petchesky, 2008). Early childbearing also marginalizes young women, and decreases their chances of escaping poverty and fulfilling their potential.

Early marriage or child marriage is a sign of gender inequality, and denotes the marginalization of women, as most female child marriages are with older males and are accompanied by poverty (Mace, 2016). Early marriage and early pregnancy are major hindrances to personal achievements (Zakharia & Tabori, 1997), as they result in early educational drop out, and elimination of outside employment opportunities. In some countries, girl children are offered for marriage soon after menarche (Ecker, 1998), and large numbers of girls marry before the age of 18 years.

It is also not exceptional for teenagers to engage in sex before marriage and, in some societies, at as young as 14 years of age (7.8%) (Benner et al., 2010). In refugee camps, it is not uncommon for a large proportion of youth (78.4%) to initiate sex before their 19th birthday. This early initiation of sex stresses the need for reproductive health education as early as possible for children of all ages (Benner et al., 2010), as refugees in refugee camps often lack information on contraception (Zakharia & Tabori, 1997).

Intersecting factors such as poor socioeconomic situations and low levels of education need to be studied to develop a better understanding of early motherhood and early pregnancy among teen refugees (Benner et al., 2010; Ecker, 1998). In addition, other intersecting factors such as culture, context, and society in which motherhood occurs may impact motherhood experiences (Wayte et al., 2008). For example, insufficient social support adds to the challenges of early pregnancy and young motherhood. A lack of community support and protection have been documented in refugees especially those who are separated from their families (Wayte et al., 2008).

Rape and Violence against Women in Refugee Camps

Violence against women refugees is a public health threat that exposes women and especially teenage girls to unplanned and unintended pregnancies (Wayte et al., 2008). Refugees are at considerable risk of gender-based, domestic, and sexual violence (Wayte et al., 2008). Refugee camps are assumed to be places of protection; however, the incidence of rape may be high, with the perpetrators being both encamped refugees and those from outside of the camps, and can result in unintended pregnancies (Roxberg, 2007).

While sexual violence as a consequence of war is common in refugee camps (Laurie & Petchesky, 2008), females may also be depicted as subservient in patriarchal societies. This view of the female as submissive promotes gender inequality and may contribute to increased sexual and domestic violence as well as abuse (Ecker, 1998).

Socio-economic Issues among Refugees in Camps

Poverty is a factor that contributes to teenage pregnancies as teenage girls may have sex with men as a means to survive or to obtain things they like or need. This is directly related to inadequate provision of health services, food, and shelter for refugees, and contributes to further vulnerability. Moreover, the lack of necessities causes refugees to leave the camps to search for subsistence and exposes them to further unsafe environments (Roxberg, 2007).

The futures of teenage mothers are compromised due to the conditions and context in which they live as they often discontinue their education, and have fewer work and employment prospects. The hopelessness of teenage mothers and refugees in general is intensified by the global migration crisis. The prospects for life in refugee camps are getting worse, and refugees wish to leave the camps as soon as possible. Teenage mothers prefer to be resettled in their new

country, believing that they will have a better life when they leave the refugee camps (Roxberg, 2007).

Refugee youth can be victims of sexual abuse in exchange for protection, food, and habitation (Ecker, 1998), and may use sex as a means to ensure their survival. Something as basic as the offer of an orange can be enough for a refugee girl to agree to have sex with a man. Besides fruits and other material donations, men might offer money in exchange for sex. When the girl arrives home with money, her parents may even praise her as a money maker instead of questioning where the money came from (Ecker, 1998).

The issues affecting teenagers in refugee camps are myriad, and are associated with a lack of basic needs and resources for life (Ecker, 1998). Refugees in camps are often in economic crisis, and those who are employed frequently occupy low paying positions in unskilled jobs (Zakharia & Tabori, 1997). In addition, the host countries may consider refugee youth as a cheap source of labour, the most affected group being unaccompanied youth, as they work for little money. Consequently, they can become victims of more harmful activities (Ecker, 1998).

Health and other Services for Refugees in Refugee Camps

Refugee youth have a range of health needs including reproductive health, and access to primary care (Wayte et al., 2008) that, if not attended to, put their health and lives at risk. The United Nations High Commissioner for Refugees affirms that the foremost reproductive issue in refugee camps is unintended pregnancy (Okanlawon et al., 2010). High rates of pregnancy, as well as sexually transmitted infections (STIs), among teenage refugees have been documented (Benner et al., 2010). Often the health-care system lacks sexual health promotion programs. Stakeholders must consider both pre-migration and resettlement contexts to ensure quality

reproductive services for young populations in refugee camps (Wayte et al., 2008). However, most services in refugee camps are not designed for or focussed on youth.

Reproductive health services in refugee camps tend to focus on the needs of married couples and encompass prenatal and postnatal care as well as family planning services. Some governments foster reproductive and maternal health for refugees by providing mobile maternal care in camps, and instituting maternity waiting camps at the hospital level (Benner et al., 2010). This signifies the initiative of governments to strengthen safe pregnancy programs, but overlooks other reproductive components.

The lack of adolescent-specific sexual and reproductive health information together with unsatisfactory health services in crisis are contributing factors to increased vulnerability of refugee youth. The lack of youth-specific services further contributes to the risk of sexual exploitation, STIs including HIV/AIDs, and unwanted pregnancies (Wayte et al., 2008). There is an urgent need for programs aimed at both females and males to resolve youth reproductive issues, including establishing appropriate services for youth and developing policies that promote their wellness (Wayte et al., 2008). Many programs are in place to help teenagers and early parenting mothers, but few are specific to supporting teenage refugees in camps for whom reproductive health programs, including sexuality education, are not consistently provided (Benner et al., 2010), or are not culturally acceptable.

Some adolescent services that are available in refugee camps are not fully utilized because of beliefs that refugees may hold. In the Osire refugee camps in Namibia, for instance, the family planning program is for both adults and adolescents; however, women refugees in that camp feel undermined and deprived of authority over their young girls if a healthcare provider offers the girls contraceptives (Pinehas et al., 2016). Many refugees believe that abstinence is the

only way to avoid teenage pregnancy. When social norms and traditions of refugees promote abstinence, the assumption is that there is no need for contraceptive methods for teenagers (Pinehas et al., 2016).

Information about reproductive health is key to overcoming many health-related reproductive issues. Youth refugees do not know their reproductive health rights, and this can be attributed to existing health services that do not target youth (Benner et al., 2010; Ecker, 1998; Roxberg, 2007). Unmarried youth, in particular, have limited access to reproductive health services in refugee camps. Healthcare delivery in refugee camps should also consider refugees' healthcare expectations (Ecker, 1998). Even though parents refer their children to books or teachers for reproductive health information, youth prefer to learn about reproductive health from a health worker because they feel parents and teachers do not satisfactorily answer their questions (Benner et al., 2010).

Other barriers to accessing healthcare are lack of means, and communication barriers. Language is a powerful tool to transmit health information, but many refugees cannot speak the language of the host country (Roxberg, 2007).

Strategies to Overcome Teenage Pregnancy in Refugee Camps

Women refugees are at risk for infections, including STIs and unwanted pregnancies, due to their vulnerability, their living conditions, lack of educational and employment opportunities, and the inadequacy of reproductive health programs available in the camps. Refugee camp priorities are shelter and food, and reproductive health services are often considered unimportant (Kealy, 1999).

However, reproductive health programs for refugee groups can be a good foundation to address teenage pregnancy. A decline in teenage pregnancy is associated with increased use of

contraceptives. Moreover, providing better jobs and strong economies, delaying sexual activities among youth, and the fear of attracting HIV/AIDS or other STIs are factors that can decrease the rate of teenage pregnancies (Kealy, 1999).

Discussion

During the last three decades, refugee populations have drawn considerable attention as populations in need of study, with the issue of teenage pregnancy a particular phenomenon that is slowly gaining notice. Ten reviewed articles include three published between 1990 and 1999, three from 2000 to 2009, and four from 2010 to 2018. Overall, information on these vulnerable people is scarce, particularly the case I consider herein, teenage pregnancy in refugee camp populations.

In addition, the quality of the available research is questionable. Eight of the ten studies I considered do not report a study design; five do not have a methodology section; and the remaining three used qualitative approaches. The final two of the ten studies use phenomenological and survey approaches.

Teenage pregnancy is a prominent issue among refugees as well as among resettled residents with a refugee background (McMichael, 2013; Watts, McMichael, & Liamputtong, 2015), and deserves closer examination. Teenage pregnancy is closely correlated with a range of inadequate living conditions within the refugee camps. Limited access to shelter, food, sanitation facilities, and water in refugee camps does not meet international standards (Wayte et al., 2008), and is often a strategic expedient that countries use to promote self-deportation. Refugees in such camps often only get a single free meal a day. Non-government organizations (NGOs) state that food insecurity is a challenge experienced by approximately two-thirds of refugees (Dhesi, Isakjee, & Davies, 2018). In refugee camps, some refugee girls have no choice but to become

sexually active as a means of survival. This calls for international organizations and those in charge of refugees to revise their policies, especially those concerned with supplying food and other articles for survival (Laurie & Petchesky, 2008).

Cultural perceptions related to reproductive health may contribute to the occurrence of pregnancy (Benner et al., 2010) as well. Some cultures believe that motherhood and avoiding pregnancy is a female responsibility, and young men place a greater responsibility on the females to protect themselves against unwanted pregnancy (McMichael & Gifford, 2010; Watts, Liamputtong, & McMichael, 2015). Adding to their deficient life prospects, unplanned pregnancy in youth refugees may result in forced marriage (Benner et al., 2010), or alternately, teenage mothers feel no expectation to get married in the future as a consequence of being a teenage mother (Roxberg, 2007).

Attitudes and perspectives of youth who have experienced an unplanned pregnancy indicate receptivity to reproductive health education, including learning about using protection for subsequent sexual encounters. This learned experience may be applied to both married young people and single refugees. In one study, teenage refugee youth who experienced unplanned pregnancies became vigilant and opted to have protected sex (McMichael & Gifford, 2010).

Reproductive health is a need as well as a human right. The WHO posits that there is a high risk of unwanted pregnancies associated with a lack of family planning, especially in refugee camps (World Health Organization, 2006). Doocy and colleagues (2016) document a high demand for reproductive health information, and the occurrence of health-seeking behaviour among refugees in refugee camps. Economic issues negatively affect this behaviour; for example, most refugees have to pay out of pocket for health services (Doocy, Lyles, Akhu-Zaheya, Burton, & Burnham, 2016). Healthcare delivery in refugee camps can meet refugee

health needs by considering refugees' healthcare expectations (Manchikanti, Cheng, Advocat, & Russell, 2017). However, further research is needed to more fully explore the teenage pregnancy phenomenon from a cultural competency framework (Watts, McMichael, & Liamputtong, 2015).

Gaps in the Literature

This narrative synthesis revealed nine themes emerging from the literature: problems and views of teenage pregnancy in refugee camps; knowledge about teenage pregnancy in refugee camps; education and school dropout as a consequence of pregnancy in refugee camps; the influence of culture on teenage pregnancy in refugee camps; early marriage and childbearing in refugee camps; rape and violence against women in refugee camps; socio-economic issues among refugees in camps; health and other services for refugees in refugee camps; and strategies to overcome teenage pregnancy in refugee camps. Teenage pregnancy in refugee camps is associated with social determinants of health, seeking means for survival, cultural influence, and lack of support. The research gaps identified in this synthesis include limited literature on teenage pregnancy in refugee camps, limited articles on intersecting factors that contribute to teenage pregnancy in refugee camps, and the lack of a critical lens to explore teenage pregnancy. Research that adopts a critical lens within an intersectionality framework may help to understand the intersecting factors related to teenage pregnancy in refugee camps and contribute to knowledge to address this multifactorial issue.

NB: A manuscript from the literature review was published.

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Chapter Three: Methodology

In this chapter, I present the study theoretical framework, purpose, and objectives. I also discuss the importance of understanding contributing cultural aspects, and the significance of the study. I present the research approach and study design, including description of the study site, study population and sample, recruitment of research participants, inclusion and exclusion criteria, data collection, data collection instruments or tools, data management, and data analysis. I also include strategies to ensure rigor and ethical considerations.

Theoretical Framework Supporting this Study

Intersectionality. Intersectionality has been used for the last three decades as a theoretical framework in research studies aiming to improve population health. It has also informed research investigating health issues in vulnerable populations (Bowleg, 2012; McCall, 2005; Viruell-Fuentes, Miranda, & Abdulrahim, 2012), and those aiming to understand or to evaluate help-seeking and help-receiving behaviors among vulnerable people (Cramer & Plummer, 2009).

Intersectionality denotes the reciprocal interactions between gender, race, differences in individuals' lives (Crenshaw, 1989), and other categories such as social practices, institutional norms, cultural ideologies, and outcomes of these interactions in terms of power (Davis, 2008; Parmar, 2017). Intersectionality approach arose from the feminist movement, emerging mainly from the writings of women of color who argued that people live multiple and layered identities derived from social relations, history, and structures of power (McCall, 2005; Samuels & Ross-Sheriff, 2008; Women's Rights and Economic Change, 2004).

Kimberlé Crenshaw first coined the term intersectionality in 1989, derived from the ideas of black feminists in the United States whose critique of existing social structures included arguments that black women's experiences were consequences of the intersections of gender, class, and race. They contended that these different identities and social categories linked with one another and worked together, resulting in inequality (McCall, 2005; Parmar, 2017; Viruell-Fuentes et al., 2012).

Intersectionality studies focus on the interactions of multiple systems or factors that are fundamental to experiences of discrimination or oppression of particular groups. By analysing the relationships among multiple dimensions and modalities of social relationships, intersectionality aims to grasp the relationships between identities and cultural categories instead of looking at various sources of discrimination or oppression separately (Buell, Glancy, Kartzow, & Moxnes, 2010; Cormier-Otaño & Kell, 2012; McCall, 2005).

Intersectionality has been used as a framework in both qualitative and quantitative research studies, primarily those that aimed to achieve social justice. With a focus on reflexivity, it has also been used as an advocacy and analysis tool to understand the intersections of factors contributing to privilege, disadvantage, and oppression such as economic, ideological, and political factors (Bauer, 2014; Collins, 2000, 2006, 2017; Crenshaw, 1989, 1991, 1997; Grant & Osanloo, 2014; Hankivsky, 2014; Pauly, MacKinnon, & Varcoe, 2009; Ramsay, 2014; Van Herk, Smith, & Andrew, 2011; Weber, 2010; Women's Rights and Economic Change, 2004; Worren, Moore, & Elliott, 2002).

Intersectionality is an appropriate theoretical framework for this study exploring the culture of teenage pregnancy in refugee camps. The framework relates well to people from a

background of multiple historic oppressions and marginalization, and people whose voices have been ignored. Teenage pregnancy in refugee camps, as described in the literature review, is a complex phenomenon in which social identities are multiple and intersecting. The social identities at the micro-level intersect with macro-level structural factors such as poverty and policies, contributing to teenage pregnancy-related issues (Bauer, 2014; Bowleg, 2012; Nash, 2008; Ouellett, 2011; Women's Rights and, Economic Change, 2004). An intersectionality framework for this research provides resources for more comprehensive identification of inequalities, contributing factors, and directions for developing intervention strategies specific to the community studied (McCall, 2005; Rogers & Kelly, 2011). The intersecting factors that contribute to the complexity of the issues of teenage pregnancy in refugee camps were better understood through inter-categorical approaches to intersectionality, that is, the pragmatic use of categorization to explore the health impacts of multiple identities or social positionalities (Bowleg, 2012; McCall, 2005).

The Purpose of the Study

The purpose of my research study was to explore the culture of teenage pregnancy in refugee camps.

Objectives of the Study

The objectives of my research study were to explore:

(a) the cultural contexts in which pregnant teenagers live in refugee camps;

(b) how parents, community workers, and refugee camp leaders integrate pregnant teenagers into the refugee camp community;

(c) what supports are available to help pregnant teenagers living in refugee camps;

(d) what existing supports are in place to reduce teenage pregnancies; and

(e) the underlying health determinants that influence teenage pregnancy in refugee camps.

Understanding of Culture

In the context of this research study, I define culture as something learned and/or shared by a group of people and which manifests as traits of that group including beliefs, knowledge, ideas, habits, customs, behaviors or attitudes, and norms (Birukou, Blanzieri, Giorgini, & Giunchiglia, 2009). I explored the beliefs, knowledge, ideas, habits, customs, behaviors, attitudes, and norms related to teenage pregnancy in refugee camps in Rwanda. Culture is a valuable context to consider when conducting a qualitative research study, and a researcher has to know in advance about the participants' culture and/or the cultural context in which the participants live. In this research study, I was interested in understanding the experiences of Congolese teenagers living in refugee camps in Rwanda.

The Democratic Republic of Congo is characterized by a patriarchal culture, where men undertake hunting and clearing the forests, and take more of the important decision-making roles (Commonwealth of Australia, 2006; Matuskey, 2018). Women tend to focus on farming crops, preparing meals, caring for children, and looking after the home. Women's legal rights are limited. For instance, married women cannot open a bank account, and it is widely believed that women should not apply for a passport. Moreover, they can neither rent nor sell a property without their husbands' permission (Commonwealth of Australia, 2006; Matuskey, 2018). Men protect and provide for the family, while women take care of the children and perform household responsibilities.

The Congolese community believes that children are a sign of good fortune and prosperity (United States Department of Health and Human Services, 2016). Within this belief, families are usually large, denoting prosperity both for the family and the community. Village

children spend most of their time outside the house and may journey freely, eat, and even sleep in neighbours' houses. Children learn traditional values and norms not only from their parents but also from other adults (Bebic & Mahar-Piersma, 2013). Congolese children, however, can be exposed to, and adopt non-traditional behaviours from peers.

It is common in the transition from childhood to adulthood that adolescents benefit from the influence of community groups, social norms and structures, and adult role models (Kerner, Manohar, Mazzacurati, & Tanabe, 2012). Nurturing a Congolese child is often a community responsibility. Consequently, all adults in the community take a role in providing discipline, guidance, and protection. Children are expected to be obedient and respectful of elders, and they may not be consulted on decisions made on an issue concerning them (Commonwealth of Australia, 2006) such as marriage. Statistics indicate that early marriage in Congolese culture is common. The statistics of 2009 show that 87.4% of the Congolese female population aged 15 to 19 were either pregnant or already had a child. Within that percentage, 5.6% were not married, while 81.8% were married (Population Council, 2009).

The United Nations High Commissioner for Refugees (2018) estimates there are 620,800 Congolese refugees in other countries. Beginning with the gaining of independence of the Democratic Republic of Congo in the 1960s, and the intensification of conflict in the 1990s, Congolese citizens have fled their country as a result of insecurity, tribulations, and war (Flahaux & Schoumaker, 2016) and are dispersed throughout many countries including Rwanda.

Significance of the Study

This study generates knowledge of, and raises awareness of, the challenges experienced by teenagers living in refugee camps. It also contributes to developing the knowledge necessary

to achieve the United Nations (2017) Sustainable Development Goals (SDGs) by illuminating the barriers relating to goals 1, 2, 3, 4, and 5 among vulnerable populations, in this case refugees. The findings of this study benefit the population of study by developing knowledge and raising awareness about teenage pregnancy in refugee camps, and the intersecting factors contributing to the phenomenon. Additionally, the findings may influence policy formulation, and the design and implementation of interventions to address teenage pregnancy in refugee camps.

The United Nations Sustainable Development Goal 1 focuses on ending poverty in all its forms everywhere. Examining the effects of the social determinants of health, including poverty, for refugees dwelling in refugee camps helps to identify shortfalls and highlight potential actions to improve health (United Nations, 2017).

Goal 1 of the SDGs is linked to goal 2, which aims to achieve zero hunger worldwide. Ending hunger in refugee camps can impact teenage pregnancy-related issues as many teenagers engage in prostitution as a means to alleviate hunger (Okanlawon et al., 2010).

SDG 4 indicates that inclusive education is fundamental to meeting the other goals (United Nations, 2017). In cultures where males are more likely to enjoy the privilege of education than girls, gender identity has to be considered as it exposes educational disparities, and aligns with the elements required to achieve the SDGs. Gender equality, as referred to in SDG 5, encourages empowerment of all girls and women. One of the ways to achieve this goal is to avoid teenage pregnancy and marriage, and other harmful practices such as forced marriage. Through addressing hunger, poverty and gender disparity, it is possible to achieve SDG 3 which is specifically focussed on encouraging healthy lives and promoting well-being for all at all ages (United Nations, 2017).

This research supports the SDGs' attempt to address the outcomes and related maternal co-morbidities associated with early marriage and childbearing. This study illuminates areas of underperformance towards SDGs achievement, as related to refugee teenagers living in refugee camps, and brings into focus priority domains for attainment of the SDGs.

Understanding the culture, including experiences of teenage girls in refugee camps, additionally benefits high income countries where refugees are resettled. Canada is one of the destinations of many immigrants, including refugees. Recently, Canada has committed to increasing the number of refugees in resettlement programs (Vineberg, 2018). Receiving healthy populations during resettlement is advantageous for both the refugees and the host country.

Research Approach

Researchers often orient their research toward qualitative or quantitative inquiry. The choice depends on their objectives and the goals they want to achieve to answer their research questions. Investigators are guided by epistemology, ontology, ideology, and ethical tenets. This research study utilizes a qualitative approach as most efficacious in accomplishing my research objectives; it aims to discover meaning, process, and context (Harrowing, Mill, Spiers, Kulig, & Kipp, 2010; Rudkin, 2002).

Study Design

The study was guided by critical ethnography design. This is an ethnographic design with a critical lens.

Overview of critical ethnography. Critical ethnography is one form of ethnographic design. It is a relatively recent development in social science research methodology, situated within a broad ethnographic tradition. Its methods reflect many of the characteristics of traditional ethnography (May, 1997).

Ethnography has its origin in anthropology, and is the study of people in naturally occurring settings, referred to as fields, using methods that capture social meanings in ordinary activities, and involves the researcher in participating directly in the setting (Brewer, 2000; Given, 2008; Ritchie, Lewis, Nicholls, & Ormston, 2013). Ethnography gives attention to the context (Harvey, 2011; Savage 2006). In my study, it is very important to understand the context in which teenage pregnancies occur, and ethnography allows for the synthesis of findings from different forms and sources of data (Harvey, 2011; Savage 2006). Additionally, it is a research method that offers a holistic way of analyzing and exploring multiple sources of evidence (Harvey, 2011; Savage 2006).

Critical ethnography is an ethnographic study in which reflexivity is an integral element. Reflexivity as part of the study process means that researchers continually reflect upon, monitor, and report their role as researchers in the field. Critical ethnographers also attempt to explain social phenomena from the participants' viewpoints, emphasizing local knowledge and experience. As a method, critical ethnography is interpretive and involves immersion in the local context (Harvey, 2011; O'Mahony, Donnelly, Este, & Bouchal, 2012; Thomas, 1993). Critical ethnography criticizes, which means that it identifies and challenges assumptions behind ordinary or common ways of perceiving, conceiving, and acting. It also recognizes the influence of history, culture, and social positioning on beliefs and actions (Hair & Clark, 2003), and imagines and explores extraordinary alternative beliefs and actions that may disrupt routines and the established order. Critical ethnography allows the researcher to be appropriately skeptical about any knowledge or solution that claims to be the only truth or alternative (Hair & Clark, 2003).

Critical ethnography is considered a conventional ethnography with a political purpose (Thomas, 1993), focusing on power structures and relationships for the purpose of revealing and redressing oppression. It attempts to link the detailed analysis of ethnography to wider social structures and systems of power relationships to get beneath the surface of oppressive structural relationships (Bamberger, Rugh, & Mabry, 2006; Harvey, 2011).

Critical ethnography as a research methodology has often been used to explore health-related phenomena like HIV and tobacco smoking, and is well suited for health promotion research (Cook, 2005; Oladele, Richter, Clark, & Laing, 2012). I believed this research design fits well with exploring the culture of teenage pregnancy in refugee camps because it examines action, knowledge, and culture. Moreover, it allows me to describe, analyze, and inquire about power structures, and hidden assumptions that constrain, repress, and inhibit (Thomas, 1993). Teenage pregnancy has been reported to be associated with negative consequences that inhibit better health for teenagers, and continue to be a problem for their entire lives. This study can help to promote healthy lives for teenage girls through raising awareness.

Research Study Setting

The research setting was the Kigeme refugee camp, a Congolese refugee camp in Rwanda. The Republic of Rwanda has two kinds of refugee camps: refugee transit centres and refugee camps (see Figure 2). In this study, I considered only refugee camps. The selection of Kigeme refugee camp, from among five camps in Rwanda, was done purposively, due to the significance of teenage pregnancies in that camp.

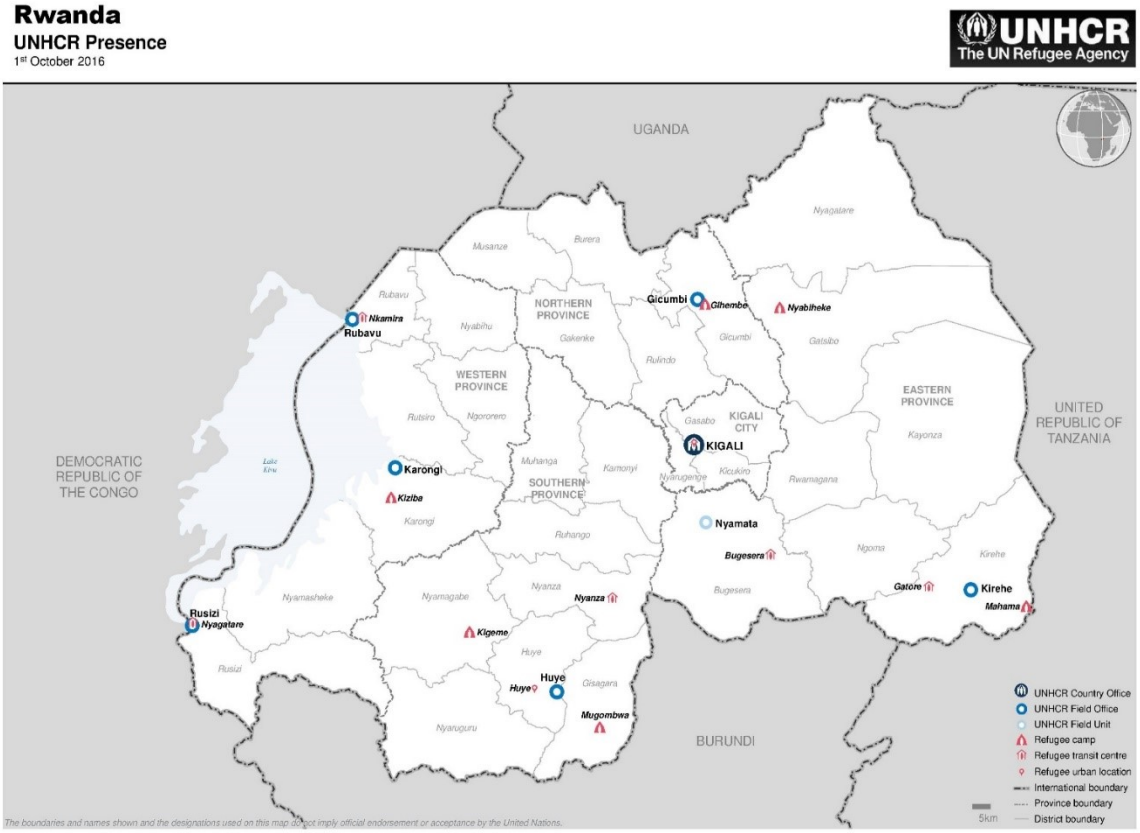
Kigeme is located in the southern province of the Republic of Rwanda, in Nyamagabe district, approximately 120 km from Kigali City, the capital city of Rwanda. Initially, Kigeme was a refugee camp for Burundian refugees. It was closed temporally in 2009 and reopened in

2012 with a new influx of Congolese refugees. It occupies 34 hectares divided into two parts, Site A and Site B, located on two hills separated by the main road.

Currently, the Kigeme refugee camp hosts 20,043 refugees, most from the eastern part of the Democratic Republic of Congo, North Kivu province. These refugees speak Kinyarwanda language (Ministry of Emergency Management [MINEMA] former Ministry of Disaster Management and Refugee Affairs [MIDMAR], 2018).

Figure 2

Map of Refugee Camps in Rwanda



Source: United Nations High Commissioner for Refugee (2016)

Access to the Research Setting

Access to the refugee camps was negotiated with senior protection assistant community-based personnel (See Appendix Q). After getting all required authorizations, I accessed the research setting through the community health coordinator.

The Study Population and Sample

The population of the study. The population of my research study was composed of various categories of people who are in relation to refugee teenagers and pregnant teenagers, including teenagers (girls and boys), pregnant teenagers, people who have experienced teenage pregnancy, parents, healthcare providers/community workers, camp leaders, and NGO representative staff.

The sample of the study. The sample size is crucial in quantitative research studies where the purpose is to draw inferences (Kumar, 2011). Conversely, the purpose of the sample size in qualitative research is to understand the phenomena in-depth. I aimed to develop an in-depth understanding of the culture of teenage pregnancy in the refugee camp (Kumar, 2011).

An article published by Moser and Korstjens (2018) advises ethnographic researchers to have at least 25 to 50 interviews and observations, including four to six focus group discussions. In a similar research study focusing on nursing, sexual health, and youth with disabilities, the researchers used a critical ethnography methodology, and conducted only nine interviews (McCabe & Holmes, 2014). In a qualitative research study, one or a few cases can be sufficient to have all necessary information that leads to fully understanding the phenomenon of interest (Onwuegbuzie & Leech, 2007). I concur with Mandal (2018) who believes that, instead of the size of the sample, what is important in critical ethnography is richness and thickness of the data.

Thickness of data refers to the researcher explicitly documenting the patterns of social and cultural relationships in a detailed way which portrays the participants' experiences (Holloway, 1997). Richness is reflected in data that shows or portrays participants' feelings, actions, thoughts, and intentions, and shows structural and contextual views of human experience (Abrams, Wang, Song, & Galindo-Gonzalez, 2015).

In this study, I conducted 24 individual interviews with pregnant teenagers and women who have experienced teenage pregnancy within the last 2 years. As well I conducted six focus group discussions with other stakeholders including: teenagers (girls and boys), parents, healthcare providers/community workers, camp leaders, and NGO representative staff. Data were collected until I obtained a rich and in-depth understanding of the phenomenon under study (Kumar, 2011).

Inclusion and Exclusion Criteria

Inclusion criteria.

- Teenage participants aged between 14-19 years.
- Current pregnant teenagers and teenage mothers having a baby between 0-2 years.
- Refugees living in the refugee camp for at least six months.
- People who are in relation to refugee teenagers and pregnant teenagers.

Exclusion criteria.

- Girls or boys under 14 years old.
- Mentally disabled teenage girls or boys: due to the complexity they may cause in my study.

Recruitment of Research Participants

I employed two recruitment strategies, namely purposive and snowball sampling (Kumar, 2011; Moser & Korstjens, 2018). Purposive sampling was applied to teenagers (girls and boys), parents, healthcare providers/community workers, camp leaders, and NGO representative staff. Snowball sampling was applied to pregnant teenagers, and people who have experienced teenage pregnancy. In this recruitment technique, I used networking strategies to reach research participants (Kumar, 2011), asking participants to refer me to other possible participants.

I entered the field by using gatekeepers, such as the community health coordinator. The gatekeepers used consent to contact forms (See Appendix N) and forwarded these to the researcher who then contacted the potential participant. When pregnant teenagers and people who had experienced teenage pregnancy (teenage mothers) were reached, I gained their permission to ask their parents to participate in a focus group discussion. It was not deemed compulsory to interview the parents of pregnant teenagers and teenage mothers who participated in the research study. Consent to contact forms were also used to reach other potential participants.

Data Collection

Researchers use multiple means to collect data, including interviews, focus groups, field notes, and observations (Batch & Windsor, 2015). This is advocated to give a researcher the ability to become closer to participants' viewpoints or reality, and capture what is happening in their daily lives and activities (Shi, 2012). Consequently, this contributes to an in-depth understanding of the phenomenon, or social problem under study (Madison, 2012; Rashid, Caine, & Goaz, 2015). In exploring the culture of teenage pregnancy in Kigeme refugee camp, I used participant observation, field-notes, and interviews (individual and focus group interviews).

Observation and field-notes. Participant observation is a common method of data collection in critical ethnography (Madison, 2005). The observer is advised to be unobtrusive in actions and dress, become familiar with the field before beginning data collection, keep observations short at first to prevent him/her from becoming overwhelmed by information, and be honest but not too detailed or technical when explaining to research participants what he/she is doing. I used participant observation; that is, observing the scene and being a part of it (De Chesnay, 2015). Inspired by Mack, Woodsong, MacQueen, Guest, and Namey (2011), my roles and responsibilities as participant-observer were observing people in their daily activities, engaging to some extent in the activities taking place, interacting with people socially outside of a controlled research place, and identifying and developing relationships with gatekeepers, key informants, and stakeholders (see Appendix G). In Batch and Windsor's (2015) study, the observation was conducted by researchers two hours in the morning, evening, and night shifts. The participant observation was done in the refugee camp by me during community events, at playing grounds, and any gathering spaces, such as church services.

Participant observation goes hand in hand with taking field-notes and documenting what was observed. In this study, scratch notes were kept during the observation periods, and detailed field notes were recorded directly following observation periods with attention to thick description (Batch & Windsor, 2015). I meticulously recorded actions and events observed, and their context in order for the field notes to be meaningful to an outsider.

Data generation involved observing what the research participants said and did, their daily activities, and non-verbal interactions in the refugee camp environment. This kind of observation connotes that I paid close attention to the voices of participants, as well as voiceless

items or objects/behavior that give meaning to the reality of my community of interest in refugee camps.

Moreover, I paid attention to shifting from wide to narrow observation by focusing on a single interaction, person, and activities, then returning to an overall view of the situation, looking for keywords in scenarios or conversations, concentrating on first and last remarks, and replaying remarks when I took breaks from the research context (Kawulich, 2005).

Observation may be presented in various ways, such as categorical recording, using scales, recording on electronic devices, and narrative recording. In this study, I used narrative recording by narrating my observations directly after leaving the research context. This was the most appropriate means to prevent recall bias (Kumar, 2011).

Interviews. Interviews were conducted in Kinyarwanda, which is my mother tongue and the language spoken by the participants. All interviews were audio recorded with the permission of the participants. After data collection, I translated the quotes of interviews into English as that was the language to be used in writing the findings. Twenty-five percent of the quotes used in the results section were translated back into Kinyarwanda by another Rwandan to check the quality of translation. This supported the validity of the translation (Roberts, Priest, & Traynor, 2006).

Individual interviews. Individual interviews were conducted with pregnant teenagers and teenage mothers. I had solicited the support of a female research assistant in advance, training her in the process by familiarizing her with the research documents, practicing interviewing through role-play exercises, and practicing using a recorder (Mack et al., 2011). Participants were asked if they wanted a female researcher to conduct the interviews but they declined and all were comfortable talking to me; therefore, I decided it was unnecessary for the female research assistant to get involved in conducting the interviews. Additionally, I organized a weekly

debriefing session with my supervisor to talk about the information gathered and possible challenges. This was important to ensure the quality of data collection.

Interviews were conducted at an agreed upon time and place, and audio-recorded to allow transcription to facilitate analysis (Olson, 2016). In this study, the interview process used a semi-structured interview guide for both individual and group interviews (See appendices A, B, C, D, E, and F). I preferred to use formal semi-structured interviews because it allowed me to follow up on any ideas raised by research participants that needed clarification or further discussion (Olson, 2016). In addition, a semi-structured interview supported me to build a relationship with research participants, and created a conducive environment where research participants felt free to tell their stories (Olson, 2016). That is in line with building rapport with the research participants.

Rapport is very important in critical ethnography as it allows for easy flow of the interview, as well as the conversation during interviews. Moreover, rapport enabled me to become more aware of how my behavior might impact or affect research participants negatively (Mack et al., 2011).

It is wise to determine where the interviews will take place bearing in mind that a qualitative researcher has power over research participants (Aléx & Hammarström, 2008). Power imbalance was considered, and I strived to overcome the potential power situation by creating a conducive space for information exchange, and additionally giving space for participants' concerns to be raised. During their study, Batch and Windsor (2015) conducted interviews in different places, namely patient wards, staff meeting rooms, and hospital coffee shops either during the morning, afternoon, or the evening before shift commencement. During data collection for my study, the most appropriate place for conducting the interviews was discussed

with key informants and stakeholders. I received an office where no people could hear our conversation. Participants were also asked where they would like to be interviewed in advance and were informed of the available area. All of them agreed to have the interview in that office. The interviews lasted between one to two and a half hours each.

Focus group interviews. I also conducted focus group interviews which were audio-recorded with permission from the participants. A focus group interview is a qualitative data collection method included in an ethnographic research study where a researcher interviews a group of participants together to answer questions on a topic of interest either face to face or via email. Within a focus group, the research participants interact with each other (Moser & Korstjens, 2018). The focus groups enabled me to observe interactions among group members (Olson, 2016).

In this study, six focus group interviews were conducted, one with each of the following groups: (1) camp leaders, (2) parents of teenagers who were experiencing pregnancy or had experienced a teenage pregnancy, (3) parents of teenagers who were not pregnant, (4) teenage boys, and girls who were not pregnant, (5) healthcare team/community workers, and (6) NGO representatives. This supported knowledge development related to how the community constructs the reality of teenage pregnancy in the refugee camp. Moreover, focus group interviews helped to identify group norms, discover variety within a population, and elicit opinions about group norms. Similar to individual interviews, the focus group interviews lasted between one to two and a half hours (Mack et al., 2011). The focus group interviews were held in the same office where individual interviews took place.

Data Collection Instruments/Tools

In critical ethnography, the researcher is a primary research instrument. Data quality, or the quality of the findings is a product of a good interviewer (De Chesnay, 2015). As a novice qualitative researcher, my doctoral supervisor played a significant role in the data collection phase, as she provided me with guidance through the weekly meetings I arranged with her.

Besides human beings as data collection instruments, the data were collected using an interview guide. The interview guide was in the English language but was translated into Kinyarwanda, the language of the research participants, prior to data collection. Two independent Kinyarwanda speaking people completed the translation, after which I compared the translations and addressed the differences.

Data Management

All interviews were audio-recorded and transcribed verbatim. The electronic data are stored in an encrypted laptop to maintain confidentiality. I wiped the data from the recording devices once I had transferred the files to my laptop. The hard copies, field-notes, and other data collection materials (interview guide) are stored in a locked cupboard and the key is accessible only to the researcher and research supervisor. Portions of the final research are being used in my thesis, and may be published in professional journals or presented at conferences.

Data Analysis

In this study, the data analysis included reflexivity, thematic analysis, and the use of Atlas.ti software to facilitate analysis, and organize data. There is no appropriate linear way to conduct qualitative data analysis, although there is universal agreement that qualitative data analysis is an ongoing and iterative process that normally starts in the initial stages of data collection and lasts throughout the study (Bradley, Curry, & Devers, 2007).

The first step in the data analysis was reading for an overall understanding of the data collected. This highlights that data analysis involves frequent readings of the transcripts and field-notes to increase familiarity (Manias & Street, 2000). In this research study, data were analyzed thematically; and Atlas.ti software, a tool to help to arrange, reassemble, and manage qualitative data in a systematic way, was used to support the analysis.

Thematic analysis consists of identifying, analyzing, and reporting themes or patterns within research data. By using thematic analysis, I was able to describe and organize a data set in clear, understandable detail (Braun & Clarke, 2006). Inspired by Moser and Korstjens (2018), I read the transcripts of the field notes, interviews and observations, classified them into themes, and added marginal notes in the appropriate space in Atlas.ti, Then I assigned preliminary codes.

I described the social setting, events, and actors. Subsequently, I ordered themes, patterns, and regularities. In addition, I interpreted from my observations how the culture works. Finally, I wrote the findings narratively by offering a detailed description of the culture of research participants. As documented by Maguire and Delahunt (2017), Nowell, Norris, White, and Moules (2017), Karlsen, Gabrielsen, Falch, and Stubberud (2017), and Clarke and Braun (2013), in my thematic analysis I followed these steps: become familiar with data, generate initial codes, search for themes, review themes, define themes, and write-up the findings.

Becoming familiar with data involves reading and re-reading the transcripts or data, listening to the audio recordings, and remarking initial analytic observations (Clarke & Braun, 2013; Maguire & Delahunt, 2017). Nowell et al. (2017) call this step a repeated reading of the data phase. Most of the time, I listened to the recorded audios from the first interview; and I read field-notes.

Generating initial codes is a process of generating labels for the vital features detected in the raw data (Clarke & Braun, 2013; Nowell et al., 2017). This step helps in reducing the amount of data (Clarke & Braun, 2013) by simplifying and focusing on specific features or characteristics of the raw data (Nowell et al., 2017), and allowing me to systematically organize the data (Maguire & Delahunt, 2017). The coding was inductive, which means that it was data-driven rather than by using pre-established codes (Nowell et al., 2017).

In searching for themes, I developed meaningful and coherent patterns of findings. In this step, I combined the codes to detect similarities in the data (Clarke & Braun, 2013; Maguire & Delahunt, 2017). Analogous to the coding step, themes were developed inductively. The themes were strongly linked with the data (Nowell et al., 2017).

As I reviewed themes, I tested their workability, checking to be sure that they told a compelling and convincing story about the collected data. In this step, I combined two or more themes together, split some into more than one theme, and discarded others altogether (Clarke & Braun, 2013; Maguire & Delahunt, 2017; Nowell et al., 2017). At this stage, I generated a new theme when a relevant issue was identified that had not been covered by existing themes (Nowell et al., 2017). In the end, I diminished the number of themes into a manageable set (Nowell et al., 2017).

To define the themes, I wrote a thorough analysis of each theme, identified each theme's importance to the research question, and constructed themes in a more succinct manner (Clarke & Braun, 2013; Nowell et al., 2017). I verified if theme names give readers a sense of what the theme is about, and identified how subthemes related to the main theme, and how themes related to each other (Maguire & Delahunt, 2017).

At this stage, I solicited input from experts in thematic analysis, and my supervisory committee to check if there was any aspect left behind (Nowell et al., 2017). As the interviews were transcribed in Kinyarwanda, I translated 10 percent of the interviews into English, and developed a coding framework that I could share with my supervisory team. When they were satisfied with the coding framework, I analyzed the rest of the interviews.

In writing up the findings I documented the findings in a way that tells readers a persuasive and cohesive story about the data (Clarke & Braun, 2013). This is the final step where I used quotes to help readers understand specific points of interpretation (Nowell et al., 2017). My write-up consists of writing a dissertation for my PhD program (Maguire & Delahunt, 2017).

Research Study Rigor

When referring to rigor, qualitative research differs from quantitative by terminologies. Morse (2015) suggests eliminating some common terms researchers use in qualitative research, like transferability, credibility, and dependability; she proposes to use quantitative terms, namely validity, reliability, and generalizability. Morse (2015) argues that the terms used in qualitative design to ensure rigor are confusing because the developers did not give the context of where, why, and how to use them although addressing the same purpose. Therefore, Morse suggested to go back to using social sciences terminologies of rigor: validity, reliability, and generalizability. Rigor is expressed by these proposed terms and each term has several elements intended to measure it.

Research study validity. The validity of my study was assured by prolonged engagement, participant observation, peer review or debriefing, and triangulation. Usually we talk about prolonged engagement, and active or participant observation as data collection strategies rather than a means to ensure the validity of a research study (Batch & Windsor, 2015).

In my research study, prolonged engagement was one of the elements to ensure the validity of my study (Anney, 2014).

Walker (2012) avers that the validity of an ethnographic research study is gauged based on various elements including the time a researcher spends in a research field. In this study, the data collection period was four months, and I lived five minutes walking distance away from research participants during the data collection period. Moreover, participant observation contributed to triangulation of data collected to enhance the validity of my research study.

In most qualitative research studies, peer review or debriefing is considered a strategy for researchers to distance themselves from the research field 'etic positionality' rather than being used to build validity of the study (Baumbusch, 2010). In this study, peer review or debriefing played both roles. In terms of peer review or debriefing, I shared information with, and received feedback from my supervisor on a weekly basis about what was happening in the field (Anney, 2014). Data collected were discussed, and we reflected on areas that needed further data collection and clarification.

Triangulation, member checking, and external audits are terms commonly used to highlight the validity of the research inquiry. Triangulation refers to using different methodologies to study the phenomenon of interest; or a researcher using more than one investigator to study the same phenomenon; or using different sources of data to gather information on a phenomenon under investigation (Anney, 2014). In my study, I used data gathering triangulation by using observation, individual interviews, and focus group interviews to collect data. I documented step by step the methods used to collect the data, allowing external audits to be possible.

Research study reliability. Besides these overlapping terms for validity and reliability, peer review or debriefing, triangulation, and external audits, Morse (2015) asserts that the development of the coding system and inter-coder agreement may strengthen the reliability of a study. In my research study, I coded the interview and my supervisory committee members verified the coding framework. As the interviews were in Kinyarwanda, I translated 10 percent of interviews into English, coded them, and developed a coding framework. The coding framework was crosschecked by my supervisory committee members (See Appendix R).

Research study generalizability. The findings from this study are not generalizable, but some elements of the findings may be recognizable by or in a similar population. Morse (2015) believes that generalizability is the external validity of a research study, which means extending the research findings, conclusions, or other accounts that are based on the study of a particular population, times, setting, to another area than those directly studied. This is achieved when a researcher pays attention to validity and reliability. The purpose of qualitative research studies is not to generalize the findings.

By presenting research findings to research participants or other populations with the same characteristics, the research participants may recall that they met or experienced such a phenomenon before. In the other words, research participants or other similar people who have the same characteristic as research participants may feel that they experienced such phenomenon, or they have the knowledge to address the phenomenon (Konradsen, Kirkevold, & Olson, 2013).

In addition to the above described elements to ensure rigor in research, ethnographers also use reflexivity.

Reflexivity. Critical ethnographers use reflexivity as a vital component of a critical ethnographic research study. Vandenberg and Hall (2011) advocate for every researcher to be

reflexive to avoid reinforcement of power imbalance and oppressive behaviours. The presence of the researcher in a research field creates a power imbalance because the researcher has a level of education and knowledge above that of the community of research. Throughout this study, reflexivity referred to deep reflection about my values and beliefs during the research process (Vandenberg & Hall, 2011). It was necessary to be reflective because of the emic and etic positionalities I carried in my role as researcher.

The term emic has the connotation of being an insider, implying that the emic positionality confers the same view of a phenomenon as the native/indigenous. On the other hand, the etic is considered as the outsider or foreigner to a phenomenon of interest (Naaeke, Kurylo, Grabowski, Linton, & Radford, 2011).

It is often assumed that insiders are better suited than outsiders to do research studies about their cultures or phenomena, but that stance is questionable given that researchers often share characteristics of both insider and outsider. As an illustration, a male researcher carrying out a research study with women as the research participants, specifically about, for example, female reproductive issues may consider himself an outsider because he is not of the same gender. However, he may also consider himself an insider because he shares with participants the same values, taboos, and misconceptions or perceptions that shape the community where they live (Naaeke et al., 2011).

The process of studying social phenomena is complex, especially for a researcher who identifies as both an insider and outsider. As reflected in Naaeke et al. (2011), obtaining access to the research field and participants may cause some frustration and concerns about understanding the phenomenon as the participants experience it. At the outset, the participants may respond to a researcher's interest with suspicion and caution. I started the data collection

process after I had already built a rapport with refugees during entering the research site; a period that lasted for approximately 2 months. It was not an issue for me or for the research participants to engage in conversation. A non-judgmental approach, especially related to the research participants' culture, was adopted by me to surmount suspicion and caution; in return, participants relaxed, opened up, and appreciated the opportunity to engage. Non-judgmental data collection was achieved by being open minded, trying to understand the context, accepting the people as they are, and by not giving over consideration to our differences in health status, education level, and social class. Experienced researchers point out that it is very important to be neutral or even openly curious about the topic or phenomenon to dispel concerns about negative values (Naaeke et al., 2011). I was neutral and eager to learn more from research participants.

Emic perspective has multiple benefits such as knowing and understanding the contexts; moreover, knowing the language eases connection to informants. However, a researcher must be careful because sometimes informants assume the researcher knows the answers to some of the questions he/she asks because he/she is from the same context. In addition, a researcher may be reluctant to ask some questions that he/she should have known.

Naaeke et al. (2011) clarify the possibilities of being biased in favour of a researcher's culture. Every researcher as an insider has to be aware of this and try as much as possible to be objective. As a researcher, I have a refugee background. From 1990 to 1996, I experienced living as a refugee in a refugee camp in a neighbouring country. In addition, my nursing education contributes to my knowledge about teenage pregnancy, and I had worked in the obstetrics and gynecology department, at the University Teaching Hospital of Butare, in its different services, including the maternity unit. Furthermore, I had previously conducted a research study entitled *Exploring the factors influencing family planning methods in Nyagatare District, Rwanda,* as

partial requirement for fulfillment of my degree of Master of Nursing. These factors, including my education, research, working experience, and refugee background contributed to my emic positionality.

Etic positionality allows a researcher to ask any kind of question; however, it takes a while to gain the trust of the participants. A non-native investigator must be aware of the proper process for gaining access to a study community; that is, impressing, behaving, swapping, belonging, and chilling out (Kauffman, 1994). It is advisable to do continuous self-evaluation, and delve into any barrier that can block a researcher from understanding the phenomenon. A researcher has to respect research participants, avoid judgment, be patient; and bear in mind that it can take a while to gain trust from research participants (Naaeke et al., 2011).

Conversely, it is important to find a way to balance too much distancing from and too much involvement with informants. Vandenberg and Hall (2011) advocate being cautious of too much involvement and distance. In my study this was particularly important to avoid biases. I stayed in contact with my supervisor and kept her informed about the research process, issues arising in fieldwork, and themes arising from data analysis. My supervisor was not emotionally invested in the context of the study, and was more objective in advising how to address ethically challenging situations. I was in the etic positionality because first, I do not live in the Kigeme refugee camp; second, I am a male and cannot get pregnant, and I never experienced teenage pregnancy; third, I am a student in Canada.

Ethical Considerations

The main component of ethical concerns is protecting human subjects. Ethical concerns start on entry into the field of study and extend to the publication or dissemination of the findings (Juroš, 2011). When working with adolescents and children, strict observance of ethical

principles is required. The ethical principles that guided my research are respect of persons, beneficence, and justice (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014; Heale & Shorten, 2017; Scott, 2013; World Health Organization, 2011).

Respect of persons. Research participants have autonomy, liberty to make choices, and the right to self-determination. Respect for persons involves understanding that competent individuals have the right to self-determination, which means that individuals should be treated as autonomous agents, capable of deliberation concerning personal goals as well as acting under such deliberation.

To respect involves giving a person liberty of choosing among different opinions or alternatives; thus, he/she can act or refrain from acting depending on his/her choice (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014; Heale & Shorten, 2017; Schenk & Williamson, 2005). The participants in this study were provided with information regarding the research study before deciding to participate (see Appendices H, E, J, K, L, M, and N).

Beneficence. In this study, participants may not see immediate benefits. However, the results of the study may ultimately affect their lives by influencing policy formulation and implementation. One immediate benefit for the participants is that the research study contributed to raising awareness in the community about the phenomenon. The researcher aimed at achieving the beneficence principle (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014) which implies that a researcher must protect research participants from any

harm and strive to maximize possible benefits. The goal of gathering information in qualitative research is to benefit the community; consequently, a researcher must anticipate potential negative consequences and ensure that undertaken activities will not lead to indirect or direct harm (Heale & Shorten, 2017; Schenk & Williamson, 2005). It is sometimes hard to predict the balance of benefits and risks in a research study (Naaeke et al., 2011). No physical exposure to any harm was associated with my study.

Justice. All research participants were treated equally, and with respect. I provided monetary compensation for the time that the participants spent with me to a value of 2000Rwf which equals approximately CAD$5. This payment was of necessity not large; otherwise, it could have been considered as a means to induce research participants. This portrayed fairness or justice (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014; Heale & Shorten, 2017; World Health Organization, 2011) through balancing benefits and risks among research participants. Normally, justice connotes that the burdens and benefits of the activity or research process should be equally distributed among research participants. Without bias, benefits and risks of the activities should be distributed impartially, and all research participants treated fairly.

Justice applies as well to research participants' selection. A researcher must avoid including in his/her research study anybody who would not benefit from research findings. This indicates that a researcher must select research participants fairly, considering the aim of the study; and if there is compensation, all participants must have an equal portion. In addition, a researcher must consider power differences among research participants and strive to overcome

them. This helps a researcher to present the views of all categories, both powerful and less powerful participants (Heale & Shorten, 2017; Schenk & Williamson, 2005).

When ethical principles are adhered to, an ethics board is always concerned about how a researcher will conduct informed consent procedures, ensure anonymity and confidentiality, and minimize harm to research participants (Heale & Shorten, 2017).

Informed consent procedures. During my data collection, assent was sought and found from all minor participants. All adults who agreed to participate and those who accepted their children to participate in the research study signed consent. All research participants knew how to read Kinyarwanda; written consent was collected from each participant. The informed consent process was guided by the principle of respect.

My research study area involved the subgroup of children, teenagers. The United Nations International Children's Emergency Fund (UNICEF) defines a child as a person under the age of 18. Teenagers, the central people concerned with the phenomenon under study, are defined as children aged 10 to 19 years old (World Health Organization, 2020). In a fact-sheet released in 2014 for the convention on the rights of the child, a child has a right to have information about their well-being, the right to privacy, and the right to be protected from any harm and all forms of violence. United Nations International Children's Emergency Fund (2014) argues for special protection when a child is a refugee. People may have different views on what they consider ethical for a child; consequently, negotiation with key informants was crucial (Houghton, Casey, Shaw, & Murphy, 2010). As teenage pregnancy is a complex phenomenon, the study involved both children/adolescents and adults.

In Rwanda, a child is entitled to give assent to be a research participant. Conversely, the adult and emancipated minor give consent. Pregnant teenagers and teenage mothers are

considered legal minors or emancipated minors entitled to give consent. United Nations International Children's Emergency Fund (2015) defines assent as the willingness to participate in a research study by a person who is legally too young to give informed consent based on local rules and regulations but who is old enough to understand about the research study, its possible benefits and risks, as well as the activities expected from him/her as a research participant. In my research study, I interviewed only children aged 14 to 18 years because a child under 14 years is not legally responsible for his or her acts in Rwandan law (Rwanda Ministry of Local Government, Information and Social Affairs, 2003).

When approaching research participants under 18 years old, I also sought consent from their parents or guardians. However, I first approached the pregnant teenagers and teenage mothers for consent because of privacy and confidentiality reasons. A survey conducted in Rwanda on violence against children and youth involved people aged 13 years to 24 years old. Children aged 13 to 17 years old gave assents, and participants aged from 18 to 24 years old and emancipated minors gave consents (Rwanda Ministry of Health, 2017a). I did not ask permission from parents for emancipated minors (pregnant teenagers and teenage mothers). During recruitment, the gatekeeper who helped the recruitment process determined if the emancipated minor was able to consent for herself. Only participants who were able to consent participated in the research study (see Appendix N).

Anonymity and confidentiality. I secured the data on my computer with an encrypted password. Everyone that has access to the data signed a confidentiality agreement (see Appendix M). Research participants have a right to privacy (United Nations International Children's Emergency Fund, 2014). A researcher has the obligation to provide privacy and ensure anonymity during a research study. Anything that can make a research participant known was

avoided during data collection; for example, no names were used on the interview guide. The research participants were assured that the information they provided would be kept confidential between them and the research team (the researcher and his supervisor). Written informed consent and assent, which clarified the purpose of the study. were provided.

Anticipated issues and how to overcome/minimize harms. While conducting a critical ethnographic study, the researcher may encounter ethical challenges stemming from the dual role of the researcher, informed consent procedures, confidentiality, and researcher-participant relationships (Houghton et al., 2010). In my research study, I anticipated encountering issues such as a guardian or parent providing consent for a child against the child's wishes, accessing a refugee camp, delay of getting approvals, gender issues, power imbalance, and emotional affection.

A guardian may accept that a child may participate in the research study, but this poses an ethical issue if the child is not willing to participate. I did not force anyone to participate. In one case consent was given from parent but the teenager did not accept to participate. In this case, I informed the participant that she did not have to participate.

As the research process involved recording interviews, I planned to take notes manually if a participant did not want to be recorded, but I did not encounter such an issue. Even so, this illustrated that in every aspect of the study participation was voluntary and participants had the right to autonomy. This is in line with the requirements of the Tri-Council policy statement, Article 3.10, that regulates involving in a research study children or people whose decision-making capacity is in the process of development. An investigator has an obligation to ascertain the wishes of those individuals with respect to participation (Canadian Institutes of Health

Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014).

Accessing refugee camps is not difficult although there are several layers to be navigated. The camps are often overcrowded and those managing the camps allow inside only camp dwellers and camp staff; thus, I anticipated that several approvals from Kigeme camp authorities would be required. The request for permission to conduct the research study in the Kigeme refugee camp took three weeks. It was one permission required from the MINEMA.

I valued reciprocity as the right way to facilitate getting into the refugee camp. Baumbusch (2010) discusses how she managed to get into the field by considering reciprocity as the starting point. She sent an invitation to local Directors of Care by email, and then chose the sites of the management who responded to her email. She believed that this was a positive sign of collaboration and support from leaders for the research study. This strategy was applied in my study to select and get access to Kigeme refugee camp. At the start I thought of conducting my research in various countries where I could find Congolese refugees. I wrote emails to camp leaders. Some of them did not reply to my emails, others replied with resounding refusal. I went to the country that welcomed me. However, I was introduced to the camp by a person who works there. First, I participated as an observer and then, after getting authorization from MINEMA, I was introduced as a student doing a research study.

Before accessing the refugee camp, all required approvals were sought. The process to get ethical approvals took time; I needed an approval from the University of Alberta Ethics Committee, and permission from the ministry in charge of emergency and refugee (MINEMA, the former MIDMAR). In addition, I was required to present the authorization from the ministry to the camp leaders in order to collect data.

Though it was not difficult to obtain assent and consent, the issue was to get permission in a timely manner. All requirements had to be in place as I was conducting research on a sensitive topic. I anticipated that while conducting interviews on a sensitive topic, the participants may have emotional recall of experiences such as a rape incident. I arranged access to the health post for referral purposes before data collection started.

A relationship between the researcher and participants is a crucial step for a researcher. In this relationship, the researcher is concerned with how the power imbalance between the two parties is managed, and how a relationship is formed and managed. The relationship may affect a research participant emotionally, personally, and psychologically (Houghton et al., 2010). From an African viewpoint, it is sometimes believed that women hold less powerful positions in society compared to their male counterparts (Boon, 2009). In a patriarchal society, I anticipated having gender issues; thinking that some female participants may not be willing to give information to a male researcher. I planned to employ a female research assistant during data collection. The female research assistant was a nurse by profession.

Every research study must be perceived as an arena that reflects the power difference between the researcher and the researched (Ben-Ari & Enosh, 2013). Ben-Ari and Enosh (2013) question a power imbalance if it causes harm to a client or research participant. In this study, power imbalance was dealt with by creating a space for information exchange as opposed to an interview.

Besides researcher-participant power imbalance, I thought to encounter another impediment which is system power. Systemic power imbalances or inequities create room for exploitation. Child sexual exploitation is attributed to misuse or abuse of power among people who hold it. Within refugee camps, acts of sexual exploitation are attributed to various categories

of perpetrators that include community leaders, teachers, healthcare providers, humanitarian workers, and peacekeepers (Ferris, 2007). For instance, some humanitarian workers may supply relief stuff and food for sexual favours; a teacher may give a better grade to a refugee girl student/pupil in exchange for sex; healthcare providers may provide medical service or give medicines in return for sex. Sadly, most of the perpetrators are not charged for acts of sexual exploitation (Ferris, 2007).

Power disparities are ubiquitous at all levels (Ferris, 2007). It can be difficult to break the power when the dominant people or oppressors are the ones required to relinquish it. This is linked to the critical ethnography method that I used during my research study. Its main objective is to challenge power imbalance and strive for liberation because a researcher tends to speak on behalf of the research participants, and this may lead to societal change (Madison, 2012). The societal change may occur as a result of increased awareness of unseen phenomena (Hair & Clark, 2003).

Critical ethnography research method involves ethical considerations as it is expected that, by nature, critical ethnography conversations or interviews invite disclosure (Borbasi, Jackson, & Wilkies, 2005). I prepared to deal with and respond to disclosures therapeutically as necessary, depending on the kind of disclosure which could awaken mental discomfort. Before data collection, as I mentioned earlier, I contacted the health post so that any case that could have arisen could be referred in a timely manner. No cases were referred to the health post.

My research study can be classified as an international study because research participants are Congolese, I am Rwandan, and the research took place in the Republic of Rwanda. In her research study, *Dilemmas in international research and the value of practical wisdom*, Jarvis (2016) posits ethical dilemmas ranging from unanticipated consequences of the

research design, conflicts between stakeholders, and inevitable clashes in ethical principles which all invite application of phronesis. Phronesis is the right way to do the right thing in a particular situation (Kinsella & Pitman, 2012). Cultural difference in the interpretation of confidentiality and consent is a case in point.

Some cultures may not favour total confidentiality; this is a reason why researchers need to reserve a room and apply phronesis (Jarvis, 2016). Jarvis (2016) had difficulty interviewing a woman because it was impossible to interview her without the presence of her husband. This case demonstrates how the confidentiality principle can be jeopardized. In addition, the participants could not withdraw from the study because, in the research participants' culture, withdrawal means disrespect.

Jarvis (2016) documents a systematic way to deal with dilemmas by supporting phronesis. The elements include recognizing the moral dimension; ascertaining the interested parties and their relationships; identifying involved values; weighing the benefits and the burdens; looking for analogous cases; discussing the issue with relevant others, like supervisory committee; asking yourself if the decision is in accord with legal and organizational rules; and making sure that you are comfortable with the decision you take (Jarvis, 2016). Phronesis was applied to my research study just at the beginning of the field observation. The access to enter the Kigeme refugee camp was negotiated prior to arrival in the field. It was a UNHCR agent who agreed to help me in accessing the camp. However, at that time she was not available to provide me with support. I used the support of a community health coordinator who introduced me to the camp community.

Conclusion

In this chapter, I discussed the theoretical framework and the design of critical ethnography that were used to explore the culture of teenage pregnancy in a refugee camp in Rwanda. Critical ethnography begins with an ethical responsibility to address processes of injustice or unfairness within a particular lived domain (Madison, 2005, 2012; Rudkin, 2002). Ethical issues in critical ethnography include, but are not limited to, negotiating how to access participants and the communities in which they live, deciding how long to stay in the field, and learning how to interact with the participants respectfully and ethically. Researchers are required to be open and transparent about gathering data; ensuring no harm, preserving dignity, and ensuring privacy (Madison, 2005). In my research of interest, request for accessing participants in the camps was addressed to the ministry of emergency management and refugees (MINEMA). A MINEMA representative and I negotiated the easiest way to meet with research participants. Data collection for critical ethnography inquiry takes a long time. I spent an extended time (four months) with participants to understand the cultural context.

Chapter Four: Findings

This chapter presents the findings of the research study I conducted in Rwanda to explore the culture of teenage pregnancy in the Kigeme refugee camp. This chapter includes demographic information, and findings grouped into six themes. Theme one addresses factors contributing to teenage pregnancy in the refugee camp (monetary funding sparsity or economic reasons; lack of supplies and appropriate health services; overcrowding of housing and the neighbourhood; intermeddling of authorities; and lack of education about sexual and reproductive health). Theme two focuses on the effect of pregnancy on teenagers, their parents, and the community. Theme three describes culture as a determinant of teenage pregnancy (beliefs, knowledge, ideas, habits, customs, behaviours or attitudes, and norms as related to teenage pregnancy), while theme four describes the social determinants of health as factors to consider in the teenage pregnancy phenomenon. Other entities that intersect with teenage pregnancy (power and oppression, inequality, and gender) are described in theme five, and theme six presents suggestions for improving the lives of teenagers, parents, and the refugee community in general (parents, teenagers, NGOs, healthcare providers, and camp leaders' perspectives).

For confidentiality purposes, participants were assigned numbers and codes for identification instead of using their names or pseudo-names. The codes are as follow:

P = Participant,

PT = Pregnant Teenager,

TM = Teenage Mother,

CL = Camp Leader,

PNPT = Parents of Non-Pregnant Teenagers,

PPT TM = Parents of Pregnant Teenagers and Teenage Mothers,

TBG = Teenage Boys and Girls,

CW HP = Community Workers and Health Professionals, and

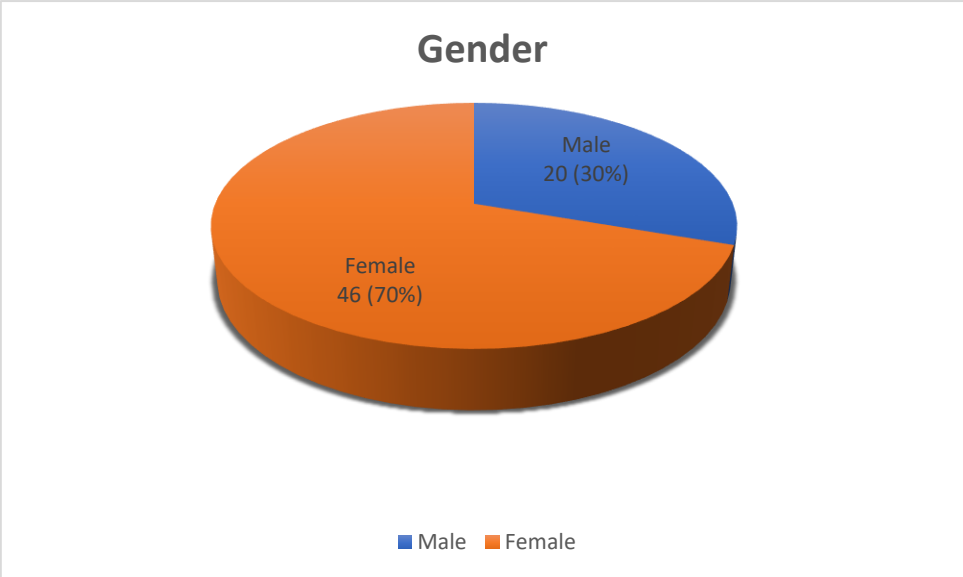
NGOs = Non-Governmental Organizations.

Demographic Information

Demographic information is divided into three parts: gender of all research participants; pregnant teenagers and teenage mothers; and other research participants (Figure 3).

Figure 3

Gender of Research Participants



The total number of research participants was 66. The majority of participants were female, 70% (n=46) versus male, 30% (n=20).

Table 3

Demographic data of Pregnant Teenagers and Teenage Mothers

Characteristics	**Number (n)**	**Percentage**
Pregnant teenagers	6	25%
Teenage mothers	18	75%
Age (in years) ≥14 - ≤ 20	24	100%
Schooling and pregnancy: Continued schooling or not during and after pregnancy	24	100/100
Continued schooling	2	8.3%
Discontinued schooling	21	87.5%
Never attended class	1	4.2%
Schooling and pregnancy: Level of education before becoming pregnant	23	100/100
Pregnancy when they were in primary school	5	21.7%
Pregnancy when they were in high school-ordinary level	17	74.0%
Pregnancy when they were in high school-advanced level	1	4.3%
The age difference between pregnant teenagers and teenage mothers and their male partners (range in years) 0 - 5	14	58.3%
6 - 10	5	20.8%
11-15	0	0%
16 - 20	1	4.2%
21 - 25	1	4.2%
26 - 30	0	0%
31 - 35	0	0%
36 - 40	0	0%
41 - 45	0	0%
46 - 50	1	4.2%
Not known	2	8.3%

Twenty-four participants were pregnant teenagers or teenage mothers, ranging in age from 15 to 18 years. Pregnant teenagers presented 25% (n=6) of this group and teenage mothers presented 75% (n=18). Most pregnant teenagers and teenage mothers dropped out of schooling at 87.5% (n=21), with the highest proportion, 74.3% (n=17), in high school at the ordinary level. Moreover, 21.7% (n=5) dropped out of school when they were in elementary school. Only one of the participants did not ever attend school.

The age difference between teenage mothers and pregnant teenagers, and their partners was between 0 to 5 years, 58.3% (n=14), with the male partner being older. Only one of the males was more than 50 years older than the female partner.

Table 4

Other Categories of Research Participants

Characteristics		Number (n) 42	%
Age (Range in years)	≥14 - ≤ 20	6	14.3%
	21 - 30	11	26.2%
	31 - 40	12	28.6%
	41 - 50	9	21.4%
	≥ 51	4	9.5%
Employed		14	33%
Unemployed		28	67%
Non-pregnant girls		3	7%
Teenage boys		3	7%
Non-governmental organization representatives		7	17%
Camp leaders		8	19%
Health professionals		3	7%
Community health workers		3	7%
Parents with teenagers (not pregnant)		8	19%
Parents who have pregnant teenagers or daughters who are teenage mothers		7	17%

Besides teenage mothers and pregnant teenagers, 42 research participants were in other categories including non-pregnant teenage girls, teenage boys, non-governmental organization representatives, camp leaders, health professionals, community health workers, parents of non-pregnant teenagers, and parents of pregnant teenagers and teenage mothers. This group (other categories of research participants) participated in focus group discussions. Most of the research participants in this group were unemployed at the time, 67% (n=28).

Themes that Emerged from the Collected Data

Theme one: Factors contributing to teenage pregnancy in the refugee camp. Factors identified by participants as contributing to teenage pregnancy in the refugee camp include

monetary funding sparsity or economic reasons, a lack of supplies and appropriate health services, overcrowding of housing and the neighbourhood, intermeddling of authorities, and lack of education related to sexual and reproductive health.

***Monetary funding sparsity or economic reasons*.** Research participants pointed out that teenage pregnancies are positively connected to economic survival. Parents are financially supported by non-governmental organizations and, at approximately CAD$11 (RWF7600) per month, the support is insufficient for economic survival. This allowance is for food and to support one person for an entire month. Parents have no means of earning additional funds, and are unable to address the needs of their families.

Teenagers want to be and look like their peers, dress well, and eat well, and are often lured by financial incentives to buy necessities for their families, and luxuries, such as smart phones, for themselves. The desire to have the same things as others, in combination with limited funds from non-governmental organization operation, contributes significantly to teenagers engaging in sexual activities for financial and other incentives, and consequently to teenage pregnancies. During focus group interviews with parents of non-pregnant teenagers, a parent reported:

> As their parents do not have means, we do not have means, sometimes you do not have what a child asks you. When you do not have it, those who give it to her take her in prostitution I can say, because that, your responsibility as a parent, is not fulfilled. (P25 PNPT)

A teenage mother added:

> When I look, I see that the main cause of teenage pregnancies is poverty. Because you cannot ask your mother for shoes, well, people in the camp feel like when they ask for

> something they must get it, perhaps you ask her, shoes and she says: "'Do not shout at me', me too I do not have money I am crying for food and now you are asking for shoes!" Then, when she [the teenager] find a boy [man] who can buy for her the shoes, she gets excited and go with him. (P2 TM)

Teenagers who participated in this study, often opt to engage in sexual activities to address their needs for items they like, such as nice shoes, smartphones, and fashionable clothes.

> …because, well, when you do not study, you do not have employment. You develop lust things for others, you understand, you see a girl wearing nice trousers and I think that I must have it but I do not have [a] job, I am not a student, I am not what, you understand, that may cause me to do prostitution to get those things you have, good things which I do not have, in order to get them I can prostitute for money to have those nice trousers and nice shoe… me too I must get those things that person has, like clothes, me too to get well clothed, to get there I may go for prostitution, that is how you see girls in this camp like to give birth. (P8 TM)

Another teenage mother shared that it is easy to get involved in prostitution when there is an opportunity to address their needs. She elaborated:

> …when you do not go to school, on vacation or at weekends, and if someone comes and asks, "Let sleep together [have sex], I will give you money," and when you think about the fact that you do not have shoes, you accept. (P12 TM)

Teenagers also described traveling to other places for prostitution. Sometimes they go to the neighbouring towns, or go to the capital city, as well as the borders of the country. A participant said "Yes, there are some who go to Cyangugu *[Ouest Province]* to sell their bodies" (P18 TM).

Within this limited funding situation, teenagers are stressed about where to get clothes, body lotion, or other luxuries that are unaffordable within the allowances their families receive. Financial survival is a major concern. A teenage mother explained:

> ...I saw and said, "where will I get shoe from, where will I get a skirt to wear from, where my mom will get kitenge [a kind of sarong] from? I saw that it was not possible, then I wondered, to take some [money] for food, some for clothes, then I saw that man, we love each other, after loving each other, he bought me that shoe, he bought me those skirts, he brought me everything nice like that. When I did not have body lotion I told him I do not have body lotion, immediately he brought it to me, that is how it happened to get pregnancy for this child. (P20 TM)

***Lack of supplies and appropriate health services*.** Kigeme refugee camp has one health post located in the camp, specifically in site B, that serves all the refugees living in the camp. The health post offers comprehensive health services, including preventive, curative, and health promotion services for refugees in the camp free of charge.

Preventive care encompasses the prevention of unwanted pregnancies, including education about sexual and reproductive health, and providing sexual and reproductive products, such as condoms. The use of barrier methods to prevent pregnancy, and particularly the use of condoms, was a subject discussed during the interviews. Health care personnel in collaboration with community health workers are responsible for making barrier contraceptives as a family planning method available to the public, in this case the refugees. Accessibility of sexual reproductive services and products is problematic, however.

During interviews, some participants mentioned that community workers place condoms in the bathrooms to make them accessible to the public. They believed that condoms are available

in the camp but are not visible. Many people reported that condoms are supposed to be in the bathrooms, but often cannot be found there. My observation is similar to the information given by participants. A teenage mother shared:

> Condoms exist but no one knows where they are…they are not available, they are not, I do not know where they are…community health workers have them but you cannot know where they put them [condoms] if they put them [condoms] in their houses and when people come to get them from there I do not know. (P6 TM)

Another teenage mother said:

> Before, I used to see they [community health workers] put them [condoms]in some places and they put a note, 'Use of condom', then they put them there, but now I do not know if they [condoms] are available, honestly, I do not know! No, me, I do not know. What I know is that they are available in markets in abundance. (P2 TM)

Although condoms are not available in toilets, you may see young children with condoms in the playground. These children use condoms for making soccer balls. One participant shared:

> Well, there are toilets where you put it [condom] in and un-behaving children take it off, take it off…when you do not find it there, you come here and tell them [to the health post] then they give you another one [condom]. (P28 CW HP)

Overcrowding of the housing and neighbourhood. Research participants identified housing as one factor contributing to teenage pregnancies in the refugee camp. During my observation, I toured the camp and visited refugees' houses. Houses in the camp are insufficient for a large family, with only one small bedroom and a living room. Houses are close to one another with no free space around them. Due to the small size of the houses in the camp, children roam to houses where the family size is not large. Some parents send their children to roam in order to have

privacy for their own sexual intimacy. A non-governmental organization representative in a focus group discussion stated:

> Another thing I can add, look how the camp is: you see houses are small. Children and their parents live together; when a child is old she can hear what the parents are doing and it can trigger her, they can cause her to have such problems. If a house is accommodating ten people what parents are doing for sure children may hear them. (P29 NGOs)

A participant from the camp leaders' focus group added:

> ...and the way we dwell contributes in it a lot because, like, a family or families with large family size, you see that you have a small house, as our houses are for the same size. With a small house, a parent can say, "Let me take my child to that person for roaming." In that time, she may encounter a problem for getting pregnant in a way the parent does not wish or she does not wish too because of those small houses that do not fit us. (P30 CL)

Dense population, overcrowding, and living closely in small spaces, leaves refugee teenagers with little space, and little to do. When not at school, teens have no place to go. A participant in the NGOs' representative focus group discussion said, "Most of the times, the thing I see here in this camp as a cause of teenage pregnancies, it is like people who live together, close one to another … being together…all of them are together" (P29a NGOs).

A pregnant teenager explained how crowding is a factor contributing to teenage pregnancies. She said, "It [pregnancy rate] is higher here in the camp than where we came from, we did not dwell close to one another, or crowded place like here in the camp" (P1 PT).

Another participant in the focus group had the same view on crowding and living close together:

> Me too, I will not go far away from what my colleague says; people are together in one place in the same quarter, they are always together nothing to keep them busy, teenagers are always together, playing together. It is not surprising to have boys fooling girls and they take them into prostitution. It is very easy because they are always together, they are at the same place. (P29b NGOs)

***Intermeddling of authorities*.** Some participants attributed the high teenage pregnancy rate to the actions of the authorities. In the Congolese culture, disciplining a child is a community responsibility and respect for elders is important. Every adult in the Congolese society is expected to discipline children when they are misbehaving. Parents used to take a wood baton and beat the children or slap them as a way to discipline children when they misbehave. Because of regulations imposed by authorities, this is not the case in Kigeme refugee camp.

Participants reported that parents are not allowed to discipline their children. Police officers get involved when parents physically discipline their children. The police often arrest and incarcerate parents who physically discipline their children. In the participants' view, the authorities are advocating for the rights of children, but in so doing they undermine parents' rights to discipline their children. One of the participants summed it up:

> …it means that you do not have freedom so that you can have the power to correct someone. It is lacking the power… if you say, "let me correct her [his daughter]" in a gentle way, authorities stand. Now you cannot, as you cannot point your finger at a gorilla here in Rwanda, the same way a child, no one dares to point a finger at them. When your wife and you try together to correct your children, they descend and they say,

> parents always go somewhere, we do not have shoes, we do not have this, they always get drunk; that case directly becomes your tag. …instead of listening to what you are saying as a parent, they listen to what children say; more attention is given to girls, yes. That is the case here, well, it is the challenge we have…. (P27a PPT TM)

Although parents used to discipline children with physical force, they combined it with discussing alternative acceptable behaviours. In the refugee camp, talking to their children about their behaviour is the only form of discipline that is acceptable and allowed by the camp authorities. Children, however, do not listen to their parents; consequently, parents felt that their parenting power is undermined. Another participant affirmed that: "Yes. There is something happened for talking about children in the family way. They are numerous, they are numerous enough and the same as how he *[another participant]* said they get power from our authorities. Very sure" (P27PPT TM).

A pregnant teenager agreed that disciplining is necessary. She said:

> …can you raise a child without beating him/her, then you think that you are nurturing them! When a child did something wrong, you have to tell her/him, do not do such thing again. If she/he, for instance, gets home at 11:00 PM, a 12 years old child, she/he gets home the same hour, three times, four times, well, if you are a parent do you think you can leave her/him alone without beating her/him? (P23 PT)

Parents were also concerned with how supplies are given to some of the pregnant teenagers and teenage mothers. Some parents of pregnant teenagers and teenage mothers related how their children receive goods like baskets, clothes for a coming baby, and kitenge (a kind of sarong) from NGOs. Parents related that it would be helpful if those supplies were handed to parents to offer to their children, and somehow include them in the process of giving such supplies. They

preferred instead that the support be given to orphans, who do not have parents, as they believed that giving free supplies directly to the teenagers negatively influences their children's behaviour towards their parents. Participants felt that if parents had the means to support all their children's needs, it could help to change the attitude of their children towards the parents. It was important that parents be included in what is supplied to their children, pregnant teenagers and teenage mothers, but also to allow them the authority to discipline. One participant from the parents of pregnant teenagers and teenage mothers group commented, "Truly, here we do not have the rights" (P27PPT TM)!

Another added:

> ….I think there is a contribution from [name of authorities]. Because, they put kitenges in a room and call everyone, pregnant teenagers, teenage mothers to come to collect those kitenges. You forbid your daughter to have a pregnancy, you discourage her, when others call her to collect gifts. After looking at those gifts, what do you think she can respect you for? …when they say to teenage girls, give birth, come here we will give you support! It seems like they are orphans, those [orphans] need people to support them because they do not have any person to lean on. …that thing is against us [name of authorities] have a contribution to getting pregnancy for teenagers. …They [authorities] say, "you do not care for your children, you do not do what and what, a child gets pregnant." But, when you look at it, when you apply it to your responsibilities as a parent, and when you remember that you will wear those handcuffs when you try to have a voice to speak to your children you find that it is not possible. … you do not have a place to correct her, …if she brought one [child], tomorrow she will bring another one. (P27PPT TM)

A pregnant teenager stated that parents who physically discipline their children are punished by imprisonment, but she is not sure what other forms of disciplining will work if the children do not listen to their parents. She said:

> …yes, they imprison you, saying that he/she did violation, he/she violated rights for the child, well, he/she should have been correcting her by talking to her. So, if you talk to her first time, a second time and she refuses, what can you do…? (P23PT)

The parents expected support from authorities to nurture their children in the refugee camp, but they experienced the opposite. For instance, a participant in the focus group with parents of pregnant teenagers and teenage mothers said, "Instead of helping us to discipline, they help us to understand that it is the rights for a child" (P27PPT TM).

A pregnant teenager after observing the relationship between a child and their parents, concluded that no one can love or have pity for children as their parents do. She described it as "[Name of authority] should have those responsibilities after a parent because you cannot have pity greater than for a mother or a father to his/her child" (P23 PT).

Lacking education about sexual and reproductive health. Research participants highlighted educational factors as contributing to teenage pregnancies. Limited understanding of reproductive health information from their parents as well as from the community, combined with little personal and social guidance, contributed to teens making poor choices regarding sexual activity. A participant said, "I do not know where they get advice from. Like, those you see during nights in the road, going out, taking tickets to [name of town], they did not get advice" (P15TM).

Participants reported that education related to sexual and reproductive health takes place in various places such as the health post, playgrounds, and in the community. A participant who

had not received sexual and reproductive health education shared, “Except if there is a visitor who comes, in normal life, no one, no where they [youth] get educated. ….perhaps, I do not know, I do not see someone who comes in our area to educate youth” (P23 PT).

A participant in the community workers and health personnel group reinforced the lack of education about sexual and reproductive health:

> Regarding lacking knowledge, it means, they do not know about sexual and reproductive health; its consequences. They do it [having sex] as they are children, they do it thinking that they are resolving their problems, but they do not know exactly the consequences. (P28 CWHP)

Another participant in the same group added, “For me, what I see as the cause of teenage pregnancy, first it is because of lacking knowledge and negligence, I can say like that…” (P28 CWHP).

When I asked if parents educate their children about sexual and reproductive health, a pregnant teenager answered by saying, “..no, they [parents] do not educate us except if in other houses [they] educate their children but for us, mom does not talk about it [sexual and reproductive health]” (P23 PT).

Some parents agreed that a lack of education may exist. After all, they do not spend sufficient time with their children because they (the children) are rarely at home. A parent elaborated:

> …in the past, a child obeyed every parent; now, he/she sees you when you call him/her, he/she thinks that you are going to tell them other things, he/she passes by you and spits down and leaves on. As you cannot see him/her doing the wrong thing and correct him/her because their parents do not beat them too. This means that you cannot say that there is a time to talk with children, such time truly does not exist. Because a person that

> you will not blame, even anyone you cannot tell, "child, this thing is bad", you cannot give him/her a conversation or advice. … A child who gets home at 11:00 PM when I am already in bed, when can I have a conversation with him/her? Who will accept my advice will go to school and he/she will show me that he/she is at school. In the afternoon, he/she will say, "I am going to school, I do not have time now." … How will you talk to a child who is not at home at 7:00 PM? (P27PPT TM)

Some participants attributed the lack of education about sexual and reproductive health to the culture where they came from, but others acknowledged that they do educate their children. A participant in the camp leader focus group said:

> …looking to the culture, you see this life in which we live. It means, a parent takes time to teach their children; there are few parents who like to do it. Truly, if a parent can sit and tell his/her children this and that, in past there were taboos, it was rare to see parents sitting with his/her teenage girl and tell her about her private part, to tell her about what is forbidden or not. A child used to get such information to their aunt. Now the responsibility is in the hands of a guardian. Till now, they [parents] do not have such culture to sit with a child and tell. It is not all of them, some who tell their children about their private parts —but that culture is still at low level…. (P30 CL)

Some teen age participants shared that exposure to sexual and reproductive health education would have prevented them from becoming pregnant. A teenage mother elucidated, "If I had a chance to have advice before, I shouldn't have the pregnancy…well, I did not receive any advice" (P14 TM).

Another participant said:

> Another thing I can say that is the basis of teenage pregnancy, I can say the culture is one of the things that contribute to teenage pregnancy. In which way? In a way that parents do not have the capacity or to have time to contribute by providing information regarding sexual and reproductive health on time. Then, if a girl does not have enough information or not having information as early as possible, she can try to know it by experimenting. Consequently, the girl can get pregnant. (P30 CL)

Theme two: Culture as a determinant of teenage pregnancy in the refugee camp. Culture encompasses the characteristic features of everyday life of a particular group of people, such as food, clothing, beliefs, knowledge, ideas, habits, customs, religion, behaviours or attitudes, and norms. In this theme, I present culture as beliefs among Congolese people regarding teenage pregnancy, habits as depicted in a Congolese refugee camp, behaviours and attitudes of the community in the Kigeme refugee camp, and norms and customs in the Congolese community.

***Beliefs among Congolese people regarding teenage pregnancy*.** Congolese parents prefer their daughters to stay celibate and not experience a pregnancy prior to marriage. A quality life for a Congolese teenager does not includes pregnancy. Participants reported that teenage pregnancy is not common in the Congolese culture. Teenagers should have this time to learn to be confident in themselves, and Congolese parents have high expectations for their daughters. Girls bring pride to the family when they are celibate, and without a child at the time that they marry. Honouring the family and the country occurs by staying not pregnant. This kind of life allows the girl to pursue studies to achieve her dreams.

When a child gets pregnant, the pride disappears, mistrust develops, and parents no longer see the value of their daughter. One teenage mother acknowledged:

> ...well, before I get pregnant, I had a better life, you know, when someone is at school, she gives herself the respect/pride and the respect/honor of the country. Also, she gives respect/honour to her family. When you study, you are moving to better life. Everything you do prospers.... (P5TM)

A parent of a non-pregnant teenager elaborated:

> ...you think the time and days you, the parent, you think how you raised her, you try all possible means so that she can live, then you say, "really you disappoint me, you make me lose the value among other parents! " Um, well, the thing you were expecting from her is not there. (P25b PNPT)

Within the Congolese culture, a child is considered a valuable asset or fortune. Parents believe that children will support them in old age and, consequently, give birth to many children. Parents are severely affected by anything that interferes with the life of their "fortune". One parent epitomized it as follows:

> When you have your children, you say this, for instance, "let me talk about myself." I use to use this word, I say to them, "you are my silos," yes, I tell them like that! Like, "you are my silos." Among the eight silos that I have, at least one will burst and then I will become a strong person…When a silo bursts it means that you have the harvest. The harvest is in abundance, you reap too much. You understand now! Well, you tell them, you create in them hope, and you say: "it's you, my silos." Even though you cannot make me rich, you can be an important person by yourself. (P25b PNPT)

***Knowledge and ideas about sexual and reproductive health*.** Sexual and reproductive health issues are taboo topics for discussion in the Congolese culture. Even if parents are up to the task of discussing reproductive health issues with their children, they often do not have time.

A participant in the parents of pregnant teenagers and teenage mothers group said:

> This means that you cannot say that there is a time to talk with children, such time truly does not exist. Because a person that you will not blame, even anyone you cannot tell, "child this thing is bad," you cannot give him/her a conversation or advice…. (P27PPT TM)

A participant from the non-governmental organization group mentioned that it is a serious concern that talking about sexual and reproductive health is a taboo topic in the Congolese culture. He said:

> Well, you see that most of those who teach concentrate themselves on teenagers but there is no contribution from parents because of their culture; parents are afraid about the topic, they do not teach teenagers about reproductive health and that is a big problem. (P29 NGOs)

Health care professionals are expected to provide sexual and reproductive health services to teenagers at the health post; however, teenagers' attendance rate is low. Teenagers, therefore, lack important information on sexual and reproductive health and how to prevent pregnancy. One health care provider contributed by saying:

> …beside their parents, even us, when they [teenagers] come here we teach them, we tell them that, "there, here, where the pregnancy pass through to get in you, it is the same way HIV/AIDS uses to get in you and other sexually transmitted diseases, or other curable sexually transmitted diseases but HIV/AIDS is incurable." Yes, we explain the risks to them… "when you need to ask, you have the freedom to ask the health care provider [name]"…every health care provider can provide sexual and reproductive health information to a teenager who seeks for information. (P28 CWHP)

When I inquired why the health care providers' efforts to educate teenagers were not reflected in the knowledge of teenagers, the same person answered, "Well, they do not come, that is the problem; they do not come...it is what I called negligence, they do not come" (P28CWHP).

Behaviours and attitudes of the Congolese community in the Kigeme refugee camp. Participants affirmed that teenage pregnancy happens in the camp, but that it did not exist in their culture back home. One teenage mother shared her views on teenage pregnancy in the camp: "…it's things that happen here. In Congo, they are not used to give birth when they are children, but see, like us, we gave birth when we were 14. In that case, it is not acceptable" (P5 TM).

A woman from the parents of non-pregnant teenagers group affirmed that teenage pregnancy is not common in the Congolese culture. She explained that Congolese girls are supposed to protect their virginity until they get married, but that in the camp they do not care. She said:

> …truly, we did not know about those things. A girl used to get appreciated by a man, she waited for the introduction of dowry, after dowry she kept her virginity till they will get married. That is what I know. But, those things they say in nowadays, I heard that some go to give advance when he is interested in you for marriage: you go there and you give him advance. We do not know about it; we are learning it from here. Yes, It's true. (P25 PNPT)

Teenagers are fully aware of their parents' expectations related to celibacy before wedlock. In the camps, however, connections with other young people, and feelings experienced when "youth love each other" mitigate their adherence to parental expectations. This, combined with a lack of knowledge about sexual and reproductive health, and pregnancy prevention, inevitably

results in increased teen pregnancy rates. Although teenage pregnancy is not common in the Congolese culture, it is a frequent occurrence in Congolese refugee populations.

Some participants encouraged people not to turn a blind eye to the fact that their teenage daughter may be sexually active, and that, even though it is not to be encouraged, teenagers do have sex. Sexual activity among teenagers was perceived to be so common place, in fact, that some participants believed that there were no virgin girls in the camp. One teenage mother said, "Here, who [girl] does not yet give birth, no virgin exists in this camp…virgin girls in this camp! No, no one" (P8TM)!

Teenage refugee girls in general were depicted in a negative light:

> …in average in all refugee camps, you find that girls are not easy people, you find them mingling in streets around 8:00 PM. If they do not abort pregnancies, children may be numerous in the camp, yes, they abort pregnancies. (P3 TM)

Teenage girls' attitudes toward their pregnancies were also at odds with usual Congolese culture where a teenager would hide a pregnancy from her parents, sometimes even fleeing from her parents' house so as not to suffer the consequences of parental disapproval. This changed when they arrived at the camp. In the refugee camp, pregnant teenagers freely and openly show their pregnancy. A teenage mother explained it as follows:

> …well, when you get pregnant first thing to do is reveal it because we are no longer in Congo. In Congo, it is where they used to have those pregnancies, they [teenagers] felt that their parents would ill-treat them, chase them out the house, beat them, treat them badly. When you get pregnant here in this camp you reveal it to…. (P19TM)

Participants observed that teenagers get involved in sexual activities and prostitution in the camp as a result of decreased connection to their traditional cultural values, as well as having

nothing productive to do. A woman of the parent group of pregnant teenagers and teenage mothers said:

> …but here, a child wakes up in the morning washing their body without going to fetch water as water is not far. When they get home from school, no going to harvest sweet potatoes, no making mat, no need to go to help her mother to sow the ground because [there is] no ground to sow. The consequence of not having something to do, they pursue prostitution because they have enough time. (P27 PPT TM)

While participants agreed that teenage pregnancy is not a common occurrence in the Congo, it became clear that, in Congolese culture, teen marriage is the norm. A pregnant teenager exemplified this by saying:

> …based on where I lived, in Congo, they [teenagers] do not get pregnant when they are adolescents, but they get married when they are too young. But, here, no means for getting married, so, I see that here is where they get pregnant when they are children. (P7 PT)

A teenage mother said:

> In our culture, when you feel that you need to get married, you go for it…you by yourself. No one pushes you. When you feel that you need a husband, you go for him even though you may be 15 or 10ish, which is your business. (P15 TM)

With no prescribed marriage age, a teenager can get married at any age. Congolese do not relate getting married to adulthood; they believe that adulthood is a state of mind. Depending on the mind of a teenager, if she thinks that she is an adult she can get married irrespective of her age. A participant from the community workers and health care professional group emphasized this view by saying, "…like Congolese, when she is 16 or 17, she feels that she is an adult. Most

of the times in Congo, a girl gets married when she is 15, she feels that she is adult enough" (P28 CW HP).

I was curious to find out why girls in the Congolese community marry at any age, either in adulthood or at an earlier age. A teenage mother replied that it is the norm to get married at an early age. She shared: "Yes, it is like a rule because there in Congo you cannot expect to have a husband when you are 20. They cannot accept you, you are already lost your value! ...yes, you have to get married early" (P20 TM).

Participants also brought observations indicating that life in a refugee camp was disruptive to usual cultural practices and values related to marriage and the family. Within the Congolese culture, a wife may or may not work and earn money, but it is an expectation that she will respect her husband. The husband is also expected to treat his wife well and may be imprisoned if he does not. A participant said:

> Well, any age above 18 a girl can get married. But a husband is not allowed to ill-treat [kuguhagika] you, if so, he ends up in jail…yes to mistreat you, to harass you, to insult you, in that case they [authorities] imprison him. (P5 TM)

A husband is the head of the family in the Congolese culture. To be the head of the family usually portrays the breadwinner, however, in the refugee camp, it is the women who receive the monthly allowances. This does not portray the image of a husband and breadwinner in the Congolese culture. To remain in the cultural context, a strong collaboration between husband and wife is needed; otherwise, there will be misunderstandings in the family. One participant said

> It means that, here in the camp, we do not have the same cultures. You find some families, husband lives peacefully with his wife. They [women] bring money, the wife, the wife shows

the money to the husband, she says, “see the money.” Then, after the husband sees the money, he may say to the wife, “go and buy groceries.” (P27 PNPT)

Theme three: Social Determinants of Health as factors to consider in the teenage pregnancy phenomenon. Within this theme, I discuss the social determinants of health as factors to consider in the teenage pregnancy phenomenon. The discussion focuses on economic stability, the physical environment, education, food, community and social context, and the health care system.

***Economic instability*.** Limited employment options for refugee camp residents, as well as inconsistent and grossly insufficient income to support family needs contribute to economic instability within the refugee population living in Kigeme refugee camp. Participant responses indicated that this is a significant contributing factor to teenage pregnancy rates, as boys and girls have little productive activity to fill their time. As well, some girls seek to supplement their families’ incomes through prostitution.

Research participants reported that little employment is available in the camp, contributing to boredom and feelings of uselessness. Temporary employment opportunities, such as assisting to build houses, toilets, a building for the health post, and other infrastructure, is usually reserved for adults. Teenagers may be able to find some small jobs when they are on breaks from school. A participant shared:

> …when they [teenagers] are not at school, like right now as building toilets in the camp is going on, they bring stones and give sand. They can be paid as well but only when they are in vacation season. From there, they can buy shoes that they may take at school…. (P17 TM)

Other employment opportunities include security guard at one of the three camp entrances, which is reserved for senior refugees, and maintaining hygiene at some (though not all) of the toilet facilities in the camp. Maintaining toilet hygiene requires providing access to tank water for the bathrooms and ensuring cleanliness. Both of these jobs are paid by the refugees themselves out of their monthly allowances. A participant elaborated, "…they [camp leaders]do not help us. When you receive mVISA [monthly allowance] you have to pay 300RWF, 200RWF for the people who ensure toilet hygiene and 100 RWF for security people…" (P5TM).

Refugees may search for employment outside the camp, but it is difficult to obtain employment without citizenship status. Some refugees undertake to gain police or military occupations to survive. These kinds of jobs are limited to citizens, but refugees often try to get appointed to those positions.

> …yes, they are... example, my old sister who gave birth while she is not married, the one I follow in my mother's birth, she is a military…well it happened as chance. She joined military in 2015. Yes. She was here in the camp when she realized that the life was threatening to her, she had a very young baby, as we have a young mother, in my family, I am the second-born child. My mother had a child who was almost at the same age of my sister's child. My sister left her child to my mother, at that time the child was eight months old. They went there to the cell, I do not know how they came to find paperwork that replace Identity Card (ID), she had a diploma, it is long time ago when they used paperwork that replaces ID, then they used it to take her…. (P15 TM)

Without employment, registered refugees are left with only the monthly allowance from UNHCR (7600 RWF or approximately CAD $11), and intermittent support from NGOs to provide for themselves and their families. Intermittent support is received once in three months,

and money for other household equipment is provided often only once a year. Non-registered refugees have even less income, as they receive food rations rather than the monthly allowance.

Those fortunate enough to have a second income, from employment or from a family member who has settled in a developed country, may have the means to pay the security and toilet charges, and to buy groceries and household materials. For everyone else, income is grossly insufficient for daily family needs.

Refugees in the camp live in permanent poverty. Parents do not and cannot meet the needs of their children. The concern of the parents is what to eat; other things, such as clothing, are accessory to them. To make their money stretch to the end of the month, families have to make hard choices, such as opting to eat just once a day.

Another strategy used to make the most of limited monetary resources is to give the women control of the allowance. While this seems to be successful in stretching scarce resources, it is contrary to Congolese culture, where the man is the head and breadwinner for the family. When wives manage the funds, some men feel devalued. As money is insufficient, finances is an area of conflict for many families.

> What they told you is true, for some. And those some, all of us here, we know about them. There is a family for five family members but I am not going to say their names, a husband and wife always fight. The reason for fighting is, the husband beats his wife saying, “you are stupid; if you are not a stupid, 60000 RWF that you receive, you are not supposed to be poor.” Or, “your food card kept now to [name of a person].” They fight. (P27 PPT TM)

Economic insecurity is furthered by a corrupt credit system that keeps refugee families constantly under a load of debt they can never hope to repay. Refugee allowances are paid using

cards (cash-based allowances) that are password secure. When the allowance does not cover expenses of the whole month, a wife may take her card to an agent who helps with money withdrawal or to a retailer who will provide her with money or food. Retailers keep record of the card password so that they can reimburse themselves for their service.

Alternatively, the retailer may give her money for up to three months in advance as long as the retailer gets to keep the card until the debt is repaid with interest. Instead of collecting CAD$11, the owner of the card collects around CAD$8 monthly; the difference is the interest of the retailer.

> …well, how I see things, there is no single time a refugee can be free from debt because the monthly allowance is not enough, you consume too much. You wonder, this allowance we receive, as I told you, comes when we have many things to cover with it. They consume groceries by credit, thinking that they will pay when allowance comes. Most of them, they do not have their cards, the cards are with agents who assist in withdrawing money. The agents give you some food and record everything. Normally, you exceed the allowance money because you have to pay interest to the agents. Here, give me money, when I will come for withdrawal you will take back you balance; how come can you be free from debt? (P26 TBG)

With such poor financial prospects, some refugees, especially those who live alone, single ones separated from their family by war, feel they have no choice but to return to their country of origin. Others, desperate for income, do sex work in exchange for money. Girls go to the capital city, Kigali, and other cities, such as Huye City, Nyamagabe City, and Cyangugu to seek work. Many come back pregnant.

Apart from the usual financial supports provided to refugees, a pregnant teenager or a teenage mother may receive other assistance, like a basket, clothes for her baby, and kitenge (similar to a sarong) from an NGO depending on the availability of donations. Not all teenage mothers and expectant mothers are fortunate to receive this small support.

Physical environment. Physical environment, including housing, transportation, geography, safety, parks, playgrounds, and walking areas, has a significant impact on health. The physical environment of Kigeme refugee camp is a factor in the social and health status of its inhabitants, and in sexual activity and pregnancy rates within the teenage refugee population.

Refugee houses consist of only one bedroom and one living room for a family, regardless of family size. Families are rarely able to add an extension because of lack of surrounding space, and no available financing. The cramped living quarters severely limit privacy, and the parents' ability for sexual intimacy. To overcome this, parents will encourage children to "roam", finding places to spend the night in other refugee homes, sometimes with the help of their parents, sometimes on their own. Outside of parents' control and supervision, children have few limitations and little guidance on what they do. Participants identified that housing issues may contribute to teenage pregnancies.

> Another thing, there is a short conversation I have had with few parents in the last days, they said that, they mentioned the issue of small houses. They said how the houses are small but the family size is large. Children who are somehow adults, they go to sleep to another house if in that house there are few people, small family size, and she may meet there. If there is a girl to whom she is going to spend a night with, perhaps that girl may have her brother and pregnancy may come from there as well. (P29 NGOs)

Physical safety is another health concern in the Kigeme camp. The site is divided by a busy main road that connects the capital city of Kigali to Cyangugu. While this improves accessibility to and from the camp, and facilitates travel to various parts of the camp, it also contributes to injury by accident as well as violent crime.

Road safety is not guaranteed as the road is busy at all times. Unattended children, aged as young as six or less, can be seen circulating throughout the camp over and around this road. As well, everyone who travels the road fears being robbed, particularly as they wait at the bus stop.

The busy road from the capital makes the camp accessible to many outsiders. As already noted, camp security is provided by and paid for by the refugees themselves, but anyone can enter the camp as long as they have a valid identifier.

Access to clean water is essential for a healthy environment; however, at Kigeme camp running water for household activities is not always available. Most of the time, camp residents run out of drinking and running water and are required to fetch water from an outside source. In one instance a person was killed as a consequence of running out of water. A teenage mother shared, "…we ran out of running water in the camp and they hit him at outside tap water and he died…" (P4TM). This highlights how the refugees may be exposed to unexpected tragic events.

While recreational facilities, such as sports fields and playgrounds are available in Kigeme camp, most of these activities are aimed at men and boys. Outside areas for football and combined volleyball and basketball are primarily used by males. From my observations, no teenage girls used the playing fields, though it would be possible to plan activities that girls would be more likely to participate in.

While the playing fields contribute to recreational activities for refugee youth, Participants shared that youth are seldom supervised by adults, and can keep young people away from the

guidance of their parents. Parents reported that they have little time with their children; this time is further limited when teenagers spend their time playing sports rather than helping parents in household activities. This reduces bonding with their children and the children may lack parents' education and control.

***Educational opportunities*.** Education as a social determinant of health consists of literacy, language, early childhood education, vocational training, and higher education. NGOs aim to increase the literacy rates of refugees. The Kigeme refugee camp has a pre-primary school, primary school, and secondary/high school. There are no school fees associated with attending the schools. There is neither a vocational training school nor a university.

Teenage pregnancies inhibit teenagers from pursuing education in the camp. When teenage mothers do continue their studies, they usually prefer vocational training rather than formal primary, secondary, or university education.

> …there are girls who give birth when they are in primary four and others in high school, ordinary level; the way they think impact their decision to pursue studies. Most of the times they worry that they will not finish their studies soon. Consequently, they drop out of schools but they say that if there is an opportunity for them to have vocational training they may accept to go there…. (P10 TM)

***Food insecurity-hunger and access to healthy food options*.** As previously noted, poverty in the Kigeme camp determines that a large proportion of refugees can eat just once a day, and lack of food is a long-term ongoing problem.

> …let me talk on my side; at home we eat once a day. Well, it is the same with others considering how life is here, except those who have supports from outside, perhaps those who have families in the United States of America, those eat twice a day. Some people

> who suffer from serious hunger and when you see them you feel compassion towards them…. (P2 TM)

Refugee diet includes beans, rice, and fufu (a dough-like dish from maize flour). It is uncommon for refugees to eat meat. Access to healthy food is not commonly available. Unable to provide their families with even the most basic necessities such as food, some parents exit the camp, leaving their hungry children to the NGOs who will provide food and support to abandoned children when they are notified of need.

The refugee allowance system also allows for imposition of outside control over how people choose to eat. For example, participants shared that meat products are very expensive, and eating meat is labeled a mismanagement of allowances and leads to suffering from hunger for many days in a month. Another case classified as mismanagement is to buy sorghum beer with yeast as it is assumed that this causes people to get drunk, and when they are drunk they may waste all their money in one day.

Social integration and community supports for teenage mothers and expectant mothers. As expressed by participants, when a refugee girl gets pregnant, every parent in the camp tends to feel as if the pregnant teenager is his/her daughter. While this is not likely to be true in every instance, it does show how refugee community members care about one another. The pregnant teenagers and teenage mothers receive support primarily from their parents who do not reject them but instead encourage their daughter to seek medical attention.

Support may also come from the baby's father; however, because it is illegal to have a sexual relationship with a minor, the father may run away to avoid prosecution, leaving the young mother as a single parent.

> …what he [partner] did, I did not want anything during pregnancy time except fruits and porridge. I did not put another kind of meals in my stomach, I did not want them. After knowing that he impregnated me, he left and promised me that he will help me. He said, "I will not abandon you but I will send at least 1000RWF (approximately CAD$1.5) or 5000RWF (close to CAD$7) for you to buy those fruits, the fruit will keep you strong along with the porridge." After five months of pregnancy, he gave me 50000RWF (around CAD$70) for preparing the new coming baby. I bought a suitcase, baby carrier, well, I bought everything that baby will need and other stuff, but the money was not enough. On the other hand, my parents helped me too as well as other family members…. (P6 TM)

Community support for pregnant teenagers is in the form of a nutrition service located at camp site A. Porridge is served to all pregnant women from one month of pregnancy to two years after delivery. After birth, civil registration of the newborn entitles teenage mothers to collect a benefit allowance for the baby as a new family member. Other supports, such as monthly allowances, are collected from NGOs.

Teenagers are also allowed to pursue studies during pregnancy or after giving birth, even receiving special treatment at school to help them to feed their babies. A participant shared, "…well, when it is known at school that you have a baby, they permit to go home earlier to prepare something for your kid…" (P5 TM). However, many drop out of school because of limited social assistance.

In spite of apparent community and family support, a pregnant teenager can still face discrimination from peers and the community in general.

> …the time they come to know that you are pregnant, there are some who behave nicely towards you thinking that if they do any inappropriate thing to you may result in abortion. But, there are also some who do not want you anymore, well, you become discriminated among your peers…. (P5 TM).

A pregnant teenager shared, "Peers, after realizing that you are pregnant, you give birth, the ones that used to go with you they no longer go with you. You too, you go with others in your level…" (P7 PT).

A participant in the camp leader group had the same view and shared that pregnant teenagers and teenage mothers face discrimination. The participant added:

> …me too, I have something to add, the way we see how the community treats pregnant teenagers or teenage mothers, they treat them in the way you see that they are discriminating against them…at home, they do not have value and in this camp, they get discriminated because of what happened to them.... (P30 CL)

Health care system. Kigeme refugee camp has one health post located in camp site B that serves all refugees (20,043), and operates every day, with a doctor available on call during nights and weekends. This health post has nurses, midwives, a doctor, and allied health service employees as well as community workers. Employees are both Rwandan nationals and Congolese refugees. All employees can communicate in the language spoken by the refugees.

The healthcare system is based on health coverage, provider availability, provider linguistic and cultural competency, and quality of care. It is a comprehensive service clinic, offering preventive, curative, and health promotional services. Preventive services include prenatal, antenatal, postnatal, and family planning services. As an example, the health post is the entry

point for the nutrition service that operates in site A of the camp, and provides the porridge program mentioned above.

Though delivery occurs in a district hospital close by, health post staff prepare transfer notes and accompany the pregnant teenagers to the hospital. They also follow up with the teenagers post-delivery. However, access to health post services is problematic.

When a pregnant teenager comes for a maternity consultation, she must come with her partner in order to get the service. Pregnant teenagers find this a hindrance to accessing health care services as many of them do not have partners, or their partners are absent for fear of incarceration, as previously mentioned. A teenage mother said, "…you arrive there when you do not have a husband, they do not give you a service. In a case you do not bring your husband, they do not provide you any service…" (P15 TM).

To overcome this barrier, pregnant teenagers tell health care providers that they slept with many men and, therefore, they are not able to identify the responsible person. Alternatively, they pay for a man to act as if he is the one who impregnated them. One teenage mother stated

> Yes! You get out and you see a man who is passing by and you ask him, "if I give you 5000RWF will you accept to come with me at the health post to get tested as my husband?" A man here when he hears 5000RWF, it is a lot of money. He comes and gets tested together with you…yes, he comes as your husband but the names become different from his, he says the names of your partner, the names you tell him to say. (P15 TM)

Participants shared that the government has mandated family planning for all women who give birth; women are not satisfied with the lack of decision making related to the use of family planning. No one is discharged from hospital after delivery without a family planning method.

> …they shifted the way we used to consider family planning to cure. Anyone who gives birth while she is under 18 years of age, she is obliged to give birth at the district hospital. No more such delivery at health care centres. When they arrive at the district hospital, the birth attendant, before discharging them, he/she is obliged to give them a family planning method [such as implant]. It is the government regulation; it is not the matter of willingness…. (P28 CW HP)

Theme four: Effects of teenage pregnancy on teenagers, their parents, and the community. The effects of teenage pregnancy can be presented as the feelings of pregnant teenagers, teenage mothers, and their parents. The effects extend to the entire family and even to the community where they live.

Effects of pregnancy on teenagers. Pregnancy has serious physical and psychological effects on the teenage refugee population in Kigeme camp. Already compromised by the physical and social limitations of the camp, the added burden of a pregnancy threatens physical and psychological health. Lack of sufficient nutrition undermines the physical ability of teens to carry a healthy pregnancy full term. Add to this poor living conditions, overall poverty, a dearth of emotional support, and social stigma, and teenagers are left with meagre resources for coping with pregnancy.

Physically under developed for delivering a baby, many teenage mothers must deliver by cesarean section, adding to the level of care and support that is needed post-delivery. The teenagers need longer hospitalization. Also, they need a healthier diet to support wound healing. However, this increase in demand does not align with available resources as they receive no increase in monthly allowance. A participant shared:

> …well, the person who gave birth, she is 14 years old, she does not deliver a baby in a normal way, she has to have a cesarean section. The person who had cesarean section does not heal easily, more force needs to be spent to the food, to have sufficient rest. When you give birth in the normal way it is easy to return in normal life. But that one who had cesarean section it requires her to eat well, have sufficient rest, people to take care of her. When nobody to take care of her, negative consequences reach her brain and she continues to be crazy. (P27 PPT TM)

Psychological effects of pregnancy on teenagers manifest as shame and fear towards other people including their parents. Participants related feeling that everywhere people were staring at them. The shame extended to home, school, the health post, and the community, and in many cases caused pregnant teenagers to leave school. A teenage mother shared how she experienced shame and fear at the health post:

> Yes but, but, like us who are not adults and not bringing partners, we used to go to sit in our corner, because we had shame, when we noticed that all [antenatal care clients] of them are gone, then we entered for services…we used to go to sit on our bench, we let them get tested first because we were not adults and we did not bring partners…. (P19 TM)

Pregnant teenagers also experienced loss of hope for the future, and a diminished confidence level. Pregnant teenagers did not believe in themselves, and tended to see things in negative ways that contributed to devaluating themselves. One of the research participants revealed:

> …when I was pregnant, I can tell bad things I faced. I used to go to school regularly, but after becoming pregnant I started to be absent at school. After giving birth, they did exams, but I couldn't do those exams… When you are pregnant, you are different from

> the person you used to be, you change and psychologically you hate yourself. You feel that your life ends there…. (P12 TM)

Pregnant teenagers and teenage mothers felt mistreated during the pregnancy period because of the negative and hurtful remarks they received, and the frequent questions asked about their situation. These remarks and questions affected their relationships with families, peers, and the community. Consequently, they did not feel as if they were valued members of society.

Overall, pregnant teenagers described a lack of support, from not having the necessary money to afford sufficient nutrition to a lack of emotional support from family and friends. They often felt forced to consider drastic measures to resolve their situation. One teen mother shared

> …I thought to get horrible decisions when I got pregnant. Thinking to commit suicide, thinking to disappear and go back in Congo, thought to abort the pregnancy, things like that. Then, I gave advice myself that to punish myself will not resolve the problem…. (P15TM)

Pregnancy may cause teenagers to leave their families because of fear of the reactions of their parents. They think that parents will punish them and consequently, they prefer to flee their homes. A pregnant teenager articulated, “At the time I knew that I am pregnant, I went directly to my grandmother. I refused to go home, then my mother sent a message that she forgave me, there is no problem…” (P24 PT).

Participants also reported that, in some cases, their parents as well as their partners abandon them, causing them to live very uncertain lives. “It is bad. If you have parents, they treat you badly. They chase you out, your partner does not have something to give you. But, if you have good parents, they may help you …” (P5TM).

For those pregnant teens and teen mothers who stayed within the family home, their changed position within the family was a difficult adjustment. Classified as emancipated minors, they considered themselves to be adults and the community considered them adults. As such, they hesitated to ask their parents for necessities such as clothes and shoes even though their siblings felt entitled to ask. When their siblings asked their parents for items like body lotion, the pregnant teenager wondered how to ask for them too. A teenage mother commented:

> Yes, you feel in you that when your siblings, who did not give birth, ask for shoes, you think, "how will I ask shoes too?" If requested for clothing, you wonder how you can ask it as well fearing that they will insult you…. (P15 TM)

Feeling the necessity to respond as an adult reached into the school context as well. A teenage mother recounted:

> …they [teachers] do not ill-treat me, but when I am involved in some mistakes at school, well, you cannot be there without even small mistakes. At that time, it is when authorities tell me, "you have to know that you are adult." It is that, otherwise teachers do not harass me…. (P10 TM)

Pregnant teens were unprepared for this sudden transition from childhood into adulthood. They described feeling separated from their peers because of their pregnancy. A teenage mother explained:

> …yes, they [same aged peers] say that we are not the same generation, the fact that I became pregnant meant to them that I am older than them…Some think that being a teenage mother does not mean that my age increased, no reason for excluding me from peers, but others think that I am older than them because I gave birth…yes, the person is older, that is how it is. (P10 TM)

This was supported by another participant who narrated, "…they think that you are not in the same generation; you became pregnant, you are adult…" (P12 TM). Another said, "…well, peers see that you are older …" (P19 TM).

Feeling abandoned and incapable of coping with pregnancy on their own, teenage mothers and pregnant teenagers shared that they felt the need to abort the pregnancy at the time the pregnancy was confirmed. This decision was often enforced by external encouragement. The pressure to end the pregnancy came from multiple sources, including friends.

> …well, many people, any person who came to talk to me was advising me to abort the pregnancy. When I took time to think about it, I convinced myself that I will lose my life too, well me too, I did not want a child; thinking that I am an orphan. I live to other's place and thinking what will happen to me later, I truly did not want this child, but when I thought to abort the pregnancy my heart did not allow me. (P2 TM)

Decisions related to abortion are made directly after the pregnancies are confirmed for those who visited the health clinic for a pregnancy test. A teenage mother shared:

> …at that time, I left home for clinic to get tested. I told a doctor, I am coming to get pregnancy test, the doctor gave me a bowl for collecting urine. The doctor gave me the result, positive, that confirms that I am pregnant. At that time, I felt changes in me, I felt that I am finish and I thought, "if I can have someone who can give me a drug to abort it, I would be happy to take it…." (P12 TM)

Abortion was viewed by some as the only way they could continue in "their occupation" (prostitution) and maintain their income, even though they understood that it could be a life-threatening procedure. A teenage mother shared:

> …most of the time, when you have a look at the life in this camp, you find many have that occupation [prostitution]; even though you see many are not pregnant, they abort the pregnancies because they say, "we are going to sit here in this camp and look bad. No one will talk to us again, we will not get cash again." So, they decide to abort the pregnancies…. (P2 TM)

Another added:

> …they abort pregnancies at those places where they go, like Kigali, Nyamagabe, when you come to know that you are pregnant. But, it is the job [prostitution] that you are doing there. You ask yourself, "I am pregnant, is it possible that a man will love me when I am pregnant?" You decide let abort it so that I can continue to make money. You can abort five pregnancies or three pregnancies…. (P3 TM)

Other participants noted that abortion is a necessity to control the number of children in the camp. A teenage mother shared:

> …yes, they abort pregnancies. If they do not abort pregnancies, the camp can have outnumber of children. Girls in the camp are not kind, you see them in streets around 8:00PM, well, if they do not abort pregnancies, the camp can be full of children. Yes, they abort them a lot…. (P3 TM)

Not all pregnant teens saw abortion as the most expedient solution to their situation. Another teenage mother expanded by saying:

> …well, every girl that gives birth while she is in her parents' house, everyone thinks to abort the pregnancy. But, when you have nice thinking, you ask yourself, "If I abort it and die with it or it might be the only child that the Lord is giving me and then after

> aborting I will not get a chance to have another child or I will die by trying to abort the pregnancy," then you decide to let the pregnancy evolve…. (P8 TM)

For those teenagers who carried their pregnancy to term, the experience of giving birth during the adolescent years affected the way they thought about having children in the future. One shared:

> …after getting pregnant, I became very sad because I had to go back to my parents thinking how they will admit my pregnancy. I told them and they conceived it then I thought how the baby will be nurtured thinking how to feed and clothe the baby. I thought all of that, but my family helped me until I gave birth. After giving birth, I felt the love of my kid, but it was hard for me. At the point, I thought not giving birth again…. (P10 TM)

***Effects of teenage pregnancy on families*.** Participants recognized that pregnancy of a teenage daughter causes stress within the family culminating in nonacceptance of the newborn, fractures to family ties, and dissolution of the hopes parents had for their daughters. They shared that families perceive the pregnancy of their daughter as the creation of another family. The "new" family lives in the same house as the primary family, the parents' house, adding another layer of care and responsibility in an already precarious situation. A man from the parent of a pregnant teenager and teenage mother group added:

> …well, another thing to add on top of that, consequences, it is that you were one family but now the second one is entered in the house. Well, the second family, without considering that one who gave birth, she gave birth to another family.… (P27 PPT TM6)

Another participant shared:

> They [pregnant teenagers and teenage mothers] need for help. You as a parent, you feel willing to help them but no means. Do you understand! If you can have means, as the one who gave birth does not know how to nurture a child. (P25 PNPT)

Research participants shared how teenage pregnancies cause quarrels and misunderstandings in families and in some cases separation of the parents of the pregnant teenager. One participant in a focus group discussion stated:

> …now, there is a man who separated from his wife because of a pregnant girl. The man, first he left and went in one sector, fled the wife and her daughter who was pregnant. First, he told her, the wife, "the closeness of our daughter with that person, the person who refused to go to school, could you try to separate them, could you come with me to correct our daughter so that she can be stable and study?"... When the man realized that he did not have another option, he fled them…. we stopped where the man and her wife separated. (P27 PPT TM6)

Newborns are often not a welcomed addition to the family, and can become another source of conflict. Grandmothers and siblings can be expected to help care for the child, when the teenage mother is unable to provide sufficient care. This can cause resentment and conflict. A teenage mother explained:

> …when she [teenage mother] asks her [sister of teenage mother] help to care for a child the young girl tells … "take your kid to the father." The girl who gave birth respond to her, "do whatever I was going to do, why did you give birth to her?" You find that they reply to one another in those kinds of words, they may say words that seem to break the heart of the one who gave birth or break her heart. When she tried to say something another one says, "do you listen? Don't you listen what [name] is telling me?" Then,

> [name] may say, "why are you giving me your child 'in a bad way.' Did I give birth to them?" When the kid comes to touch on mother's brother, the brother can tell the kid, "go to your mother." You find that all of them do not want that kid, sometime the mother, girl who gave birth, may be unhappy she says that they smarted her kid, it can be like that and sometime she can leave her child at home when…. (P27 PPT TM)

Another participant said: "…those kids do not be happy, they are not doing well" (P27 PPTM8).

Parents revealed their disappointment in their daughters who became pregnant out of wedlock, and the pain and distress they felt within the situation. A parent shared:

> Well, as a parent, you find yourself in problem and you do not have anything to do about it. You see a child of 16 or 17 years of age is pregnant, you see that you are in evil case (woe to you), but you keep collected because nothing you can do to her.... (P27 PPT TM)

Another added how the parents felt when a family member experienced a teenage pregnancy. She said:

> You pass through a painful time. You evaluate yourself…you think how you gave birth to her, you think how you spent time together as well as how you tried your best to take care of her. Then you say, "you made me lose value among other parents...." (P25 PNPT)

Moreover, the trust that the parents have in their daughters drops, and hope for good things from the daughters fades, as shared by a participant:

> Her siblings and I, well, all of us were waiting from her …we lose trust in her. Well, to get back the trust we had in her, honestly, you face trauma at the beginning …but the trust cannot come easily when you see her pregnant, and you say, "I trust her because she did well." No, you face trauma because she did wrong. (P25 PNPT)

Parents felt incompetent in nurturing their pregnant children, and that inadequacy sometimes led to blame. The father of the pregnant teenager would blame the mother and, in return, she would insult her daughter as an act of revenge. A pregnant teenager vocalized:

> There are times in which you did not do anything wrong that may result in insulting you. When parents are discussing themselves, it may happen that the father insult the mother by telling her, "you raised her in a bad way." Then, she comes to insult me. (P1 PT)

Theme five: Other factors intersecting with teenage pregnancy. The entities that I present here are inequalities in the Congolese refugee camp, power and oppression, and gender-related issues.

***Inequality in the Congolese refugee camp*.** In the Kigeme Congolese refugee camp there are many forms of inequality in hiring and payment (salary), training compensation from some NGOs, resource distribution from donors, and job requirements. A participant from the camp leader group expounded on how they have to compete with Rwandan citizens:

> When you a refugee camp resident, you receive uneven treatment when you compete with a [Rwandan] citizen. They do not say, "if this refugee camp resident is skilled in this and this citizen is skilled as well in it, let us give them equal treatment." Instead, they tell you, "you are a camp resident, well, you are a refugee, the things that you are allowed to do is this or that"—and your salary is not equal to what they pay a citizen. When you are allowed to work, you will not get the same salary as the person who is not a refugee. For example, here we have health care professionals, they get paid 24000 RWF (around CAD$40 a month) and they explain to you that you cannot get more than that because they provide monthly allowances, water, health care services, houses we build for you…to job market, they [refugees] do not have equal access to a job as citizens, but

> [name of NGOs] tells us in meetings that refugees have equal access to the job market as citizens as long as they have required skills. They tell us this verbally, but we do not see it in real practice. (P30 CL)

Refugees who have obtained bachelor's degrees may perform in different capacities in the camp, including education. When these educated refugees are employed, they are paid only a third of what Rwandan graduate workers earn. A parent from one of the focus groups reflected:

> The graduates, a graduated person who teaches their salary is 18000 RWF [approximately CAD$30 per month] but when he/she is a citizen gets 60000 RWF, [or] 70000 RWF [approximately CAD$117 per month]…You studied, but the problem is citizenship, well, national identity card [ID], you do not have Rwandan ID…. (P25 PNPT)

In the refugee camp, an NGO supports refugees who want to be self-employed by providing loans to start a small business, most commonly in trading, like a small shop for groceries. Refugees trade in the camp, and pay the loan and interest on the loan. However, the NGO is said to favour refugees who are already trading, and it is difficult for a new trader to obtain a loan. One of the research participants explicated:

> They do not give support to anyone of people who want to start a business, no, except the one who is already in trading, they add to what he/she has. It is what they say, for to everyone who has will be given more, but the one who does not have, even what he has will be taken away from him. (P27 PPT TM)

Hiring inequities affect the refugees' perception of NGOs. NGOs are expected to be neutral in hiring and letting go of employees, and are assumed to be trustworthy in their activities and opposing of any kind of injustice. However, some refugees perceive that this is not so. A

participant shared, "…but injustice exists, even in non-governmental organizations, there are injustices. It is the reason why people get fired or replaced by others when they did not commit any wrong deeds" (P27 PPT TM).

NGOs act as main sponsors, and coordinators of activities within the camp. As a limited employment area, qualified refugees may expect to have priority in camp activities that are taking place. However, many believe that they get excluded because they are refugees and not Rwandan citizens. One of the camp leaders explained:

> …it means that if you are engineer in construction, they bring an engineer from outside of the camp while the activities are being done in the camp. The engineer is the one from outside, but he/she employs refugees as cheap labour. For example, this completed building was built by refugees but under an outside person. They [refugees] cannot go on the market competitions; they get excluded because they are refugees. If they put refugees as labourers, they say, "we will not pay a refugee labourer the same amount as a citizen labourer." Well, youth see what is happening and we see it too, then we say, "they tell us but they do not put what they say in practice." (P30 CL)

However, some NGO representatives do not agree with what the refugees say. They believe that they follow criteria; if a refugee meets the criteria, they can obtain employment in the camp and there are no barriers to employment for refugees. One NGO representative explained

> I do not agree that it is true, because in the camp we employ them, we employ refugees only. Well, they have 'proof', they call it 'proof", which is a document in place of refugee identity card, any who has refugee identity card, he/she presents it…in the camp, it's them we hire and most of the criteria that are used when hiring for a job that requires, for instance, any person who knows how to write and read, it is to have a high school

> leaving certificate, which is the proof that he/she completed high school and a proof that he is a refugee. (P29 NGOs)

Refugees also believe that when a job opportunity comes up, some may be employed but others may not because they do not have a spokes-person to advocate on their behalf.

> Now, as you see the number of NGOs, people (we) are many. Being many means that not all of us can get employment in those organizations. The lucky one will have spokes-person who will say to an employer, "please give that one a job." There is a person who may have double jobs in different NGOs; he/she can work for one NGO during a day, and another one during night, but you, who do not have any job, keep to be in between job. (P27 PPT TM)

According to participants, lacking an advocate not only applies to job searching and the hiring process, but is also reflected in other supports available in the camp. Some people—specifically teenage mothers or pregnant teenagers—receive resources while others do not. A pregnant teenager shared how she received the support:

> At the hospital, [name of the person] called us and gave me kitenge (a king of sarong) and baby wrap. I thanked them even though I do not have the opportunity to thank them. It is that help I got and the porridge, SOSOMA [mixed flour of sorghum, soya, and maize], I receive. (P7 PT)

However, a teenage mother who was an orphan explained how she did not get any support at the time she was pregnant and after the delivery:

> No, for me, they say because I live with my grandmother, it is the reason why they cannot give me any support. The grandmother is like my mother. They said. … well, they call

> orphans when I reach there, they read names on a list and my name is not there, then I go home. They say that I get support from my family. (P9 TM)

A teenage mother who has received the mixed flour of sorghum, soya, and maize explained how youth lack support:

> Listen, they do not help youth. But, when it happens to us [teenage pregnancy], they give us porridge [mixed flour of sorghum, soya, and maize] but it is not for pregnant teenagers only, it is the help for everyone pregnant, youth or adult. When they are pregnant, they get flour for porridge. I can say that we get that help because we are parents not because we are pregnant teenagers, no support for youth. This is the first time to be called as a teenage mother, however, I am here for long. (P19 TM)

Another teenage mother clarified, "…I do not know, but they ask community workers to call people, you see them coming calling you and say, "go there to take something." For me, they have never called me" (P21 TM).

The camp provided an opportunity to receive training so that a refugee may work independently in a small business. The opportunity was open to teenage mothers as well. However, teenage mothers who attended the training said that there was inconsistency in training compensation. A teenage mother shared, "...of course, when you are in the training at the end, they give you 1500 RWF for your attendance. It happens that someone may be given 3000 RWF depending on who did the prize draw" (P5TM).

Another teenage mother believed that even though there is an opportunity to have training, there is not support. She said:

> ...no training sessions now. In the past, we get called to go to training, but it was the training for us and other people from outside the camp. They asked us our 'proof' of

> refugee status and they collected the number that is on the 'proof' and we received 2000 RWF from them. They said that they will call us after three trimesters. In summary, they did not help us. (P10 TM)

It is claimed that refugees may work either in the camp or outside depending on where the opportunities are. However, refugees face citizenship issues. The participants discussed limited job opportunities as employers or recruitment team members ask for documents that only citizens are entitled to hold.

> …no job market for us as they [other participants] said, like a registered nurse who works here, it is impossible for him or her to have a job in health centre [outside the camp] because he/she does not have Rwandan paperwork even though he/she may have a refugee identity card. He/she may go for a job but they [hiring committee members] say no; the fact that he/she is not a Rwandan causes him/her to be excluded from the job market. He/she must sit here and work here because he/she is allowed to work here. Refugee, it is where he/she is allowed to work even though he/she is allowed to get out of the camp; he/she can go to live there but without employment. To say that he/she will go for a job outside the camp, even though he/she may have excellent marks as the criterion to get a job, he/she will not get shortlisted because there is not Rwandan identity card [ID] in his/her file. He/she gets excluded because of ID, no chance for competition as he/she will be eliminated during the selection phase. Well, no job market for us but we have skills and competency to work. (P30 CL)

***Power and oppression*.** Power disparity within Kigeme camp is exemplified in the ways that camp authority figures control elements of refugee family life. Control was described by

participants in two particular areas: parental discipline of children, and the labelling of sexual intercourse between teenagers as sexual abuse.

In the Kigeme camp, parents were concerned that they no longer have the privilege of disciplining their own children. As they perceive that camp leaders do not allow them to discipline their children, parents are convinced that leaders contribute to teenage pregnancy.

> …but the rules and regulations that we got at the time we entered in this camp, they told us that anyone who will touch on a child, he/she has problems as the same as the ones that Jesus encountered. Yes. I can say it firmly…. (P27 PPT TM)

Parents believed they could face imprisonment as a consequence of disciplining their children. A pregnant teenager elaborated on this and reported:

> …yes, they imprison them. They accuse them of committing violence against children's rights. They say they [parents] did not allow a child to exercise his/her rights. They say that parents would use words to discipline children. Well, if you talk to him/her once, twice and he/she is not listening to what you are telling him/her, what can you do? You know, parents have flesh, when they beat the child, then things become worse. (P23 PT)

However, the camp leaders and NGO representatives disagreed with what parents said. One of the research participants said, "…truly, no parent got into jail because he/she disciplined or punished his/her children. Education for disciplining children by words was ongoing in the past…" (P30 CL).

An NGO representative elaborated:

> Mostly, it is the problem for nowadays' youth: they put themselves in the world where they do not belong *'bishyira mu isi batarimo'*. You do not see mostly, okay, it may happen that a parent becomes difficult for children, but most of the time the children are

> difficult. Then, when a parent experiences the burden from her child, gave birth unmarried and she resists to her parents, perhaps she spent a week without coming home, she comes back and when a parent is going to correct/punish her perhaps she runs to [name of NGO]. What [the same NGO's name] will do, will come to settle the differences from a child and parents, talk to them. When they say that a parent is jailed, he/she cannot be jailed when [the same NGO's name] talked to them. Perhaps that parent did not agree with his/her child, he/she needed to cause a hard time. I guess it is how [the same NGO's name] does it. (P29 NGOs)

From the parents' perspective, authorities play a significant role in what is happening to their daughters. They are convinced that authorities support children to develop inappropriate behaviours, and compel parents to comply with what children want without questioning if the desires are good or bad.

> …well, instead of helping you to correct the child, they help you to understand that it is the right for the child. Then, shortly, they come to ask you, "how this child got pregnant?" They come and ask you such a question. (P27 PPT TM)

Participants advanced their views: "…well, the way [name of an organization] came, it came looking for children, but not parents…[the organization] has to understand that parents do not deserve to be undermined by children" (P30 CL).

Parents felt powerless to raise their children as they wish. They shared:

> …now, we have to do this, to keep our lips zipped. Because you can talk to your pregnant daughter, a simple thing and she can accuse you of advising to abort the pregnancy…frankly, here we do not have any rights. (P27 PPT TM)

As well, participants perceived that children take advantage of this powerlessness to intimidate their parents. A pregnant teenager shared:

> No one gets beaten, well, when you are 12 years old, how I see things, when you turn 12 and your mother calls you, "come here and get down so I can beat you!" You reply to her, "mom, no, [name of organization] can put you in jail." Or she can tell you, "I can't raise my hand on you so to prevent them to take me away!" (P24 PT)

Participants shared that parents have no choice but to accept the situation as it is. A teenage mother clarified: "…because I did not get satisfactory marks, my parents paid school fees. They became angry when I went and come back with pregnancy. They were so angry but they cannot do anything, they accept it as it was…" (P18 TM).

Another teenage mother said:

> …if she went out for a job, she comes back because of pregnancy. For instance, like those who go in Cyangugu [Western province], Nyamagabe, and Butare, spend time in their occupation, when you see them coming back, they come with pregnancy. Well, even though you are the parent, nothing you can say, you keep your lips zipped…. (P19 TM)

Camp authorities view teenage pregnancy as the result of sexual violence, even though teenagers might have participated willingly in sexual intercourse. Teenagers may not be aware of this until they arrive at the health post for prenatal care. One teen mother commented

> …well, when you reach there, they ask you your husband, you tell them that you do not know where he is. Then, they ask you your age when you tell them and they find that you are not adult enough, they conclude that you have been a subject of sexual violence…. I arrived there and understood that I was too! (P22 TM)

During interviews, teenage mothers and pregnant teenagers mixed two opposite views: “we loved one another” and “I was sexually abused.” Though they believed that their pregnancy was the result of mutual feelings of love, young pregnant teens were informed by health post personnel that they had been subject to sexual violence because they were minors. A health care provider explained how they view sexual violence against minors in the health post. She said:

> When she gets pregnant while she is an adolescent, they say first that it is violence. It is what the government worries about a lot, in that case it is sexual violence, she was sexually violated. Although she did not say that she was forced to have sex, but she is pregnant in adolescence age, she was sexually violated…. (P28 CWHP)

Another health care provider said

> We see them coming for the pregnancy test. She does not agree that she is a child…she says, “he did not force me to do sex with him, we loved each other, he told me that we will get married when I complete my studies.” Then they had sex until he impregnated her. She does not understand that she was a subject of sexual violence…. (P28 CWHP)

Health care providers do not stop at making the pregnant teenager aware of sexual violence. They additionally inform the male partner that he did wrong by impregnating the minor. A participant said: “…you were not supposed to engage in such things…you tell the partner, ‘you committed a sexually violent crime against this one because she is still younger’” (P28 CWHP). As violent sexual crime is regulated in penalty law, many of the people who impregnate minors end up in jail. A pregnant teenager elaborated: “…they jail him, but there is a time that they release him and instruct him to support you. Sometimes, there are some they instruct to support, but they don’t” (P1 PT). If they know that their partners may end up in jail, teenagers may prefer

not to disclose the name of the partners, but this causes issues at the health post when they go for antenatal care as health care providers are not allowed to provide care to a single parent.

Gender-related issues in the Congolese community. In the Congolese community, the husband is considered the head of the family and the breadwinner. In the refugee camp, there is little or limited employment, no farming, and no business opportunities. Consequently, they rely on funds from non-governmental organizations. As refugees live on monthly allowances, the perception of breadwinner may change depending on the one who collects the allowance. For the majority of the refugees, the women are responsible for collecting allowances. This creates conflicts and fights in some families. One participant shared:

> …it happened because a husband feels that he is the head of the family but they do not give him money, instead, they give it to a wife. Many fights, it is not easy but when you double-check you find that it is true to give money to the wife. If they give the money to the husband, men may take 5000 RWF from the allowance for beer. But a woman cannot buy a beer or another thing before buying food. When you consider that, you find that it is reasonable to give money to the women, but men do not understand it. Always they think that they are the ones who should receive money. On the other hand, when a woman needs a kitenge [like a sarong] she buys it but she cannot buy pants for her husband while she is the one who has the money. These trigger quarrel in the family. (P2 TM)

Kigeme refugee camp residents believe that the monthly allowance is for women. A mother explained the origin of this conception:

> …the money in the camp is for women, it has origin in families who always fight...those seniors say that money is for women and if a man says a word regarding that money the

> authorities may be bad to him, the money is for women. The name started to be known and everyone gets to know it, money indeed gets to be known as money for women…. (P27 PPT TM)

The fact that the monthly allowance is collected by women can promote gender equality in the refugee camp. There is, however, some perception that women may abuse this equality, resulting in family quarrels. A participant said, "…a woman interprets wrongly equality between man and woman, she goes home trampling her husband, saying, 'now we are equal, I must go to a pub and go home at 10:00 PM'" (P29 NGOs).

Gender-related issues are also apparent in the educational sector where it is easier for the males, the partners of the pregnant teenagers, to continue studies than it is for the teenage mothers. Teenage girls or teenage mothers remain at home taking care of the baby while the male partners are at school. A teenage mother shared, "…the person who impregnated me is now studying at the university level, he does not have any concern…" (P18 TM).

Theme six: Suggestions for improving the lives of teenagers, parents, and the refugee community. In this section, I report suggestions from teenagers, parents, NGOs, healthcare providers, and camp leaders' perspectives to improve the quality of life in the refugee camp, and thus to decrease the rate of teenage pregnancy.

***Suggestions from teenagers to address teenage pregnancy*.** All teens recognized that the shortage of monetary funds was one of the contributing causes of teenage pregnancy in the refugee camp. The teenagers advocated for increasing living allowances from as little a CAD $1 (500 RWF), to as much as seven times what they are currently receiving. A teenage mother expressed her suggestion for an allowance increase: "I can ask to increase the monthly allowance, at least to double what they are currently giving" (P17 TM). A pregnant teenager

said: "…even if they may add 500RWF [CAD$0.50]" (P23 PT). She requested this small amount as she believed that it is impossible to have an increase of even a penny.

A boy from the focus group of teenage boys and girls shared his need for money to increase. He said, "…Non-governmental organizations? Hahaha! What I can add, they may increase money…perhaps 50000 RWF per one person…From that money, we may have clothes and we feel free" (P26 TBG).

Teenagers also recognized the need for involvement of parents, community workers, camp leaders, and health care workers in supporting teens, educating them about reproductive health and contraception, and raising awareness about teenage pregnancy in the camp. A participant shared, "…holding a meeting. A camp president can call for a meeting and ensemble all together then tell them [teenagers] …he can show them why teenagers are getting pregnant and tell them how they may protect themselves…" (P26 TBG).

Teenagers, as well, highlighted the role of health care workers in providing on-going education, and appropriate contraception, recognizing that teens do not always follow advice. Even when teenagers are educated about sexual and reproductive health, they do not always practice safe sex responsibly. The teenagers suggested using family planning methods such as the injectable long-term method, and for health care personnel to hand out condoms. A participant elaborated on this and said:

> …the thing to do is to teach because teaching is an ongoing activity. They have to teach them [teenagers] every time and if to teach them does not give effective results, they have to use family planning injections for girls but for boys they must give them condoms…. (P3 TM)

A pregnant teenager believes that teenagers need advice about sexual and reproductive health not occasionally, but as frequently as every day. She said, "…to give them [teenagers] everyday advice…" (P24 PT). Another expressed the idea that teens need to listen to the information given to them and be receptive to it-- "to follow the advice from parents or community workers" (P26 TBG).

Teenage participants felt the need for closer involvement with adults, and more opportunities to learn from their experiences. A research participant echoed that more opportunities should be created for adults and youth to mingle and to learn from the advice of adults. A participant elucidated, "…you, as adults, you must ensemble all seniors and tell them to be close to youth, so that they can teach them how to avoid teenage pregnancies…" (P18 TM).

In addition to the responsibility of adults in the camp, teenagers identified their own role in reducing the rate of teen pregnancy in the camp, by counselling their peers and raising awareness of the consequences of teenage pregnancy. They believed that teens are more receptive to information coming from their peers. A participant summed up:

> …me too, I feel that we have to give them advice. The advice does not mean that it must come from adults only. I may go [to] an adolescent girl colleague or an adolescent boy colleague for advice, not waiting for advice from adults or leaders only. A person has different friends that can give him/her advice. (P26 TBG)

A teenage mother was willing to advise teenagers who are not pregnant because she thinks that she has experience that others do not have. She explained:

> …I can give them advice by letting them that nothing [is] good in teenage pregnancy. Life changes as mine changed; I think theirs may change as well. Perhaps it does not change at the same level, but they may have changed. Life changes. When life changes

you understand that you do not have peace in you. I can encourage them not to have pregnancy when they are minors. (P15 TM)

Some participants shared how they were already educating their colleagues and relatives. One participant added, "Yes, I take time to sit with them and give them advice. I tell them about how bad I feel, and tell them to pay attention so that they will not be like me…" (P1 PT).

Teens who participated in the focus groups remarked that the focus group had raised awareness among them, and they wished that none of them would face what they had discussed. One participant said, "…me and my colleague what we discussed here, I wish that everyone will follow what we said so that no one will fall into what we discussed" (P26 TBG).

Suggestions from camp leaders for addressing teenage pregnancy. The camp leaders considered education to be a powerful tool to change and resolve teenage pregnancy issues. One of the camp leaders said, "…the first thing is to educate; it is the first thing among others. It is to educate children so that they can know bad consequences for giving birth when you are an adolescent or teenage pregnancy and imprison perpetrators…" (P30 CL).

Education should be offered to parents as well as teenagers, participants said, in order to increase their knowledge of sexual and reproductive health, and also to remind them of their responsibility to teach their children.

Camp leaders identified the importance of developing an organization specifically to address teenage pregnancy issues, with responsibility to develop awareness campaigns, support parents, and provide programming. Leaders wanted to be involved in each step of program development.

One participant explicated:

> …it is necessary to have people who may have that responsibility in their responsibilities, non-governmental organizations. To enforce education for parents by reminding them to have time to educate their children… well, if we say, "housing, perhaps the housing will not change." If it does not change, we will say that it is impossible to address teenage pregnancy. But with education, increasing educational sessions for those who have it in their responsibilities and involving leaders, but the most of activities will be for the in charges or to appoint people to be in-charge of this issue we discussed…to provide parents with enough information re sexually and reproductive health…to remind parents of their duties and responsibilities. If teachers do their part, parents must do more than them, leaders to sensitize in the camp and develop a special campaign to teach people about teenage pregnancy…. (P30 CL)

Camp leaders shared that interventions from health care institutions are needed. They advocated promoting the use of condoms. One clarified this by saying:

> Another thing I can add, what we can do as leaders is to remind teenagers to use condoms. It is important to educate them even though we teach them abstinence, it is okay, but it happens that they are unable to abstain because even adults sometimes do not succeed to abstain. So, what we have to do is to dare teaching them about a condom because condom protects against unplanned pregnancies and sexually transmitted infections. Put the effort in it so that youth may be acquainted with it and they may know about those diseases and consequences for giving birth when it is not the time to get pregnant. (P30 CL)

Suggestions from NGOs for addressing teenage pregnancy. NGO representatives emphasized that education was important not for children only, but also for parents and the

Congolese community in general. They identified that parents are well-positioned to educate their children.

NGO representatives encouraged NGOs that have youth in their responsibility to reach out and educate them. A participant explained:

> The first thing to do to prevent teenagers from pregnancy is to approach them [teenagers] and talk to them; parents may contribute a lot to this. Then, other NGOs that operate here, that has youth in their responsibilities, to have time to talk to youth, telling them about the side effects for having sex, but emphasizing on unprotected sex, for a child under 18 is not allowed to have sex, no single time she/he is allowed to have sex. That child needs frequent education. (P29 NGOs)

NGO representatives believed that some activities to reduce teenage pregnancy rates , such as access to health services, recreational activities and schooling are already in place but that there is a need to reinforce them. They also recognized that stigmatization of pregnant teenagers and teenage mothers is detrimental and should be avoided. This can be achieved only through educating parents and the community. Here is how they summed it up:

> Yeah! That activity exists, it requires to continue or increase the frequency of education in both sides, children and parents, and community in general, because a child is there to be nurtured, to study, to have all his/her rights, then get married at the time when she will be allowed to give birth. It is things that they teach but it needs to be a regular thing. Then those who are already pregnant, it includes not stigmatizing them, so they continue to be supported. It is not supporting bad things so that other they may copy that things, start to misbehaving, but a mistake does not be collected by another mistake which is to

> abandon those who got pregnant, thinking that if others see them in a critical condition they will fear to do such thing. It is not that way we supposed to do things. (P29 NGOs)

Participants acknowledged misunderstandings that are caused by one organization that is known to work to defend the rights of children. Parents accused the organization of not conceding the parents' right to discipline their children and, moreover, they believe that this contributes to the teenage pregnancy rate. NGO representatives saw it as a misunderstanding that can be corrected by education. They said:

> Those children in their side, sometimes they understand that it is [name of an organization] that defends him/her, but they go beyond boundaries, they forget duties for children to their parents so they can disrespect parents leaning to that [name of an organization] will defend them. Consequently, a parent sees that [name of an organization] as something that has come to cause the child disrespecting parents instead of looking that [name of an organization] has come to protect the child. It is an issue for understanding that is in, but in teaching they must teach both sides of parents, they take as well children and they try to explain clearly the contribution for each of one of them to meet those rights. (P29 NGOs)

Moreover, participants argued that teenage pregnancy issues intersect with a lack of occupation, monetary funding, and education. NGO representatives advocated for vocational education so that those who drop out of school or have never had the opportunity to attend school can be supported by having vocational training schools. They believed that it would impact teenage pregnancy rates. They shared:

> Me, what I can add, well, you are in research, at least it shows the main problem that we have. What we can say, perhaps I give my suggestion as a youth. Your inquiry is about

> teenage pregnancy. What we see as a solution here, if there is an occupation for teenagers who are not schooling, I hope the teenage pregnancy rate may drop; when we say so, if VTC [Vocational Training Centre] is available near to the camp so that they can study different arts, like sewing, or what, these unemployed children who did not have chance to study so that they can have a chance of having art training, perhaps they [teenage pregnancy rates] can drop. (P29 NGOs)

Suggestions from health care personnel to address teenage pregnancy. Health care workers suggested that parents do not know or do not apply their roles and responsibilities to their children, and they strongly believe that by teaching parents about sexual and reproductive health teenage pregnancy rates may drop. The group was convinced that parents already know about their roles and responsibilities, but feel there is a need to remind them. One of the participants said, "…again, to teach parents the rights they have to their children, the responsibilities that they have to their children; either they are children or adult" (P28 CWHP).

Health care workers agreed that parents should not surrender all responsibilities for nurturing their children to the NGO responsible for protecting children's rights. They explained, "…there is a need to talk to the parents reminding them of their responsibilities so that they may not leave the care of their children to the government or any organizations… (P28 CWHP).

Suggestions from parents to address teenage pregnancy. Parents described a physical and psychological pressure they felt was imposed by one NGO to forgo disciplining their children. They felt that the NGO undermines their authority with their children, and gives the teenagers free rein to ignore their parents' advice. They emphasized that they too want a bright future for their children and strongly believe that things will change if they (the parents) are allowed to correct them. One of the parents shared:

> Another thing I see is that if they give us a go-ahead to correct our children, well, if we are allowed, we can put on our contribution. Not being under children's authority, but us, parents, command them. Not having pressure from [name of an organization]. (P27 PPT TM)

Parents wondered if it is possible to have something to occupy children in their after school hours. They summed up:

> …if it is possible to have something to do after classes, that can keep her and lack the time to go for prostitution. Eh, and [name of an organization] should give us the right to correct our children as it used to be in the past, you used to put a teenage girl in the house, you call her aunt, you call her uncle, even though you cannot beat her, you make her sit down like how we sit here, you let her know her sins. When a teenager is criticized for inadequacy by making her know her sins or faults, she is adult, she feels guilty. So then [name of an organization] should give us the right to correct our children as it used to be, not correcting our children and they punish us. Those are the challenges I see. (P27 PPT TM)

The focus group interview allowed parents to express their emotions, and they wished that authorities had been present. A participant verbalized:

> Another thing that I can add, right here where we sit it should be [name of an organization] personnel, even one person, so that these things we are talking about he/she can listen to them. Also, a person working in [name of another organization] should be here so that he/she can listen to what we are talking about. If they allow us to be parents as we were before, at least we can try our best. (P27 PPT TM)

In addition, parents wished that they could pursue a justice option against some non-governmental organizations for actions that parents consider in opposition to them, but they do not see who could hear their complaints. They wished to have a meeting with authorities and all NGOs together so that they could express their concerns, and everyone would be aware of the shortcomings they identified. One of the participants summarized this:

> To find a place where we can accuse them, it is not possible because we do not have anyone to accuse them to. But, when you [researcher] talk to them alone as well as you did to us, that may trigger them to invite us so that we can talk to them too. Like [name of an organization] may say that we need how many parents to tell us how we interfere with them, then we will tell them. But because the [name of an organization] personnel needs, you see a person comes from there with a car, they pay for her and the petrol for the car, she will not think that if she does not see my child in her terrain, it means that she will not get paid. No teacher who can teach without people to teach. The time when it [the organization] was introduced here, to be called teacher, it is because she/he has a student. Those people, it is an organization they invented, but they come after to say things that you are doing: you are abusing a child, you are disturbing her womb! That thing kills us, to say that a parent is making trouble for something in the womb. (P27 PPT TM)

The parents saw that teenage pregnancy is to some extent linked to socioeconomic status. They were convinced that teenagers leave their homes for prostitution due to a lack of money. Consequently, they asked for an increase in monthly allowances. They put it in this way:

> …we found that children leave because of means issues that are typical at home…if it is possible to add our monthly allowances so that a child may have clothes from allowances

> because she does not get such clothes that she needs. Well, if the clothes are available, I think the problem will be less important…. (P25 PNPT)

Furthermore, the parents called for vocational schools as an alternative for those who are already teenage mothers and who do not want to go back to primary or high school.

> If we have a favour to find someone who can help them, who can help that child, and if she also has a place where she can have vocational training, then after she can work and you [parent] help her her child…and so she can work and sustain herself. (P25 PNPT)

Parents are conscious that some teenagers have vocational training and experience, but do not have anywhere to practice their training (no job opportunities). They recommended having a non-governmental organization that could start vocational works and thus offer jobs for young people. They reported:

> …we can ask, if we may have a chance, they help us finding work for them [pregnant teenager and teenage mothers], well, occupation in any NGOs, the teenage mothers who know how to sew so they may have an organization that can employ them, this can help us to make them busy…she can get shoes from there and this can prevent them from going back where she got the pregnancy from as usually they ask for what parents do not have. (P25 PNPT)

Additionally, parents believed that if the number of non-governmental organizations in the camp increased, the number of jobs for refugees would increase as well. This does not mean that they believed that everyone would be able to work, but that the burden on some houses or families could be relieved by having a job. They requested more non-governmental organizations: “Rather, other NGOs may come; when NGO comes anyone who needs a job

he/she find a job. Even though they cannot take me and they take another one, but you understand that among us we are getting better" (P27 PPT TM).

Teenage pregnancy touches not only the parents, but also the teenager who is pregnant. Parents advised other parents not to be angry or to show anger towards a pregnant teenager. Instead, they advised to keep their emotions to themselves so that they may be able to counsel their pregnant children. In their words, they said:

> What I can add to that, nothing you can do to let the pregnancy goes back. Nothing. Even to abort it is to kill, it is punishable by law. Instead, go and keep your sorrow to your heart without revealing it to your child. Tell her to be strong, "be strong those things happen, it happened to that one, do not do it again." If you are a lucky person, she will listen to you. (P27 PPT TM)

By counselling their pregnant children, parents can help to prevent mental health problems. Parents strongly advised other parents not to harass anyone who is experiencing teenage pregnancy. They shared:

> …if a girl comes back home with pregnancy, do not harass her but accept and teach her, tell her that she is not the first one and she is not the second one…if she comes pregnant and you do not harass her but teach her and telling her not doing it again, let this be the first and the last time to have a teenage pregnancy. If it was an accident, but do not experience it again. Tell her to accept herself and educate her as your child…in that case, you will prevent her from having mental health issues. (P25 PNPT)

Conclusion

In this chapter, I presented findings from the research study I conducted in the Kigeme refugee camp in Rwanda. The themes that emerged in the findings include factors contributing to

teenage pregnancy in the refugee camp; the effect of pregnancy on teenagers, their parents, and the community; culture as a determinant of teenage pregnancy; social determinants of health as factors to consider in the teenage pregnancy phenomenon; other entities that intersect with teenage pregnancy such as power and oppression, inequality, and gender; and, finally, suggestions for improving the lives of teenagers, parents, and the refugee community in general. The following chapter will discuss the findings.

Chapter Five: Discussion

This chapter discusses the results of this study through a critical ethnographic lens using an intersectionality framework, and incorporating insights from the literature review. Intersectionality has been used by researchers and scholars in different social locations as an analytical tool to address social phenomena (Davis, 2008). Using an intersectionality framework means that critical insight can be gained by investigating the relationships between various phenomena that impact or influence the phenomenon under study (Collins & Bilge, 2017). Teenage pregnancy phenomenon in the Kigeme refugee camp is shaped by cultural, economic, power relations, and health care system factors. The inter-relationships between these factors and teenage pregnancy will be analyzed from a critical ethnographic perspective. The purpose of critical analysis is to uncover the hidden factors that are contributing to teenage pregnancy in refugee populations. Critical ethnography enables me to criticize, which means identifying and challenging assumptions behind ordinary or common ways of conceiving, perceiving, and acting, along with recognizing the influence of culture, history, and social positioning on beliefs and actions (Hair & Clark, 2003).

The chapter is organized around three main findings that are contributing to teenage pregnancy in Kigeme refugee camp in Rwanda: weakened cultural identity, decline of family cohesion, and marginalization of pregnant teenagers and teenage mothers. It is important to note that these contributing factors are intersecting and that not one individual behaviour, social process or cultural factor can be look at in isolation.

Weakened Cultural Identity

Culture encompasses a number of elements including norms, attitudes or behaviours, beliefs, values, ideas, and knowledge. It is important to consider culture because cultural traits shape

human behaviours (Henrich, 2015) that may be adaptive or maladaptive (Cronk, 2017). Cultural norms influence the behaviours of a particular group of individuals by instituting principles or standards for deciding what can be and what is, what to do about behaviours, how to feel about behaviours, and how to go about the manifested behaviours (Dejbakhsh, Arrowsmith, & Jackson, 2011). The phenomenon of teenage pregnancy at the Kigeme refugee camps is related to Congolese cultural norms pertaining to marriage age, beliefs, ideas, and values attributed to a child, beliefs about virginity Congolese attitudes related to education about sexual and reproductive health, and beliefs and attitudes characteristic of the refugee camp culture.

Cultural identity is considered the matter of being and becoming (Vigil & Abidi, 2018) that arises from a sense of solidarity with the behaviours, ideas, beliefs, and attitudes of a particular group (Rothe, Tzuang, & Pumariega, 2010). It is delivered from informal or formal membership in groups that inculcate and transmit unifying attitudes, knowledge, values, traditions, beliefs, and ways of life, and support social bonds (Prinz, 2019; Rothe et al., 2010). When a loss of self-identity and cultural values occurs, group members enter into a bereavement, combined with a sense that they are abandoning their culture (Henry, Ringler-Jayanthan, Brubaker, Darling, & Wilson, 2019). Cultural identity loss stems from a growing threat of putting aside one's own culture in order to assimilate another (Raikhan, Moldakhmet, Ryskeldy, & Alua, 2014), effectively losing what was meant to work positively for the group (Umeogu, 2013).

Weakened cultural identity in the refugee camp is directly related to the increased in teenage pregnancy. Economic circumstances, housing and physical environment, and power and oppression that refugees experience in the Kigeme refugee camp are contributing to the decline or weakened cultural identity.

Economic circumstances. Teenage pregnancy worldwide is a community issue and is often a result of socioeconomic challenges (Simigiu, 2012; Tomar, Mole, & Munninarayanappa, 2017; Odimegwo & Mkwananzi, 2016; Ajewole, Fasoro, Oluwadare, Agboola, & Asubiojo, 2017; Fakari, Simbar, Ghasemi, & Gharenaz, 2017). Financial hardship contributes to an increased rate of teenage pregnancy in refugee camps (Hallam & Creech, 2007), as young people face critical unmet physical and emotional needs, and others exploit opportunities to meet these needs to their own advantage (Adesola, 2018; Myers, 2014; Yakubu & Salisu, 2018).

No opportunity for traditional occupations. Refugees in the Kigeme refugee camp have no opportunity for traditional occupations, for example farming, gardening or mat making. In the Congolese culture children are kept busy with tasks around the house, for example vegetable gardening, fetching water for the household and caring for the animals. In the refugee camp there few such opportunities or other recreational activities to keep the children busy. During traditional activities children have opportunities to interact with the elders in the community and listen to folk stories that are an important part of preserving the culture. Folklore is the traditional element of life of a group of people, developing naturally as their way of living. It carries forward the beliefs of a group and activities as a result of these beliefs (Putnam, 1964).

Hunger and inability to feed families leading to lack of dignity. The United Nations has deemed the average living wage to be at least US$1.25 a day per person (United Nations, 2019). However, the average living wage per person in the Kigeme refugee camp equals CAD$0.36 daily, hardly enough to allow a person to eat one meal a day. Refugees in the Kigeme refugee camp live in extreme poverty and hunger.

Article 25 of the Universal Declaration of Human Rights of 1948 affirms that food is a basic need of human beings. When people do not have a sufficient quantity of nutritious and healthy food, they develop food insecurity (Guerra et al., 2019). Hunger is a common physical challenge in vulnerable communities, including for refugees in situations where there is no place to farm or cultivate crops.

Food insecurity, hunger and access to healthy options in the refugee camp were issues for participants in this study, and those factors contributed to the high incidence of teenage pregnancy. As refugees flee from war, refugee girls encounter countless issues including but not limited to hunger (Savarese, 2009). Many teenagers engage in sexual relationships as a means of surviving in the refugee camp, consequently resulting in pregnancy (United Nations, 2019). Moreover, with limited economic income in the Kigeme refuge camp, teenage girls try to earn money through sexual favours that may lead to prostitution or other exploitative activities. The literature supports the finding that teenagers in refugee camps are likely to engage in prostitution to support their financial needs for food and other goods vital for survival (Laurie & Petchesky, 2008; Roxberg, 2007). Teenage girls may leave the camp to support their need for food, which increases their vulnerability to exploitation, and consequently teenage pregnancy (Williams, Chopra, & Chikanya, 2018).

Loss of traditional patriarchal roles. Congolese men are traditionally considered to be the breadwinners, and are responsible for caring for the family; however, in the Kigeme refugee camp the monthly allowance is paid to the women. Participants acknowledged that this contributes to mistrust between family members, and lack of communication, discipline, and control of children. Consequently, families do not spend time together, which erodes parent-child connectedness, and decreases opportunities for parental guidance and discipline. Research

suggests that this type of environment contributes to teenage pregnancy, and other health-related risks (Bean et al., 2006; Lezin et al., 2004).

Little opportunities for marriage of daughters. For Congolese parents, riches are found in children (Bebic & Mahar-Piersma, 2013; United States Department of Health and Human Services, 2016). Large families are the norm, and are believed to be a sign of great fortune (Pires & Baatsen, 2018). Marriage at an early age is supported, since young women are believed to be likely to have more children than those who marry at an older age. Within the context of Kigeme refugee camp however, circumstances that preclude teenage marriage prevent families from realizing the cultural value placed on children.

The legal age for marriage in the Congolese community is 18 (Organization for Economic Co-operation and Development [OECD], 2019); however, most Congolese women marry at a younger age, sometimes before the age of 15 years (Malé & Wodon, 2016). To be married and to have children provides a girl with adult status and self-respect (Hallam & Creech, 2007), and in the frequent case of pregnancy before marriage (Pires & Baatsen, 2018), parents are likely to force their daughters into marriage (Mulumeoderhwa, 2016). As well, the marriage of teenage girls in humanitarian situations can be seen as a way to protect teenage girls from the violence of conflict (Global Partnership to End Child Marriage, 2018; Women's Refugee Commission, 2016). In this study, children were referred to as "silos of fortune," indicating the value placed on children within the Congolese community in Kigeme refugee camp.

Young women in Kigeme refugee camp partner primarily with young men close to their own age. Over half (58.3%) of the pregnant teenagers in this study had partners who were within 5 years of their age; another 20.8% partnered with those less than 10 years older. Because of their age and poor employment status, these young men have no dowry payment (Global

Partnership to End Child Marriage, 2018), and can offer little support to their pregnant partners and their future child. Their inability to marry is further complicated by regulations imposed upon them by camp authorities who have deemed sexual relations between underage children to be a punishable offense. Pregnant teens protect their baby's father by not disclosing his identity, and teenage fathers deny their involvement for fear of prosecution. As a result, pregnant teenage girls and their families are denied the benefits of a secure growing family for their daughters, and are left with the stigma and shame of a pregnancy out of wedlock.

Feeling the disappointment of family and discrimination of the community, and with little financial and emotional support, teenagers feel pressured to abort their pregnancies with little knowledge of the potential risks to their lives and well being. Teenagers reported a lack of knowledge not just about abortion risks, but about all aspects of sexual and reproductive health, and identified this as a factor that contributed significantly to teenage pregnancy within the camp.

Housing and physical environment. The refugees are in housing and an environment that is characterized by loss of traditional community support and loss of intergenerational interaction and influence of peers.

***Loss of traditional community supports*.** "Roaming" of children is a common occurrence within Congolese communities, where supervision of children is considered a shared responsibility of all adults. In the Congolese culture, children are expected to be home before nightfall, and children are likely to know and abide by the norms, structure, and rules of the family. In the Kigeme refugee camp, children leave their small crowded homes to roam the streets, or spend the night with friends from smaller families who have more room. This visiting may also be encouraged by parents needing a brief span of privacy at home. As well, parents in

Kigeme camp tend not to set curfews. Parents regretfully acknowledged their lack of control over what their children do, and where they spend the night. They identified a lack of parental control as contributing to a higher rate of teenage pregnancy in the refugee camp. This is in keeping with Myers' (2014) finding that a lack of boundaries and supervision contributed to teenage pregnancy not only in the Congolese community, but also worldwide.

Intergenerational resentment and influence of peers. Teenage mothers experience feeling rejected by their peers and families and consequently face mental health challenges. Some teenagers expressed that they were rejected by their family members at the time they became pregnant. In addition, their peers perceived them as adults and stopped associating. The negative attitude of peers toward pregnant teenagers is well documented in a research study conducted by Kuckertz and McCabe (2011).

Participants in this study reported that children born to teenagers out of wedlock often experience resentment from relatives; none of the relatives were willing to help the babies. This kind of treatment from relatives has repercussions for long term outcomes for the children, such as decreased earnings in their adulthood, worse health condition, and unsatisfactory education (Aizer, Devereux, & Salvanes, 2018). Children are frequently subject to harsh parenting from their teenage parents, including spanking and yelling practices (The Urban Child Institute, 2014). Moreover, it is documented that children born to teenage mothers have 50 percent greater likelihood of death within one month of their lives than other babies (Presler-Marshall & Jones, 2012), and tend to also have children in their teenage years (Aizer, Devereux, & Salvanes, 2018; The Urban Child Institute, 2014). Single parenting is common for teenage mothers in refugee camps, as they are not legally married, and their partners have limited financial and emotional resources to support them. Single parenting was documented to be associated with teenage

pregnancy (McMichael, 2013) and associated with reduced parental control (Mendle et al., 2009). Single parent households were considered a risk factor to teenage pregnancy even though single parents may have financial means. This is due to a lack of a father image at home (Myers, 2014).

Influences of power and oppression. This was demonstrated by discrimination in hiring practices, inequalities and injustice in economic systems, voicelessness of parents, lack of justice system, police and authority as oppressors, and intermeddling of various authorities.

Discrimination in hiring practices. Refugees have limited employment opportunities, and they claim that they do not have the right to work. They are discriminated against in employment as many employment opportunities favour nationals. As declared in the 1951 Convention on Refugee Rights and Responsibilities, refugees have the right to self-employment, the right to wage-earning, the right to benefit from labour regulation, and the right to practise a liberal profession (Nicholson & Kumin, 2017). Though employment opportunities in refugee camps are scarce, they must be shared without discrimination (Chi, Bulage, Urdal, & Sundby, 2015).

Employment discrimination related to refugees has been documented in many countries; for instance, refugees in Germany had the right to work only if no national citizen was available for the position (Zetter & Ruaudel, 2016). This discrimination and limited opportunity for employment hinders refugees from having income; consequently, they do not have the means to support their children. If parents are not able to satisfy the needs of their children, teenagers may try to satisfy their needs in inappropriate ways. When a teenage girl meets with someone who can provide her with money to buy anything she needs, she accepts the offer and its consequences. One of the consequences may be pregnancy.

Though Rwandan labour law sets the minimum age for employment at 16 years old (Rwanda Labour Law, 2018), study participants reported that employers would not hire a person under 18 years of age. This claim is supported by employment statistics in Kigeme refugee camp that indicate teenagers are excluded from work. Though age discrimination is used as a reason for not employing refugee teenagers, low employment rates are more often related to a shortage of employment opportunities. The lack of employment opportunities within the camp acts to push teenagers into inappropriate behaviours for seeking money to avoid hunger, and provide for their discretionary needs. This in turn contributes to teenage pregnancy.

Inequities and injustices in economic systems. Inequality related to citizenship employment, donations from NGOs, and gender exist in the Kigeme refugee camp. As noted by Lopez and Gadsden (2016), nativity and citizenship are recognized as elements that increase the discrimination of vulnerable groups. Vulnerable people who are subordinate and try to find protection experience unemployment or underemployment (Crenshaw, 1991).

Employment opportunities available in Kigeme refugee camp are at a lower pay scale for refugees than for Rwandese citizens who may hold the same position. This inequality is an exploitation of refugees in the host country, and is common in refugee receiving countries (Nicholson & Kumin, 2017). Moreover, Kigeme refugees cannot hold senior positions in the camp even though they may be better qualified than Rwandese. Refugees are allowed to work outside the camp, but the local administrative structures cause barriers by requiring a Rwandan identity card that refugees do not have. Additionally, their credentials may not be recognized by the host country and that may limit their employment opportunities (Nicholson & Kumin, 2017).

Further discrimination is evident in the use of limited NGO funds that support employment and entrepreneurial activities. With limited employment opportunities in Kigeme refugee camp,

refugees attempt to participate in small business enterprises, such as opening small shops, and look to NGOs for start-up capital. While it is claimed that assistance is provided to everyone who wishes to embark on a small businesses venture, the reality is that the NGO, like mainstream financial institutions, is more likely to support those who already have a business, otherwise called collateral security. The available fund supports refugees who already have a business but not refugees who want to start a business for the first time, creating a situation in which those who are most privileged marginalize those who are multiple-burdened. If the fund was allocated to everyone who needed assistance to start a small business, the NGO could promote the well-being of refugees, including teenage mothers and pregnant teenagers (Crenshaw, 1989).

Small business assistance could contribute to achieving SDG goal 8 regarding the promotion of sustainable economic growth, employment, and decent work for all (Galati, 2015). Decent work means opportunities for everyone to obtain employment that is productive, delivers security at work, provides a fair income and protection for families, and helps in social integration and personal development (United Nations, 2017). However, by not assisting those who do not have money, the current system ensures that poor people will experience more poverty while those who have something will continue to earn profit.

In addition, inequalities were reported in supplies donated to support pregnant teenagers as not all pregnant teenagers received equal supplies to prepare for receiving their babies. Pregnant teenagers experience this as unfair and it causes unhappiness. It is important to attend to the critical differences and treatment in the refugee camp. If ignored, it engenders tension among the group (Crenshaw, 1991, 1997).

The economic domain reflects income, employment, and social capital (Ramsay, 2013). The capitalist world requires cheap labour, more profit, and low wages (Gul, Muhammad, & Ali,

2017). Marx posits that the subordinate class struggles against the control of the dominant class, but that the dominant classes are satisfied and enjoy the most by collecting the surplus (Gul et al., 2017). The situation can change if subordinates set their minds to emancipation. However, the dominant classes play to their consciousness by developing logic that supports their structure so that the subordinates see that what they are going through is true and right and there is no other way around to change the situation (Gul et al., 2017). It is near impossible for refugees to uplift themselves to become competitive with the dominant socioeconomic class. This system contributes to refugees staying oppressed.

Moreover, economic class intersects with social class. Class or social class is identified by the socioeconomic status of the group. People in a common position in the political economy form a class or social class (Collins, 2000). Class, sexuality, and gender communally represent a system of oppression, as documented by feminist activists (Collins, 2000). Because of structural barriers, such as requirements to obtain official identification in order to be eligible for employment, and lower pay than Rwandese for similar work, refugees have limited employment opportunities, and thus are unable to improve their social standing. As has already been discussed, teenagers face age discrimination with regard to employment opportunities. Teenage girls face further discrimination as a result of gender, and social stigma if they happen to be pregnant or unwed mothers. Discrimination of parents and teenagers from having employment intersects with poverty and contributes to teenage pregnancy.

Refugees in this study acknowledged that rules and regulations allowing them to work are in place but are not followed in practice. Ensuring that the labour market in host countries is accessible to refugees would increase the economy of host countries (Nicholson & Kumin, 2017), and allow refugees to become financially self-sufficient rather than dependent on support.

Voicelessness: lack of justice system, police and authorities as oppressors. Study participants attributed the teenage pregnancy phenomenon to the lack of justice. They highlighted little to no access to justice and legal representation. In many cases, the justice jurisdiction and the police may be the source of insecurity, violence, and intimidation for refugees. This is seen most clearly in study participants' reports of legal regulations related to disciplining their children, and severe punishments of the partners of pregnant teenagers.

Parent participants reported a lack of power to discipline their children due to oppression from camp authorities, including camp leaders, police officers, and any organizations that have authority over refugees. Impositions of burden exercised by the authorities (Crenshaw, 1991), such as prohibiting parents from disciplining their children, and incarceration of the partners of pregnant girls, interact with other predating sources of vulnerability to produce further dimensions of disempowerment, in the form of teenage pregnancy and unsupported teenage mothers.

Parents reported that in the camp they are victims, and are incarcerated for disciplining their children. Camp leaders and NGO representatives deny these accusations and do not support this critical reflection from the refugee parents and children. This portrays a sense of voicelessness for refugees in the Kigeme refugee camp. Parents believe that lack of voice concerning the disciplining of their children contributes to teenage pregnancy. Indeed, it is acknowledged that children who grow up lacking parental discipline present a high rate of teenage pregnancy (Okigbo, Kabiru, Mumah, Mojolo, & Beguy, 2015).

In most countries, refugees are afforded human rights as recognized by the United Nations. In Rwanda, it is documented that refugees have the right to work, to have residence, prevention from any type of discrimination, protection and assistance by the government,

membership and association in forums with non-political orientation, freedom of religion and belief, and access to justice and legal representation (Ministry in Charge of Emergency Management [MINEMA], 2019). Although documented as such, refugees in this study proclaimed they do not have those rights.

Security and physical safety are essential elements of protection in refugee camps. Also, maintaining law and order in camps, and physical protection, is the mandate of the host states (Nicholson & Kumin, 2017). Protection against banditry and criminal attack against refugees in camps should be assured by security forces and civil authorities of the country (United Nations High Commissioner for Refugees, 2003). While refugees have the right to be protected and assisted by the government, they do not sense the protection of the government.

Host states do not willingly provide security for refugees; and sometimes, states are not capable of safeguarding refugees (Johnson, 2011). Refugee participants in this study reported that they are responsible for providing security in the camp. They have to safeguard and pay for security themselves. As refugees use their limited financial resources to pay for security guards, family economic capacity is decreased, and refugee families become even more vulnerable to poverty.

Intermeddling of various authorities. Parents noted that camp authorities (one NGO in particular) supported children's rights over the parents' right to discipline, and many believed that they would be incarcerated for physically disciplining their children. Parents also objected to the manner in which baby-related supplies were given directly to their pregnant daughters, rather than involving parents in the process. In circumstances where they struggled to supply their families with every day necessities, parents felt undermined in their role as family providers. This type of situation, where respect for the parental role is compromised, weakens parent-child

connectedness (Lezin, Rolleri, Bean, & Taylor, 2004), or the high quality, positive emotional bond between child and parent that contributes to a long-lasting bond or relationship that is not one sided.

Parents in this study agreed that the undermining of their parental authority as a result of physical conditions within Kigeme camp, and of the power disparity between parents and camp authorities, contributed substantially to the high pregnancy rate among camp teens. This is supported by a study by Bean et al. (2006) that found sexual risk-taking or teenage pregnancies are prevented when parent-child connectedness and communication are positive. As well, Myers (2014) found the teenage pregnancy rate was high among households with parents experiencing abusive or neglectful situations.

Decline of Family Cohesion

The high rates of teenage pregnancy in Kigeme refugee camp can be seen as a symptom of the erosion of family structure.

Family cohesion is an important element for peace and prosperity for the family. However, refugees experience power and oppression with interference of authorities in parenting, lack of opportunities for intergenerational interactions, and housing and lack of privacy—children with no supervision.

Power and oppression; interference of authorities in parenting. Families suffer further decline of traditional Congolese family structure and authority as a consequence of circumstances within the refugee camp. Respect for parents is valued in the Congolese culture and contributes to family cohesion and satisfaction within the family unit. When there is no respect, children misbehave and mistreat their parents. In the Kigeme refugee camp, some

parents reported their children acting with hostility, often leading to violent behaviours of children towards their parents. In this study, parents consistently attributed their children's lack of respect for Congolese family authority to two contextual factors within the camp: their own inability to properly supervise their children, and the attitudes and behaviours of camp authorities.

Pregnant teenage participants acknowledged that, compared to behaviour at home in the Congo where out of wedlock pregnancy is kept hidden, pregnancy is openly displayed in Kigeme. This is possibly a consequence of eroded respect for their parents and traditional family values, as well as heightened influence of teenage peers within the camp. According to Isuku (2015) peer groups as agents of socialization have a strong influence on how girls experience their sexuality. Teenage girls tend to adapt to the sexual behaviours and norms deemed acceptable to the group to which they belong (Isuku, 2015). In addition, a study by Ochen, Chi, and Lawoko (2019) identified peer pressure as contributing to teenage pregnancy rates (Ochen et al., 2019). Parent participants felt helpless to counter these influences on their children, and identified the attitudes and behaviours of camp authorities as adding to the problem.

Parents in this study agreed that the undermining of their parental authority as a result of physical conditions within Kigeme camp, and of the power disparity between parents and camp authorities contributed substantially to the high pregnancy rate among camp teens. This is supported by a study by Bean et al. (2006) that found sexual risk-taking or teenage pregnancies are prevented when parent-child connectedness and communication are positive (Bean, Rolleri, & Wilson, 2006). As well, Myers (2014) found the teenage pregnancy rate was high among households with parents experiencing abusive or neglectful situations.

According to the literature, the relationship between grandparents and grandchildren depends on the income level of the grandparents and this was also the case in my study. A study conducted in Iran, indicated that grandparents with a high income tend to have effective grandparent-grandchild relations (Momtaz, Vidouje, Foroughan, Saraf, & Laripour, 2018). Beside income level, grandparents in Kigeme refugee camp, do not tend to accept grandchildren when their daughters give birth at an earlier age. This was confirmed in another study conducted in the United States of America, where grandparents reported being unsatisfied with grandparenthood when teenagers gave birth outside of wedlock (Barber & Tremblay, 2004). Pregnant teenagers and teenage mothers may turn to other sources of support such as community health workers, or the health care system.

Parents of teenage mothers provide instrumental support in the form of childcare when the new mother returns to school or work, or begins to socialize. While this is often an expectation that parents are happy to fulfill, in Kigeme refugee camp grandparents felt obligated and also burdened by this responsibility. Pregnant teenagers and infant grandchildren represent another drain on limited resources, particularly in terms of nutritional support, and grandparents fear that they will take resources and attention from their own (the grandparents) children. This is particularly problematic if grandparents themselves have children under the age of five. The added financial and emotional stress of caring for another child disrupts the security of the family, and causes dissention between family members.

Collins and Bilge (2016) urge researchers who embark to use intersectionality to reflect on how power is visible in the realm of narratives, norms, and ideas or at the cultural level. In this study, parents experienced powerless over their children, which makes disciplining their children impossible. They encounter disrespect, domestic violence, and lost legal cases against

their children, which call for more attention by camp authorities to address structural power and family cohesion. However, in line with critical ethnography, policy makers do not favor critique of practices and policies (Scotland, 2012).

Lack of intergenerational interactions and respect. Family cohesion in Kigeme camp is additionally threatened by the process used to distribute the meager monthly refugee allowance. Congolese men are traditionally considered to be the breadwinners, and are responsible for caring for the family; however, in the Kigeme refugee camp the monthly allowance is paid to the women. Participants acknowledged that this contributes to mistrust between family members, and lack of communication, discipline, and control of children. Consequently, families do not spend time together, which erodes parent-child connectedness, and decreases opportunities for parental guidance and discipline. Research suggests that this type of environment may contribute to teenage pregnancy, and other health-related risks (Bean et al., 2006; Lezin et al., 2004).

The high rates of teenage pregnancy in Kigeme refugee camp, additionally, can be seen as a symptom of the erosion of family structure, as well as a loss of cultural identity. Kigeme refugee camp residents have experienced a loss of important aspects of their culture as a result of economic circumstances, physical environment, and power disparities within the camp context. The responsibility of children to respect and obey their parents, the authority of parents to discipline their children; the father's role to provide for the family; and raising children pregnancy free are cultural cornerstones that render dignity and value to families in the Congolese community. Without these valuable elements, their cultural identity is decimated, and teenage pregnancy with its many health and social consequences is one of the unfortunate results.

Housing and lack of privacy: Children with no supervision. Participants in this study described housing as a factor contributing to teenage pregnancy because of overcrowding within the houses and within the environment around houses. Houses in the Kigeme refugee camp are small; each house floor space is 5.5 by 3.2 meters, which makes 17.60 m^2 (17.60 square meters) to accommodate a family irrespective of the number of family members or family composition. Houses are comprised of one bedroom and one living room, both of which are small. This is far below the UNHCR standard requirement of 45 square meters, and even below the critical housing criteria of 29 square meters.

Study participants reported having no privacy, and described that children hear all their parents' sexual activities. Consequently, children become accustomed to observing sex from an early age. This can trigger early sexualization (Myers, 2014), and increase engagement in sexuality activity at a young age. With overcrowding of the house, parents ask their daughters to go to a neighbour's house that is less populated, resulting in parents having less control over the behaviours of their daughters when they (the daughters) are not directly under their supervisions.

Healthy housing is conducive to mental, social, and physical well-being. It provides residents with a feeling of home and encompasses a sense of privacy, belonging, and security; however, the feeling of home is difficult to achieved when there is not sufficient space (World Health Organization, 2018b). Overcrowding, limited space to sleep, households living in small spaces, and housing constraints have been implicated in contributing to teenage pregnancy (Myers, 2014). Overcrowding is measured in various ways, such as persons-per-bedroom (PPB), persons-per-room (PPR), and unit square footage-per-person (USFPP) (Blake, Kellerson, & Simic, 2007). These authors posit that the intuitive standard of housing using PPR is one person per room. And the measure of PPB recommends that bedroom occupants must not exceed two.

The USFPP measures or quantifies the amount of available personal space. The PPB is the preferable measure as it is used most of the time to measure overcrowding of the houses of assisted households (Blake et al., 2007). The standard requirement for houses in refugee camps is 45 square meters. The UNHCR considers any dwelling equal to or smaller than 29 square meters as a critical house (United Nations High Commissioner for Refugees, 2020b). Critical housing refers to inadequate and unsuitable housing. International standards developed by the United Nations' Principles and Recommendations for Population and Housing Censuses, Revision 2 (United Nations, 2008) states that "densities of three or more persons per room [is] overcrowded under any circumstance but . . . this level may be raised or lowered for national use" (p. 301). Inadequate shelter and overcrowding are major reasons for the transmission of diseases with epidemic potential for acute respiratory infections, meningitis, typhus, cholera, and scabies to only mention a few. Outbreaks of disease are more common and more severe when the population density is high (World Health Organization, 2021). Using this standard, refugee camps are frequently overcrowded worldwide (Savarese, 2009).

The World Health Organization (2018b) identifies an external environment, meaning local community or immediate housing environment, that enables social interactions as one element of healthy housing. Besides contributing to teenage pregnancy, overcrowding of the housing and neighbourhood in refugee camps exposes refugees to poor sanitation, vector-borne diseases, risks of respiratory illnesses from indoor air pollution, and traffic injury (World Health Organization, 2019). This is not unique to the Kigeme refugee camp but a problem in most refugee situations. Generally, health concerns intersect with housing insecurity (World Health Organization, 2019). As well, poor housing in Kigeme refugee camp reinforces vulnerability of refugees in terms of

their cultural identity crisis as it does not take into account and respect the expression of cultural identity (Office of the United Nations High Commissioner for Human Rights, 1997).

Marginalization of Pregnant Teenagers and Teenage Mothers

Marginalization of pregnant teenagers and teenage mothers is related to cultural factors, such as a patriarchal culture that put the onus on women to "stay pure," decreased educational opportunities and devaluing of education for girls, as well as health system policy and practices that decrease access. There are no services specifically aimed at the needs of teenagers, little access to education on sexuality and reproductive health, poor access to contraceptives over which they have control (i.e. emphasis on condoms as contraceptive), and antenatal care is not available without a partner, There is also a lack of support from parents and community including stigma, recrimination, blame, and no support from baby's father. Teenage mothers are children, but are expected to be adults in their parents' homes—with this transition from childhood to adulthood not well supported.

Patriarchal culture that puts the onus on women to "stay pure." Though gender equality is a fundamental human right, gender inequality is frequently evident in humanitarian situations. Women and girls often suffer from sexual violence and are unable to protect themselves, and in conflict areas, sexual violence against women is used as a weapon of war (Southhall, 2011). In addition, when there is a scarcity of food, women and girls are the most affected group; they do not access appropriate and/or adequate nutrition (Southhall, 2011). Congolese culture does not support unmarried teenage pregnancy, and parents prefer their daughters to remain celibate until marriage. For Congolese, female virginity brings honour to the family. Marrying at an early age guarantees that the girl will be a virgin on her wedding day (Global Partnership to End Child Marriage, 2018; Girls Not Brides, 2019; Neal et al., 2016).

Participants reported that when a girl abstains from sex to safeguard her virginity before marriage, it gives honour to her family and the country. Parents in this study experienced teenage pregnancy outside of marriage as a disappointment, and perceived that it reflected poorly on their ability to take care of their daughters. Consequently, they experienced a loss of personal value and status among other parents, and were denied the honour they considered their due.

Decreased educational opportunities and devaluing of education for girls.

Educational opportunities within refugee camps, including Kigeme refugee camp, are constrained, and school drop out rates are high. Women and girls are more vulnerable not only to food scarcity but also to lack of educational opportunities. Disadvantages in education exposes teenage mothers to limited opportunities in the labour market, and deficient access to skills (United Nations, 2019). This may perpetuate the traditional gender roles of male as wage earner in the public work world and head of the family, and female as mother and home maker (Collins, 2006). The United Nations High Commissioner for Refugees Zavallis (2016) believes that education will contribute to reducing teenage pregnancy rates among refugees and lead to improved or healthier lives (United Nations High Commissioner for Refugees Zavallis, 2016).

The educational system in the Kigeme refugee camp includes pre-primary, primary, and high schools but there are limited opportunities for tertiary education. This is consistent with educational opportunities for refugees worldwide, as only one per cent of refugees have the opportunity to attend a university (United Nations High Commissioner for Refugees Zavallis, 2016). Refugee girls are less likely to attend school than refugee boys (Savarese, 2009). In addition, school dropout is common among pregnant teenagers; many studies report a large number of pregnant teenagers left school when they were pregnant (Okanlawon et al., 2010; Roxberg, 2007). This is consistent with findings in this study. Gender inequality in education

results in disproportionately low educational levels for refugee girls, and may contribute to unhealthy and poor lifestyle across the life span for them and their children (United Nations High Commissioner for Refugees Zavallis, 2016)

The elimination of gender inequality and development of equal access to education among refugee boys and girls in vulnerable situations such as refugee camps is essential to reduce teenage pregnancy (United Nations, 2019), and improve the well being of refugee girls and their children. Vocational training for female school dropouts may be one avenue to accomplish this. In this study, teenage mothers and pregnant teenagers who dropped out of school shared that they wanted vocational training such as sawing (woodwork), masonry, sewing, dressmaking, and hair dressing. There are, however, limited opportunities for vocational training in the Kigeme refugee camp and, since camp authorities do not see this as a priority, no urgency exists to develop vocational training opportunities. Without training and employment opportunities many teenage girls are without employment and activities to keep them occupied (Savarese, 2009).

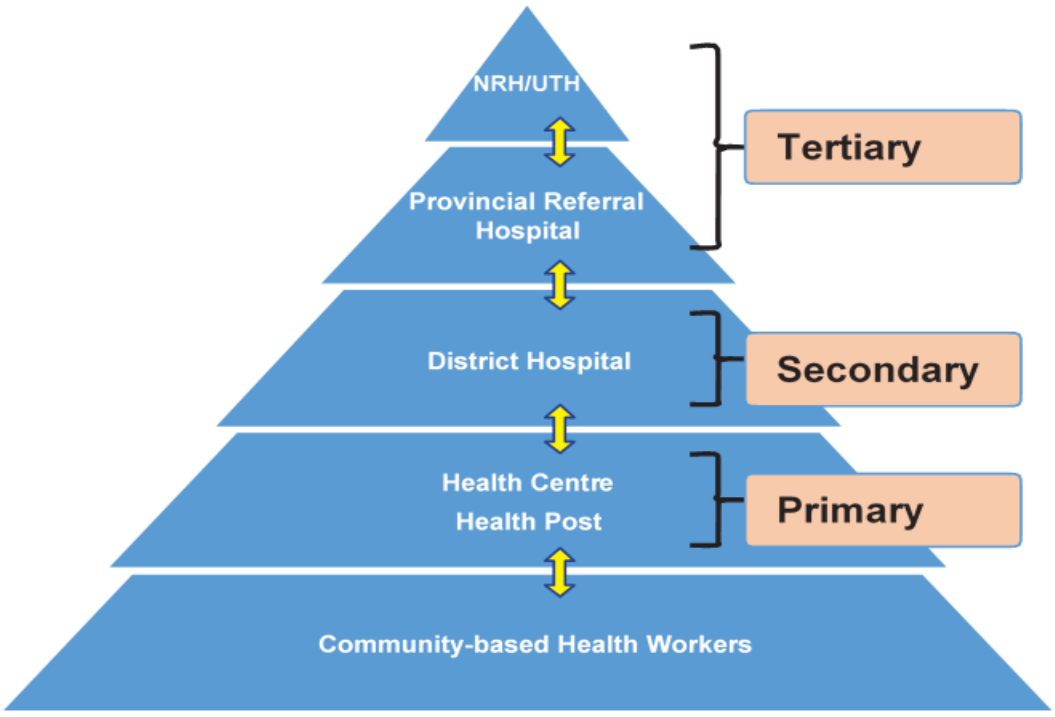
In addition, high rates of teenage pregnancy negatively affect the economy of the community. A community becomes economically poorer when the number of teenage pregnancies increases, and the illiteracy rate in the community increases as more teenagers are likely to drop out of school (The Urban Child Institute, 2014). In this study, the findings show that most of the teenagers dropped out of school after becoming pregnant. This has been referred to as “a dream deferred” (The Urban Child Institute, 2014). The community experiences economic impacts as well since high rates of teenage pregnancy affects government revenue negatively and engenders incremental social obligation (Saha, 2019).

Sexual and reproductive health is included in the elementary and high school curriculums in many refugee camps including Kigeme. The intent is to decrease the teenage pregnancy rate but this is not guaranteed (Isimbi et al., 2019), because a variety of intersecting issues, such as socioeconomic status, also contribute to teenage pregnancy.

Health system policy and practices that decrease access. A comprehensive, accessible health system is considered to be a social determinant of health (Solar & Irwin, 2010). The health system in the Kigeme refugee camp aligns with the Rwandan Health System. See Figure 4 for an overview of the Rwandan Health System.

Figure 4

Health system in Rwanda



The health system in Rwanda has three levels: tertiary, secondary, and primary. The tertiary level has national referral hospitals, university teaching hospitals (NRH/UTH), and provincial referral hospitals. Tertiary hospitals receive referrals from lower-level hospitals, and self-

referrals in cases of emergency, and provide training to health professionals. This level is for advanced specialized care and research. The secondary level is comprised of district hospitals that receive referrals from health centres. Their service delivery includes preventive, family planning, curative, and management services. The primary level consists of health centres and health posts. Health centres provide primary care including health promotion, curative, and preventive services. Health posts are located far from health centres, and are an alternative way to reach more remote communities. Health posts in Rwanda were implemented for transitional situations, such as an outbreak of a disease, and for health care delivery to the refugee population (Rwanda Ministry of Health, 2017b).

Refugees in Kigeme camp access the health system through the health post where services are provided free of charge. Pregnant teenagers receive prenatal consultation in the health post, but are transferred to a district hospital for delivery. If a case is complicated, the district hospital transfers to a referral hospital. Further referral to the University Teaching Hospital is possible if necessary. In the case of pregnancy complications and referrals there is no cost for pregnant women.

Refugee participants in this study reported that access to health care services is a significant contributing factor to teenage pregnancy in the Kigeme refugee camp. Access to contraceptives, particularly condoms, is problematic due to lack of supply. They also identified a problem with access to antenatal care related to the requirement for pregnant teenagers to present to the clinic with a partner or spouse.

It is well documented that, in humanitarian situations, there are inadequate women's health care services due to insufficient resources and finances to address the sexual and reproductive health needs of teenage girls and women (Wayte et al., 2008). In Kigeme refugee

camp, participants reported that there is a shortage of and limited access to condoms, although children were often observed using condoms to make soccer balls. This is a common challenge in many refugee camps (Ivanova et al., 2019; Ivanova, Rai, & Kemigisha, 2018). Although condoms are often available to buy in markets outside the camps, refugees prefer that they should be displayed and available in public bathrooms (Ivanova et al., 2018).

Access to antenatal care is also problematic because of regulations imposed by the health post. The study findings show that no pregnant teenager is allowed to have antenatal health services unless she is accompanied by her husband or partner. As many partners flee the camp due to fear of incarceration, this increases the stress level experienced by a pregnant teenager or teenage mother (The Urban Child Institute, 2014). She is left then to decide whether to forgo antenatal health services, or to identify her partner and increase his chances of imprisonment.

All pregnant teenagers used the health post as an entry point to access the porridge, the nutritional support that is available to every pregnant woman. The nutrition service is an extension of the health post and is used as an incentive for pregnant teenagers to initiate their attendance at the antenatal clinic. This service contributes to their income because refugees do not get sufficient food supplies or monthly allowances to support buying nutritious food. Other research has indicated that health-seeking behaviour in refugee-hosting camps was associated with incentives as a motivation to attend preventive services (Ssewanyana & Mulenga, 2018).

Comprehensive sexual education is also lacking in most humanitarian situations, in particular in refugee camps, although this is an important determinant of teenagers' well-being (Ogori &Yunusa, 2013; Yakubu & Salisu, 2018). There is a need to improve refugees access to information on sexual and reproductive health, and for strengthening reproductive health services, maternal health, and facilities in refugee camps (Karumba, 2018; United Nations High

Commissioner for Refugees Rwanda, 2017). In the Kigeme refugee camp, health care providers often assume the responsibility of providing reproductive health information. However, teenagers in the Kigeme refugee camp do not benefit as much as they could because they do not consistently attend scheduled educational sessions. Similarly, a study by Isimbi et al. (2018) found that Congolese refugee girls living in camps had limited knowledge about sexual and reproductive health even though primary and secondary schools in their camps presented comprehensive sexuality education programs.

The study findings reveal that the health system in Kigeme refugee camp covers family planning services, in compliance with Rwanda's compulsory family planning programme for everyone who gives birth. Rwanda sees family planning as a strategy to achieve national socio-economic development, and as a top national priority (Wesson et al., 2011). Health care providers explain to clients the possibilities and effects of various family planning methods so that clients are able to choose among available alternatives. Given the lack of resources, as previously discussed, the effectiveness of these programs in refugee camps, including Kigeme, is questionable.

In this study, participants discussed the health system in light of the issue of access. This implies disparities in exposure to the services, and vulnerability of the target population. People enjoy longer and healthier lives when they occupy a better position in the social structure (Barata, Ribeiro, da Silva, & Antunes, 2013); however, as has already been discussed, refugees are a vulnerable group, are exposed to multiple health risks, and have few opportunities to better their position in the social structure of their host country. This is particularly true for refugee teenagers, and reflects future prospects for refugee populations. Williams and colleagues (2018)

speculate that teenagers' sexual and reproductive health is essential for the development of productive and healthy communities or societies.

The health system can begin to resolve these issues by promoting intersectoral action to improve the health status of refugees or people in general. Collaboration and further deliberations are needed between the NGOs, camp leaders, teenagers and healthcare providers to provide more accessible sexual reproductive services (Sychareun et al., 2018).

Apart from the schools, education about sexual and reproductive health is also a responsibility of the health care system. Research participants of this study voiced a lack of health services tailored for youth, with sexual and reproductive health care services in the camp being focused on married women and couples (Benner et al., 2010). Family planning services are offered as controlling measures for teenage pregnancy in the Kigeme refugee camp. These include provision of condoms, and other long-term contraceptive methods such as implantable rod and contraceptive shot. Research suggests that these types of programs increase the use of condoms and improve health outcomes of teenagers (Algur, Wang, Friedman, & Deperthes, 2019) The Kigeme refugee camp has a condom availability program as part of an effort to reduce teenage pregnancy. Condoms are supposed to be in washrooms in the camp, but study participants reported that they were frequently not conveniently accessible. Young adults and teenagers also may fail to use condoms correctly during sexual intercourse for a variety of reasons (Peter, Shafii, & Straub, 2017), but without condoms being available in places where they are supposed to be, this program is not likely to decrease the teenage pregnancy rate in the Kigeme refugee camp.

I found that no services specifically aimed at the needs of teenagers, little access to education on sexuality and reproductive health, poor access to contraceptives over which they

have control (i.e. emphasis on condoms as contraceptive), and antenatal care not available without partner.

Supports available for refugees in the Kigeme refugee camp are associated with five key health determinants namely access to high quality health care, access to education, supportive neighborhoods, supportive built environment, and economic stability. In this discussion, I will include the social and community context as an element of social determinants of health.

Like all adult refugees in the Kigeme refugee camp, pregnant teenagers and teenage mothers are entitled to free access to health services, monthly financial allowances, free running water (although running water is often not available), employment opportunities, assistance to start small businesses, inconsistent donor supply, and educational opportunities. Pregnant women also have access to a free nutritional service. In the Kigeme refugee camp, teenage girls are included within a large spectrum of maternal health services. There is a need for adolescent friendly services where pregnant teenagers can access services separate for other pregnant women (Mantovani & Thomas, 2013).

Research has identified the value of community health workers in providing the continuum of health care needed at the community level (Liu, Sullivan, Khan, Sachs, & Singh, 2011). Scott et al. (2015) concluded that the community worker program in family planning provided a positive outcome by increasing modern contraceptive use, and improving attitudes and knowledge about contraceptive in low- and middle-income countries. Community workers often are provided with training in contraceptive counseling and provision of contraceptives (Scott et al., 2015). Beside family planning, community workers in Kigeme refugee camp act as counselors, and advocate for pregnant teenagers who are denied access at the health post. This is similar in other countries, such as in Syria, where community workers in refugee camp provide

counseling to refugees (WHO Eastern Mediterranean Region, 2018). However, the community worker program faces challenges and, combined with an undeveloped healthcare system, these programs are failing to deliver effective healthcare (Liu et al., 2011). The lack of supplies is one example, which was also the case in the Kigeme refugee camp.

Lack of support from parents, partners, and community. In Congolese culture, talking openly about sexual and reproductive health is taboo. Cultural norms act as barriers for teenagers receiving information regarding sexual and reproductive health, as Congolese parents often avoid discussions about sex with their children (United Nations High Commissioner for Refugees Rwanda, 2017). This is common in other communities, as well; for example, parents in Mozambique reported being embarrassed to talk about sexual and reproductive health with their children (Pires & Baatsen, 2018). Parents in this study additionally claimed not to have time for educating their children about sex. This finding is consistent with another research study conducted in refugee camps where teenage girls reported that parents are busy and feel embarrassed to talk about sexual and reproductive health (United Nations High Commissioner for Refugees Rwanda, 2017). Parents in Kigeme camp did not provide an explanation why they have a lack of time to teach their children; however, there may be other contributing and intersecting issues, such as culture, that do not support discussion of sexual and reproductive health.

Further, pregnant teenagers and teenage mothers have to balance parenthood with other activities in their lives, and need adequate emotional, medical, social, and academic support. In Kigeme refugee camp, parents, community workers, and camp leaders play important roles in the integration of pregnant teenagers and teenage mothers in the community, and offer support to teenagers to self-integrate. Pregnant teenagers and teenage mothers verbalized that supportive

parents were willing to assist, but not all parents are supportive; Roxberg (2007) found that few teenage mothers felt supported by their families when they were pregnant.

Community health workers provide social support, as well as enhance social networks. Social support can be considered informational such as providing advice, emotional such as caring for individuals during distress, instrumental such as providing services, and appraisal such as providing feedback to any phenomena and comparison (Dobrzycka, 2008). Community workers enhance social networks by capacity building, strengthening the existing networks, enhancing existing linkages, and developing new linkages (Dobrzycka, 2008). In primary health care settings, community workers act as an interface between the community and health care providers, and can be considered cornerstones in successful immunization programs, resources allocation, prevention of diseases and other unpleasant phenomena by early identification of signs and symptoms, and provision of maternal care, including pregnant women and child health services (Gilmore et al., 2016). The community workers' services are usually solicited in environments such as refugee camps where there is food insecurity, overcrowding, exposure to violence, poor access to sanitation and water, and collapse of basic health needs (Gilmore et al., 2016). In refugee camps, they are often employed as volunteers or paid workers to counter the scarcity of health care providers, and work on a household basis and at the community level (Gilmore et al., 2016; Mangeni, Pilkington, Mbai, & Abuelaish, 2016), and since they are selected from the refugee community are assumed to deliver culturally sensitive services (Baier & Deonandan, 2016; Mangeni et al., 2016).

In this study the contribution of the community workers and leaders in Kigeme refugee camp in the integration process of pregnant teenagers and teenage mothers was articulated by very few of the research participants. Though pregnant teenagers often become outcasts in the

Congolese community, community workers and camp leaders in Kigeme refugee camp identify that they work hard to support teenagers and try to engage them in the camp activities. A good example is the collaborative support from community workers, the school, and the camp leaders for integration of teenage mothers who attended school to guarantee an hour during school time to feed their children. Community workers supported teenagers with their family planning needs, particularly by making condoms available in the washrooms as a preventive measure. Additionally, there is a lack of recreational services for girl. As literature indicates, in the Congolese culture, there are activities that are for women and others for men. For instance, participants pointed that a girl must be at home helping out in household activities, including fetching water. No participant expressed that a girl is entitled to participate in playing soccer. Some activities that could help in teenage pregnancy reduction are for males only. Athletic and sports participation are directly related to reduced frequency of sexual behaviour (Sabo, Miller, Ferrell, Melnick, & Barnes, 1999). Playing grounds in Kigeme refugee camp provide an enjoyable distraction for teenagers, and provide activities to keep them occupied. There are, however, gender inequalities as most of the recreation activities are geared to males.

Conclusion

In this chapter, I have discussed teenage pregnancy in refugee camps as a consequence of various intersecting factors such as the scarcity of employment opportunities, power imbalance, discriminatory factors, and gender inequality. Using intersectionality to uncover intersecting elements of oppression in the refugee camp does not mean that I provided a solution for teenage pregnancy. Kimberlé Crenshaw has coined the term intersectionality, but she did not provide solutions to women who experienced distortion and marginalization (Davis, 2008). Her work opened the eyes of many people and informed the space for suggesting what is needed. There is a

need to address the teenage pregnancy issue among refugees and non-refugees to achieve SDGs. Further details on recommendations to address teenage pregnancy are discussed in the following chapter.

Chapter Six: Recommendations, Knowledge Translation, and Conclusion

Teenage pregnancy is not a unidimensional phenomenon; it involves multiple intersecting issues. This study examined the issues of teenage pregnancy in the Kigeme refugee camp in Rwanda. Those issues include insufficient socioeconomic means, overcrowding of the camp, inadequate education about sexual and reproductive health, insufficient health-related supplies in the camp, parents prohibited from disciplining their children which was associated with intermeddling of authorities in the nurturing of children, inequity and inequality in the employment market that affect the possibility of earning income, and the effects of teenage pregnancy in the refugee camp community. These issues intersect to compromise family cohesion, impair cultural identity, and oppress and marginalize pregnant teenagers and teen mothers. This chapter presents recommendations for education, further research, and policy, as well as implications for nursing practice. The recommendations focus on supporting Congolese cultural identity, family structure and cohesion through various economic, health, and educational means. I also document the recommendations received from research participants and conclude with a knowledge translation plan.

Recommendations

Education

Education in refugee camps comes as an additional element to food and shelter. Education is classified into three categories: formal education that leads to a degree or certificate, informal education, which is lifelong education, and non-formal education which is usually practiced as vocational education. The Kigeme refugee camp has a formal education system that includes pre-primary, elementary, and high school. The enrolment in those three levels may be

satisfactory; however, a refugee has limited access to university education. There is a need to increase opportunities for refugees to access higher education.

Moreover, lifelong education is needed in the Kigeme refugee camp. The findings showed that teenagers lack education in sexual and reproductive health. As health care delivery is organized by the NGOs, I recommend that NGOs increase education in the refugee community not only to teenagers but also to the parents.

Informal education does not only apply to refugee communities, but also to NGOs. The findings pointed to cultural conflicts among refugees and authorities. The NGOs need to be educated so that they can be aware of the multicultural environment and acknowledge the culture of the people that they serve.

Teenagers and their parents are underemployed, thus having no source of income, and depend on donations from NGOs. Pregnant teenagers and teenage mothers prefer vocational training over returning to high school as they believe it improves their chances for employment. I recommend integrating vocational training into the existing education system. The UNHCR must develop an educational campaign that encourages all pregnant teenagers and teenage mothers to return to school and gives them the opportunity to complete their education, including vocational training. To promote schooling, I suggest that UNHCR institutes programs that can support daycare of the children when their teenage mothers attend school.

Research

Researchers conduct research to improve the lives of the population involved or concerned with the research, to improve the quality of services, and/or to put in place rudimentary data needed to inform decisions, and formulate policies and guiding principles. This

research examined the issues related to teenage pregnancy where teenage mothers and pregnant teenagers were central to the research.

A scarcity of employment in the Kigeme refugee camp affects males and females. Both teenage boys and girls search for employment inside, as well as outside, the camp. Qualitative research is needed to explore the experience of exploitation of teenagers in dominant socioeconomic interests for those who go outside the camp for employment, such as domestic labour or working in bars. This group is ignored and the problems they encounter in their work-related environments have not been studied.

Teenage pregnancy affects the physical, emotional, and psychological aspects of human beings including pregnant teenagers, parents, and the community or society where they live. This research did not aim to explore the mental status of pregnant teenagers and teenage mothers. Little research exists that investigates how pregnancy and motherhood affect the psychology of teenagers. Mixed method research is necessary to explore further intersecting factors contributing to teenage pregnancy, for example socio-epidemiological studies.

Teenage pregnancy also affects parents physically, emotionally, and psychologically. A critical research study that explores the needs and experiences of the parents of pregnant teenagers is recommended. In addition, I recommend a participatory action research study that will involve parents and authorities to address teenage pregnancy.

Health care professionals observed that teenagers do not attend scheduled training sessions. I recommend researchers to conduct further qualitative research to assess why they do not attend. Intervention studies are additional necessary to test different service delivery models to increase accessibility of services for teenagers in refugee camps.

The findings of this study show that Kigeme refugee camp residents dwell in houses that are below acceptable standard. I recommend further quantitative research on the housing needs in refugee camps and how housing contributes to teenage identity.

The community workers, as insiders to the refugee and the Congolese community, are important stakeholders to operationalize educational and health programs that support families in a culturally congruent way. Refugees are vulnerable to the same marginalization, and this impacts on how effective their roles are utilized. I recommend further mixed method research on the effective utilization of community workers in refugee camps.

Policy Development and Implementation

The issues of monetary or insufficient allowance, health care in refugee camps, overcrowding, intermeddling of authorities, lack of education about sexual and reproductive health, and social determinants of health that have negative effects for refugee communities are important elements that policy developers and implementers must consider to promote the health of refugees, and decrease rates of teen pregnancy.

In refugee camps, policies are created and implemented by UNHCR and the host countries. UNHCR and the host country must create policies that regulate how a child can be cared for by parents, and how NGOs can support parents. In the Congolese culture, children are nurtured by both their parents and the community. Anything that puts parents in the position of bystanders in caring for their children is contrary to Congolese culture. There is a need for policies to address the cultural issues that contribute to teenage pregnancy among refugee communities. Through the collaboration of all involved stakeholders, cultural factors can be integrated into policies aimed at preventing teenage pregnancy.

Food insecurity is a prominent issue in the Kigeme refugee camp as refugees live on a very small daily allowance. There is a need for policies regarding the distribution of more food supplies and allowance increments. Insufficient food was a trigger for prostitution in refugee camps, which shows that food insecurity has to be the priority issue for UNHCR in collaboration with host countries.

Inequities in pay rates between refugees and nationals was recognized by study participants as a significant factor contributing to underemployment in Kigeme refugee camp. Payment rates are associated with citizenship status, and refugee status explicates capitalism, and the exploitation of refugees. There is a need for a policy to protect refugees against exploitation and to regulate inequalities and inequities in the working environment.

Policies are needed to address all kinds of inequalities and inequities related to the support systems. Some pregnant teenagers and teenage mothers voiced inequities in the financial and nutritional support provided in the camp. Development of comprehensive guidelines that clarify who is eligible for what type of support is needed. Clearly communicating the guidelines to the community would improve transparency, and improve their level of trust and relationship with camp authorities.

Further, there is a need for policies to support refugees or youth who complete high school to have opportunities for employment in the job market. Refugees are concerned with the unemployment rate in the Kigeme refugee camp, which is intertwined with discrimination based on refugee status. It is impossible to employ everyone at the same time, but creating opportunities to use their skills is important.

Supporting the creation of small business and encouraging entrepreneurship is very important for the economic well being of the refugee community. However, the requirement for

collateral security is a barrier to accessing available funding. To overcome this barrier, UNHCR and other stakeholders, including the host country, must negotiate and communicate about collateral security and develop a suitable policy so that everyone starting a small business has access to the start-up funding. In addition, there is a need to prioritize work opportunities in the refugee camp for refugees only.

The health system that is managed by NGOs and the host country needs more support to address refugee health needs. The availability of contraceptive methods for males, for example condoms, can be a partial solution for preventing teenage pregnancy in the Kigeme refugee camp. Policies related to male family planning, such as a condom accessibility policy, are needed so that every refugee is able to obtain required contraceptives in the camp, which implies universal access solutions.

Policymakers and policy-implementers need to promote collaboration and integration of refugees in the Rwandan community to lessen discrimination based on citizenship. If the integration of refugees in the Rwandan community is not possible, policymakers and policy-implementers must think about the possibility of resettlement. If neither of these options are possible, UNHCR must consider increasing the campaign for self-repatriation or voluntary repatriation.

Inadequate, absent, or improper management of water supplies and services related to sanitation within Kigeme refugee camp exposes the community to preventable health risks. I recommend UNHCR address the provision of safe water supplies to decrease exposure of camp residents to diseases, such as typhoid, diarrhea, cholera, and dysentery.

Nursing

Community health nursing focuses on health promotion, prevention of diseases and health problems, instituting health and wellness programs, educating communities about managing chronic diseases and making healthy choices, conducting research to improve health care, and evaluating a community's delivery of patient care and wellness projects. However, caring for people who are traumatized or vulnerable presents significant challenges. Refugees, particularly parents, often feel deserted: they feel that no one understands and no one cares.

Nursing has to contribute to culturally competent health assessment and care, and incorporate the community views into their caring. It will be helpful to employ more Congolese nurses that are insiders to the culture perspectives. Nursing has the duty to reach out to the community, listen to their concerns, and then bridge the power imbalance between refugees and authorities, as nursing has the role of advocating for people or communities.

The shortfalls and concerns in health services—for instance, mandatory family planning service—should be discussed among nurses, other health care professionals, and policymakers. Education and choice related to family planning methods are important. In the Kigeme camp it was noted that when health care professionals plan to teach teenagers about sexual and reproductive health, teenagers do not attend. More collaboration between health care professionals and community workers to sensitize and raise awareness among teenage girls and boys to increase attendance in health education sessions or to provide the education in a manner that is acceptable to the teenagers, is important. When nurses do community outreach, they are able to assess the community's needs and deliver efficient services in a manner that is acceptable to the target group.

Capacity building is a responsibility of nurses as they work to reduce teenage pregnancy in the Congolese refugee community. In building capacity, nurses support and encourage the

refugees in the Kigeme refugee camp to be actively involved in taking ownership and making decisions aimed at curbing teenage pregnancy. This requires mobilization of resources and education of parents, teenagers, and all stakeholders on sexual and reproductive health by emphasizing the magnitude of the teenage pregnancy issue in the camp. The nurses or health professionals in this research waited for clients at the health post. Outreach into the community would be a more effective approach. Nurses who work at the health post can act as catalysts to resolve teenage pregnancy as they provide education and leadership to the community in realizing their contribution to the work of decreasing the teenage pregnancy rate.

The health post aims for males to be involved in antenatal care or maternal health in the hopes that this will increase the support that partners or husbands render to pregnant women. Pregnant teenagers, however, are prohibited from antenatal care by a regulation that requires that they must attend with their partner. Nurses must advocate for support for pregnant teenagers who do not have access to health care services due to the rule that their partners have to accompany them.

In the community, nurses provide a range of health services, such as advocating for better nutrition, working to decrease teenage pregnancy rates, and averting infectious and sexually transmitted diseases. In the Kigeme refugee camp, food insecurity and the lack of a consistent clean running water supply puts camp residents at a high risk of infectious diseases. Safe water, food security, and proper air condition help to control infectious diseases. Providing protection from harms emanating from the environment is a nursing responsibility to ensure a healthy community within the camp.

Finally, nursing has to collaborate with policy makers and policy implementers to support public policy adjustments that modify the social and physical environments that contribute to the

teenage pregnancy rate. By doing so, nurses will be acting as health promoters of teenagers in general, and in particular of teenage mothers and pregnant teenagers.

Nursing, intersectionality, and teenage pregnancy in refugee camps. Nursing can be viewed as a post-critical profession that challenges the status quo. It critiques and exposes oppression relating to a phenomenon with the goal of liberation of oppressed or marginalized people (Reed, 1995). Considering that the health or life of individuals, families, and communities depends on complex political, economic, and social forces, nurses must have a broad understanding of those forces in order to achieve their purpose of promoting life by facilitating, supporting, and assisting individuals, families, and communities to enhance and maintain good health (MacDonald, Newburn-Cook, Allen, & Reutter, 2013). Pregnant refugee teenagers are not a stand-alone element for nursing; they are one of the marginalized and vulnerable groups that need nursing care (Carrasco, Loozen, & Alvarez, 2014). Through improving social and health factors, nursing can increase the life expectancy of clients, including refugees (Phelan, 2011).

In this ever-changing world, nursing should adjust to the changes by producing up-to-date and new knowledge. The main goal of knowledge development in nursing is to master how to better care for our clients, including refugees, and understand their care needs (Meleis, 2012). Knowledge can be a product of a variety of endeavours including research studies, creativity, and innovative activities. The knowledge generated gives nurses the ability to deal with health issues relating to the profession (Meleis, 2012; Risjord, 2010). Subsequently, nursing can help communities, families, and individuals to live their maximum health potential as well as maximize their well-being wherever they are, including refugee camps (Meleis, 2012).

In this study, I found a power imbalance in the Kigeme refugee camp. Power is an extensive and complex concept in nursing, and has a decisive impact on the accomplishment of

nursing professional goals, satisfaction, and the achievement of their duties (Shariff, 2014). Nurses can help to deal with the challenges related to power imbalances that refugees experience because of the positive image of the nursing profession, nursing involvement in the community, nursing knowledgeable and skill in health policy formulation and implementation, and positioning that allows nurses to be in contact with both authorities and the communities. This does not exclude the fact that nurses need resources, and to be supported in their activities (Shariff, 2014). When a health promoter as a stakeholder in the refugee camp places a high priority on an issue such as teenage pregnancy, they can positively impact the policy implementation process (Groenwald & Eldridge, 2019). Nurses have contested against arduous prevailing cultural restrictions involving socioeconomic status, race, and sex, and that contest may put them in a better position to deal with the teenage pregnancy issue, not only in refugee camps but in countrywide communities (Sepasi, Abbaszadeh, Borhani, & Rafiei, 2016).

Nurses are cornerstones for answering or responding to gender issues. Gender issues can be seen as socially constructed distinctions between the different genders such as expectations of responsibilities and roles, and dissimilarities in light of employment and unpaid work (Payne, 2009). There are many studies that outline the differences between the genders in light of their personal experiences of ill health, and how health services best address their health needs. Nurses can play a significant role in reducing health inequalities and inequity among different genders. Socially constructed distinctions of gender have to be challenged by nurses to promote health. Otherwise, inequity might contribute to poor health among those experiencing inequity, such as teenage girls in refugee camps. Moreover, when gender inequality and inequity are not attended to, there will be an increased burden on the health care system both locally and nationally.

Nurses in collaboration with all stakeholders must respond adequately to the teenage pregnancy phenomenon in the Kigeme refugee camp.

Knowledge Translation

The dissemination of research findings ranges from the sharing of draft papers among colleagues to presentations at meetings, published abstracts, and papers in journals that are indexed in the major bibliographic databases (Higgins & Green, 2008). The purpose of findings dissemination is to increase the use of evidence within policy and practice (Armstrong et al., 2013). Grimshaw and colleagues (2012) assert that one of the most consistent concerns about findings from clinical and health services research studies is the failure to translate research into practice and policy. These authors pose some questions to consider so that findings dissemination will be effective: what should be transferred; to whom should research knowledge be transferred; by whom should research knowledge be transferred; how should research knowledge be transferred; and with what effect should research knowledge be transferred (Grimshaw et al., 2012). I propose to transfer knowledge generated in this research as primary data. The knowledge will be transferred to everyone who is connected to pregnant teenagers, UNHCR, and scientists or researchers. I hope this research will contribute to better understanding of the intersecting factors that are contributing to teenage pregnancy in refugee camps, and improve their quality of life.

The study was a critical ethnography with the main purpose of societal change. The change cannot happen without the dissemination of research findings. After completing my final defence, I will go back to the field for knowledge translation. I will present the findings to all stakeholders which include UNHCR, and other NGOs that operate in the Kigeme refugee camp.

Moreover, I will present the results to refugees in Kigeme refugee camp to increase their awareness.

The authorization for accessing the refugee camp came from the Rwanda Ministry of Emergency Management. I will give briefing notes of the findings of my study to this ministry. Moreover, I will give a copy of my thesis to the University of Alberta.

My knowledge dissemination will include publishing scientific papers in accredited nursing journals, refugee-related journals, women's health journals, and/or teenagers or adolescents' health journals. In addition, I will present the findings in scientific conferences both nationally and internationally.

Conclusion

This research exploring the culture of teenage pregnancy in refugee camps in Rwanda was a critical ethnographic study. It was conducted in the Kigeme refugee camp in Rwanda. The objectives of the study were to investigate (a) the cultural contexts in which pregnant teenagers live in refugee camps; (b) how parents, community workers, and refugee camp leaders integrate pregnant teenagers into the refugee camp community; (c) what supports are available to help pregnant teenagers living in refugee camps; (d) what existing supports are in place to reduce teenage pregnancies; and (e) the underlying health determinants that influence teenage pregnancy in refugee camps. The research was guided by the intersectionality framework.

Intersectionality has been used in many disciplines such as anthropology, history, philosophy, sociology, and feminist studies. With its focus on examining sameness and differences, it has helped those disciplines to widely explore axes of power, gender, and race in light of education and the political domain (Cho et al., 2013).

The data were collected using participant observation, and individual and focus group interviews. The sampling strategies used were purposive sampling (for NGO representatives, health care personnel and community workers, non-pregnant female teenagers, teenage boys, parents, and camp leaders) and networking for teenage mothers and pregnant teenagers. The ethical principles were respected. Ethics approval was sought and found from the University of Alberta Ethics Committee, and permission to access the Kigeme refugee camp was requested and received from the Ministry of Emergency Management, Rwanda. The data analysis was thematic analysis, and Atlas.ti softcopy was used to manage and organize data.

The findings showed that the refugees have insufficient support from NGOs, and the location and refugee status in the host country does not allow them to have employment. Therefore, income is limited. Most of the participants attributed teenage pregnancy to the low socioeconomic status of the family. Parents do not have sufficient means to satisfy the needs of their children. When life is difficult, teenage girls go outside the refugee camp for employment and most of them come back to the camp pregnant. Some pregnancies are due to survival sex from outside the camp, others occur inside the camp. As refugees do not have much to occupy their time, they may have time for sex. Through the findings and discussion, it is apparent that pregnant teenage girls are marginalized and rendered voiceless in several ways; for instance, the responsibility for celibacy is placed on girls only, the contraceptive method of choice in the camp is condom over which men have to be depended upon to use correctly, the requirement for girls to attend the clinic with their partner before receiving services, and lack of educational opportunities. Inequality in the refugee camp was voiced in employment and supplies from donors. Additionally, there is a cultural confrontation on nurturing children between parents and the NGO that claims to fight for rights for children, and children are allowed to do what they

want. With the lens of critical ethnography, the study raised awareness for those who participated in interviews and it will raise more awareness during knowledge dissemination.

This research gives preliminary data that will be used by stakeholders to design programs, policies, and interventions to address teenage pregnancy. This study is also associated with the many of the United Nations' SDGs, such as goals 1, 2, 3, 4, 5, 8, 10, and 16 (United Nations, 2019). Addressing teenage pregnancy in a refugee camp will contribute to achieving SDGs, for example addressing gender equality, reduced inequalities, good health and well-being, and peace and justice. This preliminary data will be useful to researchers who will conduct further research in this area. Teenage pregnancy in refugee camps is an area with limited information where researchers have to spend time to advocate for this vulnerable group.

The research validity and reliability were assured by prolonged engagement, participant observation, peer review or debriefing, coding of interviews verified by my supervisor and supervisory committee, triangulation, and external audits.

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Appendices

Appendix A: Interview Guide- Pregnant Teenagers/Teenage Mothers Interview

1. Tell me about how it is to be pregnant in a refugee camp.

   How did the environment in the refugee camp influence you getting pregnant?

   Probe: economy (employment, income, expenses, debt, medical bills, support), food (hunger, access to healthy options), culture, gender, power behind it, education, community and social context, race, health system, physical environment (safety, walkability).

   How did the pregnancy affect your life? (Feelings, negative, positive, challenges).

   How does the community react towards you? (Peers, your parents, your partner, school mates, healthcare team, NGOs, camp leader, and society in general).

   Why do you think they act that way?

2. What support did/do you have and what support would have been helpful to you?

   Probe: Parents, spouse/partner, other families, society, government, NGOs.

   Probe: What kind of support do you get?

3. Do you attend antenatal/postnatal clinic, or did you attend antenatal and postnatal services? Why and why not?
4. Did you continue schooling when you became pregnant? Please explain.
5. What do you think your future be like?

6. Describe how you are supported and how you can be best supported (healthcare, education, and community).

   How can camp leaders, NGOs representatives help you?

7. What will you tell other teenagers about being pregnant?

Appendix B: Interview Guide-Teenage Boys and Girls (not pregnant)

1. Tell me about how it is to be a teenager in a refugee camp.

   Probe: Challenges, issues like harassment, peer pressure, violence, and workload.

2. How do boys and girls relate to each other in a refugee camp.

3. What is your feeling about a friend that is pregnant? (stigmatized, deprived of food, attitudes of the camp community).

4. Do you think the environment in a refugee camp contributes to teenage pregnancy and you becoming sexually active? Why or why not? Probe: economy (employment, income, expenses, debt, medical bills, support), food (hunger, access to healthy options), culture, gender, power behind it, education, community and social context, race, health system, physical environment (safety, walkability).

5. Where do young people like yourself get information about reproductive health?

   Probe: parents, radio, peer, healthcare, community worker, radio, school, nowhere, which one do you prefer?

   Probe: why that preference not other sources of information?

6. What support is available in the camp if you want to prevent a pregnancy? (Information, family planning clinic, reproductive health clinic).

7. Do you or your partner feel at risk of getting pregnant?

   Probes: (If yes) what can you do to minimize that risk?

   Probe: what support is in camp to minimize that risk?

8. What support do you need to minimize the risk of getting pregnant?

9. What do you think camp leaders, NGOs representatives, and yourselves can do to prevent teenage pregnancies, support pregnant teenagers and teenage mothers?

   Possible probes: Does any one has any more suggestions?

Appendix C: Interview Guide-Parents (Mixed)

1. Tell me about teenage pregnancy in the refugee camp. (Prevalence, contributing factors, prevention, challenges, understanding of teenage pregnancy)
2. What is the impact of teenage pregnancies in the refugee camp on the teenager, family, and community?
3. What support systems do you think teenagers and/or pregnant teenagers need? Probe: social support systems, family/refugee camp relationships, education, health livelihoods.
4. What is the attitude of parents and the community towards integration of pregnant teenagers or teenage mothers in the refugee camp?

   Probe: are there any other suggestions?

   Probe: Does anyone have any final comments or questions?

Appendix D: Interview Guide-Camp Leaders

1. Tell me about teenage pregnancy in this refugee camp. Probe: Prevalence, contributing factors, acceptance, lack of economy (employment, income, expenses, debt, medical bills, support), food (hunger, access to healthy options), culture, gender, power behind it, education, community and social context, race, health system, physical environment (safety, walkability).What are the social norms and cultural practices regarding teenage pregnancy in this refugee camp?
2. What support systems are in place in this refugee camp for pregnant teenagers? Probe: reproductive health services, support to integrate, support to continue schooling, community's contribution to the welfare of pregnant teenagers and mothers.
3. How do people relate to pregnant teenagers?

   Probe: what is the reaction of the community, camp leaders, NGOs representatives, peers, partner, and parents, towards a pregnant teenager and her partner?

4. How does teenage pregnancy and motherhood affect community, women, and society as a whole?
5. What do you think camp leaders, NGOs representatives, and yourselves can do to help preventing teenage pregnancies, support pregnant teenagers and teenage mothers?

Appendix E: Interview Guide -Community Workers and Health Personnel

1. Tell me about teenage pregnancies in the camp? Probe: Contributing factors, lack of economy (employment, income, expenses, debt, medical bills, support), food (hunger, access to healthy options), culture, gender, power behind it, education, community and social context, race, health system, physical environment (safety, walkability).
2. How do people in the camp relate to pregnant teenagers?

   Probe: what is the reaction of the community, camp leaders, NGOs representatives, peers, partner, and parents, towards a pregnant teenager and her partner?
3. How does the community's contribution to the welfare of pregnant teenagers and mothers? (Probe: Support to stay in school, reproductive services, psychological support).
4. How is your user and provider relationship in terms of teenage reproductive health services?
5. What do you think will support teenagers to use available reproductive health services?
6. What other methods of reproductive health services does the pregnant teenagers and mothers resort to? Probe: Family planning

Appendix F: Interview Guide-NGOs Representatives

1. Tell me about teenage pregnancy in this camp. Probe: contributing factors,
   ack of economy (employment, income, expenses, debt, medical bills, support), food (hunger, access to healthy options), culture, gender, power behind it, education, community and social context, race, health system, physical environment (safety, walkability).
2. How do people in this refugee camp relate to pregnant teenagers?

   Probe: what is the reaction of the community, camp leaders, NGOs representatives, peers, partner, and parents, towards a pregnant teenager and her partner?
3. What support systems are offered by your organization to support teenagers that are pregnant or want to prevent a pregnancy?
4. What is the NGOs' contribution to the welfare of pregnant teenagers and mothers?
5. What do you think camp leaders, parent, and yourselves can do to prevent teenage pregnancies, support pregnant teenagers and teenage mothers?

Appendix G: Observation Tool

Place/physical space

Activity

Actors/People involved

Behaviour or action

Objects: resource

Event (Regular or irregular/ formal or informal/sequence or interruption)

Time (season, month, day, time of the day ‘morning, afternoon, or evening’)

Goal to accomplish by people involved

“The researcher inspired by M. DeWalt and R. DeWalt (2011) and Kawulich (2005) has developed this participant observation tool”.

Appendix H: Assent for Teenagers (boys and girls)

Title of Study: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

Principal Investigator(s): Desire Urindwanayo

Phone Number(s): +15875664484 or +250782672116.

Email: urindwan@ualberta.ca

Supervisor : Dr. Solina Richter

Phone Number(s): +17804927953.

Email: solina.richter@ualberta.ca

My name is Desire Urindwanayo, a PhD candidate at the University of Alberta. I am here to conduct a research study on teenage pregnancy. In this study, I will do interviews with teenagers and adults. This letter is for asking you to participate in focus group discussion for my research.

What is a research study?

A research study is a way to find out new information about something. You do not need to be in a research study if you do not want to.

Why are you being asked to be part of this research study?

You are being asked to take part in this research study because we are trying to learn more about teenage pregnancy in refugee camps. We are asking you to be in the study because you are a teenager or a pregnant teenager's partner.

If you join the study what will happen to you?

We want to tell you about some things that will happen to you if you are in this study.

- You will participate for about one to two hours.
- We will ask you to sit with us and talk about teenage pregnancy in refugee camps.

- The interview will be audio-recorded if you agree to be recorded; however, if you do not agree to be recorded, I will take notes.

Will any part of the study hurt?

No physical harm is associated with this study. Some of the questions may be sensitive in nature, and you do not have to answer them if you do not want to, and/or you can ask to stop at any time. Also, I can accompany you to the health post if you want to talk to someone.

Will the study help you?

We do not know if being in this study will help you**.** However, we believe that the results from this study will help us to understand more about teenage pregnancy and it can raise awareness about the teenage pregnancy with potential of better policy formulation to tackle this issue.

Will the study help others?

This study might find out things that will help other children with pregnancy and the findings may help future young generations who are living in refugee camps.

What do you get for being in the study?

We will appreciate you time spent with us and we will provide an incentive of $5 equal to 2000RWf.

Do you have to be in the study?

You do not have to be in the study. It is up to you. The participation is voluntary. No one will be upset if you do not want to do this study. If you join the study, you can change your mind and stop being part of it at any time. All you have to do is tell us. If you decide to stop, we will love to know if you wish to withdraw the information you provided. The time you decide to withdraw yourself in the study, I will delete all information that you have given. The deadline to withdraw

the information given will be July 2019. It is okay, the researchers and your parents will not be upset.

Do your parents know about this study?

This study was explained to your parents and they said that we could ask you if you want to be in it. You can talk this over with them before you decide.

Who will see the information collected about you?

The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the research. The study information about you will not be given to your parents or your guardians. The researchers will not tell your friends or anyone else. The portions of the final research will be used in my thesis and may be published in professional journals or presented at conferences. I may use quotes of what you tell me, but all names will be removed so that no one will know who you are.

What if you have any questions?

You can ask any questions that you may have about the study. If you have a question later that you did not think of now, either you can call or have your parents call Desire Urindwanayo at the above number.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call +1(780) 492-2615. This office is independent of the researchers."

Other information about the study.

- If you decide to be in the study, please write your name below.
- You will be given a copy of this paper to keep.

□ Yes, I will be in this research study. □ No, I do not want to do this.

Child's name	Signature	Date
Person obtaining Assent	Signature	Date

Appendix I: Letter for information and consent for parent/guardian

Title of Study: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

Principal Investigator(s): Desire Urindwanayo

Phone Number(s): +15875664484 or +250782672116.

Email: urindwan@ualberta.ca

Supervisor : Dr. Solina Richter

Phone Number(s): +17804927953.

Email: solina.richter@ualberta.ca

My name is Desire Urindwanayo, a PhD candidate at the University of Alberta. I am here to conduct a research study on teenage pregnancy. In this study, I will do interviews with both pregnant and non-pregnant teenagers and adults. This letter is for asking you to allow your children to participate in focus group discussion for my research.

Why am I being asked to consider this research study?

You are being asked to allow your child to be in this study because he/she is a teenager, which is the one of the valuable populations of the research study. I want to understand more about teenage pregnancy in refugee camps. Before you make a decision one of the researchers will explain this information form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form for your records.

What is the reason for doing the study?

We want to learn about teenage pregnancy in refugee camps. The study will involve children or teenagers and parents as well as healthcare personnel and camp leaders.

What will happen in the study?

Your child will be part of group discussion where we will collect the views of teenagers on teenage pregnancy phenomenon. The focus group discussion will last one to two hours. Moreover, the discussion will be audio-recorded.

What are the risks and discomforts?

No physical harm is associated to this research. Perhaps, they may be uncomfortable to discuss about teenage pregnancy. Children will not be obliged to answer all questions, if they feel too uncomfortable to answer the question, they may leave it. However, their emotional affection will be taken into account. We have assistance from health post if the need arises, children will be assisted according to the concern arises.

What are the benefits to my child?

We do not know if being in this study will help your child. However, the participation may raise awareness on the matter and the study findings may help other teenagers as policy makers and other authorities may know about the challenges of the teenage pregnancy issue.

What will we need to do for the study?

This study will help us to know more about teenage pregnancy in refugee camps, the problems that teenagers are facing, and the available helps.

What happens if my child is injured because of this research?

No physical harms are associated with this research study.

Do I have to take part in the study?

Allowing your child to be in this study is your choice. If you decide to allow your child to be in the study, you can change your mind and withdraw your child from the study at any time. When you withdraw your child, I will delete all information that he/she provided. The participation is voluntary.

Can our participation in the study end early?

You are allowed to withdraw your child from this study at any time. The deadline to withdraw the information given will be July 2019.

What will it cost me to participate?

No cost that you have to pay. Only the child will participate in group discussion that will last at least one to two hours.

Will I be paid to be in the research?

We will appreciate the time your child will spend with us and we will provide incentive of $5 equal to 2000RWf.

Will my information be kept private?

The information collected about your child during this study will be kept safely locked up. Nobody will know it except the people doing the research. I may use quotes of what their child said in my research, and all identifying information such as names will be removed.

The study information about your child will not be given to his/her friends or anyone else. The portions of the final research will be used in my thesis and may be published in professional journals or presented at conferences.

What if I have questions?

If you have any questions about the research now or later, please contact Desire Urindwanayo at +15875664484 or 0787248029**.** If you feel that your child has suffered a research related injury – please contact the Investigator at this number as well.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call +1(780) 492-2615. This office is independent of the researchers."

Appendix J: Consent

Title of Study: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

Principal Investigator(s): Desire Urindwanayo

Phone Number(s): +15875664484 or +250787248029.

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Supervisor : Dr. Solina Richter

Phone Number(s): +17804927953.

Email: solina.richter@ualberta.ca

	Yes	No
Do you understand that you have been asked to allow your child to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Sheet?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that your child is free to leave the study at any time, without having to give a reason and without affecting his/her future medical care?	☐	☐
Has the issue of confidentiality been explained to you?	☐	☐
Do you understand who will have access to your child's recordings?	☐	☐

Who explained this study to you? _____

I agree to allow my child _____ to take part in this study.

(CHILD's NAME)

I have the legal authority to give this consent.

Signature of Parent or Guardian_____

(Printed Name) _____ Date:_____

Signature of Witness _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee_____ Date _____

Appendix K: Consent for Teenage Mothers and Pregnant Teenagers

Title of Study: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

Principal Investigator(s): Desire Urindwanayo

Phone Number(s): +15875664484 or +250782672116.

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Supervisor : Dr. Solina Richter

Phone Number(s): +17804927953.

Email: solina.richter@ualberta.ca

My name is Desire Urindwanayo, a PhD candidate at the University of Alberta. I am here to conduct a research study on teenage pregnancy. In this study, I will do interviews with both pregnant and non-pregnant teenagers and adults. This letter is for asking you to be part of individual interviewee for my research.

I want to tell you about a research study that I am doing. A research study is a way to learn more about something. We would like to find out more about teenage pregnancies in refugee camps. You are being asked to join the study because you experienced a teenage pregnancy.

If you agree to join this study, you will be asked to join an interview which may last at least one to two hours. The interview will be audio-recorded if you agree to be recorded; however, if you do not agree to be recorded, I will take notes.

I do not expect any physical harm associated with taking part in this study. However, it may remind you unpleasant situations in which you have been. You do not have to answer any questions that make you uncomfortable, and you can ask to stop at any time. Also, I can accompany you to the health post if you want to talk to someone or I can call any person for your choice if you need assistance.

I do not know if being in this study will help you. I expect that the study will help you by making known the problems that teenage mothers and pregnant teenagers face.

I may learn something that will help other teenagers to avoid or be aware of the problems associated with teenage pregnancy.

You do not have to join this study. It is up to you. The participation is voluntary. You can say okay now and change your mind later. All you have to do is tell us you want to stop. No one will be mad at you if you do not want to be in the study or if you join the study and change your mind later and stop. If you decide to stop, we will love to know if you wish to withdraw the information you provided. The time you decide to withdraw yourself in the study, I will delete all information that you have given. The deadline to withdraw the information given will be July 2019. The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the research. The researchers will not tell your friends or anyone else. The portions of the final research will be used in my thesis and may be published in professional journals or presented at conferences. I may use quotes of what you tell me, but all names will be removed so that no one will know who you are.

Before you say **yes or no** to being in this study, we will answer any questions you have. If you join the study, you can ask questions at any time. Just tell the researcher that you have a question.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call +1(780) 492-2615. This office is independent of the researchers." If you have any questions about this study, please feel free to contact Desire Urindwanayo at the above number.

☐ Yes, I will be in this research study. ☐ No, I don't want to do this.

Name of interviewee	Signature	Date

Name of person obtaining consent	Signature	Date

Consent

Appendix L: Information letter and consent form

Study Title: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

Research Investigator:

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Background

Around 6.6 million adolescents worldwide are displaced by war or political conflicts, and a high proportion of this group is living in Africa. Teenage pregnancy is common in displaced teenagers and challenges related to teenage pregnancy in refugee camps has not been well researched. The study will be conducted in the Kigeme refugee camp, the refugee camp in Rwanda for Congolese refugees. You are being asked to be in this study because you have valuable view that may contributes to better understanding the culture of teenage pregnancy in refugee camp. The results of this study will be used in support of my doctoral thesis.

Purpose

The purpose of this study is to explore the culture of teenage pregnancy in refugee camps. I believe that the results will help in better understanding of teenage pregnancy in refugee camps and it can impact on policy formulation for addressing this issue.

Study Procedures

You are invited to be part of the interviewees, the interview will last one to two hours. The interview will be recorded. In addition to the interview, the researcher will collect data using participant observation.

Benefits

You will not have immediate benefit from being in this study. I hope that the information we get from doing this study will help us better understand the culture of teenage pregnancy. The findings will impact on policy formulation for addressing this issue. By being part of this research study, a research team will appreciate your time and will give incentive of $5 equal to 2000 RWF.

Risk

There is no physical harm associated to this study. There may be risks to being in this study that are not known. If we learn anything during the research that may affect your willingness to continue being in the study, we will tell you immediately.

Voluntary Participation

You are under no obligation to participate in this study. The participation is completely voluntary. You are not obliged to answer any specific questions even if participating in the study. Even if you agree to be in the study you can change your mind and withdraw at any time. In the event of opting out, the information collected will be discarded if you like to but if you do not mind, we can use the information you provided until July 2019.

Confidentiality & Anonymity

The findings from this study will be used in thesis and in research articles as well as in presentations. No individual identifying information will be used in any of the information that I

will use. The data will be kept confidential, only research team members will access the data. Anonymity cannot be guaranteed in group context as you will participate in focus group discussion; however, beside people who will participate with you in the same group on the time of data collection, no other person will know about you. The researcher is obligated to report any breach of professional conduct that is unethical and not legal, and that is not currently in a process of resolution. At the completion of this study, the data will be kept for five years in secure database at the University of Alberta and in locked place where the key will be accessible only by researcher and research supervisor. After five years, the data will be destroyed in a way that ensures privacy and confidentiality. At the completion, a copy of a report of the research findings will be available at refugee camp level, at MIDMAR and at the University of Alberta. We may use the data we get from this study in future research, but if we do this it will have to be approved by a Research Ethics Board.

Further Information

- If you have any further questions regarding this study, please do not hesitate to contact researcher at +15875664484 or research supervisor at +1780 4927953.
- The study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call +1 780 492-2615. This office is independent of the researchers."

Consent Statement

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described

above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

_____	_____
Participant's Name (printed) and Signature	Date
_____	_____
Name (printed) and Signature of Person Obtaining Consent	Date

Appendix M: Confidentiality Agreement

Project title: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

I, ———————————————, the———————————————— (specific job description, e.g., interpreter/translator) have been hired to

I agree to -

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*.
2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.
3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.
4. after consulting with the *Researcher(s),* erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive).
5. other (specify).

_____	_____	_____
(Print Name)	(Signature)	(Date)

Researcher(s)

_____	_____	_____
(Print Name)	(Signature)	(Date)

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by Research Ethics Board *(specify which board)* at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at +1 780 492-2615.

Appendix N: Consent for Release of Contact Information

Study Title: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

Principal Investigator(s): Desire Urindwanayo

Phone Number(s): +15875664484 or +250782672116.

Email: urindwan@ualberta.ca

Supervisor : Dr. Solina Richter

Phone Number(s): +17804927953.

Email: solina.richter@ualberta.ca

This form is for you to provide consent for a member of the study team to contact you to tell you more about the research study and see if you might be interested in taking part.

Study Summary:

Around 6.6 million adolescents worldwide are displaced by war or political conflicts, and a high proportion of this group is living in Africa. Teenage pregnancy is common in displaced teenagers and challenges related to teenage pregnancy in refugee camps has not been well researched. This study is to find out more about teenage pregnancy in refugee camps.

The researcher's name is Desire Urindwanayo, a PhD candidate at the University of Alberta in Canada. He is here to conduct a research study on teenage pregnancy. In this study, he will do interviews with both pregnant and non-pregnant teenagers and adults. You may participate in those interviews.

Completing this form does not provide consent to participate in the study. You do not need to provide your contact information at all.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call +17804922615. This office is independent of the researchers."

Permission to Contact:

By signing this document, I give permission to Desire Urindwanayo to contact me in order to give me more information about this study and to be asked to participate in the study.

Potential Participant's Name: _____

Phone number: _____

Potential Participant's Signature: _____ Date: _____

Person obtaining permission:

Signature: _____ Date: _____

Printed Name: _____

To be completed by individual obtaining consent to contact

Individual is less than 18 years old ☐	Individual is 18 years old or over, or has been granted emancipated minor status ☐

If below 18:

Parent or guardian available to be contacted and provide consent:

If the individual is over 18 or an emancipated minor, are you confident that this individual is able to fully understand the research and make a mature and informed decision about whether to participate or not to provide consent on their own?

Yes ☐	No ☐	Unsure ☐

Appendix O: Letter for information and consent for parent, healthcare/community workers, camp leaders, and NGOs representatives

Title of Study: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

Principal Investigator(s): Desire Urindwanayo

Phone Number(s): +15875664484 or +250782672116.

Email: urindwan@ualberta.ca

Supervisor : Dr. Solina Richter

Phone Number(s): +17804927953.

Email: solina.richter@ualberta.ca

My name is Desire Urindwanayo, a PhD candidate at the University of Alberta. I am here to conduct a research study on teenage pregnancy. In this study, I will do interviews with teenagers and adults. This letter is for asking you to participate in focus group discussion for my research.

Why am I being asked to consider this research study?

You are being asked to be in this study because you are the parent of a teenager or because you help teenagers, which are the ones of the valuable populations of the research study. I want to understand more about teenage pregnancy in refugee camps. Before you make a decision one of the researcher or research assistant will explain this information form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form for your records.

What is the reason for doing the study?

We want to learn about teenage pregnancy in refugee camps. The study will involve children or teenagers and parents as well as healthcare personnel and camp leaders.

What will happen in the study?

You will be part of group discussion where we will collect your views on teenage pregnancy phenomenon. The focus group discussion will last one to two hours. Moreover, the discussion will be audio-recorded.

What are the risks and discomforts?

No physical harm is associated to this research. Perhaps, you may be uncomfortable to discuss about teenage pregnancy. You are not obliged to answer all questions, if you feel too uncomfortable to answer the question, you may leave it.

What are the benefits for me?

We do not know if being in this study will help you. However, the participation may raise awareness on the matter and the study findings may help other teenagers as policy makers and other authorities may know about the challenges of the teenage pregnancy issue.

What will we need to do for the study?

This study will help us to know more about teenage pregnancy in refugee camps, the problems that teenagers are facing, and the available helps.

What happens if I get injury because of this research?

No physical harms are associated with this research study.

Do I have to take part in the study?

To be in this study is your choice. If you decide to be in the study, you can change your mind and withdraw yourself from the study at any time. When you withdraw yourself, I will delete all information that you provided. The participation is voluntary.

Can my participation in the study end early?

You are allowed to withdraw yourself from this study at any time. The deadline to withdraw the information given will be July 2019.

What will it cost me to participate?

No cost that you have to pay. Only you will participate in group discussion that will last at least one to two hours.

Will I be paid to be in the research?

We will appreciate the time you will spend with us and we will provide incentive of $5 equal to 2000RWf.

Will my information be kept private?

The information collected about during this study will be kept safely locked up. Nobody will know it except the people doing the research. I may use quotes of what you said in my research, and all identifying information such as names will be removed.

The study information about you will not be given to anyone else. The portions of the final research will be used in my thesis, some quote from what you will say will be used and may be published in professional journals or presented at conferences.

What if I have questions?

If you have any questions about the research now or later, please contact Desire Urindwanayo at +15875664484 or 0782672116**.** If you feel that you have suffered a research related injury – please contact the Investigator at this number as well.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call +1(780) 492-2615. This office is independent of the researchers."

Appendix P: Consent

Title of Study: Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda

Principal Investigator(s): Desire Urindwanayo

Phone Number(s): +15875664484 or +250782672116.

Email: urindwan@ualberta.ca

Supervisor : Dr. Solina Richter

Phone Number(s): +17804927953.

Email: solina.richter@ualberta.ca

	Yes	No
Do you understand that you have been asked to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Sheet?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that you are free to leave the study at any time? without having to give a reason and without affecting your future medical care?	☐	☐
Has the issue of confidentiality been explained to you?	☐	☐
Do you understand who will have access to your recordings?	☐	☐

Who explained this study to you? _____

I _____ agree to take part in this study.

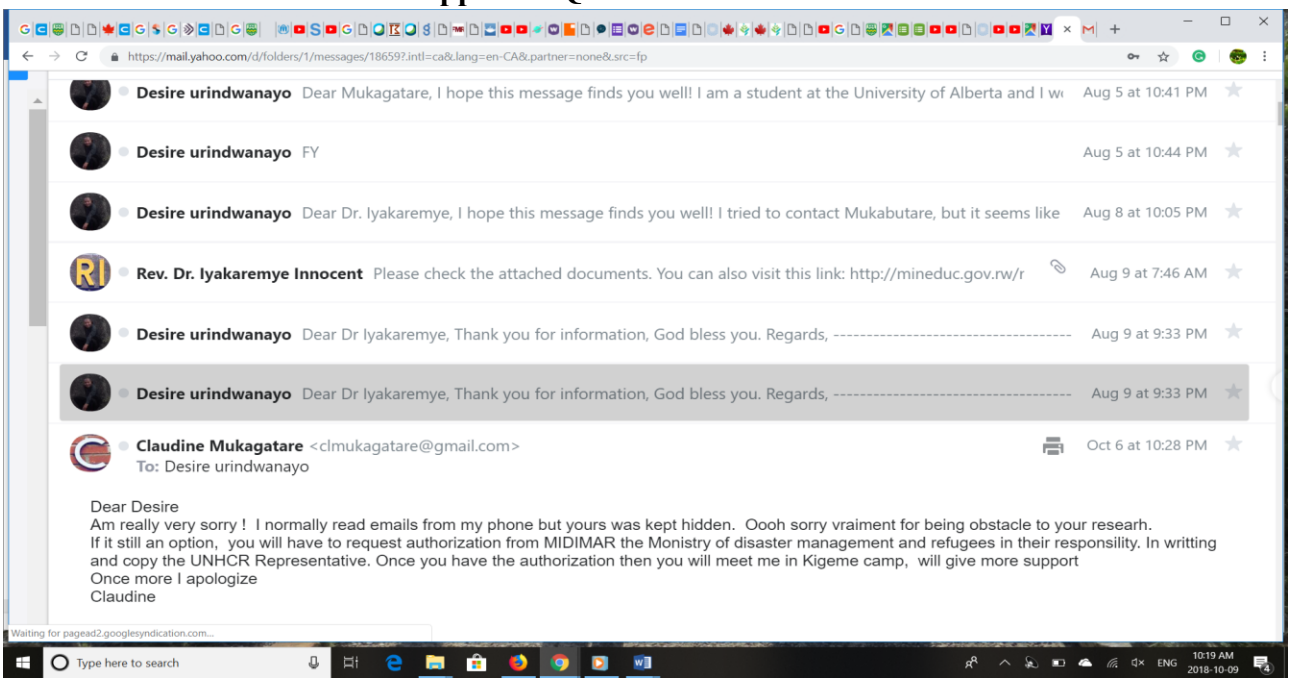
(NAME)

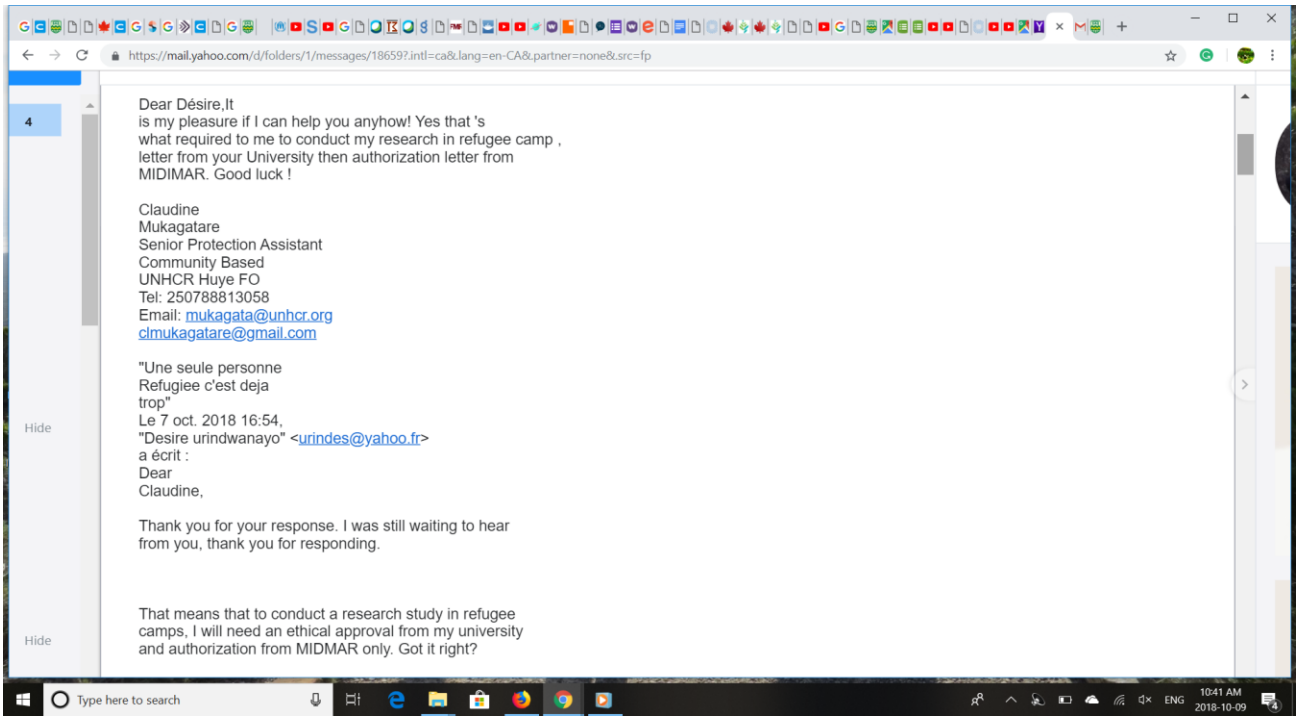
Signature_____ Date:_____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee_____ Date _____

Appendix Q: Access to the Site





Appendix R: Coding Framework

Codes	Family codes	Super family codes
5 No education: reproductive health 5 No education: reproductive health from parents 5 Lack of education-Ignorance 5 Being orphans 5 Teenagers: they put themselves in the world where they do not belong 5 Limited fund: for NGOs 5 Desire of what others have, what you do not have 5 Lack of means 5 Temptations 5 Prostitution in order to get what they do not have 5 To search for money 5 They fool them with money 5 Here, they are. Who do such work (Prostitution) 5 Money to buy a smartphone 5 Leaders contribute to teenage pregnancy 5 Where relatives are 5 Living together 5 Closeness 5 Absence of condom in WC 5 Undermined rights 3 Listening what parents do 3 Children who roam 4 Condoms are available in markets	Factors contributing to teenage pregnancy in refugee camp	Factors contributing to teenage pregnancy in refugee camp (factors related to fund or economy, health services, authorities, education, housing and neighbourhood)
2 Parents mistreat you 2 Smarting you 2 Some do not want you 2 They chase you out of the house 2 They ask you if you are pregnant 2 Losing value Abortion	Teenagers' feelings about the reaction of the community, peers, and family towards their pregnancies.	Teenage pregnancy: effect on teenagers, their parents, and community.
2 Separation of parents and their children 2 Consequence to a new-born 2 Care of a child--- leave the baby with grandmother	Effects of teenage pregnancy to families.	

2 When you have nice parents help you 2 Misunderstanding in the families 2 Quarrel in the families 3 Missing the father of the newborn baby 2 Domino Effect		
Need for social support Who impregnated you does not have anything to give you Shame No, nothing going on What you need when you are pregnant, you do not get it To abstain from giving advice Consequence of giving birth when you are minor: No hope Abnormal delivery Missing the father of the newborn baby It is not good to get pregnant in the camp Fear Shift from childhood to adulthood	Effects of teenage pregnancy to teenagers.	
You see it like tragedy falls on you You can't do anything to her Losing value Consequence of giving birth when you are minor: No hope	Parents' feelings about teenage pregnancies.	
Life before pregnancy: Good Life before pregnancy: giving honour to your country Life before pregnancy: study is well Life before pregnancy: to give yourself pride Life before pregnancy: to give the family and parents honour. Child is a valuable asset	Beliefs in Congolese community	Culture as determinant of teenage pregnancy (beliefs, knowledge, ideas, habits, customs, behaviors or attitudes, and norms as related to teenage pregnancy)
It is not allowed to give birth when you are minor Before 18: school age Imprisonment for men who treat badly their wives To get adulthood is in mind Age for getting married No sex before marriage Woman development – respect of husband	Norms in Congolese community	
Youth love each other Safe sex is not a topic to talk about Does not exist in the culture To not turn blind eye to the fact It is thing that happens here Parents who leave their children	Habits in Congolese refugee camp.	

Children tell lies to their parents Behaviour: bad Disobeying parents Children go home late night Misunderstanding the limits of rights---respect Children who beat their parents Places where they go for money Children who accuse falsely their parents You love each other Their age Prostitution Fornication	Behavior or attitudes in Congolese refugee camp.	
things given to pregnant teenager/teenage mother: loss of culture Parents who send their children to make money Insufficient money Money for food only Borrowing food card Quarrel in money To give birth in order to get food Insufficient food: we use food for the months ahead of us Insufficient Food/Money No support for house extension Process to do extension of your house Job for youth Not having what a child needs Limited job opportunity-need for citizenship-no paperwork Need for citizenship for some jobs No job No occupation Poverty Inequality in training compensation Status-not registered Limited support: not registered No support-not registered Almost of all services Special food for pregnant teenager: at school Support from NGOs Draw prize for people to go in vocational training Other help needed for better life for teenagers	Economic stability (employment, income, expenses, debt, support, medical bills)	Social determinants of health as factors to consider in teenage pregnancy phenomenon

Incentive for attending vocational trainings Money for starting vocational work Cooperative for trading		
Living together Closeness Hygiene in the camp No trust among refugees: he/she can steal from us Leisure places Security in the camp Children who roam Citizens in the refugee camp Listening what parents do No support for house extension Process to do extension of your house Small house Ways to give houses	Neighbourhood and physical environment (housing, transportation, safety, parks, playgrounds, geography, walkability)	
Cause you to drop out school Education after pregnancy: no education Education before pregnancy Education during pregnancy is acceptable Education: schooling Education: schooling - no educated Draw prize for people to go in vocational training Incentive for attending vocational trainings	Education (literacy, language, early childhood education, vocational training, and higher education)	
Separation of parents and their children Parents who leave their children Parents who send their children to make money When they ran out of food: Orphan When they ran out of food: refugees in general Insufficient food: we use food for the months ahead of us Food for refugees Insufficient Food/Money To give birth in order to get food Mismanagement of allowances Frequency of meal a day Who goes to receive money in the camp The life in the camp is not good	Food (hunger and access to healthy options)	
Need for social support Discrimination	Community and social context	

The camp is like One family Status-not registered No support from camp leaders Limited support: not registered Lack of social support No support-not registered: Almost of all services Spokes-person Advocacy (Spokes-person) Lack of advocacy: some receive stuff, other they do not Support from community Support from newborn's father Support from someone They do not abandon her To help her Integration: society, parents, and peers accept them To continue to help her Civil registration Clubs-rights	(social integration, support systems, community engagement, discrimination, and stress)	
Men do not ask for condoms Barrier to health services Presenting a man who did not impregnate her: at health post Condoms are available at health post Prevention of teenage pregnancy: health care CHWs bring condoms too CHW circulates with condoms and when he/she does not find someone to give them, he/she returns condoms home Sometimes CHW put condoms in WC Health care services environment When you need condom, you ask it to CHW Transfer to district hospital To ask for it, condom, is to protect yourself To provide education about health To educate refugees about complete meals. Prenatal and postnatal care Prenatal care Prevention Not everyone who loves to use condom Hospital delivery: support Support from health institutions Condoms are available	Healthcare system (health coverage, provider availability, provider linguistic and cultural competency, and quality of care)	

A man/husband comes to clinic too Requesting for health services Condoms are available in markets		
Inequality in training compensation Lack of advocacy: some receive stuff, other they do not Inequality in hiring Inequality in payment Limited job opportunity-need for citizenship-no paperwork Need for citizenship for some jobs.	Inequality in Congolese refugee camp.	Other identities intersecting to teenage pregnancy (power and oppression, inequality, and gender)
Woman development – respect of husband Who goes to receive money in the camp	Gender in Congolese community	
Undermined rights Leaders contribute to teenage pregnancy The organization in charge of victims of violence Spokes-person You accept it like that/no choice Police involvement Imprisonment for a man who do not provide child support Mistake is not corrected by another mistake Imprisonment for parents To be under authority of children Prohibit to discipline children Prohibit to discipline a child then you are asked about them Parents do not have anything to do You can't do anything to her Missing the father of the newborn baby Parents get punished for disciplining their children.	Power and oppression in Congolese refugee camp.	
Behaviour change Camp leaders to educate teenagers about teenage pregnancy Discrimination Foster education in teenagers Give away condoms Money for small business Respect advice from CHWs Respect advice from parents Support from health institutions Teenagers to advise others To increase money Wishes addressed to participating teenagers	Suggestions for tackling teenage pregnancy from Teenagers	Suggestions for improving the life of teenagers, parents, and refugee community in general (from parents, teenagers, NGOs, healthcare providers, and camp leaders perspectives).
To educate parents Educate children about reproductive health	Suggestions for tackling teenage	

Educate community in general Imprison perpetrators Misunderstanding the limits of rights-respect Not everyone who loves to use condom Parents to educate their children To not turn blind eye to the fact	pregnancy from camp leaders	
To educate parents Education about reproductive health	Suggestions for tackling teenage pregnancy from Health personnel	
Discrimination Educate children about reproductive health Educate community in general Education: schooling – no educated Parents to educate their children To continue to help her To educate parents	Suggestions for tackling teenage pregnancy from NGOs	
Allowing parents to discipline their children Increase the number of NGOs in the camp Meeting (parents and leaders) Money for small business To educate parents To increase money To put all children in family planning Vocational work for those who dropped out schools Wishing to go back to school when baby will get old - Education Parents to educate their children	Suggestions for tackling teenage pregnancy from Parents	
History of refugee To let pregnant teenagers know that they have been sexually violated Educate the community in general Education about reproductive health Help the family to be re-united (When separated during war) Organization in charge of children The person lives in the camp To go to school and come back with pregnancy To defend who impregnated her Pregnancies are for men outside the camp Pregnancies are for men inside the camp Culture Not wish to be raised by someone else Misunderstanding because culture seems to be changed Culture: loss of culture	Other things to consider in analysis.	Box for different thoughts.

Appendix S: Ethical Approval

Notification of Approval

Date:	April 8, 2019	
Study ID:	Pro00085254	
Principal Investigator:	Desire Urindwanayo	
Study Supervisor:	Magdalena Richter	
Study Title:	Exploring the Culture of Teenage Pregnancy in Refugee Camps in Rwanda	
Approval Expiry Date:	Monday, April 6, 2020	
Approved Consent Form:	Approval Date	Approved Document
	4/8/2019	Letter for information and consent for parentand guardian.docx
	4/8/2019	Letter for information and consent for parent healthcommunity workers camp leaders, NGOs representatives.docx

Thank you for submitting the above study to the Research Ethics Board 1. Your application has received a delegated review and been approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,

Stanley Varnhagen, PhD.
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

Appendix T: Data Collection Authorization

Republic of Rwanda
Ministry in charge of Emergency Management

Kigali on, 18/04/2019
Ref: 0.564/MINEMA/SPIU/018

URINDWANAYO Desire
The University of Alberta
E-mail: urindwawan@ualberta.ca
Tel: +250782672116/ +15875664484
Edmonton-Canada

Dear Sir,

Re: Authorization to collect data in Kigeme refugee camp

Reference is made to your letter received on 11th April 2019, requesting the Ministry in Charge of Emergency Management (MINEMA) a permission to collect data in Kigeme refugee camp for the research study entitled "Exploring the culture of teenage pregnancy in refugee camps" from 17th April to 31st July 2019.

I have the honor to inform you that the authorization is granted and you are requested to share the study results with the Ministry.

For any assistance, please contact Mrs. UWAMBAYIKIREZI Rosette, Kigeme Camp Manager on 0788778504

Sincerely,

MINISTRY IN CHARGE OF EMERGENCY MANAGEMENT

KAYUMBA Olivier
Permanent Secretary

Cc:
-Honorable Minister in Charge of Emergency Management
Kigali
-Kigeme Camp Manager
Nyamagabe