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Unintended pregnancies in the lives of young people in Luwero, Uganda: a narrative analysis

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ABSTRACT
Using a feminist narrative approach, this article explores how unintended pregnancy can rupture young lives, and how young people respond to and navigate these ruptures. We analyse qualitative data from a longitudinal cohort study in Luwero, Uganda, focusing on narratives of a girl and a boy about their recent experiences of unintended and unwanted pregnancy during COVID-19 school closures. We argue that laws, policies and norms relating to education, sexual and reproductive health, and the family in Uganda position young people in complex and contradictory ways, that create the conditions for unintended pregnancies, and restrict the choices open to them. The analysis traces how pregnancy ruptures their everyday lives, their identities, and relationships. Their narratives reveal gendered ways in which they enact identities to manage the ruptures. Families are sites of contestation, where gender and sexuality are regulated, but are also mobilised by young people to support their efforts to repair the ruptures. Our analysis underscores the importance of working with young people to understand their positionalities, resource environments and social networks as they make and navigate decisions about pregnancy, and of addressing the structural forces that underpin the rupturing effects of pregnancy on teenage lives.

Introduction
In Sub-Saharan Africa, there have been marked shifts over time in young women’s expectations about their life paths. While in previous generations, marriage and...
motherhood in childhood were the norm, recent social changes have shifted expectations, with contemporary canonical narratives for young women charting a trajectory from childhood schooling, to adult employment, followed by marriage and motherhood (Crivello, Boyden, and Pankhurst 2019). And yet, teenage pregnancy rates remain high, with each year 21 million 15–19-year-old women in low and middle income countries becoming pregnant, around half of which were unintended, resulting in 12 million births (WHO 2020). In Uganda in 2016 one quarter of 15–19-year old young women were mothers or pregnant (Amongin et al. 2020). Intersecting structural and social determinants of teenage pregnancy, including living in poverty, low education attainment, inequitable gender norms, and poor access to health services, were exacerbated during the COVID-19 pandemic (Kons, Biney, and Sznajder 2022), when spikes in teenage pregnancy rates in Africa were widely reported (Molek and Bellizzi 2022).

Pregnant schoolgirls have been depicted in ambivalent ways in development discourse and in popular narratives. On the one hand, they are perceived as vulnerable victims – of traditional culture, or male violence, devoid of agency (Minor 2017; Salvi 2018). They and their families are seen as lacking, as evident in a study in Eastern Uganda, in which young mothers, family members and governmental and NGO workers attributed teenage pregnancies to girls’ lack of life skills or contraceptive knowledge, neglectful parenting, cultural beliefs promoting early child bearing and lack of community responsibility (Nabugoomu, Seruwagi, and Hanning 2020). In popular discourse, the figure of the pregnant schoolgirl is also tainted with discourses of immorality and contagion, that blame, shame and stigmatise girls, regulating and reinforcing gender and generational relations in the moral and political order (Bhana et al. 2010; Jewkes, Morrell, and Christofides 2009; Ruzibiza 2021; Thomas 2007). These deficit positionings have been criticised by African feminist scholars, who show that placing the ‘problem’ on girls and their families draws on discursive frames from the global North, which neglect local discourses venerating fertility and motherhood (Iliffe 2005; Oyěwùmí 1997), and misread the fluidity and adaptability of families and cultures (Tamale 2020). Development initiatives and interventions targeting adolescent girls have been criticised for constructing them both as victims and as heroines, again deploying discourses of individual agency from the global North, in which agency is configured as girls’ resistance or refusal to marry, while configuring family relations as harmful and in need of reform (Bessa 2019; Hickel 2014). These constructions and subsequent programmes and interventions may leave girls ‘in a state of informed powerlessness’ (Bessa 2019, 1941), and they pathologise and misrepresent the complexity of family interests, relationships and interdependence (Lokot, Shakya, and Cislaghi 2022).

Moreover, by centring girls and their families as sites of intervention to prevent teenage pregnancy, structural issues are obscured (Miedema, Koster, and Pouw 2020), and attention deflected away from global structures of inequality and impoverishment that create the conditions for teenage pregnancies in a period of crisis (Minor 2017). Popular and development narratives tend to depict boys and men either as perpetrators, reinforcing stereotypical representations of African masculinities as violent (Bennett 2010), or they are absent from these debates around teenage pregnancy, and there is a notable paucity of literature on teenage boys’ accounts of pregnancy and fatherhood (Madiba and Nsiki 2017; Weber 2012).
This paper sets out to challenge narrow, deficit views by analysing how young people, whose schooling was interrupted during the COVID-19 pandemic in Uganda, perceived and experienced unintended pregnancy. We aim to shed light on how unintended pregnancies can rupture the life trajectories of school-going young people in low income settings, and how they navigate, respond to and repair these ruptures. While there is much evidence on the detrimental effects of early pregnancy on women’s longer term health, economic and social outcomes (Azevedo et al. 2015; Ganchimeg et al. 2014; Ruzibiza 2021), we focus on young people’s narratives at crisis moments of pregnancy disclosure, when decisions are made that may have lasting impacts. A feminist narrative analysis is used to explore multiple layers of rupturing in young women’s lives, and to add new evidence on gender dynamics of young men’s experiences and responses to unintended pregnancies.

**Contextualising teenage pregnancy in contemporary Uganda**

Changes in laws, policies and norms relating to gender, education and the family have created increasingly complex and contradictory positionalities for young people growing up in contemporary Uganda. Young people frequently have high aspirations, yet face multiple structural constraints against achieving them (Rietveld, van der Burg, and Groot 2020). Despite policy commitments to fee-free secondary education, the low budgetary allocation to implement Universal Secondary Education since 2007 leaves many struggling to pay for learning materials, meals and examination fees (Datzberger 2018), and even before the COVID-19 pandemic closed schools, only 38% of girls and 43% of boys aged between 13 and 18 years were enrolled in school (UBOS 2017). In 1994, Uganda ratified the African Charter on the Rights and Welfare of the Child, which stipulates that pregnant schoolgirls should have the opportunity to continue their education (Article 11[6]), with subsequently a patchwork of ‘good will’ pronouncements and circulars issued to reduce dropout and support girls’ return to school after birth (Okwany and Annah 2017), though with patchy implementation (Muhanguzi and Bantebya Kyomuhendo 2021). Finally, during COVID-19, official guidelines were issued (Government of Uganda 2020). These support re-entry to school of young mothers six months after the birth, but also specify mandatory leave from three months of pregnancy (for girls and boys), meaning that girls are excluded from school for a minimum of a year. The policy also stipulates compulsory pregnancy testing for all girls, at least termly, ostensibly to provide support, but reinforcing mistrust and humiliation of young women (Human Rights Watch 2018). The extended time girls are required to be away from school, along with stigmatisation by peers, and often by teachers (Okwany and Annah 2017; Nyarirro 2018) militate against young mothers returning to school.

Young women face mixed messages in relation to sexual and reproductive freedoms. On the one hand, there has been a rapidly expanding discourse of female empowerment and choice, yet adolescent female sexuality is highly regulated, through widely reinforced discourses on female chastity (Muhanguzi 2011; Ninsiima et al. 2018). The 1990 amendment to the Defilement Law, for example, raised the age of consent to 18, with the aim to protect girls from being pressured into early marriage or coercive
sex, but with an unintended consequence of reducing young women’s (as well as poor young men’s) sexual autonomy (Parikh 2012). As in other countries in Sub-Saharan Africa, transactional sex is commonplace, shaped by economic and socio-cultural processes of globalisation (Stoebenau et al. 2016). A growing literature has traced how love and money are intertwined, rooted in the gendered expectation that men provide financial and material support (Bell and Aggleton 2014; Nyanzi, Pool, and Kinsman 2001). Men’s motivation tends to be framed within a discourse of masculine hypersexuality (Ninsiima et al. 2018; Wamoyi et al. 2018). There is a cultural ascription that women provide sex if men live up to their role as providers, yet at the same time teenage sexual relationships are taboo and hidden from the adult gaze (Wamoyi et al. 2018), with sex and relationships education frequently constrained or stressing abstinence, both in schools (de Haas and Hutter 2019) and with parents (Pichon et al. 2022). Secrecy surrounding teenage sex restricts access to knowledge about contraception (Bell 2012), and fewer than 10% of 15–19 year old young women use modern contraception (Sserwanja, Musaba, and Mukunya 2021). Legal restrictions on abortion, permitted only to save life or health of the pregnant woman, render young women vulnerable to unsafe abortions (Cleeve et al. 2017). Restrictive social and gender norms, health systems functioning, and the lack of youth friendly services all limit access to family planning for young people (Bukuluki et al. 2021; Nalwadda et al. 2011). COVID-19 response measures exacerbated the challenges young people faced in accessing sexual health services and contraception (Mambo et al. 2021).

Practices relating to marriage and motherhood reflect both continuity and change over generations (Bantebya Kyomuhendo, Muhanguzi and Watson 2014). Historically, families in all Ugandan societies were patrilineal, polygynous and exogenous, with marriages arranged between clans (Kaduuli 2010). During the British Protectorate, laws and policies cemented dichotomised gender roles (Tamale 2020), and missionary schools instilled moral codes on sex outside marriage that continue to influence perceptions of pregnant school girls as immoral (Ruzibiza 2021). Tamale (2020) argues that although principles of gender equality were enshrined in the Constitution (1995), the changing structural conditions, expansion of education and rights discourses, increased costs of living and oppressive state machinery mean that family laws and policies are no longer fit for purpose. In contemporary Uganda, pregnancy outside marriage, when the girl is living still with her birth family, is both commonplace and surrounded by social stigma (Bantebya Kyomuhendo, Muhanguzi and Watson 2014).

Though the legal age of marriage is 18, early marriage remains commonplace, often through ‘informal’ marriages and cohabitation. Arranged marriages today are rare, with usually young people selecting partners, followed by negotiations between the families, and young women moving to their husband’s homes (Kaduuli 2010). Parents may seek ‘compensation’ from the young man or his family, marking a shift to a new form of bride-price, which in the past symbolised a socio-political bond between families and clans, but has, according to some scholars, increasingly become a commercial transaction, reinforcing the perception of young women as commodities (Nsereko 1975; Tamale 2020). These shifting practices may entail more choice of partners by young people themselves, but they provide limited security or protection for girls (Bantebya Kyomuhendo, Muhanguzi and Watson 2014). Ninsiima et al. (2020) argue that the ill equipped justice system, undermined by corruption, results in
pregnant girls in poor families facing the double injustice of parents foregoing legal procedures to gain financial compensation, and giving their daughters away – with life changing decisions being made on behalf of, rather than by, girls.

This scholarship shows how laws, policies and discourses in Uganda have shifted expectations and aspirations of young women and men in relation to education, sexuality, marriage and child-bearing, but they position young people in complex and contradictory ways, which may create the conditions for and reduce choices for young people facing unintended pregnancies.

Methodology

Our analysis draws on African and black feminist scholarship on intersectionality in narratives (Chadwick 2017; Phoenix and Seu 2013; Tamale 2020), and Riessman’s work on ruptures in biographical narratives (Riessman 2015), in order to generate nuanced insights into perspectives of young people. As illustrated through African oral narratives (Finnegan 2012), telling stories is a way of making meaning about our social worlds, and our positions within these worlds. Through narratives people construct and perform identities. Canonical narratives convey normative ideas within a culture, or discourses, on how life ought to be lived (Bruner 1990). Feminist writers have long been concerned with how canonical narratives about gender have disempowered and silenced women, and have used narrative analysis to produce in-depth insights on intersecting identity categories that emerge as lived experiences (Tamale 2020, 70). Those who do not recognise themselves in the cultural narratives may be excluded, denigrated and constructed as having ‘unbearable’ lives (Butler 2004); people therefore invest in identifying with these canonical narratives, as it helps their lives seem legible (Phoenix and Seu 2013). Canonical narratives reproducing the gender and generational order position pregnant schoolgirls outside the mainstream, stigmatising and shaming, yet young people’s identities are shaped within multiple, competing discourses. Paying attention to the multivocality, the ‘cracks, absences and discontinuities’ (7) in narratives, that are often smoothed over in the analysis, can reveal how identities are complex embodiments of intersecting social forces and structural power relations (Chadwick 2017).

Through constructing narratives, people work to make sense of momentous events in their lives, including traumatic events or moments when lives are disrupted, or a biographical narrative is ruptured and diverges from normative or personal expectations. For a schoolgirl or boy in Uganda, aspiring to the increasingly canonical narrative of education and career, prior to marriage or parenthood, pregnancy may be such a rupture. Analysing narratives about ruptures may reveal turning points in a life story, when the expected course might change, and a person might come to view themselves differently (Riessman 2008, 2015). For example, by analysing notes and journal fragments documenting her illness, Riessman constructed a narrative on how cancer ruptured the multiple everyday identities she enacted, and how over time interactions with health workers helped her to suture – to rework, or restore – some of these identities. Much of the research on teenage pregnancy draws on narratives of others (peers, teachers or caregivers), or relies on retrospective accounts, that may provide a linear
coherence, but may omit significant parts of the narration at the moment of crisis (Hyvärinen et al. 2010). They may smooth over some of the dilemmas, uncertainties and struggles young people face as they navigate these ruptures.

Our feminist narrative analysis draws on qualitative data from the Contexts of Violence in Adolescence Cohort Study (CoVAC), a longitudinal, mixed methodology study on how family, peer, school and community contexts affect young people’s experiences of violence through adolescence and early adulthood1 (Devries et al. 2020). The research took place in Luwero District, in central Uganda, where most families engage in subsistence agriculture, with more varied sources of livelihood in the towns. The qualitative component involved fieldwork for 2–3 months each year from 2018 to 2022, with additional staying-in-touch calls. 18 girls and 18 boys, aged 14–20 years (in 2018), were the core participants. Strong research relationships were established and sustained through the assignment of a Ugandan, same sex ‘key’ researcher for each core participant. A core method used was the life narrative interview (Riessman 2008), in which the young people co-construct biographical narratives in a series of conversations with the researcher. Methods also include group interviews, community walks (Porter et al. 2010) and unstructured discussions, and, guided by the core participants, researchers have also met with caregivers, peers, teachers, and other relevant stakeholders.

The study adhered to CoVAC’s ethics protocol (Devries et al. 2020) with some additional measures to address safety issues relating to collecting data during the pandemic, with agreed procedures for managing disclosures of abuse and support from a local counselling organization.2 Translated, transcribed and anonymised (with pseudonyms) data were coded thematically (using NVivo), and ‘restoried’ into biographical summaries built up over rounds of data collection by the research team.

The data discussed in this paper draw predominantly from fieldwork during the COVID-19 pandemic between two periods of lockdown. In Uganda, COVID-19 had devastating effects, with stringent lockdowns from March 2020, imposing closures of businesses, restrictions on travel and social gathering, and school closures for almost 2 years (with a partial reopening for exam classes only in late 2020). By October 2020, many participants spoke of pregnancies among friends or peers during the lockdown, including four of the study’s 36 core participants (2 female and 2 male). From these, we chose to focus on narratives from one young woman and one young man, Mukake and Ssebinje, because both were school-going, and spoke frankly and in depth about their recent experiences of unintended pregnancy. Through focusing on a young man as well as a young woman, we were able to analyse contrasts between their narratives, and gain insight into how gender shaped the thoughts, feelings and experiences of both.

Deploying a narrative approach that pays attention to identities as multiple, situated and shifting at moments of crisis, we turn now to Mukake’s and Ssebinje’s accounts. We explore emerging themes specific to each young person’s narrative, before considering what their narratives reveal about how young people make sense of the crisis of unwanted pregnancies; how unintended pregnancy ruptures everyday lives and identities; and how young people manage these ruptures.
Life narratives ruptured by unintended pregnancy

Mukake

When 16-year-old Mukake re-met with Joan, her key researcher, in October 2020, she had just moved to her boyfriend’s house, against her will, after disclosing her pregnancy to her parents. Though her parents, a butcher and a shopkeeper, had struggled over the years to cover the costs of schooling, she was a high achiever and intended to complete secondary school and go on to higher education, with a view to a career in management. She had been hoping shortly to resume school in Senior 4 (S4) to take her O levels, in line with government policy on reopening schools for public examination classes. Though kept secret from her parents, she had previously disclosed to Joan that she had a 19-year-old boyfriend, who scraped a living driving motorbike taxis (boda bodas) and doing odd jobs, though she doubted her long-term commitment to the relationship.

In considerable distress, Mukake narrated the circumstances of her pregnancy. Her account of how she got pregnant has several threads, which together paint a picture of the role of economic pressures, school closures, inadequate sexual health provision, and secrecy and myths surrounding sex. Like many young people in the study, she viewed economic pressures exacerbated by the lockdown as increasing girls’ reliance on boyfriends for material security:

Boys have money because they are now working, they do several jobs as they now have a lot of time which is not the same with girls. When a girl wants money, if she has a boyfriend he is the one to give her money; that is why some of us girls have got pregnant, others have got married.

When speaking about the vulnerabilities of pregnant girls though, her use of third person pronouns distances herself somewhat from her pregnant or married peers who, driven by economic hardship, she explains ‘are not going back to school no matter what’. In her own case, however, she forefronts other reasons. Away from the routines and regulations of school, there were more opportunities for illicit relationships:

Joan: What do you think led to your getting pregnant?

Mukake: Curiosity maybe or carelessness, am not sure

Joan: Was it your first time to have sexual intercourse or you….

Mukake: Yes, it was my first time

Joan: Did you have any information about family planning?

Mukake: I had heard about it but they say that they are bad. They say that if you take family planning it is bad, it causes this and that and so I refused to take it. So when I had sex I got pregnant and my mum doesn’t support abortion and neither does the boy’s family.

Although contraception refusal in Uganda is often determined by young men, who frequently view young women using contraception as indicative of promiscuity or
prostitution (Ninsiima et al. 2018), Mukake narrates the decision as her own. However, her knowledge about family planning appears based on hearsay and myths that circulate about, for example, contraception reducing fertility. While at 16 she was legally below the age of consent, young people do have some access to condoms and other forms of contraception, with some clinics having youth friendly corners, though lockdown restrictions constrained access, and stigma against girls’ sexual activity deters young women like Mukake from seeking these services, particularly when clinic staff may be neighbours.

When she disclosed her pregnancy to her parents, a conflict erupted, and her father insisted that she moves immediately to her boyfriend’s home:

Joan: And how did your father feel about you getting pregnant?

Mukake: Very bad, because up to now he is still tough

Joan: Did he get so mad at you?

Mukake: Yes

Joan: Did he do anything to you?

Mukake: No, he didn’t do anything to me apart from telling me that I have to go to the person who made me pregnant. He also told me that he was going to imprison the person who made me pregnant.

Despite her mother’s and teacher’s efforts to persuade her father to allow her to remain at home and complete her exams, he refused and withheld any support for schooling costs: ‘Because I am pregnant he doesn’t educate a pregnant girl’. Abortion, though unlawful, is one way in which young women manage pregnancy in this community, but the prohibitive costs result in unsafe abortions, often self-induced. With her mother and the boy’s family against the practice, it was not an option for Mukake. Negotiations between the families stalled when her boyfriend agreed to take over care of Mukake and the baby, but not to support her re-enrolment in school, as he could not afford school fees. But with the weight of the law behind him, Mukake’s father threatened to have the young man imprisoned for defilement, forcing him to sign an agreement to take over her care, and pay the costs for her to complete her O level examinations. Mukake, against her own wishes, moved to co-habit with him.

Navigating and repairing ruptures

Asked to sum up this time in her biographical narrative, Mukake responded ‘put sadness’. As well as rupturing her daily life, the pregnancy ruptured the identity she had crafted as a high-achieving schoolgirl and daughter, aspiring to an empowering career. Though there are traces of identification with a discourse of female vulnerability, she seems largely to view herself as to blame – from carelessness, curiosity, or refusal to use contraceptives. Absent from her narrative is the responsibility of her boyfriend. Once her pregnancy had been disclosed, her own voice seems to be excluded from decision-making, and yet she still blames herself for the discord: ‘the only thing that has brought disagreements is me and the situation that I am in, only
that.’ Though negotiations between the families enabled her to return temporarily to school, her hopes have abruptly faded about staying in school beyond this level:

Joan: So now what do you plan to do?

Mukake: After sitting for my S4, I will give birth then I get a course to do and do that.

Joan: Which course would you like to do?

Mukake: The things I wanted before now I can’t, the only options I am remaining with is nursing and teaching, whatever seems easier is what I will go with.

Joan: What did you want?

Mukake: To be a manager.

Joan: So why are you saying that’s not possible now?

Mukake: Because for that I have to study up to S6, they used to tell me I have to study up to S6 then go to campus but now that is not a possibility.

Joan: Do you think now you can’t go to campus?

Mukake: I no longer can.

Joan: Why do you think so?

Mukake: I am going to give birth, I will be having responsibilities, so I will not be able to do things as I would have.

Recurring throughout Mukake’s narrative are feelings of sadness and shame at the rupturing of her identity. And yet, even at this deeply traumatic moment, there are hints of suturing, as she tentatively rehearses new identifications as mother and wife ‘with responsibilities’. Though there is evident heteropatriarchal control over decisions for her future, the fraught negotiations reveal a social network – including her mother, teacher, and even her father – struggling to reduce the negative consequences for her.

When Joan met her most recently, in June 2022, Mukake was caring for her one-year-old daughter, while her husband struggled to provide for the family in their one room home. After completing her O levels, she had not since returned to school, though was hoping to undertake some vocational training in future.

Ssebinji

When Brian, the researcher, met with Ssebinji, aged 19, he was living alone in town, and his mother, whose work selling fish had closed during the lockdown, had returned with his young sister to their home village. Like many boys in the study, his own income generation through informal labour has supplemented his mother’s earnings, helping him to stay in school, and he was intending, once schools reopened, to complete his education, with a view to a secure, well-paid career. Asked about his experiences during the pandemic he replied:

It has not been good as I may say. So much has happened, I thought that I would be finishing my A-levels next year, and then I go to university. But I have failed and then I
got some real big problems. [...] There are also some problems which came up concerning girls, and the money that my mother had saved up for me all was taken.

He went on to recount his experience with pregnancy involving an 18-year-old girl, who he was sheltering after she was locked out of her parental home, where there had been family tensions, with an alcoholic father, and economic pressures in the lockdown:

Ssebinji: As you know, these things of being adolescents, there was a girl I was interested in, and we loved each other. One night this girl came to my home, I did not know where she had been, and she told me that they had locked her out of the house and she had no place to sleep. She came and slept at my place, and I thought that in the morning, she would wake up and go.

Brian: Was her home near?

Ssebinji: Yes. Because she stays in the town. She did not go as expected and night came and she slept over again. And as you know these things of youths, she got pregnant. And when she got pregnant – well, I don't know if she came when she was already pregnant and she wanted to use the opportunity to make me be responsible. After two months, she came to my place and told me that she was pregnant. I asked her if the pregnancy was mine and she told me that it was mine. I freaked out because for me at home, my father cannot pay for a child who has a child. I asked her to tell me what we would do, and she told me that she would keep the pregnancy and deliver. I told her that I was not ready for the pregnancy and it was not mine, and that she was an opportunist who wanted me to cater for her pregnancy. I was afraid to tell my mother. But Mark is one who I can easily talk to and even when I need some advice, he is the first to know.

Ssebinji’s narrative initially constructs the sex as consensual, based on mutual attraction, and his repetition of ‘these things of youths’ lays claim to the identity of a typical heterosexually active young man. When she discloses that she is pregnant, he describes feelings of panic, veering between admitting and vehemently denying his possible paternity. He portrays her at some points in the interview as caring for him, but more frequently as an ‘opportunist’, intentionally getting pregnant to force him to provide for her, or, as he claims later in the interview, to avoid the stigma of being already pregnant by an older man.

There follows an account of negotiations with the girls’ parents. His mother supported his refusal to take responsibility until paternity could be established through post birth DNA testing, but she agreed to the girl’s parents’ demand for UGS400,000 ($110) to pay for an abortion. However, reluctant to have an abortion, the girl approached Ssebinji again for his support. Ssebinji’s response asserts that the payment already made absolves him of responsibility:

When the girl called me, I told her that it was up to her and the child was no longer mine. I reminded her that we had a meeting before with her parents. She expressed disapproval telling me that, ‘so you have denied the pregnancy!’

Ssebinji narrates being badly beaten by her brothers, but remains steadfast in his refusal to admit responsibility:

There was then a boda-boda man who was passing by and he saw me being beaten, then he sped into us and the guys ran off. He helped me to his bike, and took me to police
where I recorded a statement. But as you know Uganda, the police told me that, if they were to help me arrest the people who assaulted me, I was to pay them UGS60,000, but I did not have the money and the case died naturally. Cases are only won by the rich. I went home and then sometime later, the girl called me on the phone and she told me that she had aborted finally.

Navigating and repairing ruptures

At one level, Ssebinji’s narrative illustrates how structural inequalities, amplified by COVID-19, affect the experience of unwanted pregnancy for a young man living in poverty. There is a notable lack of institutional support – his grievance that ‘Cases are only won by the rich’ could equally apply to the lack of free education, free health care, legal abortion, and police justice.

At another level, it shows how pregnancy ruptures the identity he has crafted as a young man struggling against the odds to be self-reliant, aspirational and responsible. Faced with the impossible prospect of bearing responsibility for a wife and child, and the threats to his biographical plans, his narrative deflects blame onto the ‘opportunist’ young woman, and repeatedly he portrays his situation as unjust:

I would ask myself that ‘oh God, why me, why should it be me the first among those I grew up with to have a baby?’ because, Mark did not have a child, Ashraf did not have a child, then I would ask myself that, ‘why me?’ You see, having a baby is not bad, but taking care of the baby is the tricky part.

Ssebinji uses narrative techniques to dramatise rather than simply report events – with expressive words ‘why me?’, asides that engage directly with his audience (‘you see’); and direct speech working to generate Brian’s empathy. He offers a vivid portrait of himself as the wronged man, trapped (by female trickery) and abused (by violent family members): ‘I discovered that girls are very difficult people to work with, you need to be like them or a commando to manage their tricks’. He presents himself as resilient – withstanding violence, misfortune, and steadfast in his refusal to comply with their demands.

Although in the end, the ruptures to Ssebinji’s everyday life are sutured, and he could resume his education, his narrative signals bruising ruptures to his identity. On several occasions his words seem to express shame, reflected in the frequent slippages between admission and denial of his responsibility, and his reflection that ‘I have failed’ – to perform the identity he has crafted, causing material and emotional pain to his mother, and perhaps (though not stated) the young woman.

Conclusion

By analysing how school-going young people construct narratives to make sense of traumatic events surrounding unintended pregnancy, this paper sheds light on multiple layers of rupture – in their everyday lives, their identities and relationships, and their hopes and dreams. Analysis of narratives related to pregnancy disclosures, when memories of events are not yet smoothed over by the passage of time, sheds light on how young people process and make sense of these ruptures and the role family members, teachers, siblings and partners play in this process. Decision-making and access to resources at these critical moments may have lasting impacts on young lives.
Young people’s narratives about pregnancy are shaped through the identities they craft. For Mukake and Ssebinji, envisaging themselves as learners on a sustained path through education to lucrative careers has not been straightforward, which may have made it all the more devastating when their fragile life plans are jeopardised by pregnancy. Pregnancy forces them to imagine themselves into different identity positions – as caregivers or providers, foreclosing imagined futures. For Mukake, pregnancy ruptures her position within the family as a chaste, docile daughter/schoolgirl, and confronted with her father’s rage, gendered and sexual discourses blaming and shaming girls are internalised (Bhana et al. 2010; Ruzibiza 2021). Ssebinji’s narrative illustrates how gendered identity ruptures are also a feature of young men’s experiences with unwanted pregnancy, threatening their self-positioning as self-reliant and aspirational. For young men like Ssebinji, gender discourses concerning uncontrollable male sexual desire (Weber 2012), male resilience and female trickery could be deployed to repair the ruptures, enabling him to deny responsibility, to deflect blame and to some extent to protect his identity position. But the gaps, contradictions and dramatic rhetoric, and the traces of shame in his narrative signal how these identity struggles were ongoing. In a context where material exchange is part and parcel of heterosexual relationships, and where young men are expected to provide for dependents, the inability to perform provider masculinity may be shameful. These findings lend support to feminist scholarship on how regulation of sexuality and fertility is acted upon pregnant schoolgirls (Thomas 2007), and add new insights into ways in which shame may also be part of the emotional landscape of young men affected by pregnancy.

Also central to the ways young people experience and navigate unintended pregnancies are social relationships. Their narratives revealed how social relationships were ruptured within families and among peers. Ssebinji’s deployment of discourses of girls’ trickery and sexual entrapment, for example, may have helped him to manage the pregnancy crisis (Bell and Aggleton 2014), but in so doing reinforced gender divisions and mistrust. Mistrust was also a feature of young women’s narratives about young men, in the context of their boyfriends’ refusals to take responsibility for the pregnancies. Young people’s narratives revealed intense contestations within and between families. Families were sites where gender and generational relations, fertility and sexuality were regulated, particularly for young women, with laws and customary practices constraining the decision-making on pregnancy (Ninsiima et al. 2020). But they also helped their daughters’ and sons’ work to repair the ruptures, drawing on various means of negotiation – legal, customary, financial, verbal persuasion and, occasionally, physical force. While young women’s views seemed to have little overt weight in these negotiations, they were, however, able to mobilise support of caregivers, siblings, friends and teachers, as were young men.

These findings lend weight to critiques of deficit depictions of pregnant schoolgirls and families in Africa, revealing instead complex ways in which young people enact identities and navigate relationships to make sense of and repair the ruptures of unintended pregnancies. Further research could explore how narratives of rupture and repair change over time as young people grow up and further process these life events and experiences.

The analysis also reveals how changes over generations in laws, policies and norms have failed to prevent, and may have enhanced the rupturing effects of pregnancy on teenage lives in Uganda. Expectations of a life path from education to adult...
employment, followed by marriage and parenthood, are undermined by economic burdens, discourses about gender and sexuality, and limited access to sexual health information and services. These both create the conditions for unintended pregnancies, and restrict the choices open to young people following pregnancy disclosures.

For policymakers, service providers and practitioners, our analysis reinforces the importance of gender sexuality education that tackles myths, silences and gender discourses that reduce sexual and reproductive choice (Muhanguzi 2011; Pichon et al. 2022). Structural interventions need to support young people’s access to sexual health services and to sustainable economic livelihoods (Bell and Aggleton 2014). Our analysis foregrounds how critical are the moments early in pregnancy in influencing how fleeting or long lasting the ruptures will be. We underscore the importance of working with young people to understand their positionalities, resource environments, desires, and social networks as they make and navigate decisions about pregnancy. Support from family and community networks at this time is crucial, alongside affordable, inclusive access to justice. Providers can play a key role in resourcing and supporting young people and their families to engage with information, resources and services that strengthen their capacity to negotiate, and agency in decision-making and in challenging ideas that an unintended pregnancy necessitates leaving school for example. Supporting young people’s efforts also means shifting the gaze from girls and families as objects of change to addressing the structural forces relating to gender, generation and poverty that underpin and constrain in varying ways the capacity to suture these ruptures in the lives of young women and young men faced with unintended pregnancy.

**Notes**

1. CoVAC is a research collaboration between the London School of Hygiene and Tropical Medicine, UCL, Raising Voices and the MRC/UVRI & LSHTM Uganda Research Unit (MUL).
2. The project received ethical review and clearance from the UCL Institute of Education (REC 1091, Data protection registration number: Z6364106/2018/05/144 social research), the London School of Hygiene and Tropical Medicine, and the Uganda Virus Research Institute (UVRI) ethics review committees, and from the Uganda National Council for Science and Technology.

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**References**


