"I am a shame…"

A qualitative field study of the prevalence of teenage pregnancy within two Burundian refugee camps in Tanzania

Märta Roxberg
Abstract

Evidence points to that the prevalence of teenage pregnancies is higher within refugee camps than elsewhere. Yet little research attention has been given the subject of teenage pregnancy within refugee situations where the numbers are steadily increasing, an area that therefore needs to be explored further. This thesis is based on a qualitative field study conducted within two Burundian refugee camps in Tanzania, Nduta and Kanembwa. Semi structured interviews were conducted with both teen mothers and Non Governmental Organizations (NGOs) and Bloc leader with knowledge in the area in order to investigate the reasons for and implications of teenage pregnancy within a refugee setting. The research question is why the prevalence of teenage pregnancy is higher within a refugee context. And what can be done to empower young mothers with the knowledge and skills to protect themselves and to successfully claim their reproductive and sexual rights? The findings of the study points to that similar factors contributing to teenage pregnancy such as education, culture, poverty and unstable family relations are also applicable in a refugee situation. Conditions within refugee camps are however more extreme and the prevalence are therefore higher than in other settings. Taking a Liberal feminist standpoint based on the ideas of Amartya Sen (1999) it is argued that the empowerment of women’s free agency and wellbeing is the key to a decline in fertility rate amongst teen mothers in refugee camps. Thus it follows that if women are to successfully claim their sexual and reproductive rights more efforts needs to be made in promoting the inclusion of women into educational and vocational activities

Keywords: pregnancy, refugee camp, Tanzania, health, reproduction and protection

Word Count: 11485
## List of Abbreviations

<table>
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<th>Full Form</th>
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<tr>
<td>ACRWC</td>
<td>African Charter on the Rights and Welfare of the Child</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of all forms of Discrimination Against Women</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>LHRC</td>
<td>Legal and Human Rights Centre</td>
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<td>LMA</td>
<td>Law of Marriage Act</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MHA</td>
<td>Ministry of Home Affairs</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<td>SAEU</td>
<td>Southern Africa Extension Unit</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>SOPSA</td>
<td>Sexual Offences Special Provision Act</td>
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<td>TCRS</td>
<td>Tanganyika Christian Refugee Service</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Development Fund</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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1 Introduction

Teenage pregnancy is an important issue relating to women’s health especially in the context of refugee situations where the numbers are increasing. In a crisis or refugee situation, one in five women of childbearing age are likely to be pregnant, most while still only in their early teenage years.\(^1\) Conflicts and natural disasters put these young mothers and their babies at risk because of the sudden loss of medical support, compounded in many cases by trauma, malnutrition or disease, and exposure to violence.\(^2\) In addition to receiving inadequate reproductive health care, displaced adolescent girls are more vulnerable to sexual violence by armed forces and face exploitation in the absence of traditional socio-cultural constraints.\(^3\) Indeed, a 1997 survey by the International Rescue Committee (IRC) found that 27% of females aged 12-49 in Tanzanian camps (mostly Rwandan and Burundian women) had been targets of sexual violence since they became refugees.\(^4\) Stigmatization of girls subjected to rape and unwanted pregnancies is also common. Without access to emergency contraception, displaced young women who have been raped often find themselves pregnant with an unwanted child. In refugee camps where abortion is highly restricted, girls may resort to unsafe abortions, where the risks of infertility or even death are high.\(^5\)

Accordingly, it is no coincidence that both the highest refugee-producing and refugee-hosting countries—including Burundi, Rwanda, Eritrea, Ethiopia, Somalia, Yemen, Afghanistan and Nepal—also have some of the world’s highest maternal mortality rates. Yet, reproductive and maternal health services are often seen as “non-essential” humanitarian assistance and as a result under-funded. It is thus surprising that reproductive issues are neglected within conflicts

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2 Ibid. p 82
and refugee settings when considering that the fifth goal of the UN Millennium Challenge is to improve maternal health. The knowledge and the tools to protect women’s health in emergencies are there, but is the political will there? Even if there are guidelines for providing psychosocial counselling and reproductive health services, these services and protection remain the exception rather than the norm.

However, countries that do not invest in the skills and productive capacities of young people in the struggle to recover from war miss important opportunities to reduce poverty and forge a lasting peace. But the needs of teen mothers are often overlooked as the international community mostly focuses upon young, vulnerable children. Teenage pregnancy is therefore a subject that needs more research especially in the area of refugee and displaced populations where early pregnancies are increasing. Although there are vast amounts of studies made on the issue of teenage pregnancy, there is surprisingly little written about the prevalence of teenage pregnancy within a refugee setting. This is an area I wish to explore further and this thesis is therefore based on a field study of the issue of teenage pregnancy within two refugee camps in Tanzania.

1.1 Aim and Research Questions

The aim of this field study is to reach a better understanding of the issue of teenage pregnancy in particular as it relates to the situation of women in a refugee situation. The study was carried out within two Burundian refugee camps, namely Nduta and Kanembwa, in Western Tanzania. The focus of the study is upon answering the following research questions:

Why is the prevalence of teenage pregnancy higher within a refugee context than elsewhere?
What are the reasons for and implications of teenage pregnancy within the refugee camps?
And finally, what can be done to empower young mothers with the knowledge and skills to protect their health and for them to successfully claim their reproductive and sexual rights?

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8 UNFPA (2005), p 80
1.2 Selections and Delimitations

Although the role of young fathers in refugee camps is equally important to investigate, I have chosen to emphasise the experiences of teen mothers. Teen fathers is however an area of research that also deserves more attention. Without more knowledge about teen fathers one can never reach a full understanding of teenage pregnancy. Moreover it is important to note that teen mothers are not a homogenous group, which makes it difficult to generalize. However by focusing upon the experiences of Burundian teen mothers in two Tanzanian refugee camps one can to some extent reveal existing patterns. Moreover the choice to study teenage pregnancies within two Burundian refugee camps was made in order to be able to analyse possible differences and similarities between the two. The two refugee camps were also rather similar in terms of structure and inhabitants, which can also be seen as strength in this study. More interviews are however needed before any real conclusions can be drawn from the findings of the study. The main purpose of the study is to reach a better understanding of the situation of refugee teen mothers from which further research can be made.

1.3 Theoretical Perspectives

Instead of using theory to generate a hypothesis an inductive approach was chosen, in which the empirical analysis generates interpretations or theories of the social world. The subject to be investigated is thus also relevant in the choice of theory. Based on the empirical analysis a feminist theory seemed the most suitable approach, since the issue of teenage pregnancy inevitably includes power relations between men and women. Feminism is however not a single theory but includes a range of different feminist perspectives that aim to enhance women’s status and power such as Liberal feminism, Marxist/Socialist feminism and Radical feminism. Liberal feminism builds on liberal thought with its emphasis on individual rationality, the public-private divide and institutional change. Marxist feminism or Socialist feminism similarly

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builds on the ideas of Marxism. They argue that there is a direct link between class structure and the oppression of women. Women’s oppression is thus in one way or the other functional to capitalism. Radical feminists identify the sex war as the basic political struggle and argue that society must be changed at its core in order to dissolve patriarchy, not just through acts of legislation.\(^\text{12}\) Teenage Pregnancy as an issue inevitably revolves around the capacity of the individual to make their own choices within a given context is central. The Liberal Feminist perspective is thus the most suitable considering the focus on women’s agency. Moreover, the study is not only about teenage pregnancy as a phenomenon but about the issue of teenage pregnancy in refugee situations in the developing world. Amartya Sen’s focus upon developing countries is also relevant to the study. This study therefore takes a more liberal feminist standpoint mainly based on the ideas of Sen, who won the 1998 Nobel Prize in Economic Science, in his novel, Development as Freedom (1999).\(^\text{13}\)

Development, according to Sen, is a process of expanding the real freedoms that people enjoy be it economic opportunities, political and social liberties or good health and education.\(^\text{14}\) In other words, freedom involves both the processes that allow people to exercise these freedoms, and the actual opportunities that people have.\(^\text{15}\) Basing his argument in a third world context, Sen claims that poverty should be seen as the “deprivation of basic capabilities” instead of merely low incomes.\(^\text{16}\) Moreover he states that different freedoms are interlinked with one another and one can therefore see a close connection between women’s well being and women’s free agency in bringing about a decline in fertility patterns.\(^\text{17}\) Freedom in one area could thus enhance the freedom in others.\(^\text{18}\) Following Sen’s ideas one could for instance claim that if the representation of girls within refugee schools increase, the well being and free agency of girls would also rise as a result and in turn lead to lower fertility rates.

Sen also refers to Mary Wollstonecraft who, in A Vindication of the Rights of Woman in 1972, argued that women are entitled to rights to promote their well being but also rights of free

\(^{12}\) Ibid. p 110
\(^{14}\) Ibid. p 5
\(^{15}\) Ibid. p 17
\(^{16}\) Ibid. p 99
\(^{17}\) Ibid. p 11
Based on Wollstonecraft’s ideas, which are also central within feminism, Sen argue that an agent-oriented approach to the women’s agenda is needed not simply one of their well being. There is in other words a close connection between women’s well being and women’s agency in the change of fertility patterns. Similarly to the feminist stand point, he mentions family relations as an obstacle in women’s empowerment and the reduction of fertility rates. Furthermore he states that “it is continued inequality in the division of food-and (perhaps even more) that of health care-that gender inequality manifests itself most blatantly and persistently in poor societies with strong anti female bias.” The right to sexual and reproductive health is thus an important part of women’s rights in the struggle towards an equal society and for development to occur.

1.4 Methodological Approach

Since the purpose of the research is to investigate the conditions of teenage mothers within a refugee context a qualitative field study is preferable. A field study was chosen in order to be able to study teenage pregnancy as a phenomenon within the actual cultural context of the refugee camp. The field study was conducted through participant observation in which the researcher is mainly participant. Even if some observations are made, the researcher’s primary role is that of conducting interviews. There are possible advantages and disadvantages in the choice of a qualitative field study. On the one hand, the validity of a field study could be put into question as one cannot measure how much of the observations and interviews that are tainted by the researchers own perceptions and values. On the other hand, with a smaller area of research one can reach a deeper understanding of the subject being studied, which might be lost in larger, quantitative studies. There is also a risk to oversimplify within quantitative studies of

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18 Sen, A. (1999), p 194
19 Ibid. p 189
20 Ibid. p 191
21 Ibid. p 193
22 Ibid. p 194
24 Ibid. p 183
the social reality when measurement is emphasised instead of the context of the data.\textsuperscript{26} Further, qualitative methods are based on an interpretive epistemology in which the world does not exist independently of our knowledge of it, but is socially constructed. There are in other words no objective truths, but it is the interpretation of social phenomena that gives meaning and affects outcomes.\textsuperscript{27} An objective analysis is thus impossible, since knowledge is always discursively laden. Further a qualitative study was chosen in order to be able to reach a deeper understanding rather than a quantitative, superficial one.\textsuperscript{28} The emphasis of this study is therefore primarily to understand rather than to explain the occurrence of teenage pregnancy within a refugee camp.

1.4.1 Interviews

To describe the lives of young refugee mother’s semi structured interviews proved to be the most suitable method. Semi-structured interviews, in contrast to unstructured interviews, follow a few basic questions but still with room for flexibility.\textsuperscript{29} The semi structured interviews were conducted in order to answer the following questions: How did you become pregnant? What reactions did you receive from the community? What were the consequences of the pregnancy? Did you receive any help? How do you perceive the future ahead? The interviews were recorded and then transcribed verbatim into text.

During a visit in Nduta and Kanembwa refugee camps from May 28\textsuperscript{th} -June 11\textsuperscript{th} 2007, I conducted semi structured interviews with five, unmarried teen mothers aged between 16-27 years. The interviewees came to the refugee camp as a result of the conflict in Burundi. Four out of the five interviewees were forced to flee when their family members were killed in the strides and one of the interviewees lost all of her family members. One of the interviewees had never seen Burundi, but was born and raised in the camp. Consequently, four of the five interviewees lived alone, with one of their parents or with foster parents whereas only one of them lived with both her mother and father. Three of the interviewees became pregnant at the

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\item Punch (2005) p 186
\item Marsh & Stoker (2002) p 27
\item Ibid., p 201
\item Bryman (2002) p 301
\end{enumerate}
\end{footnotesize}
age of 16 whereas the remaining two were only 15 and 13. Three out of the five interviewees stated that the pregnancy was due to rape.

Conducting interviews in a refugee camp proved to be more difficult than expected. First of all most refugees only speak Kirundi, the language spoken in Burundi, and for most of the time I had to depend on interpreters. They spoke rather poor English, which sometimes led to misunderstandings and difficulties in communication. The language barrier thus proved to be a major obstacle as I could not control the translation of my questions as well as the translation of the answers. In some instances the girl being interviewed could speak for a long time while the translation given was a lot shorter. As the English of the interpreter in many cases were rather basic I have therefore improved the language, however without changing the content, when transcribing the interviews in order to make the content more understandable. Moreover, culture might have influenced the results negatively, since it is hard to avoid the cultural bias that comes with being a westerner. In the eyes of the interviewee, the interviewer was a so called “mzungu”, a white European woman, one of the privileged few. Further when trying to avoid these given power relations between interviewer and interviewee time proved to be an obstacle because no mutual trust between the interviewer and interviewee could be developed within the limited time frame of the field study. And finally, the structure of the camp was another obstacle, since it was difficult to find a quiet place where the interview could take place without any disturbing elements.

Semi structured interviews have also been conducted with Athumani Shabani, Bloc leader and Imam in Kanembwa camp, Angelina Ndayikeje, Community Services Camp Coordinator in the Southern Africa Extension Unit (SAEU) Youth Centre and Health Centre in Nduta and Kanembwa camp, and Helen Kijo-Bisimba, Executive Director of the Legal and Human Rights Centre (LHRC) in Dar es Salaam, with valuable knowledge in the area. Here I have not made any ethical considerations in safeguarding their integrity, since they hold official positions and share no personal experience of sensitive nature in the matter. The focus of the interviews was upon the issue of teenage pregnancy within the camps and prevention efforts in order to answer the following questions: What are the causes and effects of early pregnancies within the camp? What services are available to young women in the area of protection, sexual and reproductive health? How can the situation of young teenage mothers be improved? To interview people with knowledge in the area of teenage pregnancy proved to be somewhat easier since I didn’t have to rely on an interpreter as much as most spoke English quite well. The major obstacle
was instead to find the time and the place for an interview. Bloc leaders, Staff and NGO workers were often occupied and appointments hard to make. As a result the interviews made were thus to some extent determined by who was available and not at the time of the field study.

From the text material transcribed from the interviews I will analyse the experiences of teenage mothers in Nduta and Kanembwa refugee camps. By posing questions to the text and finding the answers in the text certain patterns will be revealed which will be discussed further in the result chapter later on. Based on the findings of this study possible conclusions can be drawn as to how the situation of young refugee mothers can be improved.

1.4.2 Ethical Considerations

Given the sensitive nature of the issue of teenage pregnancy and the vulnerable situation of refugees in general ethical considerations had to be made. In this study research ethics according to the Helsinki Declaration 2000 have been used as follows. All interviewees therefore agreed to participate in this study. They were also informed in advance about the subject of the interview and why the study was conducted. Their integrity was respected by guaranteeing confidentiality. This was carried out by changing the names of the interviewee and camp location. I would have preferred to use female interpreters, but there were none to be found in the camps. The interpreters available were all male and refugees themselves. Furthermore, the location of the camp and the limited time frame made it difficult to develop a relation of mutual trust with the interviewees.

1.4.3 References

Not only interviews have been used in this study, but also empirical material in the form of NGO reports, statistics and literature on the subject of teenage pregnancy. Annual reports from Tanganyika Christian Refugee Service (TCRS) and the SAEU have provided general information about the Tanzanian refugee policy as well as the structure of the camps. These

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30 Helsinki Declaration (2000)
sources are however to some extent influenced by their collaboration with the Tanzanian government and might not always describe the actual situation as it is. Further, primary sources such as relevant conventions, recommendations and policies have also been used in order to be able to discuss the issue of teenage pregnancy from a legal perspective. Literature was on the other hand difficult to find. *Teenage Pregnancy and Parenthood-global perspectives, issues and interventions* (2006) by Helen S. Holgate, Roy Evans and Francis K. O. Yuen contains a collection of articles from various researchers on the subject of teenage pregnancy. It does however not address the problem of teenage pregnancy within refugee camps. To my knowledge, there is little or no literature published dealing with teenage pregnancy specifically within a refugee context. Since the subject is fairly new, internet has proved to be the main source of information in this study. NGO reports, mainly from United Nations Population Fund (UNFPA), World Health Organisation (WHO), Save the Children, UNICEF and the Women’s Commission, have been an important source of empirical information and statistics about the issue of teenage pregnancy in general as well as within refugee situations. It is important to note that even NGO reports may be tainted to some extent and have therefore also been approached in a critical manner.

1.5 Chapter Outline

The first chapter presents an introduction to the subject of the thesis followed by the purpose and research questions of the study, choice of theory, material and method. The second chapter introduces the contextual framework for the issue of teenage pregnancy in general by discussing the different factors that might influence fertility rates amongst young mothers. Thereafter a definition of the use of adolescent, girl or teenage in the study is provided followed by the legal aspects relating to the issue of teenage pregnancy within a refugee setting. Furthermore a description of the Tanzanian refugee camps is also given with special reference to the two Burundian camps where the study was conducted. The results of the empirical analysis are presented in the third chapter. Since stigmatization, education, protection and the future proved to be the main areas where refugee teen mothers faced difficulties the chapter has been divided accordingly. In chapter four the findings of the study will be discussed in terms of methodology, analysis and theory followed by a brief summary and a conclusion. And finally, a list of references in the fifth and last chapter.
2 Background

2.1 Teenage Pregnancy- An Overview

Adolescence is a crucial period for healthy development in both psychological and physical terms. The natural development of a young woman to adulthood is thus prematurely halted as she becomes someone’s mother whilst still relatively a child herself. Although teenage pregnancy is not a new phenomenon, issues relating to teenage pregnancy and parenthood have grown to become a major focus of public and political concern. It is estimated that out of the 13 million adolescent girls who give birth each year 9 out of 10 births takes place in the developing world.\(^{31}\) An alarming figure considering the fact that complications from pregnancy and childbirth are the two leading causes of death for 15 to 19-year-old girls worldwide.\(^{32}\)

There are in other words possible serious health and social consequences for young women who begin to have intercourse while very young or not yet married, especially if they become pregnant and have either an unplanned birth or in some cases even an unsafe abortion. Even if adolescent girls may be able to conceive, problems might arise when it comes to delivery if the bone growth is not completed and if they have not reached sufficient height and pelvic size.\(^{33}\)

Furthermore, a pregnancy at an early age could mean the disruption of education, employment and a clear path to the future. For many young women an unwanted pregnancy also leads to social exclusion from the community.\(^{34}\)

What are then the factors that contributes to the prevalence of teenage pregnancy? First and foremost, poverty, is a well known factor leading to teenage pregnancy. Poor families might not

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\(^{32}\) Ibid.

\(^{33}\) Women’s Commission (2000) p 25

\(^{34}\) Save the Children (2004) p 10
have the education nor the means to prevent pregnancy. In fact, research has shown that poor women are more likely to have children while young, and those having children while young are likely to remain in poverty. As a result, their children are also likely to struggle economically, and perpetuate the downward cycle of having children. If nothing is done to improve the lives of young mothers for the better they tend to follow a path faced with challenges in the areas of education, health and economic survival.\(^{35}\) Teenage pregnancy could in other words become a poverty trap. Plausible reasons thus exist why fertility trends in developing countries affect the prospect for development.

Secondly, evidence also points to that teenage pregnancy is not solely the result of sexual risk taking but is also strongly influenced by an individual’s childhood experiences. Girls raised in families characterised by parental instability, early motherhood and maternal role models of single parenthood are at high risk of becoming pregnant during their teens. There is in other words a link between single mother hood or unstable family relations and teenage pregnancy.\(^ {36}\)

Culture is another factor that may contribute to teenage pregnancy. In some cultural settings sex is more taboo than others. For example, in many societies, it is excusable for men to become sexually active at a significantly earlier age than women, and even expected that they will do so. Similarly, women but not men are commonly expected to be sexually inexperienced when they marry. Girls are expected to save their virginity until marriage. If they become pregnant before marriage they risk being stigmatized by the community and in some cases even chased away from home. It is not accepted to be pregnant whilst still unmarried.\(^ {37}\)

And finally, education, influences the rate of early pregnancy. A strong link has been established between educational underachievement and early parenthood. Girls who fail in school and lack educational aspirations and motivations have proved to be more likely to become pregnant at an early age.\(^ {38}\) Further, if no education is given in the area of sexual and

\(^{35}\) Save the Children (2004), p 10


reproductive health teenagers might not receive any information as to the best way to avoid early unwanted pregnancy and STDs.  

2.2 Definition of Young People and Adolescents

Before approaching the issue of teenage pregnancy one needs to define the meaning of adolescent. Although one can say that adolescents are children, they are rarely recognised as such in practice. In fact, in the eyes of the international community, who has come a long way towards a political consensus on the issue of “innocent, vulnerable children”, adolescents are largely overlooked. There’s not even a clear definition of adolescent within international law. Adolescents, especially girls, strength and potential as constructive contributors to the society are thereby more or less unrecognised and unsupported by the international community. It is therefore vital to bring more attention to the needs of adolescents.

Identifying adolescents as a group is not the simplest task since there are not one but several definitions of the term. There seems to be no common understanding among decision makers about who adolescents are. The English term adolescent, which refers to a person’s transition from puberty into adulthood, is a Western description. However, in other cultures adolescence is the time before a young man has undergone circumcision (untapped potential, p 8). According to World Health Organization (WHO) adolescents are categorized as 10-19 years olds whereas UNICEF defines adolescents as people in the “second decade of life”. The term adolescent is in other words defined according to its social and cultural context. Whatever definition one chooses the fact remains that adolescents are not young children and not adults.

In this study the focus is upon adolescents or more precisely young women who have become pregnant before the age of 18. They are therefore young women, girls, adolescents, teenagers, but more importantly also children.

40 Ibid. p 3
41 Ibid.
2.3 Legal Aspects

2.3.1 International Law

According to article 1 of the 1989 Convention on the Rights of the Child (CRC) children are defined as “every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier”. Thus, 17 year olds are regarded as distinct subjects of rights, including the right to life, and should they fall victims of armed conflict the right to protection, care, physical and psychological recovery and social reintegration. These include freedom from discrimination, abuse and exploitation; participation in decisions affecting their lives; privacy; and access to education, health information and services for their well-being. All of these rights have direct implications for adolescent reproductive health. However by stating “unless under the law applicable to the child, majority is attained earlier” there’s room for state parties to lower the age of majority as they see fit. This could lead to serious gaps in the protection of adolescent’s rights. Tanzania is as a state party to the CRC obliged to ensure, to the maximum extent possible, the survival and development of the child and thus also adolescents. Tanzania has also ratified the African Charter on the Rights and Welfare of the Child (ACRWC). According to Article 14 (e) of the ACRWC every state party is obliged “to ensure appropriate health care for expectant and nursing mothers”. Moreover state parties to the Charter shall take all appropriate measures to ensure that a child who is seeking refugee status “receive appropriate protection and humanitarian assistance in the enjoyment of the rights set out in this Charter and other international human rights and humanitarian instruments to which the States are Parties.(Article 23.1)” Significantly, on 20th August 1995, Tanzania ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). Underlying principles of both the CEDAW and the CRC are equality and non-

42 United Nations Convention on the Rights of the Child (1989), article 1
43 Ibid. article 6, 38, 39
44 Ibid. article 1
46 ACRWC (1999) article 14
47 Ibid. article 23.1
discrimination. Both Conventions promote and protect the equal rights of women and girls and support their full participation in the political, social and economic development of their communities. However the human rights paradigm has been widely debated regarding its aim to universally promote people’s rights, because its origin stem from Western liberal ideas. It is on the other hand vital to note that despite the Western origins of present human rights formulations, there is also strong philosophical and ideological opposition to at least some of these rights.

In 1994, governments pledged for the first time to address the reproductive health needs and rights of adolescents at the International Conference on Population and Development (ICPD). At the 1995 Fourth World Conference on Women in Beijing, governments reaffirmed this commitment and focused especially on the girl child. Paragraph 89 and 92 of the Beijing Platform for Action states:

“Women have the right to the enjoyment of the highest attainable standard of physical and mental health. . . . Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment....However, health and well-being elude the majority of women.”

To improve the implementation of adolescent girl’s sexual and reproductive rights is in other words vital for their empowerment and the development of the society as a whole. International human rights law recognises that health represents an important factor in the realisation of the right to an adequate standard of living, including adequate food, clothing, housing, water and sanitation. But these international instruments are only as effective as the political will to back them up.

2.3.2 Refugee Law

It is estimated that more than half of the world’s refugees are women and young girls. However, adolescent girl’s needs are often overlooked in humanitarian efforts. The current

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protection regime is not specific on matters relating to women, including girls. Neither the 1951 Convention nor its 1967 Protocol address the needs of refugee women and children in spite of the undisputed fact that women have special needs in the areas of protection, especially physical protection. The regional conventions on refugees are no better. The African Charter on Human and Peoples rights mention the word women only once. It has thus been argued that the grave suffering of women refugees has been neglected because of the male dominated system, an area that needs to be addressed further. However, the 1994 UNHCR Refugee Children: Guidelines on Protection and Care and the 1993 UNHCR Policy on refugee children are based on the provisions of the CRC. Better protection and care of refugee children are emphasised where the best interest of the child is always prioritised.\textsuperscript{50} In addition, in 2000, the United Nations Security Council passed Resolution 1325—a landmark decision mandating the inclusion of women in peace processes. It calls upon all parties to protect women in armed conflict and to integrate gender perspectives into peacekeeping operations, UN reporting systems and peace building programmes.\textsuperscript{51}

\section*{2.3.3 Tanzanian Law}

Although Tanzania updated their refugee policy quite recently neither the 1998 National Refugee Policy nor the 1998 Refugees Act even mentions women and children. Instead the emphasis is placed on repatriation, security and the environment.\textsuperscript{52} Moreover, within the national jurisdiction, there are no provisions addressing teenage mothers. The 1977 Constitution of the United Republic of Tanzania enshrines the basic right to equality and guarantees protection of all people before the law without any discrimination. Women and men are therefore entitled to the full enjoyment of their rights without any discrimination as to their gender. Women and children are thus also entitled to the protection of the right to life and personal security. Furthermore, there is a law governing sexual offences. The Penal Code (Cap 16 of the Revised Laws of Tanzania Mainland) criminalizes sexual and gender related offences.\textsuperscript{53} The 1998 Sexual Offences Special Provisions Act (SOPSA) lead to a wider

\begin{figure*}[ht]
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\includegraphics[width=\textwidth]{tanzanian_map.png}
\caption{Tanzanian Map showing the location of key cities and infrastructure.}
\end{figure*}

\textsuperscript{49} Save the Children (2004) p 23
\textsuperscript{50} UNHCR (1994) \textit{Refugee Children: Guidelines on Protection and Care}, Geneva:UNHCR,
\textsuperscript{51} UNICEF (2005) \textit{State of the World’s Children}, p 52
\textsuperscript{52} United Republic of Tanzania (1998) \textit{National Refugee Policy}, Ministry of Home Affairs,
\textsuperscript{53} \textit{Penal Code}, Cap 16 of the Revised Laws of Tanzania Mainland
definition of rape, where statutory rape and rape between spouses was included.\textsuperscript{54} However, by retaining the provision of the Law of the Marriage Act (LMA), which allows a girl less than 15 years to be married, the protection efforts has been weakened.\textsuperscript{55} The Act thus ignores the undisputed fact that a person below the age of 18 is also a child. Despite an increase of the prosecution of rape cases in Tanzania, the rate of rape and other sexual offences remains to be high.

2.4 The Refugee Camps

The refugee camps in Kigoma and Kagera regions, in Western Tanzania, host a great number of refugees. The camps were established as a response to the mass influx of refugees in the 1990s following the outbreak of genocide in Rwanda and the conflicts in Burundi and the Democratic Republic of Congo (DRC). The security situation in Burundi has been improving, especially after the peaceful presidential election in August 2005, and this has resulted in an increase in voluntary repatriation by the refugees.\textsuperscript{56} The camp populations are therefore decreasing. In 2002, following the peace accord that brought the violence to an end, UNHCR started a voluntary repatriation programme in order to facilitate “the return and reintegration of Burundian refugees”.\textsuperscript{57} Since then, more than 290,000 Burundian refugees have returned home. According to President Kikwete, now that peace and stability returned to Burundi there is no justification for the continuous stay of Burundian refugees in the country. However, the number of those choosing to repatriate has decreased in recent months to around 1,000 people a month, compared with some 10,000 in previous months and years. Fear of food shortages and continued insecurity seem to account for the decline in returns. The return of refugees has also

\textsuperscript{54}Sexual Offences and Special Provisions Act (1998), subsection 2 (a) (e)
\textsuperscript{55}Law of Marriage Act (1971), section 13, 17 (1)
\textsuperscript{56}Present day Burundi is a conflict torn country. Since the first wide scale massacres of 1972 Burundi has been plagued by ethnic tensions between the dominant Tutsi minority and Hutu majority, followed by major outbreaks in 1988 and 1993. The war has meant displacement, victimization to rape, murder and slavery and an enhanced poverty. As a result hundreds of thousands of refugees have fled from their country into neighbouring Tanzania. However relative peace appears to be within reach after numerous of agreements between the government and rebel groups. (BBC website: http://news.bbc.co.uk/2/hi/africa/country_profiles/1068873.stm 2007-07-15).
\textsuperscript{57}UNHCR (2007) the State of the World’s Refugees: Human Displacement in the New Millennium, chapter 4 box 4.3
multiplied conflicts over land ownership and a new land commission was announced 2006 to meet the incoming land cases, but has not yet begun work. The Tanzanian government is however keen on promoting the repatriation of Burundian refugees since the camps are costly and the funds from the international community are lacking. The voluntariness of the repatriation could on the other hand be put into question. The UN refugee agency and its partners are for instance trying to encourage more Burundians to return home from camps in north-west Tanzania by offering cash grants and a bigger food package. NGOs providing secondary education in the camps in Tanzania have also been encouraged to shift their programmes to areas of return in Burundi, where secondary school fees for returnees have been waived for two years leaving the remaining camp population largely without access to secondary schools. Moreover, UN agencies and non-governmental organizations are helping to restore infrastructure and services in Burundi to ease the reintegration process and make the country more attractive to refugees. Some of the UNHCR camps have been consolidated or closed in line with the falling camp population. Consequently there are now seven camps compared to 11 at the start of the year.\footnote{UNHCR (2007)}

In the area of study, Kibondo, some 89804 refugees repatriated between April 2002- June 2006. After camp consolidation in May 2007, Kibondo has remained with two out of the previous five refugee camps namely Kanembwa and Nduta. By 30th June 2007 the total refugee populations in those camps were 14,281 individuals and 41,019 individuals respectively. It is anticipated that more refugees will repatriate in the coming months especially after Tripartite Commission meeting which was held on 4\textsuperscript{th} June 2007 in Dar es Salaam-Tanzania, directing UNHCR and its partners to focus only on life-sustaining and right based activities such as food, shelter, water/sanitation, health/nutrition, and primary education, while scaling down supplementary assistance such as secondary education, vocational training and income generating activities.\footnote{TCRS (2007)}

Kanembwa is the oldest camp in Burundi. It is situated 20 km from Kibondo town. Children under the age of 17 make up 57\% of the camp population of which 22\% are less than 5 years old. Nduta is the larger than Kanembwa, but is similarly structured.\footnote{UNESCO (2006) \textit{Research Mission Report Transmitting Traditional Knowledge in Refugee Camps for the Prevention of Socio-cultural Obstacles to a Sustainable Reintegration of Returnees- A Case of Burundian Post Conflict Refugees in Tanzania}, p 8} Both Nduta and
Kanembwa are divided into blocks, which are further divided into household groups or clusters. Every Block is represented by a bloc leader, an assistant bloc leader, a secretary and treasurer. Each block then elects people to serve as food committee members, women’s group members, security personnel and other groups. Cell leaders are elected to represent every ten-house cluster. Camp chairmen and elected chairmen are appointed among the bloc leaders. The Ministry of Home Affairs (MHA) supervises the election whereas the UNHCR and camp managers observe its implementation. There are three main IP’s working in Kanembwa and Nduta camp. The Tanganyika Christian Refugee Service (TCRS) are in charge of the management and provision of basic needs such as food, infrastructures and Community Empowerment projects. The Southern African Extension Unit (SAEU) supports education and community service sectors, especially for vulnerable people. The International Rescue Committee (IRC) provides health care services. The Burundian camps also offer an impressive range of services for refugee youth. Agencies have organized youth apprenticeships, skills training, peace education, reproductive health projects, sports clubs, distance education for learning English and youth environment groups. Despite the presence of so many youth activities it is generally acknowledged that very few refugee youth, girls especially, are being reached.  

The protection of women and children is another problem in the camps. Humanitarian organisations are supporting educational campaigns to reduce violence against women; including installing safety measures, training community leaders, police and judges and improving law enforcement. The importance of reaching men is also recognised. The international Rescue Committee (IRC) now routinely forms men’s committees to raise awareness and support survivors of sexual violence. Despite improvements in area of protection and health the issue of Sexual and Gender Based Violence is as grave as ever.

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61 UNESCO (2006), p 8-9
62 UNFPA (2005) p 81
3 Results

In this study semi structured interviews were conducted both with five teen mothers and Helen Kijo-Bisimba, Executive director of the LHRC, Angelina Ndayikeje, SAEU Community Services Camp Coordinator and Athumani Shabani, Bloc leader and Imam in Kanembwa refugee camp, with knowledge in the area in order to reach a deeper understanding of the conditions of teenage mothers in refugee situations. From the findings of the study stigmatization, education, protection and the future proved to be the main areas where teenage mothers faced difficulties and this chapter has thus been divided as follows. These four areas should however not be seen as separate entities, but are interlinked. The stigma attached to pregnancy before marriage could for instance lead to problems in the continuation of education and in turn influence the future prospects that a teenage mother holds. This is something that will be developed further below.

3.1 Stigmatization

Stigmatization of girls and women subjected to rape and unwanted pregnancies is common. Shabani explained that to be pregnant within the Burundian culture whilst still unmarried is seen as something shameful. “…people would think of her as a prostitute. She is no longer respected by the community.” All five interviewees had to some extent experienced stigmatization from the community because of their status as unmarried teen mothers. Three out of the five interviewees had a feeling of not belonging to the community anymore. Words such as “shame”, “harassment” and “blame” was used to describe the reactions from the community to the pregnancy. For Mary even her own family turned against her when they discovered that she was pregnant. “I am a shame…” In contrast, two of the five interviewees felt that they had the community’s support when becoming pregnant. Evelyn said; “It was an accident, the community understood. They advised me not to make an abortion, but to keep the baby and marry the father.” In other cases the reactions were quite different. Anna stated that she had no
place in the community anymore. “It was a problem for me to take care of a child, because I was young and all alone.” She described a feeling of shame and marginalisation resulting from the pregnancy.

All five interviewees stated, on the other hand, that the situation had improved. The community had grown to be more accepting, especially in cases of rape. Anna said: “People understand that I am not the problem.” Shabani also claimed that the situation had changed now that rape victims were no longer discriminated against by the community. Instead he said that the community was involved in providing counselling for the victim. Further, Ndayikeje argued that the SAEU tried to counsel the parents not to chase their pregnant daughters away, but to take care of them and let them continue with their studies.

3.2 Education

All five interviewees ended school during or after primary school. Three of the five interviewees stated pregnancy as the reason for not continuing with their studies. Mary on the other hand, decided to leave school before the pregnancy when she no longer could pass her exams due to time consuming household activities. “I failed because I didn’t have enough time to study. I had to walk long distances with my mother to find food. It was also hard to study when there was no light at night.” Domestic demands such as collecting firewood, water and food, caring for siblings are among the immediate needs facing refugee families and often fall upon girls. Another interviewee, Josephine, expressed that she finished school because she simply could not afford to continue. Primary school is for free in the camp whereas secondary school requires school fees, which most refugees cannot afford. Vocational training on the other hand does not cost anything and is perhaps the best or only alternative for a teen mother to support herself and her child. In fact, four of the five interviewees had received some vocational training be it tailoring, family planning, life skills or HIV/AIDS education.

However, Ndayikeje argued that many refugee girls are not allowed to attend secondary school nor vocational training because of the traditional norms of the Burundian culture. “The girls are doing the house hold work while the boys are the ones that are allowed to attend the vocational
When girls are excluded from education and vocational training they are not informed about reproductive health issues. Moreover, when parents choose not to discuss sexual matters with their daughters early pregnancy could occur as a result. Kijo-Bisimba at the LHRC discussed the importance of culture when saying that “…in our culture most girls don’t talk to their parents about sexuality and this has lead to that girls enter into sexual activities without knowing the consequences.” Further Ndayikeje claimed parental attitudes to be another obstacle keeping girls from re-entering schools after delivery. “…They say that when these girls go back to school they are laughed at. “Why should you come back to school? You are a woman now.”” Similarly, Shabani mentioned that parents might decide for their daughters to leave school when they reach puberty or to get married. Question is whether pregnancy might force girls into leaving school and entering into marriage at an early age. According to Kijo-Bisimba the stigma that comes with being pregnant and unmarried leaves girls with few other options than to enter into marriage in many parts of Tanzania. In contrast, Ndayikeje did not see any links between teenage pregnancy and early marriage in the refugee camps. In fact, none of the five interviewees wanted to get married. Moreover, Kijo-Bisimba also described difficulties in changing parental attitudes in order to allow teen mothers to return to school. She remembered what a man once said to her: “How can you talk like that about such a girl… they need to be punished…in the past we used to chase away these girls from their homes, but nowadays parents keep these girls and that’s why they continue to be pregnant.” So, if pregnancy and childbearing interrupts schooling, re-entering school or balancing school with motherhood is challenging and often discouraged.

3.3 Protection

An unknown proportion of adolescent pregnancies in refugee camps are the result of rape and incest. It is noteworthy that three of the five interviewees had become pregnant because of rape. One of the interviewees claimed that they had been raped when collecting fire wood outside the camp and that the perpetrator escaped. Another interviewee stated that she had been raped by a foster parent at the age of 13, but that the man had been imprisoned by the police when she told the community what had happened. For Josephine the rape occurred when she at the age of 15 worked as a domestic servant for a rich couple within the camp. While the wife was away the man raped her. In Josephine’s case with the assistance of the community the
perpetrator was arrested, charged and put into prison. As a result she was after the incident severely traumatized and hospitalized for three months. All three interviewees received counselling from the Sexual and Gender Based Violence (SGBV) centre after the rape. One of them even received some clothes and soap from the SAEU Community centre, but apart from that no other assistance was given.

In some cases, relationships in which the female is the younger partner, male power and control may undermine the woman’s ability to negotiate sexual intercourse and the use of contraception. In other cases, poverty is a contributing factor, since without any economic assets girls may resort to risky sexual relations. Moreover, poverty Mary said: “I thought that sleeping with him might be the end of my problems. When I became pregnant he ran away and left me alone with a child.” Moreover Ndayikeje argued that there was a link between single headed households and early pregnancies. Four out of the five interviewees either lived with one of their parents or had lost both in the war, whereas only one of the interviewees lived with both her father and mother.

Further, all five interviewees felt unsafe in the camps because of the risk of sexual violence, lack of food, shelter and income or a fear of being forced to repatriate. Anna expressed that there was no special protection of girls in the camps because “if they go out of the camps to collect fire wood they might be raped”. Inadequate provision of food, health care and shelter leads to protection problems for women and girls in the camp. For Mary the only solution remaining was trying to protect herself.

Kijo-Bisimba argued for a law governing teen mothers in order to ensure their protection. Further she claimed that a law was necessary in order to ensure that girls who become pregnant continue with their education after delivery. Ndayikeje, like Kijo-Bisimba, stated that there was a need to protect teen mother’s rights to finish their studies. Whereas Shabani emphasised the need for a strengthened security in order to provide better protection for the girls living in the camps.
3.4 Future

All five interviewees had a rather bleak view upon the future. They argued that life was hard and the prospects not very good. Anna, like the other interviewees, was not very hopeful about the future to come. “I don’t have any plans for the future, there’s none. I don’t have any parents and I have two children without a father. I won’t marry again because I have faced many problems.” However, poor education was one of the main reasons for the lack of faith in the future to come. Five out of the five interviewees regretted that they had finished their studies too early because, they argued, without education it is difficult to make any kind of income. Josephine stated that she had no future since she couldn’t earn an income. “I have no hope for a better future, because I didn’t study. I don’t have anything that can give me some kind of income.” Mary felt the same. “… life is hard. I cannot get money. I am not educated. There is no employment. And there’s no food for me and my child now that the food ration has been reduced.” Instead, all five interviewees believed that the ultimate solution was to leave the camp altogether and resettle somewhere else since they could not see any possibilities in the camp and neither in Burundi. Mary stated that resettlement was the only way to find a new, better life. “There’s no future in the camps. There’s no future in Burundi only death.”
4 Discussion

4.1 Analytical Discussion

Numerous of writers have attempted to explore the possible reasons why an adolescent becomes pregnant before this study was carried out. Landy and Walsh (1988) suggested the following explanations for young motherhood: lack of information and contraception, socio cultural factors such as poverty and cultural acceptance and psychological perspectives. Others have emphasised the need for education and in recent years the importance of family background has been seen as contributing to the occurrence of teenage pregnancy. The reality of this phenomenon has however proved to be more complex than expected. Although the numbers of teenage pregnancy is falling, the numbers of infants born to young mothers is still large, especially in the developing world. The problem of teenage pregnancy thus remains to be a contemporary question yet to be explored further. The question is why the prevalence of teenage pregnancy is higher in refugee camps than elsewhere. Could the reason be the structure of the camp or the lack of food, education and means to earn an income? Is culture the reason? As the findings of this study shows, investigating teenage pregnancy is not a straight forward task; the factors are many and mutually reinforcing one another.

On the one hand teenage pregnancy could be seen as a women’s issue. Women that become pregnant at an early age are likely to have fewer life opportunities than others due educational underachievement and difficulties to earn an income. Moreover there is the risk of facing the stigma that comes with having a child whilst still being young and unmarried. Teenage pregnancy could therefore be seen as a hinder in the empowerment of women since the capacity of a teen mother is constrained. In a community where the social roles of men and women are

63 Holgate, Evans, Yuen eds. (2006) “Introduction” pp 1-6
strong such as the one in the two Burundian refugee camps, it is vital to make sure that women’s needs are not overseen. Yet adolescent girls remain to be the most underrepresented in refugee schools and vocational training. Consequently, mostly boys are attending vocational training and secondary schools while women are directed to the domestic sphere. Furthermore, when girls are not attending school or vocational training they receive no information on sexual and reproductive matters. As a result, many refugee girls lack basic knowledge about contraceptives, STDs etc. which might lead them into risky sexual behaviour when not knowing how to negotiate safe sex. How can girls claim their sexual and reproductive rights without education? It is therefore important to promote the inclusion of girls in educational and vocational activities.

Teenage pregnancy on the other hand also involves men. It is noteworthy that such little attention has been given to men in this matter. The study of teenage pregnancy thus appears to be synonymous with the study of teen mothers, but relatively little research has been devoted to men. From a feminist perspective this uneven treatment could be seen as placing the blame for the pregnancy and birth on the teen mother but not the teen father. The teen mother is expected to be the one taking care of the upbringing of the child. Yet teen fathers have an equal responsibility for the child. Furthermore, equality is not a one sided process, but involves a change of attitude of women as well as of men. The IRC awareness campaign amongst men’s committees in order to support survivors of sexual violence is a start, but more efforts need to be made to include men before any real changes can occur.

Early pregnancy is another problem in the refugee camps. Question is whether there are any relations between teenage pregnancy and early marriage? On the one hand Kijo-Bisimba argued that when a girl become pregnant whilst still unmarried in Tanzania, she has no other option but to marry in order to avoid the shame that comes with raising a child on your own. In contrast Angelina did not see any connections between the prevalence of early pregnancy and early marriage in the two refugee camps. Further, none of the five interviewees wanted to get married, which is interesting in a culture where it appears to be a failure and even shameful to live an unmarried life. Whether this is due to the conditions in the refugee camps, the Burundian culture or other is something that needs to be explored further.

The fact that three out of the five interviewees stated rape as the reason for having become pregnant is alarming. In this context it is not a choice to become pregnant, but rather an
unfortunate effect of their vulnerable position in the refugee camps. Given the traditional family roles in the Burundian refugee community, the structure of the refugee camp and the general lack of food, women have no other option but to leave the camps in order to collect firewood and find food where the risks are high of rape. Despite various programmes to address the problem of SGBV, the issue of rape appears to be as grave as ever. The fact that none of the five interviewees felt entirely safe in the camps supports the claim that better protection is desperately needed before the safety of refugee girls and women can be ensured. In the light of these facts it is thus surprising that Tanzania’s (1998) National Refugee Policy does not even mention a word neither about women nor about children. Although UNHCR has published general guidelines on the protection and care of women and children, there is no international instrument addressing the matter. Furthermore there’s also a need of guidelines addressing the protection and care of adolescents who are often left in the gap between protection measures aimed at children on the one hand and women on the other. As a result, the protection of refugee women and girls relies on the political will of the host country in question. So, why are the needs of teen mother’s often overlooked in the Burundian refugee camps of Tanzania? Is it due to a lack of political will, a lack of resources or perhaps even repatriation? Whatever the reasons, the call for protection of women and children in humanitarian operations is undeniable.

However, while acknowledging the special problems faced by women and girls, others on the other hand advocates caution since the overall operational power of a humanitarian organization like UNHCR could weaken if too much emphasis was placed on “special” programs for any particular group. Some even claim that it is “counterproductive” to concentrate on women's projects, because this would suggest that women refugees are incapable of doing things for themselves. Still, while I do agree that the change needs to come from within as well as from the outside, the vulnerable situation of women and children will not automatically change until further measures are taken.

4.2 Theoretical Discussion

Within the two Burundian refugee camps in which this study was conducted the social roles of men and women are traditional in nature. It is a patriarchal society where most women are
restricted to the domestic sphere taking care of the children and household, while men are attending higher education and vocational training as the sole providers of the family. An unequal divide leaving women with few other options but to marry and have children. According to the ideas of Sen (1999) the high fertility rates in the camps are a result of the existing inequities between men and women. One could therefore argue that equality is the answer to the problem of teenage pregnancy not only within developing countries per se but also within refugee settings. Some might question the need to promote equality in a refugee camp where the basic needs are first and foremost to survive. Is it justifiable to speak of human rights and the empowerment of women when there’s no food to eat? One cannot but agree that the conditions in the refugee camps are harsh and basic needs such as food, water and sanitation are yet to be fulfilled. However, the point I wish to make is that human rights and well being are interlinked. As Sen (1999) also stress, different freedoms are interlinked and the freedom in one area could thus enhance the freedom in others (Sen p 194). Women have a right to be treated equally without discrimination on the basis of sex. When women’s right to education and employment are valued, fertility rates decline as a result. Freedom in education thus enables women to find employment and earn an income which in turn leads to a decrease of poverty and better prospects for the future. As the findings of this study also shows, the life choices of the individual is linked to culture, education, employment and family roles. There is in other words a close connection between women’s well being and women’s free agency in bringing about a decline in fertility patterns.64

There is, however, a tendency amongst researchers to describe teenage pregnancy in negative terms, as a “problem” not only for the young mother and the child but also for society at large. A western bias considering that children are seen in many societies as an economic asset and not a burden to the family. Is it then justifiable to control fertility behaviour? There is no official reporting system to record unwanted pregnancies within the refugee camps in the Kibondo district. Nevertheless the rate of adolescent pregnancies remains to be high, but how many of these girls that might resort to abortion are unknown. From a liberal feminist standpoint all women including adolescents have a right to make decisions about their own bodies, including the decision to have children. Furthermore women are also entitled to the right to receive birth control, abortion and sex education. The issue of termination of pregnancy is on the other hand highly controversial. In most countries, national laws and policies regulate

64 Sen (1999), p 11
the termination of pregnancies. Where the matter is regulated, due regard must be paid to the laws and policies of the host country. In many countries, such as for instance Tanzania, where abortion is normally highly restricted, it is nonetheless permitted under certain conditions such as when a pregnancy results from rape, incest, or threatens the life of the woman. In a refugee camp on the other hand there are no resources to perform such abortions. For the victims of rape the only alternative that remains is a contraceptive pill, which terminates the pregnancy if taken within 24 hours after sexual intercourse. None of the three interviewees that became pregnant because of rape were on the other hand offered a contraceptive pill. Most young girls that become pregnant thus have no other option but to give birth and take care of the child with or without the support from the father. As a result their capacity to act is constrained and the existing fertility rates and inequalities in the refugee camps are likely to remain. Following the ideas of Sen and Liberal feminism one can therefore argue that a change of attitudes in the area of male and female social roles is urgently needed if women are to claim their sexual and reproductive rights. More awareness campaigns addressing the unequal divide between men and women is the key to a decline in the prevalence of teenage pregnancy in the refugee camps.

4.3 Methodological Discussion

Interview data are however problematic since they are always situated and textual. To conduct research in a cross-cultural setting also raise further problems concerning the interpretation of the questions and answers in the interview. The interpretation of the data is thus to some extent tainted by my own perceptions as a westerner. Given the limited time frame no relationship based on trust with the interviewee could develop. Moreover the reliance of male interpreters might have influenced the results. More time and access to female interpreters would have minimized the status differences between interviewer and interviewee enabling greater openness, better insights and therefore richer data. The language barrier was another limitation. Qualitative data in the form of interviews focus and rely on language. As Wittgenstein argued, the language we use is itself a social action. Consequently, the reliance on interpreters that spoke Kirundi resulted in a loss of important nuances, words and sometimes whole sentences.

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65 Punch (2005), p 194
66 Marsh & Stoker (2002), p 177
Further, the English of the interpreters was often rather poor and as a result the accuracy in the interpretation of questions and answers could be put into question. The semi structured interviews with Angelina Ndayikeje, SAEU Protection assistant, Athumani Shabani, Bloc leader and Imam, and Helen Kijo-Bisemba, Executive director of LHRC, with important knowledge in the area of teen pregnancy thus served to fill some of the gaps.

The research has been limited to two Burundian refugee camps, which is both an advantage and a disadvantage to the study. An advantage since it enables a deeper understanding of the issue of teen pregnancy within a Burundian refugee context; and a disadvantage, because the findings of the study might not be applicable to other refugee situations. It is therefore important to note that teen mothers are not a homogenous group. A study conducted in two different refugee camps inhabited by respectively Congolese and Burundian refugees might have given a wider picture of the phenomenon from which possible patterns of similarities and differences could be seen. Moreover, since it is only five interviews with teen mothers that have been conducted the study is rather small in scale and therefore in need of more research before any real patterns and relations can be seen. On the other hand, the findings of this study serve to give an insight into the issue of teenage pregnancies within a refugee situation from which further research can be conducted.

Transport and the structure of the refugee camps were other obstacles. The refugee camps in the Kibondo district are located in remote areas which only could be reached with private transport. The visits to the camps were therefore largely dependent on TCRS or IRC vehicles for transport. Moreover the camps are large in size and to move from one area of the camp to another was difficult without any transport. Further, there were hardly any places were it was possible to conduct an interview without being disturbed, for example by other refugee children, working staff, music and heavy rains. Since the subject is rather sensitive, this might have influenced what was said and not said during the interview. In order to avoid such disturbing elements, most of the interviews were conducted at the youth centres, behind closed doors and windows.

And finally, the Tanzanian policy of promoting the repatriation of Burundian refugees proved to be an obstacle since most things in the camps were more or less connected to repatriation. A man even said: “Why do you want to study teenage pregnancy? Everything is about repatriation now”. Four out of the five interviewees mentioned their fear of being forced to repatriate into a
country where friends and family had been killed during the violent strides. Repatriation or not, the purpose of this study was to describe the situation of teen mothers in refugee camps in order to suggest possible ways as to improve the lives of others in similar settings. Despite the limitations given above, this study can give an insight into a neglected area of research in which more research is needed.

4.4 Research Suggestions

As mentioned above, this study is rather limited in scale and more research therefore needs to be conducted within the area of teenage pregnancy within refugee camps before any real patterns are revealed. In this study I have also highlighted that studies about teen fathers are equally important in order to reach a full understanding of the issue of teenage pregnancy. Further research attention is required in the area of early marriage in the context of refugee situations. The relation between the prevalence of teenage pregnancy and early marriage is another interesting subject that should be explored further.
5 Summary and Conclusion

As the findings of this study show, the factors that are known to contribute to early motherhood in general such as poverty, culture, lack of education and protection are also applicable in a refugee context. However, the conditions in a refugee camp are more extreme and perhaps it is thus not surprising that the prevalence of teenage pregnancy is higher than elsewhere. As the world is witnessing an increase of refugees due to conflicts, environmental disasters and other it becomes even more vital to address the needs of refugee teen mothers when the numbers appears to be steadily increasing. According to Sen, equality is the key to a decline in fertility rates amongst teenagers in refugee situations. It is therefore important to promote the inclusion of women and girls within educational and vocational without which young mothers are unable to successfully claim their reproductive rights. Moreover a change of cultural attitudes in terms of social roles would enhance women’s free agency and thus also well being which in turn leads to lower fertility rates. Better protection is also needed if the conditions of teen mothers as well as other women living in refugee camps are ever to improve
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