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'They are a shame to the community … ' stigma, school attendance, solitude and resilience among pregnant teenagers and teenage mothers in Mahama refugee camp, Rwanda

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ABSTRACT

Mahama refugee camp in Rwanda, whose population is predominately Burundian, has registered a rapid rise in pregnancies among girls between 13 and 15 years. In Rwanda, pregnant girls are encouraged to remain in school as long as their health and the health of the child is not jeopardised. Yet this study found that the majority of pregnant teenagers and teen mothers in Mahama are not in school due to the stigma associated with teenage pregnancy. This paper describes how pregnant teenagers and teen mothers experience stigma in terms of solitude and isolation. I draw on Bourdieusian theories of capital to expand on the analysis of solitude, to highlight how teen mothers use this solitude or isolation to rebuild their self-esteem and the symbolic capital which they lose when they become pregnant. The study suggests that despite the existence of a policy guaranteeing certain rights to girls, closer attention should be paid to the contextual barriers that may hinder pregnant teenagers or teen mothers from exercising these rights.

Introduction

Sub-Saharan African (SSA) countries have some of the highest rates of early childbearing in the world (Human Rights Watch, 2018; Kaphagawani & Kalipeni, 2017; Omoro et al., 2018; Treffers, 2003; Yakubu & Salisu, 2018), particularly in East Africa with a rate of 21.5% (Kassa et al., 2018). Within the East African Community (EAC),[1] high rates of teenage pregnancy have been reported for Uganda and Tanzania, with 140 and 132 births per 1000 women aged 15–19 years respectively (UNFPA, 2019). Although not the highest in the EAC region, adolescent fertility in Burundi and Rwanda – at 58 and 45 respectively (UNFPA, 2019) – is still concerning, as it has a major impact on the lives of teenage girls and their children.

Teenage pregnancy is recognised as having many negative consequences: for the girls, their children and for a country's development. Previous research has highlighted poor health outcomes (pregnancy and delivery complications, unsafe abortion, mortality), increased gender inequality and a considerable reduction in economic growth chances (Kaphagawani & Kalipeni, 2017; Laski, 2015; Middleman & Zimet, 2016; Omoro et al., 2018; Wachira et al., 2016). Significantly, teenage pregnancy is a serious concern for and a threat to gender parity in education, as it contributes to girls dropping out of school (Laski, 2015; Middleman & Zimet, 2016).

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For the SSA region in 2015, UNESCO reported that 14.2 million lower-secondary-school-aged girls (12–14 years) had dropped out of school; a further 18.9 million had dropped out of upper-secondary school (15–17 years) (UNESCO, 2018). While this data indicates the number of dropouts, there is insufficient evidence to link all of these cases to teenage pregnancies (Psaki, 2015), which can be a cause as well as an effect of school dropout. Psaki further argues that disaggregated data accounting for the ratio of teenage pregnancy to school dropout will significantly contribute to more effective policy formulations (Psaki, 2015).

In Burundi, getting pregnant often means the end of education for schoolgirls. There is a lack of reliable statistical data on teenage pregnancy among Burundian schoolgirls, though available information suggests that it is a significant problem. For instance, the UNFPA (Ndizeye, 2016) estimated that between 2009 and 2015, almost 12,000 Burundian schoolgirls dropped out of primary or secondary school due to pregnancy. Another UNFPA estimation, based on school-based surveys, shows that the number of early pregnancies in schools increased from 877 in 2009 to 2424 in 2016 (Manishatse, 2018a). Recognising this challenge, the government, in partnership with national and international civil society organisations, has run campaigns to reduce teenage pregnancies (Ndizeye, 2016). While a full review of the approaches and strategies used in these campaigns is beyond the scope of this paper, they generally focus on the integration of comprehensive sexuality education in the school curriculum, the scale-up of youth-friendly sexual and reproductive health services, behaviour change communication through peer educators, awareness raising campaigns by community health workers in rural areas, and support for community actors and civil society organisations (Ndizeye, 2016).

These campaigns and other efforts notwithstanding, data from 2018 indicate that teenage pregnancy is still high, particularly among schoolgirls (Manishatse, 2018a), leading the Ministry of Education to impose harsh measures (Manishatse, 2018a). In June 2018, an official school ban on pregnant girls was announced: 'Any school girl who has been victim of pregnancy or was forced to get married while she was still studying at the basic or post-basic school is not allowed to return to the formal public or private education system' (Manishatse, 2018b). The school ban provoked strong debate in the media and both national and international condemnation, as a result of which, a month after its announcement, the minister reversed the ban, though under specific conditions: girls may be re-admitted one or two years after birth, provided that they address an apology letter to the minister of education requesting ministerial clemency. Furthermore, they must attend a different school to the one they were attending prior to their pregnancy; this measure is aimed at preventing girls from being a bad influence on other students.

In Burundi's neighbour Rwanda, although the extent of the problem of unplanned pregnancy among schoolgirls is not well documented, various sources highlight it as a challenge affecting girls' education (Stavropoulou & Gupta-Archer, 2017). Reducing the incidence of teenage pregnancy is important to the Rwandan government, yet unlike the punitive approach adopted in Burundi, Rwandan policies focus on gender inclusiveness and encourage girls to stay in school as long as possible. Moreover, a support system seeks to aid girls' reintegration in schools after birth.

There appears to be an increase in teenage pregnancy in both Burundi and Rwanda, regardless of the campaigns aimed at discouraging it, either punitive or considerate respectively. This shows that more complex issues are at play, and thus enhancing the effectiveness of initiatives aimed at deterring teenage pregnancy requires a contextual understanding of its causes. Finally, it must be remembered that punitive measures such as denying girls access to education may engender further disenfranchisement. Moreover, denying adolescents access to education, for whatever reason, is a violation of international human rights commitments.

Current study

According to data from the UNHCR (2018), approximately 400,000 Burundians were forced to flee to the neighbouring countries of Tanzania, Rwanda, the Democratic Republic of Congo and Uganda

due to the political crisis in April 2015. Adolescents and youth form the majority of these refugees. Previous research among refugee youth has documented sexual and reproductive health and rights challenges faced by teenage girls (Iyakaremye & Mukagatare, 2016; Williams et al., 2018), similar to those I found among Burundian teenagers in Mahama refugee camp in Rwanda. But to my knowledge there is no similar study focusing on pregnancy among Burundian teenagers in Mahama refugee camp.

In this paper, I focus on the experiences of pregnant teenagers and teen mothers in Mahama. Recently, the camp, whose population is predominately Burundian,[2] registered a rapid increase in teen pregnancy among girls between 13 and 15 years. Education in the camp is free and compulsory for all children and youth of school-going age, which means that most of the pregnant teenagers are school-going adolescents. Contrary to policies in their country of origin, in the camp pregnant girls are encouraged to continue their education. Despite this more supportive policy environment, however, my findings show that many pregnant girls and adolescent mothers tend to drop out of school.

Human agency is comprised of material and non-material resources (Obrist et al., 2010). My findings suggest that the existence of a policy encouraging pregnant teenagers to continue school is alone insufficient to ensure that they do so. By exploring how Mahama residents perceive the causes and consequences of teenage pregnancy and motherhood, I show that despite the absence of a formal punitive system, pregnant teenagers and teenage mothers feel punished by their social environment; an environment that refers to the ethics of their home country to justify exclusion. Through the stories that I share in this paper, I show how girls' families and the wider community, including girls' peers, play a key role in maintaining the social stigma that leads to isolation among pregnant girls and teen mothers, in the wider community and particularly within schools.

Bourdieu's theory of capital encompasses four major forms: economic capital encompasses command over economic resources; cultural capital includes acquired educational knowledge or skills, cultural codes, manners of being and speaking and so forth, performed as a kind of 'habitus' by the individual, and which are also actualised in cultural forms; social capital involves the power accrued through one's position in regard to networks of valued relationships with significant others such as family, friends, acquaintances and colleagues; finally, symbolic capital refers to reputation, status and prestige (Bourdieu, 1984, 1986).

An analytical framework building on these various forms of capital is useful for this paper, as it helps to describe and understand the different forms of capital that the pregnant teenagers and teen mothers in this study could draw upon as they negotiated their pregnancy experiences and the associated stigma. It further helps to see how girls used the resulting 'temporary self-inflicted solitude' as a source of resilience to rebuild self-esteem. The pregnant teenagers and teen mothers in my study did not comprise a school-deviant category without educational aspirations. They valued education, nourishing hopes for furthering their schooling and even demanding support to continue after giving birth. Thus I use the term 'temporary self-inflicted isolation' when describing their decision to drop out of school due to stigma.

In the following sections, I first explain the study methodology. This is followed by the narratives of and reactions to teenage pregnancy among Mahama residents, and two case studies of teen mothers that draw attention to the circumstances surrounding teenage pregnancy in the camp. In the discussion section, I build on Bourdieu's theory of social capital to explore the role of solitude in the girls' lives. I conclude by arguing that policy measures need to take into account potential contextual barriers that may impede their effectiveness.

Methodology

The empirical data presented in this article were collected during an ethnographic research of four months between December 2017 and April 2018 in Mahama refugee camp in Rwanda. The focus of the research was on generating emic perspectives about how young people navigate sexuality in their everyday lives. My interlocutors came from different parts of Burundi, and from different ethnic and

social backgrounds. Some of my interlocutors were in Mahama with their whole families, others with just one or a few family members, while yet others were living with a foster family or on their own.[3] In the research, the definition of 'youth' was deliberately specified to include non-married adolescents aged 13–19 years, in order to delimit the sample size. All focus group discussions (FGDs), individual in-depth interviews and sexual diaries (maintained by young people aged 18 years, for a period of two weeks) were conducted in Kirundi.[4] Most of the FGDs were composed of fifteen to 20 ethnically-mixed[5] young people, and I respected the request of my participants to have separate groups for girls and boys. In addition, due to the sensitivity of the topic, age differences were acknowledged and respected: the FGDs were held in two groups, one younger (13–15 years) and one older (16–19 years). A hypothetical case study and vignettes approach, upon which informants were asked to reflect together, was often useful for the FGDs as a way of introducing topics related to sexuality in a context where sex is presumably taboo. Moreover, I took an inductive approach to my research by paying attention not to force the topic on my informants. Due to the qualitative character of the research, I was able to capture important dynamics in the interlocutors' everyday lives, and their narratives related to both past and current experiences.

In addition to the interviews and FGDs with more than 60 young boys and girls, I conducted FGDs and interviews with parents, and key informant interviews with teachers, NGO representatives and community leaders. This offered more insight into the research topics, and facilitated the cross-checking and triangulation of data.

Before, during and after fieldwork, ethical considerations were dealt with in accordance with research ethics committee guidelines. The study received ethical approval from the University of Amsterdam Ethics Advisory Committee, the Rwanda National Ethics Committee, and the Ministry of Education (No: MINEDUC/S&T/465/2017). In addition, I was granted an official research permit by the Ministry of Disaster Management and Refugee Affairs of Rwanda (MIDIMAR) to conduct the research in the camp. To protect anonymity, especially of those whose lives are presented in great depth, I use pseudonyms, and personal details that could potentially reveal the identity of informants have been altered or omitted.

Narratives about teenage pregnancy in Mahama

Given that the increase in unplanned pregnancy among youths in Mahama was a concern to camp residents, it was, unsurprisingly, a sensitive topic, both for youths and adults. When I introduced my research to adults, they often instantly assumed that I had come to help their teenage girls, responding: 'Yes child, maybe you can talk with our young girls who are getting pregnant every day, so that they can change their bad behaviour' or 'They are a shame to the community … You'll see for yourself, our children acquired bad manners … that's why there are a lot of pregnant teenagers here'.

Kolling et al. (2017) observed that sex out of wedlock in Burundi is always described as sinful, bad manners or bad behaviour. Marc Sommers' (2013) adult interlocutors explained that since an unmarried girl or woman should never become pregnant, the concept of 'unmarried mother' does not even exist in the Burundian language. Thus sexuality is constructed as a moral problem within the community, and both cultural traditions and religious convictions contribute to an ideology of abstinence among young people. Thus sex occurs in a socially-grounded moral context that emphasises a strict separation between bad and good. Premarital sex is exemplary of bad morals and behaviour, and is harmful due to the associated negative outcomes – or punishments – such as pregnancy and HIV/AIDS.

In Mahama refugee camp in Rwanda, residents, largely from Burundi, also condemned teenage pregnancy as exemplifying bad morals. It was also widely believed that the lack of punishments for teenage pregnancy, and especially the reinforcement of the right of pregnant girls to continue school, only perpetuated and encouraged the problem; particularly as it was assumed that allowing pregnant girls and young mothers to attend school would have a negative influence on their peers' behaviour. As one 40-year-old mother explained:

It is really a shame … we are witnessing a large number of girls getting pregnant. We see 13-year-old girls getting pregnant. But what we don't appreciate is that here in Rwanda, they allow them to continue school-ing. This is the reason why the numbers keep increasing. Back in Burundi, a girl who gets pregnant is pun-ished … they stop going to school so that they can see the consequences of their bad behaviour. What they do here … is not helping, because when other girls go to school and see their pregnant friend studying with them, they think it is OK for them to get pregnant too … After all, there is no consequence if they can con-tinue going to school.

Camp residents viewed teenage pregnancy as a conscious and planned action. In other words, it was assumed that pregnancy was the goal, rather than a consequence of different sorts of relationships. Moreover, community members' disapproval often referred to a former time in Burundi, in which punishments were applied. These narratives framed education as a reward for good behaviour and not a right of every young person; education therefore could, and should, be withdrawn if a young person exhibited bad behaviour. As one parent, a 37-year-old former teacher, put it:

In Burundi, to discourage girls from engaging in sexual relationships and bring the pregnancy shame to the family, we punish the girl by not allowing her to continue school … She stays home and helps with household chores while other young people of her age are at school. This teaches her the lesson to not do it again.

When younger boys commented on the presence of pregnant teenagers in school, they mainly voiced discomfort and disapproval, generally because they thought that these girls would set a bad example. They were also unsure about how to behave in the presence of pregnant girls who, to them, were no longer adolescents yet also not yet adults. As one 14-year-old boy put it:

We ask ourselves if these pregnant girls are still children like us or if they are now grownups. We don't know if it is ok to still talk and play with them … and our parents tell us to not talk to them anymore … So you find us gossiping about them and making jokes of who could be the father of their child. You see, here in Mahama, we hear many things happening. We heard of some girls that were sleeping with the staff from the organizations working in the camps, like Save the Children, Plan International, Red Cross etc. … And we also hear stories of some girls having Rwandan boyfriends who support them financially … We think it could be good for us to not have pregnant girls coming to schools … maybe that will stop other girls from also getting pregnant.

Some younger boys talked about girls' sexual behaviour negatively, as sinful, risky and immoral. They labelled it the cause of the teenage pregnancy problem, and suggested that such girls should be punished. Some girls also made spontaneous comments about other girls' pregnancies, though they did not suggest that they should be forbidden from attending school. I observed compassion in the way they spoke about their fellow schoolmates. As one 16-year-old girl said:

Life here in the camp is not easy. And with all the temptations around, it is difficult for girls and they end up getting pregnant. … You see, girls need things like sanitary pads and make-up. So boys and other old guys use that to lure them and sleep with them.

According to my interlocutors, it was not always the girls' peers who got them pregnant. They gave examples of scandalous relationships between male teachers who pressured girls for sexual encounters in exchange for good grades or other school-related support. Another scandal involved NGO staff members, who allegedly engaged in illicit sexual activities with girls in exchange for ser-vices to which the girls were already entitled. My interlocutors confirmed that such scandals came to light because some of the girls involved became pregnant and the men – the teacher or NGO worker – had pressured them to obtain an abortion. Due to the girls' limited knowledge and fears of abortion procedures and the fact that they are illegal, they were forced to tell their story.

Jeanine: The burden of silence

I met Jeanine at the entrance to one of Mahama's two health centres. She was wearing a worn-out blue t-shirt with a UNICEF logo, and had a small baby tied to her back. With her tiny frame, she looked small and fragile. I wondered where the mother of the child was and why Jeanine had had to bring the baby to the hospital. I learned that the 3-month-old baby girl on her back was hers. I

tried my best to hide my surprise. Jeanine had just turned 15 the previous week. She had come to the hospital unaccompanied because she was living alone and had no one to support her. She was due to meet a Save the Children[6] worker who was going to facilitate the check-up for her and her child. Jeanine consented to spare some time to tell me her story.

Prior to her pregnancy, Jeanine had lived with her aunt's family. At the time of the interview, she was living alone with her baby. Jeanine described her relationship with her aunt and her husband as difficult, mostly because they had disapproved of her love of football and hanging out with boys. She was always being told that she was not behaving as a girl should. People talked behind her back, insinuating that she was a shame on her family, and that a girl who only hangs out with boys could only bring trouble.

Jeanine explained to me that she was no longer part of the football team because of what had happened to her. 'I am a very good football player', she told me.

> I would go play with boys and always hang out with boys. So yeah, my friends have always been boys. That is what brought me this 'trouble', this baby. This baby is the fruit of what happened to me. I was sexually assaulted by one of my teammates.

Jeanine was 14 when Samson, who was 19, sexually assaulted her. She did not have a boyfriend and had never had sex. According to Jeanine, all the boys from the football team were her friends and she could never have imagined that her friend, Samson, could do such a despicable thing:

> One day while playing football, it started raining. We all ran to Samson's shelter to wait for the rain to clear. The rain continued and as the darkness approached, the other boys began leaving one by one. Samson promised to take me home when it stopped raining, so I wasn't worried. Samson waited until he was sure that everyone had left to close the door. I remember that I asked him why he was closing the door. He pulled me with all his strength. He used excessive force to drag me to the mattress in the corner of his shelter. It took me a while to realize what was about to happen to me. He violently pushed me against the mattress, took off my shorts. All that time I was trying to defend myself – scratching, kicking and screaming for help – but my voice was drowned by the rain hitting the iron roof. He pushed his organ inside me and raped me with force. I cried all the tears of my body and he went on doing whatever he was doing. I felt angry, powerless, cheated, defeated and confused. How could someone I call my friend do such a despicable act against me? I just could not understand that … I had so many questions with no one to help me.

Jeanine could not talk to anyone about what had happened because she felt that no one would believe her. She also felt responsible: 'After all, everyone had warned me about hanging out with boys'. She deliberated about telling her aunt, but was afraid of her reaction. She wished she could have had someone to share the many questions going through her head.

After three months, Jeanine discovered that she was pregnant, and despite her efforts to hide it, her aunt found out. Her aunt began abusing her, calling her offensive names and accusing her of getting what she deserved. She told Jeanine that she was a disgrace and had brought shame to the whole family. Her aunt made it clear that Jeanine would have to find somewhere else to go with her baby. And as if the harsh treatment she received from her aunt was not enough, she became the talk of the camp; her name was raised when people expressed their indignation about the rising number of teen mothers.

With the support and encouragement of Save the Children, Jeanine continued going to school for a while, but she eventually dropped out when she was about five months pregnant:

> It was so difficult, with no support from my family, to continue going to school. School felt like a punishment. Because, on top of always feeling tired and not well due to the pregnancy, I had to keep up appearances and do all the household chores as I used to. Some days, going to school after all the hard work I had to perform, I felt like dying … But also at school, I would see how the other students were not playing with me anymore. You know, you feel lonely at times. [I had] no one to tell my problems to or share my tribulations. It was everyone against the pregnant teen that I was. I started missing a few classes and I would go to sleep at one girl who was a single mum. We became friends because she could relate and was compassionate, but I feared being caught by the youth representative of the camp who would report to the camp management that I was missing school. I knew that if this came to be known, I would be forced to go. But at a later stage, I officially stopped going to school after incidences of fainting, which I reported to the Save the Children person. I was living by myself at

that time, because the situation and abuse from both my aunt and her husband became too difficult. They even kicked me out of their house.

After giving birth, Jeanine began thinking that she would love to go back to school, but she lacked family support. She mentioned only one cousin from abroad who had learned of her story and had been sending her a little money. She did not see how going back to school would be possible: 'Yeah, it's very hard to take care of the kid and still go to school, and you don't have someone to look after you and your baby'. She also did not see any hope for the future, beyond continuing to lay low to avoid stigma from people in the camp.

There is power embedded in silence. Silence can take the form of an attempt to assert social control through selective imposition (Foucault, 1978/1990; Kebede et al., 2014; Preston-Whyte, 2003). In the Burundian context, certain subjects are silenced or taboo. For example, adults rarely discuss sexual matters with youth, and when they do, it consists mostly of moralistic advice. My respondents explained that the only information about sex that young people receive is about abstinence and bad versus good morals. These messages are, furthermore, often highly gendered. For girls, the focus is on building distrust towards boys. They are told that no relationship of any kind is possible with a boy of their age, because it would be a potential threat to their health and innocence, leading to HIV or pregnancy. Boys, however, receive no formal talk from their parents on how to conduct themselves in relationships with girls. Placing all responsibility for managing sexual relations on girls' shoulders ignores their actual capacity to negotiate such encounters, given the broader structures of gender, age and childhood norms in which they take place.

Moreover, the imposed silence around sexuality makes any discussion about sex between parents and young people impossible. In Jeanine's story, because of the pressure she felt about not being a good girl, and the fact that everyone had warned her of the consequences of hanging out with boys, when she was sexually assaulted she felt that it was her fault or a punishment for her disobedience. Her story demonstrates that the stigma and stereotypes surrounding teenage pregnancy predispose every girl who becomes pregnant to be seen not only as a transgressor of the boundaries of childhood/adulthood, but also as sexually promiscuous and therefore morally suspect; there is no room for other narratives about how the pregnancy occurred.

Christelle: Getting caught up in the moment

When I met Christelle, she was 14 years old and had been living in Mahama for one-and-a-half years. She had had her first sexual experience at the age of 13, after falling in love with a boy close to her age. She refused to disclose the identity of her boyfriend, only telling me that he had been 15 years old when they had met in Mahama. She had known nothing about how to protect herself against pregnancy except abstinence. She told me that all she knew from her parents was that she should not trust or get involved with boys because they are trouble; she could become pregnant or get HIV. One day, she and her boyfriend wanted to experiment and she forgot all her parents' warnings. Christelle was unlucky and got pregnant that first time. In 2018, she gave birth to a son.

When I met her, Christelle was not on good terms with her friends. She explained that some of her friends' parents prohibited them from spending time with her. Furthermore, Christelle and her boyfriend no longer saw each other. She felt lonely, because the moment she had gotten pregnant everyone she knew had rejected her: 'At first I was going to school, but I still felt like [my former friends] were talking down to me and I felt powerless … I didn't feel comfortable at all … school wasn't pleasant anymore for me'. Christelle told me about how her pregnancy had caused marital tensions between her parents due to the shame they said she had brought on the family. They eventually stopped supporting her:

> It was a huge stress on their marriage, my father blamed my mother for not having raised me properly. This was not a surprise, as it is usually the case that in our culture, a child's good behaviour is seen as a reflection of the family he or she has grown up in. He actually blamed my mother for my mistakes and at times, because of all the

verbal abuse my mother got, she also directed her anger to me. They made me feel like I am a total failure … no future for the stupid pregnant girl possible anymore. I felt powerless … nothing to do except lay low, internalize all of it. So, I accepted all the blame, shaming, in silence … that was really hard, stressful … I had a lot of anxiety and depression … I was pretty much completely alone, left to wonder alone on the whole pregnancy issues and problems … my future, how will I raise my child myself … ? I could see that I was not going to count on anyone … I had no support at all … [My mother] even got much angrier with me because she suggested I do an abortion and I strongly refused and we fought for that. She kicked me out of the house and Save the Children helped me to get another place to stay. I was too afraid of the abortion due to things I hear about abortion … people say that it is sinful, that someone can die during the process, and I did not want to go through that … But there is also a fear that if you do it and it gets known, you are sent to jail … My mother at every occasion would tell me how she had had all her hopes for a brighter future for the family in me and now I was pregnant.

After Christelle gave birth, she wanted to continue school, but it was not easy without help to take care of her baby. She wished that her family would help, but she assumed it was still too difficult for them to accept the situation:

My mother has still not come to visit me and my baby. So you understand that I didn't get any help related to taking care of my baby from my family. I had to figure it by myself. Even things related to check-up, Save the Children facilitates us.

As with Jeanine, Christelle highlights how common silence around sexuality is in Burundian culture. Abstinence and fear of boys is expected. Nevertheless, as Christelle described it, it became difficult for her and her boyfriend to not desire to have sex. This is a point that many of my young respondents raised: they stated that in some cases, when their body urged them to have sex, they had to invoke all the abstinence messages they had been given in order to resist. Despite this, in many cases girls would eventually succumb to the temptations, which came in the form of 'a loved one, a caring and providing guy [referring to transactional or material gains], or just a guy who is there for emotional support and you feel like doing it'.

Because of the restrictions around sexuality, any sexual activity had to be secretive (cf. Bochow, 2012 for a similar explanation among youth in Kumasi and Endwa, Ghana). Although condoms were available in the camp, girls' knowledge of them was limited; they believed the hearsay that it was not good to use them because they can burst and stay inside you, or that they cause irritation. They would therefore not ask their partner to wear a condom during sexual encounters. When girls became pregnant, and in the absence of familial support, for many Save the Children was their only source of assistance.

My data show that most parents believed in punitive measures that were common in Burundi, especially expulsion from school, and were unhappy that they could not reinforce this in Mahama. Parents thus used other ways to punish their daughters: refusing to help them with childcare, throwing them out of the house, and ensuring they experienced the hardship of becoming a single mother. Even though they were in Rwanda, parents and other adults clung to the punitive practices of their home country, possibly in an attempt to hold onto their Burundian identity (cf. Malkki, 1995).

The data reported here draw attention to the fact that teenage pregnancy in Mahama cannot be reduced to either 'peer influence' or 'lack of punitive measures', as parents tended to suggest. There are other contributing factors, such as sexual violence, sexual experiments without sexual education, feeling pressured by the boyfriend or sugar daddy to have unprotected sex, transactional sex, restricted life options, fear of condom use and failure, discomfort over obtaining contraception, illegal abortions and the morality surrounding abortion, getting caught up in the moment, and believing they could not get pregnant. Many of these factors, highlighted particularly by young teenagers, do not reflect the simplistic assumptions made by parents and adults.

Discussion

Teenagers' voices are often unheard when it comes to matters related to their sexuality; instead, they are talked about and for. This article contributes to bridging this gap by being sensitive not only to

teen mothers' own experiences, but also to the fact that their experiences are socially embedded. Their narratives contrast with the ways in which others speak about them – both within their own communities and at the policy level.

Being pregnant in Mahama – 'loneliness becomes your thing'

One of the key findings of this study is that teen mothers reported feeling very stigmatised, which resulted in loneliness, isolation and solitude. In academic research and theorising, there is no consensus about the definition of the concepts of loneliness, isolation and solitudes, and at times they are used interchangeably (Davies, 1996); a convention that I follow. It is also not a given that being alone must be negative (Long & Averill, 2003); indeed, I observed social withdrawal as both positive and negative among my respondents. Solitude can, furthermore, be a free choice, or it can be imposed through stress from internal or external forces (Van Zyl et al., 2018). Eggum-Wilkens et al. (2018) refer to this as 'self-imposed' and 'peer-imposed' solitude.

Morality plays a significant role in daily relationships in Mahama. The moralistic approach to premarital sex has a binary logic (good versus bad, valued versus devalued), and reinforces silence, shame and stigma around sexuality and its outcomes (Kolling et al., 2017). In Mahama, pregnant teenagers faced harsh responses from their social environment, because engaging in sex before marriage is seen as shameful, sinful, immoral and irresponsible within Burundian culture. As we saw in Jeanine's story, morality is also gendered: there is a clear message and responsibility that comes with being female, which prohibits interactions with boys. As a result of this morality discourse, Jeanine remained silent about her rape, because this discourse cast her – and not her attacker – as responsible. In Christelle's case, the immorality of her sexual behaviour – and of abortion – left her with few choices regarding her unwanted pregnancy and caused her to lose her family's support.

Young Burundian girls who deviate from the prototypical scripts of good girls may be considered examples of what Goffman (1963) calls the morally 'tainted and discounted' (p. 12); as a consequence, they are subjected to scrutiny, stigma, vilification and social isolation. In Mahama, pregnant teenagers and teen mothers are stigmatised, abused and disowned by their families and abandoned by their friends, forcing them into isolation.

My data suggest an important and nuanced distinction between socially-inflicted solitude or isolation and temporary self-inflicted solitude. The former led to isolation and solitude, and should be viewed as negative. In contrast, the latter provided space for girls to protect themselves from stigma. Even though the policy environment in Mahama aims to encourage pregnant girls to stay in school, few in fact do so. Girls indicated that they would continue in the early days of their pregnancy (when they could still hide it), but that they stopped when the pregnancy became visible in order to protect themselves from the associated stigma (this choice was not only about school, however, as many also avoided socialising with other young people altogether). Moreover, my data highlight that some pregnant girls decided not to continue school due to poor health or tiredness, exacerbated by the punishment of increased household chores. One of my interlocutors even considered continuing school while pregnant to be a punishment. Usually, when a young person goes to school, her parents will not expect her to do so many household chores. But in the case of pregnant girls, the family that feels dishonoured might give them extra work. Girls in turn internalise their punishment, leading to shame, guilt, self-questioning and self-doubt. These teenagers, then, come to see education as a punishment for the social 'crime' of early childbearing.

In summary, teenage mothers perhaps feel 'punished' for transgressing not only a demographic norm, but also commonly-held Burundian ideals regarding education, employment and appropriate childbearing. Despite the existence of a progressive and favourable policy to encourage pregnant teenagers to remain in school, we could understand their decision to drop out as resulting from the burden of stigma they have to face. But if we view it as a form of temporary self-inflicted solitude, we can see how, from their perspective, deciding to drop out of school or socialising less might be an act of self-care or a survival strategy.

For both Jeanine and Christelle, stigma, social isolation and the withdrawal of family support made them discontinue schooling. Drawing on Bourdieu's concept of capital – that encompasses economic, social, cultural and symbolic capital – we can see that teenage girls in Mahama had had access to all these forms of capital before getting pregnant, often through their families. Some girls also relied on other forms of social capital, via relationships with boyfriends or sugar daddies, for supplemental economic capital in the form of sanitary pads, body lotions and make-up. Their cultural and symbolic capital remained intact as long as they adhered to normative notions of morality and behaviour.

Building on Bourdieusian capital theory, Obrist et al. (2010) posit that an inherent attribute of the different forms of capital is that they can continuously be transferred and transformed. I argue that when teenagers in Mahama became pregnant, their existing capital diminished and transformed. For example, Jeanine and Christelle lost their right to stay in their family house, thus they lost the corresponding economic, cultural and symbolic capital of being part of a family. But they got new shelter from Save the Children and the camp's refugee regime, and became less dependent on their parents for economic resources and more dependent on institutions, thus transforming the source of their economic capital. Likewise, their social capital transformed through the loss of old, and the attainment of new, social relations with both other young mothers and institutions in the camp. In Jeanine's case, for instance, her pregnancy prompted new social and economic ties with a cousin abroad. This does not imply, however, that the quality of these new social and economic ties are better compared to what the girls have lost; quality is of course relative to what these girls valued most.

Jeanine and Christelle, as well as other teen mothers, lost symbolic capital due to their pregnancies. Their parents also lost symbolic capital; especially their mothers, who were blamed for not properly raising their children. Temporary self-inflicted solitude can be viewed as one attempt to rebuild symbolic capital, or at the very least to prevent further loss. The benefit of this was that in withdrawing from the community, they fashioned a safe space for themselves, and so preserved the symbolic capital of 'not enduring the stigma and stereotypes associated to them being pregnant', which may have helped them to rebuild some self-confidence. After the liminal and morally polluting time of the pregnancy itself, many teen mothers would re-emerge into society and start, once again, to demand parental support so that they could pursue their ultimate goal of returning to school.

Despite the diminishment of all their various forms of capital – social and symbolic capital in particular – these teenagers exhibited quite a high degree of agency, and they found a way to use their resulting isolation as a space to rebuild themselves. Instead of accepting isolation and lost symbolic capital, teen mothers recreated their isolation as a space for resilience.

Conclusion

In this qualitative paper, I have shown how even in an enabling policy environment, the social environment might still impose restrictions and barriers for pregnant teenagers to exercise and reclaim their rightful place in the classroom. Furthermore, this article highlights that despite the assumptions of parents and the wider community that the law is to blame for the rise in teenage pregnancies, the problem is complex, with many contributing factors.

Through the lens of Bourdieu's theory of capital, our findings reveal that symbolic capital places a significant weight on pregnant teenagers, their families and the wider community. In practice, this means that when developing interventions for adolescent girls, attention should be paid not only to legal and practical aspects, but also to gaining the support of various structures within society, especially family (symbolic capital). In Mahama, the aim should be to help family members and the wider community to recognise that they are partially responsible for unplanned pregnancies by failing to educate girls on sex-related matters. Demystifying sex-related topics and advising teenagers on issues related to their sexuality may, to some extent, contribute to curbing teenage pregnancy. Secondly, it must be ensured that everyone – families, teachers, other community members – supports pregnant girls and teen mothers to continue in school in a safe environment.

Notes

1. The EAC is an intergovernmental organisation composed of six countries in the African Great Lakes region: Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda.
2. As of 24 January 2018, there were approximately 88,000 Burundians registered in Mahama refugee camp (UNHCR, 2018).
3. Such household variations were due to the political situation in Burundi, where not everyone faced persecution. It was thus quite common to find that only a few members of a family had fled while others remained.
4. An official language of Burundi, belonging to the Bantu language family.
5. For inclusion purposes, I always instructed my research assistants to invite and compose ethnically-mixed groups for the FGDs.
6. Save the Children is an international NGO with a focus on child protection services. It is one of the NGOs operating in the camp.

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Data availability statement

Data from this study are available from the author upon request.

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