Can you hear my voice? Navigating the journey from adolescent pregnancy to early

motherhood in Uganda: A phenomenological perspective


Annette Marie Garvey


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## Abstract

Adolescent pregnancy and early motherhood are often constructed in contemporary literature, policy and academic discourses as a sociocultural-political problem. While the challenges of adolescent pregnancy and early motherhood are well documented, less researched is the role of deficit- and problem-focused discourses and their negative impact on the physiological and psychological health, care, and socioeconomic outcomes for mother and baby. This research proposes an alternative feminist discourse, arguing that in spite of these challenges, pregnancy in adolescence and the childbirth continuum can be a positive experience when young girls are supported and empowered.

This study takes place in Uganda, where pregnancy in adolescence and early motherhood can be construed as problematic and negative discourses about young mothers are structurally, culturally and economically embedded in healthcare, education and social support, and the voice and perspective of these young girls are notably under-researched. Using an Interpretative Phenomenological Analysis underpinned by the theoretical framework of black feminism and intersectionality, this research explores the experiences of ten Ugandan adolescent pregnant girls who reside within a non-governmental organisation (NGO)-run pregnancy centre.

In-depth semi-structured interviews and a focus group were used to gain insight into and understanding of the girls' experiences. The findings from the study suggest that the continued construction of adolescent pregnancy and early motherhood as problematic is not constructive. This study suggests that isolation, stigmatisation and discrimination result in disruption in education and the dismantling of relationships and trust. The participants demonstrated a lack of selfhood manifested through restricted autonomy and agency, which reinforces gender inequality among pregnant adolescent Ugandan girls.

The thesis challenges the current dominant discourse of adolescent pregnancy and motherhood in Uganda. Highlighted is the negative impact of a lack of structured

support and information available for adolescent girls in Uganda, both prior to and during adolescent pregnancy, and after into early motherhood. In addition to valorising these young girls' experiences and offering a platform for their voice and lived experience, social changes are proposed that aim to enhance the lives of pregnant adolescents and adolescent mothers to enable them to flourish.

**Acknowledgments**

I felt the call to purpose and heard the voice that whispered in the silence.

While this study has my name on it, I wish to acknowledge the many other *voices* that have contributed. I would first like to wholeheartedly thank the 'beautiful girls' at the pregnancy centre in Uganda for their trust in me and for sharing their many truths. We shared silences, tears and laughter. This research would not have been possible without you.

To my precious mother and father, thank you for the love and life values you instilled in me, which continue to inspire me each day. To my brothers—I will remain resilient in the pursuit of social justice and 'determined' and will keep climbing those mountains, looking for the next... higher one!

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Vivian—the inspirational woman that you are, and for all the amazing work that you do in blessing and changing the lives of girls. You turn this world upside down!

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Thank you, God, for loving me and keeping me steady in the wind.

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**GLOSSARY**

**Adolescence:** the period in human growth and development that occurs after childhood and before adulthood. It is defined by ages between 10 and 19 years.

**Adolescent Pregnancy:** conception that occurs in persons between the ages of 13 and 19 years that may be incidental. In this thesis, adolescent pregnancy is extended to refer to pregnancy in girls aged between 10 and 19 years.

**Age of Consent:** the stage in years at which an adolescent citizen may make personal choices as stipulated in the law—typically 18 years of age.

**Compassion:** a Christian International Child Sponsorship Organisation

**Defilement:** unlawful sexual intercourse with a minor

**Gender-based violence:** any act that results in physical, sexual or psychological harm or suffering to women, men and children.

**Girl:** a female child or adolescent who identifies as female

**Incest:** sexual relationships occurring between members of the same family

**Jaja:** grandmother

**Mama:** mother

**Mawemuko:** a child conceived by incest

**Psychosocial support:** refers to local or external support provided that aims to promote or protect the psychosocial wellbeing (psychological, physical, material, social, cultural and spiritual) of a child/adolescent.

**Re-integration:** re-admit a former student/pupil back into school after dropping out due to adolescent pregnancy

**Sexual abuse:** refers to all forms of sexual coercion or acts of harming a child in a physical, sexual, emotional or economic way

**Sexual violence:** being forced to have sexual intercourse or perform any other sexual acts against one's will

## ABBREVIATIONS AND ACRONYMS

**ANC** Antenatal Care

**GoU** Government of Uganda

**ICF** International Classification of Functioning

**IPA** Interpretative Phenomenology Analysis

**LMICs** Low- and Middle-Income Countries

**MMR** Maternal Mortality Ratio

**MoH** Ministry of Education and Sports

**MoH** Ministry of Health

**NGO** Non-Governmental Organisations

**NSCM &TP** National Strategy to End Child Marriage and Teenage Pregnancy

**SDGs** Sustainable Development Goals

**SGBV** Sexual and Gender-Based Violence

**SRHR** Sexual and Reproductive Health Rights

**SSA** sub-Sahara Africa

**UBOS** Uganda Bureau of Statistics

**UDHS** Uganda Demographic and Health Survey

**UHC** Universal Health Coverage

**UN** United Nations

**UNESCO** United Nations Educational, Scientific and Cultural Organisation

**UNFPA** United Nations Fund for Population Activities

**UNICEF** United Nations International Children's Emergency Fund (now officially UNCF)

**WHO** World Health Organization

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And where the words of [girls] are crying to be heard, we must each of us recognise our responsibility to seek those words out, to read them and share them and examine them in the pertinence to our lives. That we do not hide behind the mockeries of separations that have been imposed upon us and which so often we accept as our own.

Audre Lorde (1984, p. 43)

**Chapter One: Introduction and Orientation to the Study**

> …if there is one common denominator that enables children to survive and thrive against seemingly impossible odds, it is a healthy and caring mother. …But when mothers are children themselves—when they begin to have children before they are physically and emotionally ready for parenthood—too often everyone suffers: the mother, the child and the community in which they live (MacCormack, 2004, p.2).

## 1.1 Introduction

This thesis presents the findings of a phenomenological study of adolescent girls who are pregnant and navigating the journey to early motherhood in Uganda. The premise of this research relates to the dominant sociocultural-political discourses of pregnancy in adolescence while considering the root causes that shape this phenomenon, globally and contextually, in Uganda. Discourses can create a hegemonic narrative to the detriment of adolescent girls who are pregnant and their early mothering. The opening quote is powerful, and while it contributes to a deficit discourse, it is nonetheless what often happens. This thesis is not shying away from this but trying to construct positive discourses and support alongside these realities. Therefore, uncovering the "lived experiences" embodied by pregnant adolescent girls as they (re)construct these experiences will create new knowledge to counter dominant discourses.

The individual and shared stories of ten girls and their pregnancy journey to becoming mothers have created an empowering collective story, aiming to shift the negative gaze of wider society, which has attempted to silence and marginalise pregnant adolescent girls (Andrews et al., 2008; Plummer, 2001).

The study uncovers personal and unique narratives that, though not representative of all Ugandan pregnant adolescent girls, may have a broader application. In this way, stories, while uniquely personal, may also have aspects of universal appeal (Bruner, 2002; Du Plessis et al., 2004).

This chapter will present the context of the study and the research questions, aims and objectives, as well as situate me, as the researcher, in relation to the study.

Finally, this chapter concludes by providing a synopsis of each of the chapters in this thesis.


## 1.2 Context of the Study

Adolescence is considered a critical time in a young person's life and has been described as "a cultural construct that differs across settings and contexts" (United Nations Department of Economic and Social Affairs, 2004). It is a transitional stage from childhood to adulthood that is characterised by psychosocial, physiological, physical and developmental changes that are attributed to age, culture and socialisation (Jaworska & MacQueen, 2015; Macleod & Feltham-King, 2019; Spear & Lock, 2003). Hence, the period of adolescence can be seen as a stage where traces of childhood remain while the characteristics of adulthood are being developed (Hall, 1904; Macleod & Feltham-King, 2019). According to the World Health Organization (WHO, 2020a), adolescence is defined as the period of development between puberty and adulthood or between the ages of 10-19 years old. Currently, adolescents account for 16% of the world's total population, and this is expected to increase to over 28% by 2040 (United Nations International Children's Emergency Fund [UNICEF], 2019a). Ganchimeg et al. (2014) defined adolescent pregnancy as pregnancy in girls aged 10 to 19 years. This age period is characterised by exploration, vulnerability and experimentation and is associated with changes in feelings/emotions as well as an increasing need for autonomy and awareness of sexuality (Sawyer et al., 2018). In sub-Saharan Africa, being born a girl and being adolescent and pregnant yields/adds layer upon layer of intersecting complexity to a young girl's life, such as increased disposition to hypertensive conditions, cephalopelvic disproportion (inadequate size of the pelvis to enable the baby to negotiate the birth canal), haemorrhage and unsafe abortions. During the adolescent years, adolescent girls who are faced with early motherhood are likely to be challenged by and conflicted with their new role as mothers and with meeting their adolescent needs.


Debate around the correct terminology to use regarding adolescence remains unclear, and much terminology is used interchangeably, for example, "adolescent", "teenager" and "young girl". In Uganda and key international government and organisational

documents (UNFPA, 2021; WHO, 2023a), the term "adolescent girl" is used. Therefore, I adopt this preferred terminology throughout the research.


### 1.2.1 The researcher: Study impetus

> *"No problem just falls from heaven, something awakens our interest—that is really what comes first."* Gadamer and Dutt (2001, p. 50).

My own narrative of what was a profound personal and professional "transformational" experience began when in a previous midwifery and global women's health academic role in Melbourne, Australia. I established and coordinated a successful short-term international study experience in Uganda for midwifery, nursing and public health students. This project was born out of my long-held passion as a midwife and my work in gender equality and social justice and the rights of women and girls' maternal, sexual, and reproductive health in low-income countries.


I am a black woman, born in England of Jamaican heritage. My beautiful and rich cultural heritage, speaks to my heart, has shaped me and is woven into the fabric of my embodied identity. Identity is always a complex compilation of what is apparent and assumed and what is hidden yet impactful (Jacobson & Mustafa, 2019; Secules et al., 2021). In an attempt to remain authentic to self, and the experiences that have brought me to this point, my positionality in this study will include exploration of the lived experiences from my own personal as well as professional perspective and is shared in Section 3.3 and 3.4. Researcher identity may have an impact on the research process, participants and outcomes. According to Secules et al. (2021), researchers are required to demonstrate "disclosure transparency" of their identity, as positionality matters to participants and the research. Therefore, when undertaking qualitative research with African black girls on sensitive topics, acknowledging, knowing and owning one's identity is important to understanding one another during the research process (Few et al., 2003; Jacobson & Mustafa, 2019). I like many black feminist researchers, by explicitly making known my cultural identity and positionality at the start of this thesis, gives the reader context of the lens through which I have listened, heard, understood, interpreted and written the girls' narratives.

While seeking further community engagement opportunities, I was introduced to a NGO that ran a centre for pregnant adolescent girls in a district several kilometres from the capital, Kampala. The primary focus of the residential community-based centre is to provide pregnancy care, counselling, emotional, physical, and spiritual care and support, as well as vocational skills and education to girls aged 12–18 years. Due to their unplanned and unwanted pregnancies, which are predominately a result of non-consensual sexual intercourse, the girls found themselves traumatised, stigmatised, displaced, abandoned, isolated, and/or ostracised by their families and community, as discussed later in Chapter Two. This pregnancy centre and a group of girls residing in it would later be the context for my research study. Further background to the study location is discussed in Section 4.6.1.

My global experience and expertise within the field positioned me well as an informed inquirer who is closely in touch with the sensitive phenomenon under study. What surprised me during this period of work was the significant number of adolescent pregnant girls in the centre. I had a profound realisation and sadness that there would be many more adolescent pregnant girls in Uganda and pondered what this would mean and look like for girls growing up into womanhood in Uganda. How would this experience of pregnancy in adolescence and potential motherhood shape and influence their future? Personal understandings of phenomena arise from wider ontological and epistemological perspectives, and according to Eriksson (2003, p. 4), "You cannot reach out to touch another's life without being forever changed yourself".

> *I had an overwhelming wave of emotion that their stories needed to be listened to and their 'voices' heard. In the words of Alice Walker, "what is the work my soul must have".* (Reflective Journal, July 2016)

### 1.2.2 Adolescence, pregnancy and early motherhood - A global perspective

Adolescents account for a significant percentage of the overall population of Uganda (UNFPA 2021), with 34.8% of Uganda's 34.6 million population in the age group of 13 to 19 years (World Bank, 2019). A recent UNFPA (2021) study in Uganda found that a total of 354,736 adolescent pregnancies were registered in 2020, and a total of

290,219 were registered between January and September 202l. An average of over 32,000 adolescent pregnancies are recorded per month in Uganda (UNFPA, 2021).

Globally, pregnancy in adolescence remains a public health concern (Phillips & Mbizvo, 2016; WHO, 2023a). Presently, in middle- and low-income countries, an estimated 21 million pregnancies occur yearly among girls and young women in the 15 to 19 years age group, of which 50% are unplanned (WHO, 2023a). It is important to note that due to the underreporting of pregnancy and motherhood among those aged 10 to 14 years, data are not routinely collected or measured (Maly et al., 2017; United Nations [UN], 2019). Therefore, the real numbers of pregnancies may be higher in reality than the measured numbers. This area is for further research, though not covered in this thesis. Most of these pregnancies occur in middle- and low-income countries (WHO, 2023a). In 2021, approximately 14% of adolescent girls worldwide gave birth before the age of 18 years (UNICEF, 2022a).

The percentage of adolescent pregnancies is predicted to increase in sub-Saharan African countries to over 6 million per year by 2030 from approximately 4.5 million per year in 2000 (UNFPA, 2013). This increase is important to note, considering the context of this study is Uganda, where 25% of adolescent girls have given birth by the age of 18 years (UBOS, 2018). Table 1 illustrates the increase in adolescent pregnancies in Uganda over three years. Although there was no marked increase in adolescent pregnancy between 2019 and 2020, it is worth noting that there was a marked increase within districts in 2020.

It is essential to understand that the effects of maternal age transcend multiple boundaries and have an impact on adolescent mothers locally, nationally and internationally (De la Calle et al., 2021). Adolescents living in socio-economically disadvantaged settings are at increased risk of adolescent pregnancy compared to the wider population (Gyesaw and Ankomah, 2013). The reasons for this increased risk will be explored in Chapter Two. Therefore, pregnancy in adolescence intersects with the social determinants of health, and physiological and psychological factors add to the complexity (Eddy, 2023). Further considerations are that the experiences of

adolescent pregnancy and early motherhood are contextual and are influenced by society and the culture within which the girls live (Collins, 1994; SmithBattle, 2018). Hence, it is important to understand that socioeconomic variables hold major significance for adverse perinatal outcomes and future initiatives in pregnancy and motherhood for adolescent girls (McMichael, 2013).

Table 1: The Trends: Adolescent Pregnancies in Uganda from 2017—2020

| Year | Percentage (%) | Pregnancies in Adolescence |
|------|----------------|----------------------------|
| 2017–2018 | 6.4% | 343,655-365,530 |
| 2018–2019 | 2.1% | 365,530-358,014 |
| 2019–2020 | 0.9% | 358,014-354,736 |
| **Increase in adolescent pregnancies within districts** | | |
| 2020 | 49.3% = 67/136 | |

Source: MoH-DHIS-2 (2017-2020); UNFPA, (2021)

Early and unintended pregnancies among adolescent girls are associated with several adverse health, socioeconomic and educational outcomes (Samarandache et al., 2016). Childbirth carries increased risks, with pregnancy-related obstetric complications being the second major cause of death among adolescent girls in low-resource income countries (WHO, 2018a; UNFPA, 2021). Uganda's Maternal Mortality Ratio (MMR) stood at 336 deaths per 100,000 live births, with MMR rates of 17.2 % of deaths among those aged 15 to 19 years (UBOS, 2018). In three sub-Saharan African countries, the MMR in 2020 exceeded 1000 deaths per 100,000 live births: South Sudan (1223), Chad (1063) and Nigeria (1047) (Ahinkorah, et al., 2021). In the European region of Finland, Greece, Iceland and Poland, for every 100,000 births, three mothers die (WHO, 2023a, pp. 29–34). This figure compares globally to 223 deaths per 100,000 live births. It is the view of UNESCO that adolescent pregnancy also disrupts young girls' schooling, thus compromising their future economic opportunities, including reducing future employment opportunities (2017). The effects

of childbearing during adolescence also extend to the health and wellbeing of the babies, with evidence of higher mortality and morbidity and lower birthweight among babies born to mothers under 20 years of age (see Ganchimeg et al., 2014 in the Global South context). Consequently, reducing the high rate of adolescent pregnancy and global maternal mortality is considered a key Sustainable Development Goal (SDG), targets 3.1 and 3.7 (UNFPA, 2015). The aim is to reduce the average global MMR to less than 70% of maternal deaths per 100,000 live births by 2030 (WHO, 2016). This goal will require improved access to quality maternal services among adolescent girls and women (Atuoye et al., 2020).

Adolescent girls and their lived experience of pregnancy and early motherhood appear to be silenced or not given a voice to state what they want and need. This study seeks to answer the research question: "What meaning does pregnancy and early motherhood have for Ugandan adolescent girls?" This study will do this by addressing a gap in the literature, exploring policy-driven strategies and the reality of the lived experience of ten pregnant adolescent Ugandan girls. The study setting is located within a residential pregnancy care centre. Important to note, is that research into the lived experience of adolescent girls who are pregnant and remain living in their communities may be different. The study will offer compassionate collaborative models of care as an outcome of this research because adolescent girls need to have equity in access to high-quality education to make informed decisions about their sexual and reproductive health (Cook & Cameron, 2020). Greater equity in access to high-quality sexual and reproductive health education may be the key to empowering Ugandan adolescent girls with the knowledge and skills that equip them to successfully navigate pregnancy and early motherhood through education programmes aimed at both adolescents and healthcare professionals. It might also be key in reducing the number of adolescent pregnancies. There are calls to implement effective policies and initiatives to address this global challenge (Diabelková et al., 2023). This study aims to address this current gap in knowledge to support adolescent Ugandan girls by moving beyond the existing theoretical positivist paradigm. This study will utilise a constructionist and interpretivist perspective of the phenomenon to inform future work in this field.

## 1.3 Research Aim and Objectives

The rationale for the study is founded on the paucity in the research literature that addresses the contextualised lived experiences of adolescent girls in Uganda aged between 14 and 18 years who are pregnant. Who they are and how they feel (experiences, perspectives and thoughts) about their pregnancy journey will be considered central to this research. The study illuminates their "lived experience" of early motherhood and the significance of their decision-making, outcomes and influences from the perspective of the adolescent girls themselves.

### 1.3.1 Specific study objectives

The aims of this research are as follows:

- to capture the meaning within the stories of Ugandan adolescent girls aged 14 to 18 years and their "lived experiences" of pregnancy and journey to early motherhood.

- to determine, within the cultural context, the identity under transformation for Ugandan adolescent girls as they navigate pregnancy and their journey to motherhood.

- to understand where Ugandan adolescent girls who are pregnant gain knowledge and support.

- to identify the unmet needs of Ugandan adolescent girls who are pregnant.

The research and findings will contribute to a distinct new body of knowledge within the field of global maternal, sexual, and reproductive health for girls and young women, focusing on adolescent girls' subjective experiences and needs. It also investigates the transformative possibilities of appropriate programmes and initiatives to support, empower, and equip girls who are adolescent, pregnant and likely to experience early motherhood in low- and middle-income countries.

### 1.3.2 Research questions

The thesis will answer three specific questions:

1. What meaning does pregnancy and early motherhood have for Ugandan adolescent girls?

2. What are the key drivers of identity for Ugandan adolescent girls and their changing identity presented by motherhood?

3. How can the narratives of Ugandan adolescent girls who are pregnant and their journey to motherhood be employed to shape future health, education and social policy?

### 1.4 Significance of the Study

Studies conducted in high- and low-income countries and the academic and contemporary literature on adolescent pregnancy and early motherhood tend to focus on the "problematising" phenomenon (Kagaha & Mandrson, 2021). By understanding adolescent pregnancy and early motherhood from the perspective of the Ugandan girls themselves, a shift in focus to positive outcomes and how social support can assist adolescent mothers to improve future outcomes is envisioned (Jones et al., 2019; Wenham, 2016). Presently, this is not the case with research conducted in Uganda (Ajay et al., 2023). It is, therefore, fundamentally important to explore the cultural, socio-political, intersectional and wellbeing implications of adolescent pregnancy and early motherhood in Uganda. This research will inform the perspectives of midwives, healthcare and educational systems, and potential legislators, governments and policy-makers. The research is aimed at the core of who makes decisions in this field and places the "voices" of the girls at the centre of care and policy decisions.

### 1.5 Structure of the Thesis

This thesis comprises seven chapters.

**Chapter One** has introduced the thesis, research questions, and context. It has also outlined the rationale of the study.

**Chapter Two** explores the autobiographical aspect of my research question (Boden et al., 2005, p. 42) by scrutinising what the research literature has to say about the phenomenon of adolescent pregnancy and early motherhood. It will also consider the outcomes of this phenomenon from a qualitative perspective. The key themes that emerged from the literature are presented, analysed and synthesised.

**Chapter Three** explores the philosophical underpinnings of the research approach, that is, the theoretical influences and frameworks. Heidegger's interpretive phenomenology (IP) is explored to uncover the philosophical notions that have guided my insights into the phenomenon of pregnancy in adolescence and early motherhood. The theoretical frameworks of critical social theory, black feminist thought and intersectionality are drawn upon.

**Chapter Four** presents the methods including purposeful sampling, data collection of semi-structured interviews and a focus group, and the use of the reflexive thematic analysis (RTA) proposed by Smith et al. (2022) and adapted from Braun and Clarke (2021). Ethical considerations and how they were addressed with the research participants are highlighted. There is a discussion of how research trustworthiness was ensured, highlighting the signposts for qualitative research and reflexivity.

**Chapter Five** explores the research findings through an interpretative lens. The themes for each girl participant's lifeworld are individually presented, followed by a presentation of a collective "worldhood" of the phenomenon.

**Chapter Six** presents a discussion of the findings in terms of redefining and re-conceptualising adolescent pregnancy and early motherhood in Uganda. The primary and secondary data will be considered in relation to new and emerging findings from this research.

**Chapter Seven** concludes the study by revisiting the aims of the study and the research questions in light of the findings. The strengths, limitations and implications of the study will be reviewed. This chapter also highlights the contribution of this study to the existing body of literature on adolescent pregnancy and early motherhood. Recommendations for education, practice and future research are presented. Reflexivity punctuates this thesis with reflective thoughts and insights through the journey of this research.

**Chapter Two: Setting The Context—Literature Review**

> Uganda overwhelmed by 32,000 monthly teen pregnancies… Government trying to stop record number.
>
> (Olukya, 2021)

**2.1 Introduction**

A comprehensive literature review was undertaken to determine the nature and scope of what is already known about adolescent pregnancy and early motherhood and to identify gaps in the literature.

The research questions guiding this chapter are as follows:

- What meaning does pregnancy and early motherhood have for adolescent girls in Uganda?

- What are the key drivers of identity for Ugandan adolescent girls and their changing identity presented by motherhood?

- How can the narrative of adolescent girls who are pregnant and their journey to motherhood be employed to shape future health, education, and social policy?

The chapter begins by describing the literature search strategy employed before proceeding to provide a comprehensive analysis of the scrutinised relevant literature from the Global South and internationally, with an exploration of the emerging themes. The chapter concludes with the identification of gaps in the current literature pertaining to adolescent pregnancy and early motherhood in Uganda. It outlines the contribution of a new body of knowledge that this study makes to the existing literature to inform and guide further research.

**2.2 Searching the Literature**

An adapted scoping review of the literature was adopted for this study since the research question is broad (Arksey & O'Malley, 2005). Considering there is no archetypal method of conducting a literature search (Arksey & O'Malley, 2005; Boell & Cecez-Kecmanovic, 2010), the identification of key concepts is fundamental to

assist in the retrieval of information (Bramer et al., 2018). In IP, literature reviews are an iterative and generative process (Boell & Cecez-Kecmanovic, 2010). Hence, I remained open-minded and reflexive throughout the process. Although it is acknowledged that there is debate concerning the aims and definition of a scoping review, the accepted definition for this review is that proposed by Colquhoun et al. (2014), who suggested that a scoping review aims to identify gaps in the research related to a given field through a systematic search and the synthesis of existing knowledge, to inform future research, practice, and policy. This is further supported by the recent work of Peters et al. (2020), which provides updated methodological guidance for the conduct of scoping reviews.

The six-stage methodological framework for a scoping review identified by Arksey and O'Malley (2005) was adopted (Table 2) to ensure that this review was rigorous, comprehensive and transparent.

Table 2: Six-Stage Methodological Framework for a Scoping Review (Arksey and O'Malley, 2005)

| Stage 1 | Identifying the research question |
| --- | --- |
| Stage 2 | Identifying relevant studies |
| Stage 3 | Study selection |
| Stage 4 | Charting the data |
| Stage 5 | Collating, summarising and reporting the results |
| Stage 6 | Consultation |

The sixth stage, the consultation exercise, is considered optional and was, therefore, not undertaken as part of this review.

According to Fink (2013), databases should be chosen according to their relevance to the research area. The databases were selected (Table 3) on the basis that they are

the key health, social sciences, midwifery, sexual and reproductive health databases available.

Table 3: Electronic Databases Used in the Literature Review

| Databases |
|---|
| Cochrane Database of Systematic Reviews & Trials |
| Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus Cochrane Controlled |
| EMTREE/EMBASE/EMCARE (OVID) |
| Google Scholar (Theses) |
| Grey Literature |
| Media |
| MEDLINE |
| MIDRIS |
| OVID |
| ProQuest Dissertations |
| PsycInfo (EBSCO) PubMed |
| PubMed |
| Sciences Direct |
| Scopus |
| TROVE |
| UNFPA |
| UNICEF |
| Web of Science |
| WHO |
| Wiley Database |

Smythe and Spence (2012) argued that the means by which a literature review is undertaken ought to be congruent with a chosen research methodology. I believe that a systematic review aligns with IPA as, like IPA, it is an iterative process which supports the reviewer to conduct each stage with reflexivity, reiterating steps if necessary, to ensure inclusive attention to the literature (Arksey and O'Malley, 2005). In further alignment with the philosophy that informs IPA, this literature review also adopted an interpretive (hermeneutic) approach as advocated by Heidegger (1995) and Gadamer (1982). This review, therefore, aims not only to consider pre-articulated knowledge and understanding significant to the field of study and uncover any existing gaps but also to embrace a wider remit and encourage emergent thinking.

I acknowledge that as a midwife, academic/lecturer in midwifery, and researcher into global adolescent and women's health, I came to this literature with prior knowledge and understanding of the phenomena of interest, what Heidegger (1995) describes as "fore-having". I also came with what Heidegger (1995) terms "fore-sight": a knowledge of what literature might be beneficial to search, and "fore-conception", or preconceptions of what I will encounter in the literature once I locate it (Heidegger 1995). I agree with the view postulated by Smythe and Spence (2012), who argued that a reviewer cannot completely discount all that is already known. However, it is possible to acknowledge this fact and, as Heidegger (1959, p. 75) states, to engage in a "restless to and fro" between what is already known and what is yet to be known. Maina-Okori et al. (2018, p. 293) stated that it is important to acknowledge our "pedagogical blind spots". Vagle (2018) commented that it is to the researcher's advantage to be familiar with published research, reports and other forms of literature concerning the phenomenon under study. However, it may be advisable not to read too much of the existing literature. I found this challenging and became overwhelmed at one stage concerning "reading, reading and more reading". Knowing much about "how it is" can make it difficult to "bridle" enough to enable the researcher to see something new (Dahlberg et al., 2008, p. 174).

Therefore, my rationale for striving for a balance between interpretative (hermeneutics) phenomenology and a systematic approach to this scoping literature

review was to ensure that I remained constantly responsive and observant for what possibly could be revealed and to ensure that I willingly acknowledge my "fore-having" while maintaining an investigative stance, open to the potential to have my "*fore-conceptions*" challenged and shifted.

Debate also exists in the literature (Aveyard, 2014; Philips & Pugh, 2015) about the appropriate time to conduct a literature review. In alignment with one of the key tenets of IPA (Smith et al., 2009), this review of the literature adopted an iterative approach, which meant that I conducted a comprehensive review of the literature at the beginning of this study and then conducted further reviews of any emergent literature at regular times throughout the study. Conceptual literature further supported the understanding and theorisation of the findings. This approach was supported by the set-up of search alerts in key electronic databases, such as MIDIRS (Maternity and Infant Care Database) and PubMed, using the search terms used in CINAHL (Cumulative Index to Nursing and Allied Health Literature) and MEDLINE. While an exhaustive search of the literature was undertaken, literature that may have been relevant to the study may not have been identified (Aveyard, 2014).

## 2.3 Inclusion and Exclusion Criteria

The inclusion/exclusion criteria were applied to remove sources pertaining to the unrequired aspects (Aveyard, 2019). Due to the specific phenomenon under enquiry and the number of less relevant studies, it was necessary to develop inclusion and exclusion criteria to determine which studies were to be included in the literature review. A limited number of the remaining sources demonstrated some wider relevance to the phenomena under study, and the inclusion/exclusion criteria were therefore adapted to permit a degree of flexibility. The strategy adopted was to read all abstracts from the studies found on the electronic databases, websites and grey literature (Cooper et al., 2018) to determine their relevance to the study. The final inclusion and exclusion criteria are shown in Table 4.

Table 4: Inclusion and Exclusion Criteria

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| <ul><li>Written in the English language</li><li>Qualitative, quantitative or mixed methods research</li><li>Studies relating to adolescent/teenage pregnancy</li><li>Government reports and documents</li><li>No date limit established</li></ul> | <ul><li>In a language other than English without trustworthy translation</li><li>Non-adolescent pregnant girls</li><li>Studies that focused on adolescent boys and fatherhood</li></ul> |

## 2.4 Areas of Interest

The phenomena of interest for this review were as follows:

- pregnancy in adolescence/adolescent pregnancy
- teenage pregnancy
- adolescent pregnancy and early motherhood
- adolescent pregnancy in Uganda, East Africa, Africa, and internationally

Another search strategy that was adopted was formalising the search as defined by the research question so that the search terms were grouped into clear sets, such as "adolescent females" and "experiences with teenage pregnancy and young motherhood". Therefore, studies with these concepts/sets were included as part of the search strategy. It is important to acknowledge that as part of the broader search, separate elements, such as adolescent pregnancy more broadly, black feminism, intersectionality, and social determinants of health, were appropriate to the wider study.

## 2.5 Context

While a plethora of literature exists globally on adolescent and teenage pregnancy (words used interchangeably within the literature), initially, I intentionally narrowed my focus on studies pertaining specifically to low-income countries in Africa. However, wider reading needed to be included in the study not only to understand the broader global context (Holland, 2007) but also to understand that theoretical and empirical

findings are not necessarily generalisable nor transferable effectively from the Global North to the Global South. With this in mind, the review considered studies concerning pregnancy and motherhood in adolescence, including in Uganda, East Africa, Africa, and international literature.

## 2.6 Types of Study

In line with recommendations by Meyrick (2006) and Arksey and O'Malley (2005), this initial review included both qualitative, quantitative and mixed methods approaches, although the qualitative literature was the ultimate focus. To ensure no early studies were missed and to improve inclusivity, no date limit was initially set. I then determined what was considered relevant to the phenomena under study or considered too old. Some studies that could be considered out of date are included due to the strong relevance/location to the study.

## 2.7 Locating and Selecting Relevant Studies

An initial review of the literature was conducted to refine and confirm the search terms. This further supported the search, as it allowed for variant endings of each word to be found, thus minimising the potential loss of the relevant literature (Aveyard, 2019). The engagement of synonyms and layered concepts: teen* OR adolescent* OR under 18* OR pubescent* with the Boolean operator 'OR' expanded the search to maximise theoretical saturation, while the Boolean operator 'AND' refined the search to sources containing a combination of the keywords; maximising relevance to the research question (Bettany-Saltikov & McSherry, 2016).

A comprehensive search strategy was then developed with assistance from an academic university librarian trained in systematic literature searching. The time spent with the specialist librarian was invaluable. The final search terms were adapted for each database with filters applied (Michie et al., 2011). According to (Aveyard, 2019), the use of synonyms and the appropriate selection of keywords is pivotal to the success of literature searching. I also enrolled in and attended relevant literature search and review workshops and virtual seminars, and I read widely to guide me in this process.

According to Walsh (2016), electronic searching may not find all the relevant literature on a particular phenomenon. Therefore, to complement the search of electronic databases and capture any relevant papers that may have been missed, a hand search was conducted of hard copy publications and peer-reviewed academic journals, including reference list checking, forward and backwards citation searching, and identifying key authors of expertise in the field of pregnancy in adolescence (identity, mothering, stigmatisation) such as Professor Lee SmithBattle.

Additionally, a range of relevant professional textbooks was also scrutinised. When articles of interest were in a specific journal, further editions of that journal were scrutinised for any other relevant material. A literature list was then generated and considered based on the questions in the Critical Appraisal Skills Programme (CASP) appraisal checklist (2018). A search of the grey literature was conducted via the databases Open-Grey and www.greylit.org (Dundar & Fleeman 2014) to reduce the possibility of publication bias. Grey literature and government reports were also found from national and internationally recognised related databases and websites such as WHO, UNFPA and UNICEF.

Figure 1 (modified PRISMA Flow Diagram; Page et al., 2021) illustrates the process used to locate, identify, and select relevant studies to include in this review. A total of 402 relevant articles were identified while narrowing the field across databases. Six additional articles were identified through other sources. After duplicates were removed and articles screened by abstract, a total of 32 articles were read in full by the reviewer/myself. In total, (12) met the inclusion/exclusion criteria (see Figure 1).
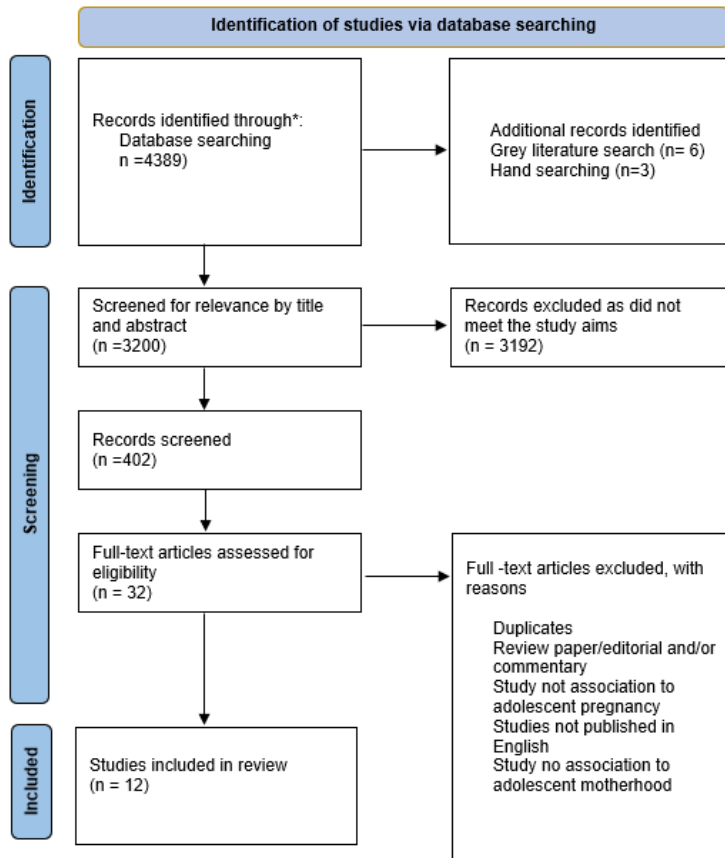
Figure 1*: Process of locating, identifying, and selecting relevant studies. PRISMA Flow diagram (Page et al., 2021)*

Ultimately, what was undertaken was an adapted systematic/methodical search to ensure rigour to the literature review. This research study is unique in the contextualising of searches undertaken to justify primary research studies of the phenomenon under enquiry.

## 2.7.1 Data appraisal stage

The review was guided by the six-stage quality framework for qualitative research for scoping reviews identified by Arksey and O'Malley (2005) (Table: 2) and Meyrick (2006) (Appendix Two) to ensure that this review was rigorous, transparent, and comprehensive. The (n = 12) list of key studies identified was then evaluated by the Qualitative CASP Framework (2018), a tool from the Critical Appraisal Skills Programme checklist (CASP, 2018) due to its commendation for providing effective

and succinct guidance to critiquing qualitative sources (Nadelson & Nadelson, 2014). See Appendix Three. These frameworks were intentionally selected as they complement each other by providing a sound and logical structure through which to appraise the quality of each study. The use of Meyrick's assessment of a quality qualitative research framework added further depth by addressing the researcher's epistemological theoretical stance, bias and researcher reflexivity (Knowles & Gray, 2011). Meyrick's (2006) framework provides a step-by-step guide by the use of additional key headings; the logical and transparent application of this framework is shown in Table 5. I was also guided further by some fundamental considerations to keep in mind when writing a review of the literature (Vagle, 2018).

Table 5: Adapted CASP/Meyrick Quality Appraisal Framework

| Collective Criterion of Quality Appraisal | |
| --- | --- |
| *Logical* | *Transparent* |
| Clear Aim | Participant/Researcher Relationship |
| Appropriate Method | Ethical Issues Addressed |
| Appropriate Research Design | Value of the Research |
| Appropriate Recruitment Strategy | Research Epistemological |
| Rigorous Data Analysis | Theoretical Stance |
| Clear Statement of Findings | Bias |
| | Researcher Reflexivity Objectivity |

A table summarising the (n=12) key studies identified through this process can be found in Appendix One.

## 2.7.2 Analysis and interpretation stage

The located studies were synthesised through appraisal, and the data was extracted. This process enabled me to gain an in-depth understanding of each study. This

analysis and interpretation facilitated the identification of gaps in the literature and the illumination of the interrelated and interwoven links between the themes that emerged.

### 2.7.3 Synthesis and discussion stage

Results from the synthesis of the identified literature relating to the research phenomena provided the following prevalent key concepts and findings. Figure 2 shows the literature review findings. These will be explored further in the findings chapter and beyond.
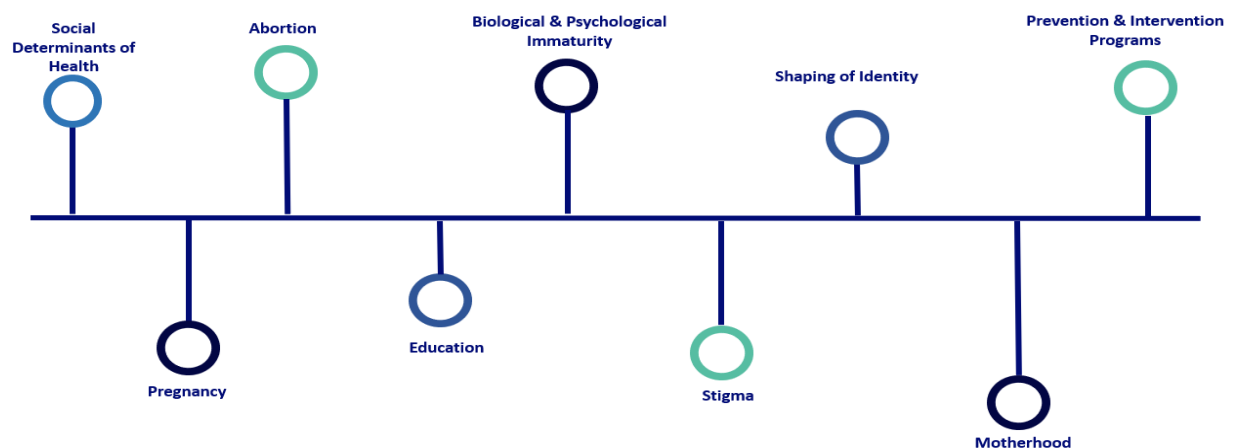


Figure 2: Literature Review Findings

These broad themes form the structure of the literature review discussion. The iterative process came together in that the literature informed the research, and the findings informed the result and identified the gaps in the literature.

Throughout the literature review, key studies that inform the research question are cited from sub-Saharan African studies (context of study) on adolescent pregnancy and early motherhood and from the international literature due to the close relevance to the context of the study.

Widely cited studies explored the risk factors, characteristics and outcomes of adolescent mothering, including trends, international comparisons, and the

association between adolescent/teenage pregnancy and female educational underachievement (Dickinson et al., 2000; Fergusson & Woodward, 2000; Woodward et al., 2009; Woodward et al., 2001). Their findings are largely consistent with quantitative studies from the United States and Britain. This "big picture" overview has been beneficial in informing social policy and has enabled some international comparisons to be made.

Frymer (2005), using a critical theorist pedagogy, postulated that adolescent pregnancy might be regarded as a representational manifestation of disillusionment in adolescence, with discourses constructed as "a problem to be solved". Conversely, the revisionist viewpoint seeks to highlight the importance of understanding the individual views and perspectives of adolescent pregnant girls and their navigation to early motherhood.

Thus, the contribution of the preceding qualitative studies foci is that they "flesh out" the statistics of quantitative research findings with the occasional personal narratives of a lived experience. These accounts neither sit comfortably with nor are readily discounted by prevailing scientific discourses, which serve to reinforce negative constructions of adolescent pregnancy and motherhood (Chemutai et al., 2020). These perspectives have complex and intersecting nuances of poverty, culture, education, age, family construct, identity and sexual morality. They are part of the literature and key concepts that I wish to unravel through the literature review. Because of this, my endeavour to explore these perspectives under different headings has resulted in some unavoidable repetition. I begin by contextualising the study to Uganda.

## 2.8 Adolescent Pregnancy and Early Motherhood in Uganda

As the adolescent pregnancy rate in Uganda stands at 25%, UNICEF, (2022a) this means that a quarter of Ugandan girls/young women aged 15–19 years have given birth or are pregnant with their first child by the age of 18 (UNFPA, 2021; UNICEF, 2022b). One in five girls in Uganda engage in sexual activity before the age of 15 years, with adolescent pregnancy responsible for nearly one-fifth (18%) of the annual births in Uganda; 64% of girls have had sex before the age of 18 years (UNICEF, 2022c), with almost half (46%) of the births by adolescents due to unwanted

pregnancies (UNFPA-UNICEF, 2019; UNICEF, 2022d). Furthermore, the UNFPA (2021) study highlighted that Uganda's MMR stood at 336 deaths per 100,000 live births, and of these, 17.2% were attributed to girls aged 15–19 years. To put this into perspective, according to the International Agency Working Group for Reproductive Health in Crises (IAWG), 1.2 million adolescents die annually due to complications of pregnancy and birth globally. Two-thirds of these deaths occur in the least developed countries in Southeast Asia and Africa (UNFPA-UNICEF, 2019).

## 2.9 What the Research Literature Says About Adolescent Pregnancy and Early Motherhood

Throughout this study, consideration is given to the cultural context of Uganda. However, the problematisation of adolescence, adolescent pregnancy and motherhood is situated across different societies and settings, as this is extremely varied.

The emergence of adolescent pregnancy and motherhood as a social problem can be related to the development of the term in the early 20th century, which was initially adopted and used considering age segregation, education, and the outlawing of child labour (Macleod, 2015). However, subsequently, scholars adapting the early works of Hall (1904) redefined the term "adolescence" to describe a transition from childhood to adulthood where changes occur physically, cognitively and socially. Hall hypothesised that "adolescence is a period characterised by inevitable conflict with parents, mood swings and risky behaviour" (1904, p. 240). Based on this new definition, the epoch of adolescence came to be seen as a stage where vestiges of childhood remain while the characteristics of adulthood are being developed (Hall, 1904; Macleod, 2015; Macleod & Feltham-King, 2019). This term is adopted for this research, as it aligns with the context of the study and highlights that the girls in their stories are juxtaposed in the perception by self and others as neither a child nor an adult but simultaneously both. Adolescent pregnancy occurs in all societies and varies from country to country. However, the prevalence of first adolescent pregnancy and its associated factors warrants further in-depth studies. One such study was a multi-country analysis conducted by Ahinkorah et al. (2021) in 32 sub-Saharan African countries between 2010 and 2018. Examined in each country was the prevalence of

first pregnancy in adolescence (15–19 years) and the associated individual and contextual factors. The Congo reported the highest prevalence of first adolescent pregnancy (44.3%), and Rwanda the lowest (7.2%). The findings suggest that understanding predictors of first adolescent pregnancy can assist the development of effective social policies such as family planning and comprehensive sex education, which ultimately help ensure health promotion and wellbeing for adolescent girls, their families and communities (Ahinkorah et al., 2021).

A shift in global perspectives and in how societies view pregnancy in adolescence has occurred due to its perceived links with poor socioeconomic consequences (WHO, 2020b). For example, earlier references to "teenage" pregnancy as a social problem in the United Kingdom and the United States were in the early 1960s and 1970s (Buske, 2014; Daguerre, 2006). In the late 1970s, pregnant teens were progressively unlikely to enter into a "shotgun" marriage (a marriage that has to take place quickly due to pregnancy) or to give up their babies for adoption (SmithBattle, 2021).

According to Stapleton (2010), if adolescents were still considered to be children, then it was unacceptable for them to engage in sexual behaviours, as such behaviours were seen as characteristics of adulthood. Furthermore, adolescent sexuality was regarded as inappropriate due to this period where girls were expected to be characterised by immaturity and sexual naivety (Macleod, 2015; Macleod & Feltham-King, 2019). Hoggart (2003) postulated that the emergence of adolescent pregnancy and early motherhood as a social problem in Britain transpired partly as an attempt to regulate women's sexuality and reproduction by condemning premarital sex. Adolescents who then found themselves pregnant gave rise to a moral concern in society, as it was considered that society had no control over the sexual behaviour of young adolescents (Macleod, 2015).

Additionally, the incidence of adolescent motherhood was also seen as disrupting the "normal" transition of adolescence to adulthood due to adolescent mothers not having the emotional intelligence nor social maturity to cope with motherhood despite the ability to conceive (Arai, 2012; Macleod & Feltham-King, 2019). Arai (2009b) went further by exploring societies' negative assumptions of adolescent girls' ability to be

good mothers. In contrast to older mothers, adolescent mothers were perceived to be not financially stable, lacking in education, and therefore incapable of motherhood (Cook & Cameron, 2017; Jewell et al., 2000). This is further in line with what Daguerre and Nativel (2006, p. 248) referred to as the socially acceptable age for motherhood: "not too young, not too old and possessing some form of educational attainment, maturity, and economic independence." It is important to note that neither of these views encompasses young girls who are mothers or their "lived experience", meaning their opinions are fundamentally excluded from these discourses. By excluding young mothers' voices and reinforcing the dominant ideology of adolescent mothers being incapable mothers, pregnancy and motherhood became constructed as an undesirable event in the early life experience of young women (Cook & Cameron, 2017; Jewell et al., 2000).

Therefore, the cultural milieu of what an ideal or a conventional family may look like requires further consideration. In recent years, attitudes to the roles and opportunities available to girls and young women in the Western world have changed from those prescribed by traditional family structures and from limited educational and employment opportunities. As a result, the normative and valued trajectory for young women has become that characterised by white, middle-class, educated young women who spend lengthy years in education, pursue a career, and are part of a two-income household and are financially stable before deciding to have children (Allen & Osgood, 2009). Beliefs of an "ideal family" are central in the negative framing of adolescent pregnancy and early motherhood as problematic. Some cultures and traditional societies would consider early marriage, pregnancy, and motherhood as the "norm" (Kirchengast, 2016). Past global campaigns have targeted "teenage" pregnancy and early childbearing as a major health risk (Arai, 2009a).

According to the Uganda Demographic Health Survey (UBOS and ICF, 2017), child marriage remains common in rural areas and among communities experiencing poverty and low education despite the legal age of consent being 18 years (Webb et al., 2023). Becoming a mother is seen as a display of adulthood because brides are viewed as a source of wealth for their families (UNICEF, 2015). However, despite early engagement in sex, there is limited access to family planning services for adolescents in rural communities owing to barriers of availability, cost and moralisation against

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contraceptive use outside marriage (Erone et al., 2020), resulting in another contributing factor to adolescents more vulnerable to unplanned motherhood.

A host of concepts can be misunderstood if not correctly situated and explained in the cultural context, such as a lack of knowledge/education about sexual and reproductive health, poverty and the impact on communities and families, and the often considered inadequate efforts to keep girls in school. *The Independent*, a leading newspaper in Uganda, published an article on 24 January 2022, stating that "to end teenage pregnancies is not a government role, but a societal role, and that everyone has a significant part to play" (p. 2). The intention was to reinforce the message of the "Protect the Girl, Save the Nation" campaign, launched in December 2021, which highlights that this phenomenon is everyone's concern and responsibility.

### 2.9.1 Social determinants of health

Social determinants of health are the circumstances in which individuals are born, grow and live (WHO, 2010). These positions are shaped by the distribution of power, money and resources (WHO, 2010). Research has identified determinants of adolescent pregnancy and childbirth globally and in sub-Saharan African settings such as Uganda (Brahmbhatt et al., 2014; Sedgh et al., 2015; World Health Organization, 2014). The classification of single sets of social determinants of health disparities is based on contributing factors, such as family, structure, age, gender, and poverty, which may cause these disparities to persist (Raphael & Bryant, 2003). A study by Were (2007) explored the determinants of adolescent pregnancy in Kenya and concluded that overall widespread poverty predisposed young females to adolescent pregnancy. The author suggested the need to study adolescent pregnancy in light of the wider sociocultural and socioeconomic environment that adolescents reside in.

Uganda has a large proportion of girls giving birth before the age of 16 years in urban areas (11%). However, it was unclear whether they were living in urban or rural areas at the time of the birth or migrated later (Neal et al., 2015). The researchers analysed data from a cross-sectional descriptive study on adolescent motherhood and captured the complex patterns and inequalities in early childbearing that occur within three East African countries: Uganda, Kenya and Tanzania. Neal et al. (2015) found that

adolescent first births, particularly at the youngest ages, are most common among the poorest and least educated. These factors were underpinned by complex socioeconomic, cultural and geographic factors, as well as religion, early marriage (not a consideration in this study, as none of the girls were married) and limited sexual and reproductive health services. According to Chambers and Erausquin (2015), adolescent pregnancy and motherhood often cross these multiple intersectional identities. Recommendations from the study were that appropriate approaches need to be tailored for different populations depending on the specific determinants or contexts of early pregnancy. Sexual and reproductive health programmes need to recognise these factors and address them through policy.

Several studies have examined the risk and protective factors associated with adolescent pregnancy, using varying perspectives to highlight the multidimensional factors, be they individual, cultural, socioeconomic, or gender inequalities. Unmarried mothers in urban areas experience increased stigma and shame (Atuyambe et al., 2008; Muller, 2008). Systematic reviews have also shown that an unsettled family structure is associated with adolescent pregnancy (Laura et al., 2015; Yakubu & Salisu, 2018). Previous studies have specified that single female-headed households are a predisposition to adolescent pregnancy (Francis, 2008; Oyefara, 2011; Ugoji, 2011).

Ayuba and Gani (2012) and Okereke (2010) investigated the intersecting factors of the social determinants of health experienced by adolescent pregnant girls in Southern Nigeria. These studies revealed that pregnant adolescents and adolescent mothers who suffered socioeconomic disadvantage came from low-income families. This is congruent with studies undertaken in the Global North, which go further by suggesting that other pre-existing factors contribute to young mothers' predisposition to poor life outcomes. In the United States, for example, studies have shown that female adolescents who have minimal educational aspirations have poorer outcomes, as did their parents, and are more likely to experience domestic violence. Therefore, the cycle of deprivation and intersecting factors continues (Copping et al., 2013; Tan & Quinlivan, 2006). These studies highlight that the link between early pregnancy, early

motherhood, and adverse economic outcomes is complex and multi-layered. Consequently, it can be argued that adolescent pregnancy and motherhood are more a combination of previously existing disadvantages rather than solely a cause of poor socioeconomic outcomes (Arai, 2009; Duncan et al., 2010).

## 2.9.2 Pregnancy and Antenatal Care

It is estimated that 80% of maternal deaths and 66% of neonatal deaths in the world could be attributed to pregnant adolescent girls and women not having access to quality and effective maternal healthcare services (Iqbal et al., 2017). Access to antenatal care remains a global challenge, with over 75% of births worldwide reported to occur outside recognised health facilities (Dantas et al., 2020). In alignment with the current WHO guidelines, since January 2021, the Ministry of Health (MoH) in Uganda has recommended that all women attend at least eight antenatal care (ANC) visits and undergo childbirth in a health facility facilitated by skilled service providers (WHO, 2021). Unfortunately, in Uganda, the situation is comparable to that in other low-resource countries, as only 65% of births are attended by skilled health workers (Dantas et al., 2020), and services are underutilised (MoH for Uganda, 2022).

Many adolescent pregnant girls who do not seek or receive regular antenatal care are at a heightened risk of not recognising deviations from the "norm" (Mann et al., 2020). A lack of antenatal care and education imposes a significant risk on pregnancy in adolescence, with over 61% of medical complications in pregnancy not known and leading to poor perinatal outcomes (UNICEF, 2022a). Furthermore, a total of 74% of deaths related to adolescent pregnancies could be prevented with an increase in antenatal care access and education. Greater emphasis is required on the need for reduced socioeconomic disparities to mitigate adverse perinatal outcomes (WHO, 2023a).

A recent study by Cumber et al. (2022) described the barriers and strategies required to improve maternal health services among pregnant adolescents in Uganda. Interviews were conducted in the Naguru Teenage Information and Health Centre (NTIHC) with 31 pregnant adolescent girls aged 15–19 years (mean age 17 years) seeking maternal health services at the NTIHC in February 2019. Based on their

experiences, the pregnant adolescent girls described several barriers to accessing maternal healthcare services in Uganda: lack of financial support, transport difficulties in reaching health facilities, and experiences with a lack of confidentiality, discrimination, and disrespectful behaviour by the health workers. Strategies highlighted for delivering appropriate maternal healthcare services in Uganda include improving working conditions for health workers, focusing on raising awareness of the community and health workers, and the greater involvement of men in the services (Cumber et al., 2022). However, it could be interrogated whether these strategies would address the possible considered lost focus on the needs of the girls themselves.

Nonetheless, research into the factors that influence sufficient use of antenatal care services in Uganda is remarkably limited (Mwebesa, 2021). Towongo et al. (2023), in their study looking at the use of antenatal care services in Uganda, found that only 61.4% of women used adequate antenatal care services. Thus, adolescents and young women need to be empowered to make decisions about their sexual and reproductive health and to have equity in access to high-quality sexual and reproductive health education (Cook & Cameron, 2020). Increasing access to antenatal healthcare and contraception through the development of antenatal care hubs in LMICs is paramount in improving the perinatal healthcare outcomes of adolescent girls and women (Diabelková et al., 2023).

### 2.9.3 Abortion: The Legal Status and Moral Context

Each year, globally, between 4.7% and 13.2% of maternal deaths are attributed to unsafe abortions (Ganatra et al., 2017; Say et al., 2014). Africa has the most maternal deaths of any region, with approximately 6 million women annually ending their pregnancies unsafely (Ganatra et al., 2017). Indeed, more than nine out of ten African women of reproductive age live in countries with restrictive abortion laws (Guttmacher Institute, 2018).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (commonly known as the Maputo Protocol) was adopted in 2003 by the African Union to uphold equal rights for girls and women. Along with provisions related to women's economic and political empowerment and their health and

wellbeing, the Maputo Protocol is the first pan-African treaty to explicitly recognise abortion as a human right under specific circumstances:

- sexual assault

- rape

- incest

- life-threatening fetal anomalies

- when the continued pregnancy endangers the woman's mental and physical health or her life

(CEHURD, 2016, p.23)

Article 14: Health and Reproductive Rights (2) (c) states parties shall take all appropriate measures to:

> protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus*.*

Although the government of Uganda ratified the Maputo Protocol on the rights of women, it did so with reservations about the article above. In Uganda, abortion is legal only when performed by a licensed medical doctor in a situation considered to be "life-threatening" for the woman. However, abortion is an unlikely way to resolve an unwanted or unintended pregnancy in the Ugandan context. Adolescent pregnant girls may seek an abortion to avoid the negative social consequences and psychological trauma due to the circumstances by which they became pregnant. According to the Centre for Reproductive Rights (2016), Uganda's law on abortion prohibits abortion, thus not supporting girls, women, and medical health workers. The right of every girl and woman to make decisions relating to her reproductive health is absent.

According to Kagaha and Manderson (2021), the law and policies on abortion are unclear and often interpreted inconsistently, making it difficult for adolescent girls, women, and the medical community to understand what is legally permitted. The Constitution of the Republic of Uganda (1995) states in Article 22(2) on the protection of life that "No person has the right to terminate the life of an unborn child except as may be authorised by law", meaning that abortion is permitted if the procedure is authorised by law.

Under the National Policy Guidelines and Service Standards for Sexual and Reproductive Health Rights, pregnancy termination is permissible in cases of fetal anomaly, rape, "mawemuko" (a child conceived by incest), or if the woman has HIV.

According to the Penal Code Act, 120 (2007), a doctor who thinks that an abortion is justified to save the life of the adolescent girl or woman must write to the Director General of Medical Services in the MoH to seek approval to terminate the pregnancy; the Director General then convenes a medical team to examine the case. The criminalisation and bureaucratisation of abortion endanger the life of an adolescent pregnant girl as a medical doctor awaits approval.

Therefore, due to the restricted abortion laws, pregnant adolescent girls may seek and resort to clandestine measures to acquire an abortion. However, as these (clandestine) services carry a financial cost, adolescents from poor socioeconomic backgrounds may experience difficulties in gaining such services (Oyeniran et al., 2019). Therefore, a girl's lack of resources may motivate her to engage in "self-help" practices to induce an abortion (Oyeniran et al., 2019). The research literature on abortion and its complications among adolescents in Uganda is scarce. Quantitative studies conducted in Nigeria suggest that approximately one-quarter of adolescents who obtain an abortion die as a result of the procedure, while 32% suffer from abortion-related complications (Emechebe et al., 2016). These figures may underestimate the incidence of abortion-related complications due to the source of statistical data or abortions outside of health facilities not being accounted for. Nonetheless, complications from unsafe abortions are key contributors to adolescent mortality and morbidity rates.


Kagaha and Manderson (2021), in their study titled *Power, policy and abortion care in Uganda*, explored the operations of power in maternal healthcare settings and interviewed 27 key informant participants involved in government policy-making. The study found that by defining maternity along the continuum of birth and emphasising birthing women, priority-setting was directed towards interventions promoting the "role of the mother" while suppressing unmet abortion care needs. Thus, the "structural and institutional violence that creates vulnerability to unsafe abortion" is perpetuated (p. 194).

- An adolescent pregnant girl may exercise any autonomy she may have regarding abortion due to her cultural and religious beliefs not to terminate her pregnancy on the grounds of pro-life and belief that abortion is a sin.

- As is highlighted in the literature and studies from Africa (Krugu et al., 2016), fundamental and comprehensive sexual and reproductive health education at school and in the community in Uganda is negligible or absent.

Therefore, it can be argued that advocates for and opponents of abortion, irrespective of context, will use economic, legal, moral, practical, and ideological frames and social-political drivers in the debates concerning abortion (Kienzler, 2019).

### 2.9.4 The Impact of COVID-19

With the onset of the global pandemic COVID-19 in 2020, the Ugandan government, in a bid to prevent the wider spread of the pandemic, like the rest of the world at the time, issued a total lockdown and the closure of all educational institutions, places of work and public spaces. As a result, social protection systems for adolescents (schooling, additional support and safety nets), and girls especially, were highly affected, increasing their vulnerability and leading to an increase in cases of domestic violence, sexual abuse, violation, and adolescent pregnancies across the country (UNFPA, 2021). A study by UNFPA (2021) found that a total of 354,736 adolescent pregnancies were registered in 2020, and a total of 290,219 were registered between January and September 2021. These figures highlight that over 32,000 cases were recorded per month in Uganda.

The northern part of Uganda is reported as having the highest pregnancy rate in the country (Ochen et al., 2019). However, during the pandemic, the district of Oyam, Northern Uganda, registered a significant increase in adolescent pregnancies (Bill and Ojok, 2022). One in every five households had an adolescent who either had given birth or was pregnant. A cross-sectional study among adolescent girls aged 15–19 years who had a pregnancy during the second phase of COVID-19 in Oyam district in 2022 examined the predictors of unintended pregnancy. The study findings highlight

that unwanted pregnancies among adolescent girls remain a public health concern. The lack of sexual and reproductive health education and an inability to discuss family planning-related issues with family members indicate the need to prioritise interventions, especially in rural settings. The pandemic also contributed to girls' and women's ability to access contraceptives and sexual and reproductive health services (Kumar & Singh, 2022). Okalo et al. (2023) suggested that given the social and cultural norms in the Oyam district, which prohibit any discussion of sexual and reproductive health, the use of mass media is an option to get this important message across. However, the study is limited in scope, as only a small geographical district in Uganda was examined, the experiences of girls and women who had unwanted pregnancies were not captured, and the study could not be constructed as a cause-and-effect relationship due to its cross-sectional nature.

### 2.9.5 Education

Within the literature examined, a consistently strong theme is that of education and its importance. Research studies have found an association between educational disadvantage and adolescent motherhood (Bissell, 2000; SmithBattle, 2006). According to the Ugandan Ministry of Education and Sports (2020), adolescent pregnancy accounts for 22.3% of school dropouts among girls aged between 14 and 18 years, and only 8% of the girls who drop out of school have an opportunity to return. According to Sekiwu et al. (2020), schooling in Uganda is less valued for girls and is governed by strict criteria inherited from Christian colonial standards, which results in gender inequality and pregnant students being expelled. Atuyambe et al. (2008; 2015) conducted a cross-sectional study between May and August 2007 in Wakiso District, Uganda, with a total of 762 women (442 adolescents and 320 adults). Their findings suggest that sexual and reproductive health education should begin in schools before puberty and would, therefore, offer protection against early adolescent pregnancy. This is supported by Krugu et al. (2016). Neal et al. (2015) found a strong correlation between education and adolescent childbearing, highlighting that the challenge is that adolescent girls in their first pregnancy in East Africa (Uganda, Tanzania and Kenya) have had no education or only primary level education and given birth before the age of 17 years. There is a well-defined correlation between educational attainment and rates of pregnancy in Uganda, with those attaining higher levels of education

becoming pregnant almost three years later than those without an education. Therefore, they experience fewer pregnancies and report fewer complications during and after birth (UBOS and ICF International, 2017). Currently, most Ugandan school policies mandate that girls drop out of school when they become pregnant (UBOS and ICF International, 2017). Earlier research conducted in rural Uganda confirmed that adolescent pregnancy remains a key risk factor for dropping out of school (Santelli et al., 2015). A recent report by the Human Rights Watch (2018) *Leave no girl behind in Africa,* reiterates this point.

Despite the existence of school re-entry policies in most African countries, which should support adolescent girls' return to school, available data show that a significant number of pregnant and parenting adolescents are out of school even though they would like to return (Undie et al., 2015). In Uganda, currently, maternity leave from school is mandatory after the third month of pregnancy, with a return allowed only one year after birth (Ministry of Education and Sports, 2020). The few who succeed in returning to school following the birth of their baby describe the school environment as hostile, discriminatory and inflexible and claim that teachers are unfairly targeting them (Maly et al., 2017; Undie et al., 2015).

Nobelius et al. published extensively (2010, 2011, 2012, 2014) from a longitudinal study researching adolescent pregnancy in Uganda. The study explored girls in school becoming pregnant and the subsequent end of their education. Some ten years later, this plight remained a reality for the girls in this study, as did the lack of sexual reproductive health education in school that preceded this situation. What is interesting to note is that some organisational published reports, such as *Every Last Child* (2016) and *Changing Lives in Our Lifetime* (2019), reference the importance of education for young pregnant girls and mothers but refer to this only broadly. The *Every Last Child* report, published by Save the Children, highlighted Uganda, offering insights into the education, health and protection of adolescents in remote/rural regions. Particularly noted were the challenges faced by children/adolescents, including poor access to reliable and quality services, such as transport. Therefore, girls would have to walk long distances to school, making them vulnerable. Children's

responses when asked what worried them and what needed to happen included concern that they might not complete their education due to their parents not letting them attend school, anxiety over their personal safety (travelling to school) and early marriage (Save the Children, 2016), all factors to contributing adolescent pregnancy. The recommendations called upon the Ugandan government to address the distribution of funds and resources to schools in remote areas and to implement a cohesive child protection strategy. Unfortunately, what appears to be absent is the will to go beyond these comprehensive reports and offer prescriptive strategic guidance on how to implement educational programmes.

Research conducted in Ghana on the transition into young and early motherhood shows that adolescent mothers sometimes struggle with dealing with the competing responsibilities of motherhood and education due to a lack of family, educational and societal support (Dzosti et al., 2020; Gbogbo 2020). Similarly, studies conducted in South Africa suggest that unmarried adolescent mothers who return to school after the birth of their baby often experience marginalisation and a lack of educational support, thus affecting their chances of ever becoming economically independent (Bhana et al., 2010; Nkani and Bhana, 2010; Panday et al., 2015).

While pregnant girls are often forced to drop out of school or discontinue their education due to the challenges they face as a consequence of their circumstances, gender bias and inequality, this is not often the case with their male counterparts (Ekefre et al., 2014; Molestane et al., 2015; Onyeka et al., 2012). This difference highlights that educational discrimination and stigmatisation contribute to exacerbating the detrimental socioeconomic effects experienced by adolescent girls when pregnant and as young mothers who wish to continue their education or return to school. Studies in East Africa have highlighted that the social exclusion of pregnant and adolescent mothers has serious implications for gender equality (Undie et al., 2015). Therefore, they are unable to achieve their educational goals, which impacts their participation in the future workforce. They and their children are then disenfranchised, which ultimately affects their mental health and wellbeing (Roberts et al., 2021; Toska et al., 2020). Given the unique challenges faced by pregnant adolescents and adolescent

mothers, only limited attention is paid to their lived experiences (UNICEF, 2021). This stigma is discussed further in Chapter Three in the context of intersectionality and black feminism.

Earlier studies by Zachry (2005), SmithBattle (2006) and SmithBattle and Phengnum (2023) found that the American adolescent mothers studied were motivated by their pregnancies to return to education in order to gain qualifications to improve their employment and life prospects.

Several earlier studies conducted in New Zealand found that adolescent mothers have already discontinued or are at risk of discontinuing their high school education when they become pregnant (Fergusson & Woodward, 2000; Pogarsky et al., 2006; Schull, 2007). Wider international research findings consistently validate the relationship between a low level of maternal education and negative outcomes for children. Because of this, education is widely regarded as the panacea of social and economic disadvantage, providing a conduit for better life possibilities and opportunities for young mothers and their children (Save the Children, 2016). SmithBattle (2006) argued that the "educational attainment of young mothers (and fathers) should [therefore] be a top priority of health professionals, educators, and policy makers" (p. 130).

Research in South Africa has highlighted that keeping girls in school in the first instance will significantly reduce the likelihood that they will become pregnant during adolescence (Grant & Hallman, 2008; Rosenberg et al.,2015). However, it is important not to generalise experiences across the continent of Africa and to note that adolescent mothers are more likely to return to school in South Africa compared to Kenya, suggesting the differential experiences of adolescent mothers in both settings (Jochim et al., 2020; Undie et al., 2015).

### 2.9.6 Biological and psychological immaturity

Although evidence suggests that young adolescent women have safe and healthy pregnancies and birth experiences, multiple studies have found a correlation between young maternal age and an increased risk of adverse perinatal outcomes (De la Calle et al., 2021). Due to the physiological immaturity of adolescent girls, particularly the youngest, the ability to sustain a low-risk pregnancy is challenging (Londero et al.,

2019). Researchers contributing to this body of work on health outcomes argue strongly against pregnancy in adolescence and early motherhood due to its associated risks and complications. For example, obstructed labour and caesarean section indicated cephalopelvic disproportion due to the immaturity of the pelvis, pre-term birth, low birth weight, and higher rates of neonatal death (De la Calle et al., 2021). Life-threatening pregnancy conditions, such as pre-eclampsia, combined with limited access to midwifery care and healthcare services, mean an increase in adolescent pregnant girls' risk in pregnancy, with the adolescent MMR accounting for 17.2% of all maternal deaths in Uganda (UNFPA, 2021). Several studies have argued that the immaturity of the female reproductive system predisposes adolescent pregnant girls to poorer overall obstetric outcomes (WHO, 2020b).

Research shows that pregnant adolescents have limited and, in some places, no access to sexual and reproductive health information and services in their geographical location (Envuladu et al., 2017; Odo et al., 2018). There is evidence from high-income countries to suggest that the social factors that contribute to adolescent pregnancy and motherhood also contribute to the development of mental health problems (Wilson-Mitchell et al., 2014). It is, therefore, challenging to determine whether the stress involved with adolescent pregnancy and motherhood results in poor mental health outcomes or whether these stem from the adverse life circumstances that often precede adolescent pregnancy and motherhood.

Biological immaturity in the scientific discourse, which often constructs adolescent girls as biologically and physiologically immature for pregnancy and childbirth, is used to support the argument that young girls are incapable of being mothers. While the prevailing evidence highlights the physical and psychological impact of adolescent pregnancy, which cannot be refuted, the discourse is biased by a tendency of some research to combine all adolescent births in one age cohort. According to Daguerre and Nativel (2006), while young mothers under the age of 14 undeniably face increased risks because of their physical immaturity, their 18-year-old peers questionably have fewer risks in pregnancy and childbirth as a result of age than do mothers who delay childbearing into their thirties. However, the transferability and generalisability of this statement are challenged due to the context of this research and the circumstances by which a girl finds herself pregnant.

### 2.9.7 Shaping of identity

According to Bruner (2002, p.65), our lives and identities are storied by the social discourses of the culture/s within which we live. These discourses unconsciously construct our positive or negative sense of who we are and who we can be.

Nonetheless, as a number of studies suggest, becoming a mother is a profound experience which can be positively constructed by the adolescent mothers themselves, despite the negative framing of adolescent motherhood in the prevailing discourse. In her extensive studies of adolescent mothers, SmithBattle (2000, p. 35) described the experience of mothering as a catalyst that "anchors the self, fosters a sense of purpose and meaning ... and provides a new sense of future". She later proposed that "[m]any disadvantaged teens reorganise their lives and priorities around the identities and practices of mothering" (SmithBattle, 2006, p. 131).

Collins' (2010) follow-up study of resilience in adolescent mothers presents a longer-term perspective of the experiences of 13 mothers, who were first interviewed seven years previously, in 2001, for Collins' earlier study. In her study on resilience in adolescent mothers, Collins stated that while most of these young girls would not advocate motherhood as an adolescent, their stories demonstrate how giving birth as an adolescent can be a strengthening and positive experience that can contribute to unlocking potential and, with the appropriate means and support, can result in good outcomes for themselves and their babies growing up.

The study also explores the lived experience of embodied adolescent girls as they (re)construct their understandings of themselves and others in their attempt to understand their pregnancy experience. It considers the transformative possibilities that educational support offers to young girls whom society so often stigmatises as a "problem", with negative and judgemental name calling/labelling such as "welfare blungers", "cost to taxpayers", "too young to be a proper mother" and in context to the "name calling" in this study, "babies having babies" or "baby mama" (Miller, 2012, p.256). While I acknowledge some of the challenges and difficulties of motherhood in adolescence, my study locates itself within the counter story, which shows that adolescent pregnancy and early motherhood do not need to be the end of a bright future for a young girl.

According to White (1996, p. 26), the "alienation and powerlessness" experienced by girls is profoundly shaped by personal and psychological factors and social boundaries based on ethnicity, culture, gender and class. An Australian qualitative study informed by phenomenology explored the "lived experiences" of African Australian teenage mothers living in the state of Victoria. The study found that the experiences of motherhood within their social context included feelings of social isolation, a lack of support, and the impact on their future aspirations. The importance of building policy based on what they said and needed was a recommendation (Ngum Chi Watts et al., 2015). Earlier research by Macvarish and Billings (2010) highlighted the importance of understanding adolescent pregnancy and giving a "voice" to those experiencing or who have experienced pregnancy in policy discussions and decisions. Social identity and adolescent identity will be explored further in the discussion chapter.

Hoggart (2012) found that girls who were pregnant when adolescents had increased career aspirations and education as a result of motherhood. Kelly and Millar's (2019) study, underpinned by Heidegger's phenomenological philosophy, sought to explore the being-in-the-world of the Irish adolescent parent and their sense of personal and social self-influenced by the beliefs and values within a society. Support to achieve future aspirations was seen as fundamental, and having a baby does not mean that it is going to define their life (Kelly and Millar, 2019).

Maly et al.'s (2017) study explored the social and contextual factors shaping the perceptions of adolescent pregnancy and childbirth among a sample of 12 currently pregnant and 14 non-pregnant girls living in the rural Raki District of Uganda. Participants explained that their feelings about whether an adolescent pregnancy situation was positive or negative depended on whether they had received sexual and reproductive agency or the ability to control when they became pregnant and with whom. Prevalent norms in Rakai suggested that adolescent girls were expected to marry and become pregnant around the age of 18. Although pregnancy outside marriage was viewed negatively overall, both pregnant and non-pregnant participants considered pregnancy within the context of marriage, even before age 18, to be both socially acceptable and common (Maly et al., 2017). The study also highlighted

expressed anxiety by the girls about the negative impact in the community and at school (stigma) if a pregnancy occurred prior to marriage.

Religious beliefs and doctrines are an important consideration in the shaping of identity. Christianity in Uganda is the religion followed by 84.50% of the population (UBOS, 2018). Premarital sex especially in adolescents, is considered a sin, and individuals are encouraged to repress these desires by abstinence and remain a virgin until marriage (Adamczyk & Hayes, 2012; Ellison & Green, 2014). Sexual violation and the impact on a young girl appear to be absent within the context of this discourse in the literature, but it must be considered. It can be argued that religion may control the sexual behaviour of a young adolescent girl "through a system of norms and values that favour personal restraint" (Schumaker, 1992, p.216). According to Webb et al. (2023), a comparable discourse between boys and men is absent.

The shaping of identity and the transition to motherhood are inextricably interwoven. Therefore, it is fundamental to understand the impact that pregnancy and motherhood have on the identity construction of adolescents. Studies have shown that when adolescents become pregnant, they may experience an identity crisis, as they have not yet had the opportunity to fully explore and resolve their self-identity before transitioning into motherhood (Dhayanandhan and Bohr, 2016; Laney et al., 2015; Mangeli et al., 2017), leading to psychological and emotional confusion and distress. Hence, it is argued that adolescent pregnancy and early motherhood compromise the identity maturity of adolescents, often preceding a lack of sense of self (Erfina et al., 2019). Therefore, an adolescent pregnant girl's enactment of her agency is shaped by cultural, societal, interpersonal and personal contexts within which they live, and adolescents' identity cannot be anything but interwoven into mothering and vice versa.

## 2.10 Stigma

Stigma is described "as an attribute that is deeply discrediting…an undesired differentness that reduces individuals from whole persons to tainted, discounted ones" (Goffman 1963, p.13). Goffman's definition is pertinent in understanding how and why adolescent pregnancy and motherhood is constructed as problematic. Employing Goffman's stigma theory to adolescent pregnancy and motherhood, the "differentness"

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of pregnant adolescents and adolescent mothers is considered undesirable due to the divergence from anticipated societal perceptions of morality.

In many societies worldwide, pregnancy in adolescence is frowned upon due to attributes which serve as signposts for stigmatisation, namely, young, unmarried, and pregnant (Macleod and Feltham-King, 2019). Scambler (2009) posited that stigma could be discrimination instigated by others on an individual and could also refer to the stigma internalised by an individual due to their stigmatising situation and the subsequent fear of encountering stigma. As highlighted earlier in previous sections, the construction of adolescent pregnancy and motherhood as problematic and leading to harmful outcomes for both mother and baby/child is unmistakable. Thus, pregnant adolescents and adolescent mothers have to navigate negative reactions to their "differentness" while managing their self-perception. Implicit in this is that adolescent mothers often face a binary challenge, namely, the "social context of discrimination based on stigma and an internalised sense of a stigmatised self" (Fessler, 2008, p.8). In the discussion chapter, elements of stigma will be explored to understand further the lives of adolescent pregnant girls and early motherhood. Drawing again on the study discussed earlier in the shaping of identity, Ngum Chi Watts et al. (2015) noted that the participants often experienced feelings of shame due to becoming pregnant when young, with this consequently colouring their positive experiences of motherhood. Similarly, studies by Mantovani and Thomas (2014) and SmithBattle (2013) found that stigma stereo-typing associated with identity also affected young mothers' self-esteem, which led them to internalise stigma.

### 2.10.1 Adolescent Perinatal Mental Health and Wellbeing

Perinatal mental health refers to any mental health condition affecting the mood, behaviour and wellbeing of an expectant or new parent (Howard & Khalifeh, 2020).

Globally, depression is one of the main health risks for adolescents, and suicide is the second leading cause of adolescent mortality (WHO, 2018a), with depression and anxiety shown to be significant among pregnant adolescent girls and women (Redinger et al., 2020). Nyudo et al. (2020) recently identified factors associated with depression among Ugandan adolescents, such as being female, bullying, unpaid family work, living rurally and loneliness. Non-psychotic mental illnesses, such as

depression, tend not to be viewed in medical terms in many African cultures and can, therefore, be overlooked by communities, families, and health professionals (Webb et al., 2023).

When considering the complexity of adolescent pregnancy, it is fundamental to consider psychosocial wellbeing as an explanation for an increased risk of adverse perinatal outcomes. The psychosocial impact can be profound on pregnant adolescent girls and young mothers and their babies (Wan et al., 2020; WHO, 2020a). It is reported that depression is one of the leading causes of illness worldwide, and adolescent girls who are pregnant are particularly at risk (De la Calle et al., 2021). However, the wider social environment in which girls and young women live is seen as a key challenge in this population's mental health (The Academy of Medical Sciences, 2018).

When adolescents lack social support networks and access to psychological care, as is frequently the situation in low-income and disadvantaged settings, psychosocial difficulties are exacerbated (Matai and Sakar, 2023). Adolescent girls from underprivileged families and communities often experience increased social exclusion, discrimination, and restricted access to educational and career prospects, as already highlighted elsewhere in this chapter. Heightened psychological challenges may also be intensified by feelings of shame associated with her pregnancy, causing further isolation (Matai and Sakar, 2023). Additionally, maternal stress can affect (insufficient functioning of the placenta) the unborn baby while increasing the likelihood of behavioural and cognitive issues, causing long-term health consequences with a direct correlation to adverse perinatal outcomes (Wan et al., 2020).

According to Ajay et al. (2023), few studies (only two found prior to 2015, the remainder in 2015–2021) in East Africa or the wider African continent have focused on the important matter of mental health and wellbeing of pregnant and adolescent mothers. Except for one intervention study by Laurenzi et al. (2020), all other studies describe the mental health challenges faced by pregnant adolescents and adolescent mothers, including suicidal ideation, stress, anxiety, and depression, the key stressors exacerbating their risk of mental distress, and indicate the challenges they experienced in accessing care. Highlighted in these studies are the heightened social exclusion, poverty, rejection by parents after becoming pregnant, and stigma from the

community. Postpartum depression among adolescent mothers was associated with parental distress, weight/body dysmorphia, and socioeconomic factors.

As highlighted in barriers to accessing antenatal care, health providers' negative attitudes, the stigma towards adolescent pregnancy, the lack of confidentiality, and environmental challenges contribute to adolescent girls' mental wellbeing. Field et al.'s (2020) study in Cape Town, South Africa, found that several barriers contributed to adolescent mothers' wellbeing. The lack of training for healthcare providers to meet the needs of adolescent mothers and poor logistics in accessing facilities were found to be contributing factors to poor mental wellbeing. Also highlighted is the limited evidence on the effectiveness of psychosocial interventions on mental health and the prevention or treatment in low-income countries to inform effective intervention strategies. In response to concerns expressed by a Ugandan-based sexual health NGO about the mental health of adolescent mothers, Webb et al. (2023) aimed to explore the particular mental health impact of pregnancy among adolescent rural Ugandan girls. They found that mental health promotion for adolescent mothers is better served through empowerment strategies and a strong need for community mobilisation (Webb et al., 2023).

The psychosocial aspects of adolescent pregnancy must be addressed through extensive support networks, family and community-based initiatives, advocacy, and a shift in societal perceptions (Sievwright et al., 2023; Wan et al., 2020).


**2.11 Motherhood**

Adolescent motherhood is conceptualised as a disruption to the healthy development of the adolescent, and it is suggested that the lack of emotional maturity poses risks to the health of the young mother and child (Wilson and Huntington, 2006). A United Nations Population Fund report summarises this viewpoint: "Adolescent girls become brides, get pregnant and have children before they are physically, emotionally, and socially mature enough to be mothers" (Rowbottom, 2007, p. 7).

The document highlights the extent to which adolescent pregnancy and early motherhood inhibit the future of young girls. It proposes breaking the cycle of pregnancy and early motherhood, especially for those living in poverty, by the implementation of laws, policies and strategies. According to Rowbottom (2007),

building the capacity of adolescent girls will give them more time to prepare for adulthood and become part of the labour force before taking on the responsibilities of motherhood.

Drawing on the social constructions that have characterised adolescents as children within society, unconstructive conventions have reinforced the view of adolescents as poor mothers (Arai, 2009b). Contrary to older mothers, adolescent mothers were perceived to be less well-educated, financially unstable, and therefore incapable of motherhood (Cook & Cameron, 2017; Jewell et al., 2000). This view is consistent with Daguerre and Nativel's (2006, p.248) reference to the socially acceptable age for motherhood: "not too young, not too old and possessing some form of educational attainment, maturity, and economic independence." It is fundamental to consider that neither of these opinions considers young mothers' voices, meaning their feelings are largely excluded from these discourses. Despite some of the appalling circumstances by which adolescent girls become pregnant in Uganda, excluding young mothers' voices reinforces these negative depictions of mothers and motherhood as a lifelong detriment is damaging (Cook & Cameron, 2017; Jewell et al., 2000). Breheny and Stephens (2007b) argued that these negative attitudes reflect the narrow boundaries of appropriate motherhood and normal adolescent development and prevent those who are out of the mainstream from being viewed as successful mothers.

Earlier studies present a sad picture of young mothers, who are considered to have many problems and unfavourable outcomes. The considered shortcoming by early studies led Furstenberg (2007) to state that "teen" mothering had been "misrepresented from the start" and that researchers had overstated the "risky" nature of adolescent mothering by failing to adjust for context and differences between adolescents. There was a further issue of such studies not using theories such as black feminism and intersectionality, which reflect particular social groups, as discussed further in Chapter Three. According to SmithBattle (2021), the prevailing literature led to the assumption that adolescent birth initiated a downward spiral that risked the mother's future and the health and wellbeing of her children. However, SmithBattle returned to her earlier work, where several studies suggest that becoming a mother is a pivotal point of experience which can be positively constructed by young mothers themselves despite the negative framing of adolescent motherhood in the prevailing discourse.

According to Wilson and Huntington (2006), when asked about becoming a parent, young women were mostly optimistic about the transformative impact of this experience on several aspects of their lives. These young mothers "see themselves as making a success of their lives" (p. 64). Furthermore, in her review of New Zealand and international research on adolescent parenthood, Wylie (2009) stated that parenting can be "an incentive to do well and a catalyst for personal development and growth" (p. 20).

A study in Ghana by Bain et al. (2019) explored pregnant adolescents' decision-making. It noted that young girls were encouraged by their parents to become mothers early, irrespective of their marital status, to prove their fertility and continue the family lineage. In these cultural contexts, the appeal of early motherhood had protective factors for unmarried adolescent girls and women. These findings are also consistent with research studies in the UK, which show that early motherhood can lead to positive outcomes and serve as a means of social inclusion for young unmarried mothers (Jones et al., 2019). Motherhood can, therefore, be a safe passage to social inclusion, shaping identity and giving a sense of belonging.

An early study by Atuyabme et al. (2009) in central Uganda found that adolescent mothers seeking health care preferred care in traditional settings rather than contemporary facilities due to its accessibility in terms of distance, cost and cultural context. This study highlighted that adolescents were feeling exposed and powerless due to the predicament of early motherhood and the lack of decision-making power. Improvement in maternal healthcare systems, infrastructure, and the training of health workers was found to be lacking despite being critical for safe services in the future.

## 2.12 Prevention and Intervention

Leerlooijer et al. (2013), through semi-structured interviews and a lifeline history methodology, evaluated a teenage unmarried mother's community-based intervention project in Uganda, investigating how teenage mothers deal with the consequences of early pregnancy and motherhood. Community leaders and stakeholders also participated in the research. The study found that the pregnancy of unmarried adolescents had significant physical, social, and psychological consequences. They faced stigma, a lack of schooling, and lifelong uncertainty (Levandowski et al., 2012).

The psychological and social consequences of unmarried motherhood were addressed in interventions focusing on their social environment. Proposed was a socio-ecological approach encompassing intrapersonal, interpersonal, community, organisational, and national levels of influence and interaction to change individual behaviours. Therefore, the structural contexts which shape and limit people's agency and their ability to act were recognised. The "Teenage Mothers Project" intervention aimed to improve the psychological and social wellbeing of unmarried adolescent mothers in a particular district in Uganda by increasing their decision-making power (agency) and creating a supportive environment (opportunity structure). Effective strategies for coping with stigma include support to continue with education, a means of income generation, and the importance of sexual advocacy rights, for example, abstinence or protected sex. Emotion-focused strategies consisted of regulating the negative emotions resulting from stigma and reconciliation with families. Environmental outcomes included increased support from parents and the community, support for continued education, and increased care for the adolescent unmarried mother and her baby (Leerlooijer et al., 2013). Recommendations for future research and practice suggest that the interactions between various actors and interventions that address the needs and rights of adolescents involving the community should occur early in pregnancy. Previous studies on teenage pregnancy by Mkhwanazi (2010) and Jewkes et al. (2009) recommended that such studies were warranted. Nonetheless, during the literature search, it became evident that very few studies examine the perspectives of adolescent girls within their community or preventative and intervention programmes involving community engagement.

In the challenge involved in developing good quality and equitable maternal healthcare systems, there is a pressing need to implement respectful, evidenced-based care for all, including effective, appropriate services for adolescents (Miller et al., 2016). Adolescents are less likely to access services for their sexual reproductive health needs if there is a lack of respectful care (WHO, 2012). This highlights that a model of maternity care is best led by midwives (UNPF- SoWMy 2021), while education that is institution-centred rather than adolescent-centred will maintain power, control, and knowledge over pregnant adolescent girls' and women's bodies and knowledge

through unsupportive and unresponsive actions (Bradley et al., 2016). Therefore, midwifery-led care for adolescent pregnant girls should be the gold standard.

A Lancet Commission (2016) investigation emphasised that further work is required in the field of adolescent pregnancy and motherhood, and greater investment in adolescent health and wellbeing will transform the lives of girls around the world (Patton, 2016). Rather than a considerable amount of research focusing on the "problematisation" and reduction in adolescent pregnancy rates, which is important, further research is required to go beyond prevention and address the contextual factors leading to adolescent pregnancy. Patton et al. (2016) argued that adolescence offers huge opportunities to change unconstructive and harmful trajectories that can jeopardise the future health and wellbeing of an adolescent girl. In their Lancet Commission report, they demonstrated that investing in adolescent health, education, and family would yield a tripartite dividend of benefits in the development of capabilities during adolescence, future adult health progress, and the secure welfare of the next generation. Identifying the influences that strengthen the abilities of adolescent pregnant girls and their journey to early motherhood should be considered a strategy in moving forward.

To create safe environments in which adolescent girls can thrive, in December 2021, the government of Uganda, with support from UNFPA and UNICEF, launched a nationwide campaign to address adolescent pregnancy and leverage all stakeholders in society to take an active role in creating safe environments for girls and promote positive parenting. In the year-long campaign, *Protect the Girl, Save the Nation*, a UNICEF Representative in Uganda stated:

> There is no failure, there is no shame bigger than when the entire village fails to protect a girl child from sexual abuse. There is no failure, there is no shame bigger than when the men of the village prey on the teenage girls and impregnate them.

One single case of teenage pregnancy is too much.

UNICEF 2021

The statements above are clear that adolescent pregnancy does not occur in a vacuum but as a consequence of a combination of factors, including keeping girls safe from sexual abuse and violation in their communities by increasing sexual and reproductive health education, addressing the social determinants of health, and keeping girls in school to finish their education.

Odimegwu and Mkwananzi (2016) conducted a multi-country, cross-sectional study of 11 countries examining Demographic and Health Surveys (DHS). They found that some health prevention programmes in sub-Saharan Africa are good and that lessons can be learned from those countries that have been successful in the implementation of youth-friendly clinics and peer empowerment education on topics such as sexually transmitted diseases, peer pressure and pregnancy prevention. Atuyambe et al. (2008; 2015) stated that adolescent-friendly clinics and services that focus on sexual education are needed. It is interesting to note that Atuyambe, in her follow-up research, did not see any significant change in sexual reproductive health services from her earlier primary research. Krugu et al. (2016) advocated for intervention programmes that consider both individuals and the community.

What is revealed is the pressing need to develop a transformative pedagogy that is attuned to the needs of adolescent girls' lives today. Therefore, education is the entry to a more secure, economically safe, and independent future with opportunities for young girls (Patton, 2016).

In a published report titled *Rights Progress for Pregnant Students* (2021), Human Rights Watch listed Uganda among five sub-Saharan countries that have acted to protect girls in school by either revoking restrictive or discriminatory policies or adopting laws or policies that enable pregnant students and adolescent mothers to stay in school under certain conditions. It is argued that some of the conditions can be

considered draconian and a barrier to education, such as requiring girls to leave school when they are three months pregnant and take a mandatory six-month maternity leave (Human Rights Watch, 2021).

Policy-makers such as Uganda's State Minister for Higher Education have made a government directive that all girls should go back to school whether pregnant or breastfeeding. However, some teachers are resistant to the directive, raising concerns and finding it unrealistic; they do not wish pregnant girls to associate with others, as it may be a "bad" influence on them (Human Rights Watch, 2021).

## 2.13 Summary

Although much has been said and written about pregnancy in adolescence, early motherhood, and the consequences for the young girls who find themselves in this position, in the literature, limited empirical knowledge, consideration, or understanding is given to the perspective of the girls and those who must address the sequelae. **Pregnant adolescent girls are undoubtedly the missing "voices" in the research literature.**

It is important to acknowledge and differentiate the literature that has been reviewed and discussed in terms of cultural context by acknowledging that some findings on adolescents' perspectives from the Global North are not necessarily generalisable or transferable to sub-Saharan Africa due to societal perspectives, cultural values, beliefs and political drivers. Patton (2016) refuted this, suggesting that only a refocus is required. What is important is identifying the literature, albeit limited, that exemplifies the strengths of an interpretative phenomenology approach in generating meaningful data pertaining to lived experiences of adolescent pregnancy and motherhood.

While these studies clearly identify that navigating the journey from adolescent pregnancy to early motherhood is both complex and challenging globally, and with particular attention to sub-Saharan Africa and Uganda, this phenomenon in the context of Uganda is significant and worthy of further research. The evidence suggests

that adolescent pregnancy may have been indirectly studied with a different focus, such as a "problematisation" of pregnancy in adolescence and government-directed prevention and intervention strategies. Nonetheless, this highlights a gap in understanding what meaning pregnancy and early motherhood have for adolescent girls in Uganda.

Several gaps in the literature have been identified:

- the need for contemporary intervention, prevention, and policies driven by *lessons learnt* in listening to the "experiences" of adolescent pregnant girls and adolescent mothers.
- consideration of the impact upon mental health and wellbeing.
- fear of pregnancy, childbirth, and motherhood by the girls themselves and of what the future holds.
- the importance of education (formal schooling, sexual and reproductive health education, and skilled healthcare workers) to support and equip an adolescent girl with the necessary life skills.
- lack of support networks.
- stigma and isolation.

We are at a critical time with unprecedented numbers of adolescent pregnancies in sub-Saharan Africa, inclusive of Uganda, which is predicted to surpass 6 million per year by 2030 (UNFPA, 2013). Hence, understanding the meaning of pregnancy and early motherhood warrants a focused exploration to elucidate understanding from the perspective of the girls themselves.

Due to the sensitive nature of this phenomenon, a critical social theory methodological framework has been adopted to underpin this research. Chapter Four will elucidate and rationalise the choice of the underpinning philosophy of Heidegger (1962), which guides the methodological approach.

**Chapter Three: Theoretical Framing of the Study**

> Any purposes, goals and activities which seek to enhance the potential of [girls], to ensure their liberty, afford them equal opportunity and to permit and encourage their self-determination represent a feminist consciousness, even if they occur within a racial community (King, 1995. p.302).

**3.1 Introduction**

This chapter, following a review of the literature, details the philosophical and theoretical foundations for this study. My ontological, epistemological and axiological positions are described to give context to my chosen IPA method. According to Reiners (2012), in understanding and interpreting a phenomenological approach, the researcher becomes part of the phenomenon. Crenshaw's theory of intersectionality (1989) and Collins' *Black Feminist Thought* (2000) provide the theoretical framework grounded in critical social theory upon which this study is constructed.

**3.2 Ontological, Epistemological, and Axiological Positioning**

*Table 6: Philosophical Stance, Theoretical Framework, Methodology and Methods*

| Epistemology | Theoretical Framework | Methodology | Methods |
|---|---|---|---|
| Social Constructionism ⬇ Constructionist/Interpretative | Critical Social Theory ⬇ Intersectionality Black Feminist Thought | Interpretative Phenomenological Analysis | Semi-Structured Interviews Focus Group |

The identification of one's philosophical positioning is fundamental, as it forms the foundations from which any valid research is undertaken (Table 6). Therefore, prior to commencing my research, I situated myself within the research in a culturally safe (respectful of participants' beliefs, values and knowledge) and responsive way, as well as selecting the lens through which I viewed my ontological, epistemological and axiological positions, referred to by Durrant-Law (2005 p.2) as the "philosophical trinity".

According to Held (2019), ontology is defined as the philosophical study of existence (human beings), being, and reality. Heidegger elucidates an "ontological" approach as "being in such a way that one has an understanding of Being" (Heidegger, 1962, p. 32). In *Being and Time* (1962), Heidegger explained how we understand Being and how, through this understanding, we acquire a broad ontology (theory of being) for all forms of Being. Heidegger, therefore, believed that ontology and phenomenology coincide in living in a world with others. This echoes the phenomenological ontology of Husserl's interpretation, namely, that not everyone has their own world. It may have been this ontological shift that led to the birth of phenomenology itself (Corney, 2008). Questions such as the following are asked: Who are we, and what are we here for? How are we situated in society? Can a person make change and influence outcomes? I have asked myself these questions many times and reflected upon how I could provide the answers in the research. From the start of my professional career, I adopted and considered myself to be a subjective realist. I have been told throughout my life that I place a strong value on other people and possess a compassionate and empowering questioning approach to life. I wanted to be the change that I wished to see in the world. These values have evolved over the years due to my life experiences. Surely, this then shapes the way an individual thinks and does research. In researching the lived experience of pregnancy in adolescence, I sought "rich, context dependant knowledge" other than "the vain search for predictive theories and universals" (Flyvbjerg, 2006, p. 224). This intention was to capture insights into the lived experience of the girls (Smythe & Spence, 2020). Denzin and Lincoln (2011 p. 564) suggested "we live in an age of relativism…there is no longer a God's eye view that guarantees certainty". Truth is not an absolute, and individuals' perceptions and opinions should always be considered within the context in which they are placed. As

such, I consider my ontological beliefs to align with existentialist philosophy. The existential philosophers explicate that an individual has free-will and accountability for determining their own growth (Panza & Gale 2008). Cox (2012) proposed that existentialists consider individuals to be not fixed entities but exist in a state of constant change and becoming.

Epistemology is defined as the philosophical study of the nature, scope, and theory of knowledge (Greco, 1999). It seeks to discover and understand what knowledge is and how we attain it and to answer the fundamental question, "How do we know what we know?" (Greco, 1999, p. 1). A researcher may assume, for example, that knowledge is already out there, just waiting to be revealed. Thus, it is our role as researchers to uncover this universal objective, final, and "true" account of phenomena that exists as multiple perspectives that are continuously changing and, therefore, may not remain absolute (Burr, 2015). In contrast, Heidegger's aversion to epistemology is reflected in the statement that epistemology "continually sharpens the knife but never gets around to cutting" (Heidegger, cited in Inwood, 2000, p. 13). Heidegger looked at this differently. To affirm my agreement with Heidegger's worldview is unacceptable without context. As an individual, a midwife, an educator, and a researcher who is acutely aware of the fundamental importance of knowledge, my personal epistemological position fits within the social constructionist/interpretive paradigm.

Social constructionism takes a critical stance towards our "taken-for-granted" ways of knowing the world and ourselves, and it challenges the view that conventional knowledge is based on unbiased observation of the world (Burr, 2015). The concepts of bias, in turn, rest upon the concepts of truth and accuracy, both of which social constructionism also challenges (Burr, 2015). My constructionist/interpretive belief is that there is no single reality or absolute truth, and therefore, reality needs to be interpreted. I further embrace the constructionist opinion of knowledge offered by Crotty (1998, p. 52), who stated that:

> all knowledge and therefore meaningful reality as such, is contingent upon human practices being constructed in and out of interaction [and individual and

shared understanding] between human beings and their world and developed and transmitted within an essentially social construct.

This study seeks to explore the lived experiences of adolescent pregnant girls living in Uganda, listening to their "voices" as they navigate the journey from pregnancy to early motherhood within the social context of a pregnancy centre in Uganda. Burr stated that "claims to truth and knowledge are important issues, and lie at the heart of discussions of identity, power and change" (1995, p. 49). In the case of adolescent pregnancy and early motherhood, having babies in their adolescent years became socially constructed as "problematic", and young mothers were "othered" (Harrison et al., 2001; MacCathy, 2011) and disempowered. This disempowerment has an impact on the ways pregnant adolescents and adolescent mothers understand their identities as adolescents and as mothers (see Chapter Two, section 2.9.4 "Shaping of Identity"). Fortunately, social constructionism disputes ideas of a fixed identity or a fixed universal "truth". Burr (2015) suggests that social constructionism forewarns us to question our suppositions and how the world appears to be through reflexivity as a researcher. Burr's cautionary reminder is observed throughout this study.

### 3.3 Positionality

Having considered my ontological and epistemological positions, I will now discuss my axiological stance. Axiology examines the role values and beliefs play when conducting research (Teddlie & Tashakkori, 2010), calling into view the need for researchers to consider their role and position in the research and how their own socialisation and life experiences may influence the study (Serrant-Green, 2011). This resonated with me and my awareness of the need to use reflexivity throughout the study. As a woman with a beautiful and rich Jamaican heritage, midwife, academic/lecturer (with international midwifery experience, including working in the Global South) and researcher, one of my core values is authenticity. I consider truthfulness to be one of the most fundamental qualities that an individual can possess. Flynn (2012) suggested that authenticity is a key aspect of existential philosophy. It is defined as the degree to which one is true to one's personality and character and is mindful of external influences. It is "living in tune with the truth of who you are as a human being and the world you live in" (Panza & Gale, 2008, p. 12). In research, one's own truth must be put to the test in the act of understanding (Gadamer, 2006, p. 51).

I contemplated what values would guide the research and outcomes. Personally and professionally, my strong moral compass is a characteristic that would guide the research journey. As a midwife, I am required to abide by the midwives' regulatory body and the International Confederation of Midwives' International Code of Ethics for Midwives (2014). As an educationalist and a researcher, I consider this responsibility to be also important:

*Again, I reflected and questioned, should I, the researcher, purely seek to understand the research and/or seek to change the world for the better? If so, what would 'better' look like?* (Reflective Journal, 28th November 2020)

Heideggerian philosophy promotes the raising of questions around the taken-for-granted practices of everyday life. Thus, once the Heideggerian, hermeneutic phenomenological researcher has described in detail the lived experience or phenomenon, the researcher can then reflect on the interpretive findings and uncover the situations of possibility for the future (Heidegger, 1962).

Although often interwoven, the terms "ontology" and "epistemology" are distinguishable. Crotty (1998) viewed ontology as embodying a way of understanding or thinking about the world, our interactions, and a perspective of what it is to be and what is real. Epistemological knowledge is gained through our lived experiences of what it means to know and ways of knowing, and axiology involves checking our moral values. Meanwhile, Polkinghorne (1983) emphasised narratives of lived experiences and of being-in-the-world as the fundamental source of knowledge.

### 3.4 The Personal

My philosophy, which is aligned with the work of Heidegger and IP with a theoretical lens of critical social theory, shifts the research from description to interpretation, from epistemology to ontology, from knowing-what to knowing-how (Conroy, 2003).

Agar (1980) and Morse (1994; 2018) emphasised the need for researchers to be aware of their own identity before studying that of others. My parents raised me in a loving family home with a strong sense of "identity/belonging" and first-generation British. My parents placed high importance on education to succeed in the world but placed no limits on my self-belief and my ability to do and be anything I wanted to be in the world. Occasionally, I had to exert my femininity in a household of masculinity with a proud father and brothers who always loved, respected, and protected me and with a feminist mother in the mix who supported my concern with girls', women's, and human rights, and my belief that "societies and individuals are the ones to make transformation". The importance of social activism was very much influenced by the "zeitgeist" of the time in which I aligned myself growing up in the 1980s. This foundation explicates and has contributed to my feminist and social activist stance today. Heideggerian philosophy is not just about the *everydayness* but about the world in which self-occupies and the world of others. Therefore, this gives each of us our perspective on the world. As a researcher, it is essential to feel stirred and interested in your area of study, as "no problem just falls from heaven, something awakens our interest—that is really what comes first" (Gadamer & Dutt, 2001, p.50). Smythe and Spence (2020) stated that the awakening of interest is something that will sustain responsiveness throughout the research journey.

Reflexivity in black feminist research is understood as "the process through which a researcher recognises, examines, and understands how his or her own social background and assumptions can intervene in the research process" (Hesse-Biber, 2007, p.129).

During my extensive midwifery career, I have spent significant periods working in low-resource income countries, caring for girls and women during the childbirth continuum. I have worked with those with diverse backgrounds and in multi-culturally diverse communities in the Global North. I have unfortunately observed a lack of equity and woman-centred care that is not culturally safe and responsive to women from minoritised backgrounds in maternity healthcare settings. Therefore, I have always advocated for these girls and women and empowered them to have a voice.

Black feminist thought strongly informed my understanding not only of women's strength but also of oppression, vulnerability and diaspora (Collins, 2000; Crenshaw, 1989; Lorde, 1996). The events of 2020, with the 'Black Lives Matter' and 'MeToo' movements, touched me profoundly in awakening certain pertinent thoughts and emotions that I had suppressed from my childhood and adolescence regarding experiences of inequality, racism, discrimination, lack of equity, and what injustice felt and looked like. This was my lived experience as a "brown-skinned girl" growing up in England. Even though my experiences were different due to what could be considered my "privileged" place of birth, I felt bound to the girls in this research by the commonalities of being both black and female and having a strong cultural belief. A close connection grew as we talked about the most intimate details of their lives. I also had some understanding, having previously worked in Uganda and witnessed the Ugandan cultural milieu, including family and community. According to Gadamer, in the act of understanding, truth must be put to the test (2006). Williams and May (1996) went further and described the philosophy of social research by stating that researchers must place themselves within the research, observing their own social/cultural identity alongside that of the group under study. Personal understandings and how we come to perceive and make sense of lived experience derive from wider ontological and epistemological perspectives and ways of understanding how we view and make sense of the world.

## 3.5 Critical Social Theory Informed by Intersectionality and Black Feminist Thought

### 3.5.1 Introduction

Critical social theory is a framework oriented towards critiquing and changing society as a whole by attempting to interpret and understand the world in an egalitarian way (Cook, 2004). This approach of reflection looks critically at the processes of social development from the point of view of the barriers they pose to human flourishing. It is further supported by other theoretical perspectives and ideologies confronting social inequalities. Attempts to transform it have blended critical and social theory into one overarching theory (Calhoun, 1995). Critical social theory, then, is a broader category

of critical theory, including subsections such as sociological, race, cultural, intersectionality and black feminist theory (McCall, 2005).

### 3.5.2 Core constructs to social critical theory

The phenomenon of pregnancy in adolescence using a social critical theory lens can reveal research participants' experiences in an array of ways and in relation to the social, institutional, cultural and economic structures that influence them. Intersectionality as a theory has six central tenets, namely, (1) relationality, (2) power, (3) social inequality, (4) social context, (5) complexity, and (6) social justice (Collins and Bilge, 2016), all of which contribute to a complex way of seeing the world and its interlocking structures. Intersectionality and its relationship to this study will be discussed later in this chapter. It is woven throughout this research, as will be further uncovered in the findings and examined in the discussion chapter.

### 3.5.3 The theoretical framework

Underpinning the study design is the theme of intersectionality and its companion, black feminist thought, both of which are grounded in critical theory (McCall, 2005). This theoretical framework was chosen because it draws on the multiple intersecting social identities in an individual's life, positioned by structures of power and understanding of but not limited to gender, age and class (Crenshaw,1989). Mizra (1995) stated that the usual epistemological and methodological approaches to research in race and ethnicity have now changed direction, and the gaze has shifted to an appropriate intersectional theoretical paradigm to frame a study. Most pertinent, considering the context of this research, girls and young women can create new knowledge and self-definitions that authenticate their positionality. By using a theoretical framework, such thinking can encourage individual and collective identity by offering a different view of themselves and their worldview (Berger, 2015). According to Omi and Winant (1989), this different view for [African] girls and women encourages them to value their own idiosyncratic knowledge base. Therefore, this rearticulated awareness can give young girls and women another source of resilience and empowerment.

Intersectionality, which was first developed to explain the situation of African American women in America, can be redefined and personalised to capture the lived and embodied experiences of adolescent pregnancy and motherhood in the context of Uganda. By taking elements and themes that emerged from the girls' lived experiences, culture, and traditions and infusing them with new meaning and understanding gained from the stories of the girls, black feminist thought was woven into intersectionality theory. According to Collins (1989; 1990), a sociologist and feminist scholar, there is a call for a focus on diversity within particular nations or regions rather than globally and to rearticulate a consciousness that already exists. The relevance of this approach to my study is the aim of black feminist thought and intersectionality in challenging oppressive research practices, such as the "problematisation" of pregnancy in adolescence. Therefore, a shift in this discourse requires engaging in the creation of knowledge for the purposes of advancing social and reproductive justice (Dill & Zambrana, 2009; Rice et al., 2019).

### 3.5.4 Intersectionality: Background

The theoretical framework of intersectionality will be used to situate this phenomenon, which is a theory that draws on the multiple intersections in an individual's life. A unitary categorisation of the multiple dimensions of gender, race, ethnicity, culture and socioeconomic status may serve to reinforce existing notions of privilege and oppression (Crenshaw, 1989), which is complicated by the different areas of our identity that are marginalised or privileged in society. Understanding the delineation of socially constructed categories requires consideration of the unique interactions between the intersectional positions of an individual's experiences to broader structures and systems across "time and space".

The philosophical underpinnings of intersectionality are grounded in critical social theory and feminism. Black feminist theory will be explored later in this chapter. According to McCall (2009), no single discipline or theorist can be attributed with its growth. I would refute this claim, considering Kimberley Crenshaw's 30 years of dedicated work to intersectionality. Nonetheless, many activists and feminists have all

produced work that reveals the complex issues and practices that shape human lives (Bunjun, 2010; Collins, 1990; Van Herk et al., 2011).

The term "intersectionality" was coined by Crenshaw (1989), an African American feminist critical legal race scholar, in an attempt to assess the relationship between gender and race critically. Crenshaw stated that intersectionality is purely a metaphor for understanding the ways that multiple forms of inequality or disadvantage occasionally compound themselves and create obstacles that are not often understood within conventional ways of thinking (1989). Hence, the theory of intersectionality studies the overlapping or intersecting social identities, particularly marginalised identities and how they relate to "systems and structures of oppression, domination or discrimination, positioned by structures of power, understanding of race and class, including but not limited to race, class and gender" (Crenshaw, 1989, p. 1244).

Collins' (1990) and Crenshaw's (1989) interwoven approaches resonate and align well with the research focus of this phenomenon and the geographical context of Uganda, as the percentage of adolescent pregnancies is reported as almost a quarter (1:4 or 25%) of Ugandan women will give birth to a baby by the age of 18 (UBOS, 2018). Adolescent pregnancy can be another element of identity which intersects. According to Crenshaw (1989) and Collins (2000), using a single axis of either gender or race will not present an inclusive story of the individual's experiences. The pivotal epistemological postulation of intersectionality is that knowledge development is from the viewpoint of the oppressed, not the prevailing social group or structure (Kelly, 2009).

Social determinants of health are the circumstances in which individuals are born, grow, and live. These circumstances are shaped by the distribution of power, money, and resources (WHO, 2010). Young girls create an identity to "ground" and "shape" them in their future identity. Having this stripped away by classifying the characteristics of social determinants of health disparities as contributing factors, such as family structure, age, gender and poverty, may cause these persistent disparities (Raphael

and Bryant, 2003). Bowleg (2012) postulated that intersectionality does not necessitate the explanation of every instance of these manifestations but instead requires an orientation that is open to the ways mutually constitutive oppressions affect individual experiences and structures. Adolescent pregnancy and motherhood often cross these multiple oppressed identities (Chambers and Erausquin, 2015). This research aims to understand adolescent pregnancy and early motherhood in Uganda. As a socially constructed phenomenon, it is fluid and contextually grounded in history and geographical location (Hankivsky, 2012). However, the discourse of adolescent pregnancy and motherhood within an intersectional framework is not assumed to be a universal phenomenon with a single, objective definition of adolescent pregnancy or motherhood. Rather, the two are thought of as a relationship in which a person's actions or the circumstances by which an adolescent girl becomes pregnant are based on a historical and deeply embedded cultural context (Collins, 1994). Collins' hypothesis about motherhood is firmly grounded in an intersectional approach. It explicitly challenges universalism and acknowledges inherent diversity (1994). Her work suggests a shift to a notion that accommodates the multiplicity of ethnicity, race and social position. At this time, philosophical notions were infusing my thinking, and this resonated well with intersectionality as a research theory for understanding adolescent pregnancy and early motherhood. Chambers and Erausquin (2015) suggested that an intersectional stigma framework may be an important tool to examine the experience of adolescent mothers as they transition from pregnancy and navigate within adolescent motherhood and to make sense of the determinants of health and social inequality.

The use of intersectionality as a research theory, rather than a content focus in populations with intersecting marginalised identities, necessitates further investigation as an approach to explore my research interest. According to Carter et al. (2002), disparity exits between the plethora of theoretical studies and the relative paucity of empirical work in intersectionality. I can testify to this during the literature search. One considered reason for this imbalance is that there are two different theoretical approaches, which are assumed to follow from the challenges to static definitions of race, class and gender groups. Therefore, an intersectional approach offers a

complexity of inquiry that matches the complexity of social forces and shapes those inequalities.

Exploring intersectionality theory as a theoretical framework for my research interest has the potential to enrich young girls' and women's health globally and population health research in general by informing policy and practice. By intent, it can understand and affect the health and wellbeing of populations by empowering and supporting the "flourishing" of an adolescent girl's journey to womanhood and motherhood through her own sharing of the experience, or as is the case in this study, when motherhood came before womanhood.

The reciprocal knowledge exchange and alignment between population health and intersectionality could contribute significantly to an understanding of public and population health. Bowleg (2012) identified intersectionality as an important theoretical framework for public health by going deeper and beyond intersections of identity and socioeconomic positions. The challenge is to know how oppression, disadvantage, and health inequality for adolescent pregnant girls can be measured. I believe the key is to study the individual and then the causes, resulting in my approach to this study. An adjunct to intersectionality could be midwife researchers investigating public health within the social context of specific groups and communities. Conducting research and viewing the research participants through the lens of intersectionality strengthens the rigour and creates greater attention to both the heterogeneity of the effects and causal processes producing health inequalities, gender inequality and social injustice. Building on this, exploring the factors that may be the drivers of such inequalities could support the identification of greater numbers of potential interventions. Therefore, health and education strategies should first aim to understand and then positively affect the health and wellbeing of populations. However, population health research has been criticised for its lack of alignment with a theory (Bartley, 2004; Krieger et al., 2003). The earlier work of Omanovic (2009) supported the idea that diversity is mediated by socio-historical relationships that reflect its ongoing evolution. Roberson's (2013) work explored how intersectionality can be advanced as a grounded methodological framework and discussed the implication of that framework for public health research. Another important lens through which to view my research phenomenon is that intersectionality challenges the idea of gender as the primary

dimension of inequality; rather, it asserts that multiple dimensions can and do shape social inequality (Hankivsky, 2012).

### 3.5.5 Engaging Intersectionality

The term "intersectionality" refers to both a normative theoretical argument and an approach to conducting empirical research that emphasises the interaction of categories of difference. Such categories can be considered as "bounded" structures of society, which influence political and social inequality, questioning the potential for any form of social justice. Therefore, where does intersectionality, as a set of fundamental beliefs or worldviews, sit as a research theory prior to empirical investigation? McCall (2005) proposed that any theory requires the "difficulties" to be investigated and the analysis of such problems conducted to attain a detail and depth that is otherwise out of reach. Lofters et al. (2012) questioned the focus on measuring health inequalities in intersectional studies and the failure to evidence intervention strategies that can offer up potential solutions.

Crenshaw's (1989. p.149) use of the metaphor of traffic in an intersection, coming and going in all four directions, is useful. Discrimination, like traffic through an intersection, may flow in one direction and may flow in another. If an accident happens in an intersection, it can be caused by cars travelling from any number of directions. Crenshaw went further by stating that similarly if a [black girl] is harmed because she is in the intersection, her harm could result from gender discrimination, race discrimination (racial discrimination is not considered within the context of this study, as the girls highlighted no tribal affiliations), or indeed both. Some focused "intersections" within this study are identity, biological and psychological immaturity, and education. I will now illustrate my thinking and conceptual interactions within the context of Uganda using the intersectional framework. A Ugandan adolescent girl who is pregnant is standing at a traffic intersection. Her challenge is to navigate and cross the intersection safely as a passage into motherhood. The social determinants of health (represented by roads) intersect to create a mutually constituted vulnerability. The larger the intersection, the greater the challenges and vulnerabilities, and the more difficult the girl's task of managing the issues such as "power" to guard against

violent sexual advances and violation and having the resources to access school, sexual reproductive health education, and high-quality midwifery health care when a girl becomes pregnant (United Nations Population Fund [UNPF], 2021). Other factors, such as a lack of education and socioeconomic status, are often interwoven. Lorde (1996) suggested that single-issue struggles do not exist, as nothing in our lives transpires to be a single issue. It is important to remember that gender, age and class are some of the socially constructed categories. Positive influences, such as a stable and safe home environment, ongoing education, and access to health care, are social determinants of health, as referred to earlier. Therefore, better health outcomes, empowerment by having an identity, gender equality, and political drivers that have preventative strategies for the prevention of adolescent pregnancy or a support structure when pregnant would be represented by bridges that offer a pathway to navigate the intersection safely. The pregnancy centre is the "bridge" in this analogy.

Cabin and Edenheim (2013, p. 235) referred to intersectionality as a "signifier, a metaphor, a theory, a project, a discourse and a field". It, therefore, lends itself well to examining the social experience of my research participants as the architect of my research design and methods, which captured the key tenets of intersectionality theory and further explored these from a new lens which accounts for these multiple perspectives, rather than through a single qualitative lens.

Calhoun (1995, p. 52) stated that "power is not simply a distortion of the conversation, it is its occasion". Thus, intersectionality can be seen to be fundamentally about powerlessness. Gender and race are both socially and politically constructed. This emerges in the girls' narratives, as shared in the findings chapter. According to Collins (2000), "The intersecting forces of class, gender and race, manifest in a matrix of domination". The idea is that many areas of a person's identity, experiences, and opportunities are socially constructed and impact their life simultaneously. Walby et al. (2012) highlighted how intersectionality lends itself well to the study of social phenomena and the study of diversity, while Yuval-Davis (2011) claimed it can be deployed into a wider range of social phenomena. However, Acker (2012) and McCall (2005) postulated that multiple-axis interactions must first be acknowledged and

understood. Conversely, Nash (2008) and Kerner (2012) stated that intersectionality is ambiguous in its defined concept and therefore lacks a clear methodology. Within this study, the focus is on both group and individual identity as adolescent, female, pregnant, and living in Uganda. Different expressions of and relationships between this identity and "domains of power" will direct these insights towards social justice initiatives in order to make real changes in girls' lives (Collins & Bilge, 2016; Dill & Zambrana, 2009; Rice et al., 2019). I see this as a valuable theory due to intersectionality's emergence out of a deconstructionist belief that does not limit it but supports the theoretical origins by delineating a shared assimilation of categories. It identifies the hegemonic (ideas, cultures and ideologies), structural social institutions, disciplinary (bureaucratic hierarchies and administrative practices), and interpersonal (routinised interactions among individuals), a landscape in which race, gender, class and ethnicity are inextricably woven to produce the very fabric of a particular society (Collins, 2000).

### 3.5.6 Tensions and Paradoxes of Intersectionality

When examining the social experiences and behaviours of people with multiple social identities, such as adolescent, female, pregnant and black, intersectionality theorists assert that we must analyse the social construct in which these experiences occur (Collins, 2000; Stewart & McDermott, 2004). The concept of social construct exists not in objective reality but because of human interaction. Socially constructed reality enables a better understanding of how groups of people create a social phenomenon. Considering the research participants in this study, if they were not pregnant, female, black, and adolescent, and not living in the Global South but living in the Global North, possibly they would not be potentially disempowered. According to Dhamoon (2011, p.231), "a combination of studies about women and studies about race often [erase] the experiences of black women". It is important to acknowledge erasure (Hamilton, 2020). This research will attempt to avoid this by giving voice to and centring the girls throughout this study regarding their experience and connections within the larger cultural context.

Collins (1998; 2000), exploring and viewing the interplay of multiple axes of disadvantage (i.e., race, class, gender, sexuality, ethnicity, nation, and age), created a distinct and unduplicated standpoint for every social group. Indeed, the combinations

are innumerable depending on the social determinants of concern (Mullings & Schulz, 2006). Metcalfe and Woodhams (2012) went further by suggesting that "a multidimensional approach is needed to unravel difference" (p. 127). According to Collins (1989), for African American women and girls, the intersection of these systems means that they can simultaneously feel a part of and separate from the social groups to which they belong. Intersectionality at this juncture, in my view, can be applied to Ugandan adolescent girls and women who are part of the global majority. Unlike the women in the US in the minority and for whom Crenshaw originally developed intersectional theory, they do not have a shared history of racial oppression. This may relate to the legacy of colonialism and power structures. However, the impact of both sexism and racism adds a distinct perspective for African American girls and women, which helps to shape their identity, their worldview, and, ultimately, their behaviour (Stewart and McDermott, 2004), as well as the gender roles and norms in that society. The same could be said for girls in Uganda, excluding racism due to the cultural context. Collins (1989) suggested that it is this "both/or" orientation that helps to create an oppositional consciousness among African American women. Townsend (2008, p. 432) termed this as a "defensive stance in which resistance is essential for survival". Can there be a degree of transferability and generalisability focusing on gender within the context of Ugandan girls? While I am aligned with this interpretive phenomenology world view, I do not refuse all positivist methods as a form of enquiry in all areas of the research journey. This is evident in the transferability and generalisability terms that I have considered in quantitative methods. According to Tashakkori and Teddlie (2003), conventionally opposing approaches can and should be used together if they are complementary and are deemed appropriate.

### 3.6 Insider/Outsider Positionality

The prevailing literature and statistical data highlight that girls and women in Uganda also see early motherhood as problematic (Chambers & Erausquin, 2015). If this were not the case, there could have been a risk of a UK-based (at the time of conducting interviews) researcher being viewed as colonialist by naming behaviours as "problematic" in a country in the Global South and seeking to change them. This was not the intention; the aim was to seek to understand them better. The stance of a reflexive qualitative researcher would be to study something as a phenomenon of

interest rather than a problem. Naturally, there can be assumptions about what a problem is, which informs how we frame things. Ramsden (1995) stated that cultural safety insists that "midwives become experts in understanding their own diversity within their own cultural outlines as well as their potential for powerful impact on any person who differs in anyway at all from themselves" (p. 8).

I learned that neither my positionality as a researcher nor that of the participants was entirely static nor fixed (Hamilton, 2020) but had the fluidity of change, which suggests that we (researcher and participant) can negotiate our understanding of how we see the world.

The "insider/outsider" debate is multi-layered and complex. The dichotomy to be addressed is whether "insider" researchers who share a similar background and/or deep understanding of the group they are studying are better placed in collecting qualitative data over "outsiders" who do not share similar backgrounds, understanding or experiences with the group under study (Tuffour, 2018). What is created is a paradoxical position and the question, "Who am I, insider or outsider?" Serrant-Green (2013) raised the question, "Is insider or outsider in the most advantageous position?" Agar (1980) called this "indexicality" and called into account the shared background, knowledge, and understanding between the researcher and the researched. Adler and Adler (1987) described how over-familiarity may result in the loss of analytical perspective and may risk the researcher "going native". Having an "insider" viewpoint has been identified as beneficial when negotiating and maintaining access to the study setting, as the insider is more readily accepted, has a better understanding of the culture, and has less chance of affecting the flow of interactions (Bonner & Tolhurst, 2002; Leslie & McAllister, 2002; Toffoli & Rudge, 2006). May (1997) argued that the "outsider is best" to ensure the robustness of the research by the separation of the researchers from the subject of their research. Sandelowski (cited in Morse, 1994) debated the need for the researcher to make the strange familiar and the familiar strange, thus inhabiting the dual position as both insider and outsider. I go further and propose that the debate needs to shift from analysing positionality as a binary question of "insider versus outsider" to a more constructionist perspective that recognises a

broader range or continuum of researcher–subject relationships, influenced by several fluid identities of both researcher and research participants (Razon & Ross, 2012). To be awarded insider status, the researcher must demonstrate a level of high commitment, an ethic of caring, and personal accountability to the research participants (Lindsay-Dennis, 2015). I remained cognisant of the need to address this lacuna by reflexively analysing the variability of my own positionality as an academic with international midwifery and women's health background and as having previously worked in this context. In this study, clarity of my positioning emerged from the continual balancing of outsider "familiarity" with insider "relationality". Finlay and Gough (2003) emphasised the importance of the researcher's ability to cast a backward critical gaze at their own subjective positioning and engage in ongoing reflexivity. Trust and acceptance of my presence in the interview space, even if it were "virtual" by being online, was implied by the girls' behaviours (smiling, laughing, asking questions) towards me from the onset, and I felt that I fit in. According to Serrant-Green (2002), black researchers working with black groups are often mistakenly regarded as insiders, which could have a positive or negative influence. The challenge for outsider researchers is to show explicit responsiveness, tactfulness, sensitivity, respect, authenticity, and commitment and to recognise explicit biases to ensure rigour in the research process.

Hancock (2007) postulated that intersectionality stands ontologically between reductionist research that indiscriminately seeks only the generalisable. I would challenge this by going back to the earlier work of McCall (2005), which highlighted intersectionality's emphasis on the dynamic interaction between individual and structural/institutional actors, which orthodoxly means the importance, opportunity, and freedom to find and create holistic research that explores the potentially cross-cutting roles of race, class and gender in the lives of a "particular population", therefore, contributing new knowledge to social theory. Crenshaw (1995) stated that a pre-determined set of doctrines or methodologies is not acceptable to all intersectionality theorists. Intersectionality could, therefore, be considered a methodology, a tool for data analysis, a pivotal point in feminist theory, and a framework for social policy development. Would naming intersectionality as a

methodology reduce its power in explaining complex issues? This notion will be explored further in the discussion chapter.

I agree with Hancock (2007) that intersectionality has evolved out of the earlier unitary and multiple social research approaches, joining other constructionist efforts in asserting, first and foremost, that reality is historically and socially constructed. According to Hancock, intersectionality is "the best chance for an effective diagnosis and ultimately an effective prescription" (p. 73), bringing me back to my earlier point on colonialism and the importance of using the correct framework when engaging in culturally sensitive research. In this way, intersectionality represents an emerging theory from critical social theory and its companion deconstructivist approach to black feminist theory.

## 3.7 Black Feminist Theory and Intersectional Feminism

A black feminist theoretical lens proposes a unique perspective through which to examine the historical reality analytically and, thus, a shared world view that continues to inform black girls' and women's present-day experiences and realities. Black feminists see research as being for black girls and women rather than merely about black girls and women (Few et al., 2003). Given that this work was based in the African American context, I believe that the theoretical framework is transferable to the Ugandan context in shaping this study, such as how the questions were asked during data collection and the process of interpreting that data. Hamilton (2020) stated that intersectional theory advances the analysis of the lived experience of those marginalised and requires that attention be paid to the power in the process. The girl participants were respected as the knowledge producers of their lived experiences.

According to Alinia (2015), one of the key tenets of black feminist theory is its association with the relationship between "personal biography [and] wider historical processes" (p. 2334). Collins (2000) previously affirmed that the importance lies in understanding the milieu and complexity in which the lived experience occurred. Black feminist theory is drawn upon because it centres black women's and earlier adolescent girls' experiences and can offer insight into the intersecting complexity of young black

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girls' lives (Wane, 2002; 2009). In this correlation between lived experience and wider social structures, a black feminist perspective assists a critical exploration of how pregnant adolescent girls navigate the journey from pregnancy to early motherhood, shaped both by their experiences and the narrative. Furthermore, Burkhard (2022) and De Sousa and Varcoe (2021) state that black feminism also enhances understanding and contributes to sensitive qualitative research in the social sciences.

Black feminist theory was born out of the African American women activists and the 1960s civil rights movement. Many feminist scholars, such as Sojourner Truth, Patricia Hill Collins, Audre Lorde and Anna Julia Cooper, have given voice to black women's discrimination within interwoven systems of race, ethnicity, sexuality, family, gender and class oppression. Cooper, born in 1858 in North Carolina, America, is known as the "Mother of Black Feminism" and was one of the most influential female black liberation activists who brought to the forefront the importance of women's rights and education in the uplifting of black communities. "*A Voice from the South by A Black Woman of the South*" (1892) is Cooper's most renowned work, rooted in black feminism. Sojourner Truth's often citied declaration, "Ain't I a woman?" (1851), is an example that both expresses an intersectional view of oppression and resists that oppression. Truth (1851) grounded her speech in her own lived reality, recalling her experiences as an enslaved woman to challenge singular and oppressive images of womanhood. The work of black feminist theory was initially focused on the long-term and widely shared resistance among African American women, who had the "lived experience" of oppression and the actions that black women can and should take to resist it. Drawing on the personal "lived experiences" of young black pregnant Ugandan girls helps to build a critique of the broader structures that oppress black girls.

Crenshaw's work is located in the feminist discourse of intersecting oppressions and differences and is considered to have set the agenda for most studies of intersectionality (Bagihole, 2010; Purdie-Vaughns & Eibach, 2008). However, Crenshaw (1989) stated, "Contemporary feminist and anti-racist discoursers have failed to consider intersectional identities such as women of colour". Collins sought to

seek alternative ways of producing and validating knowledge itself and critiqued the essentialism of feminist scholarship of that time. She suggested that social theory fails to acknowledge social context and creates theories that appear to be universal but, in reality, reflect only the "position" of the scholars located in their specific social context (Collins,1986; 2000). According to Few et al. (2003), by integrating a black feminist theoretical framework into our qualitative research designs, we enable black girls to be directly involved in the research process through the sharing of their experiences and our analysis. Phillips and McCaskill (1995) stated the explicit necessity of black girls no longer being simply talked to but being empowered to talk for themselves and for their voices to be heard. Mbali and Rucell (2022) reiterate the importance of African voices in global health. Therefore, black feminism is explicit in its assimilation, validation, and centring of black girls' unique lived experiences.

While an oppressed group's experiences may put them in a position to see things differently, their lack of control over the "systems of society" (Hanlon et al., 2011) that sustain ideological hegemony makes the vocalisation of their self-defined position challenging (Collins, 1989). Furthermore, Collins (1989) went on to state that specific groups have unequal access to the resources necessary to apply their perspectives outside their particular group due to being part of a group that is unequal in power, that of adolescents. However, all black girls and women can create new self-definitions that authenticate black women's positionality. Not only can black girls and women generate knowledge, but such thinking can encourage collective identity by offering black girls and women a different view of themselves and their world view (Berger, 2015). According to Omi and Winant (1986), this different view for [African] girls and women encourages them to value their own idiosyncratic knowledge base. Therefore, this rearticulated awareness gives young girls and women another means of resilience and empowerment.

Key debates over the last three decades have shaped the landscape for research on girls, women and gender in Africa. In *Engendering African Social Sciences,* published in 1997, African feminist scholars challenged existing misrepresentations of Africa. Sow (1997) called for a grounded approach to researching gender with women in

Africa. According to Kassa (2020), these debates not only examine ontological and epistemological concerns but also methodological challenges that African feminists and other researchers have had to confront. A gaze at how historicisation and contextualisation play a part is necessary to overcome distortions in concepts and assumptions underlying knowledge conception in Africa. Kassa (2020) postulates that critical reflection on methodology makes the case for decolonisation as a process of ethical reconstruction.

Using black feminism as a theoretical framework in this study has redefined, personalised, and analysed adolescent pregnancy and early motherhood outside of America and used the context of Uganda. In embodying black erasure by resisting colonialism, anti-racist approaches to research and positioned within a black feminist stance, taking elements and themes of black girls/women's culture and traditions and infusing them with new meaning, have examined in a different cultural context black feminist thought, which is woven into intersectionality theory, and so can rearticulate a consciousness that already exists (Collins, 1989).

### 3.8 Summary

In my research stance, I move beyond earlier approaches of classification within a group to studying specific individuals' social phenomenon of pregnancy in adolescence for Ugandan girls in particular, as told through their stories of lived experience. According to Bauer (2014), the explicit theorisation and greater application of intersectionality within global population health research have the potential to improve researchers' collective ability regarding inequalities. Informed by an intersectionality and a Black Feminist theory framework, meaningful possibilities exist in crafting theoretical and methodological connections between intersectionality and Black Feminism inclusive of pregnancy in adolescence girls'/women's health research. Heidegger (1962) and the method underpinning this study postulated that "human-beings exist in the lived world within social, political, and cultural contexts".

In concluding this chapter, I have determined the constructive alignment and synergy between my philosophical stance, theoretical framework, research question and research approach (Table 6).

Intersectionality and Black Feminist Thought have been presented as the lens through which the existing social connections and influences can be revealed. As such, they are ideally situated as the theoretical framework and lens by which to view this study. I now turn to Chapter 4, which discusses the philosophical approach of Heideggerian IP as the guiding lens underpinning this research and explore the application of this philosophy to the methodological design of the study.

**Chapter Four: Research Design, Methods and Processes**

**4.1 Introduction**

Chapter Three positioned the study's theoretical framing within a black feminist and intersectionality framework, frameworks that explicitly adopt a pragmatic approach to addressing the phenomenon under study while considering gender, identity, autonomy, social and cultural constructs, and context, all of which have a profound effect on an individual's sense of lived experience and being-in-the-world. This chapter presents the principles and concepts underpinning the research process and is informed by IPA as a qualitative methodology. This interpretive paradigm expresses the stories of the "lived experiences" of Ugandan adolescent pregnant girls and their journey to motherhood.

First, I explore the value of qualitative research, the justification for the use of a phenomenology methodology research design, and the rationale for the chosen approach. This discussion is underpinned by the theoretical approach taken, the limitations it holds, and a consideration of alternative approaches. The particular recruitment of the research participants is considered along with a detailed description of data collection, management, and analysis. Ethical considerations relevant to the study, as well as reflexivity, are also discussed.

**4.2 Research Question**

Alvesson and Sandberg (2011) identified that research questions should be constructed from consideration and critique of existing literature. They advocated that the "problematisation" of the area of study needs to challenge assumptions while seeking new lines of enquiry: in this study, for pregnant adolescent girls and their journey to motherhood.

The research questions the study aims to answer are as follows:

- What meaning does pregnancy and early motherhood have for adolescent girls in Uganda?

- What are the key drivers of identity for Ugandan adolescent girls and their changing identity presented by motherhood?

- How can the narratives of Ugandan adolescent girls who are pregnant and their journey to motherhood be employed to shape future health, education and social policy?

## 4:3 Research Aim and Objectives

Outlined in section 1.3 are the aims of this study as it sought to gain an in-depth understanding of the "lived experiences" of pregnancy and early motherhood of adolescent girls in Uganda.

Burns and Grove (2005) described objectives as "clear, concise, declarative statements expressed in the present tense and for clarity with only one or two variables" (p. 156). This study's objectives are to gain an understanding of "this social phenomenon" that involves exploration of perceptions, aspirations, actions, attached meanings and interpretations. Indeed, Heidegger's (1962) focus on interpretation is key to the success of the research aim, illuminating and expressing the "lived experience" of this phenomenon.

It took considerable time for me to navigate my ability to know what my philosophical underpinnings were before being able to articulate them. A term used by Schon, "swampy lowlands" (1983, p. 42), highlights where I found myself while trying to understand the journey I had embarked upon. I found clarity with Smith et al. (2022; 2009) and Smythe (2011), along with a deeper, evolving understanding during immersion in the research journey.

As outlined in Chapter Three, the study is positioned by my philosophical, ontological, and epistemological stance, and theoretical framework.

## 4:4 Study Design

### 4.4.1 Qualitative research

Denzin and Lincoln (1994) defined qualitative research as using a range of methods involving "an interpretive, naturalistic approach to its subject matter" (p. 2). They also highlight the central focus of qualitative research being the meanings people attach to the phenomena they experience. Therefore, a qualitative approach is justified given

the nature of the phenomenon the research seeks to explicitly understand: the personal views of "lived experience" through interviews and a focus group.

Qualitative research practices are designed to help researchers understand naturally occurring social phenomena through the exploration of human experiences, attitudes, beliefs, values and meanings (Schneider et al., 2013; Steen & Roberts, 2011). While positivists seek to predict the world, interpretive theorists seek to understand it. They also point out that the meanings people make of the phenomena they experience are a central focus of research that fits within the parameters of qualitative research. Various research designs explore experiences in different ways and produce different research outcomes. Therefore, research design is chosen based on the nature of the research question. The philosophical tenet of the study is required to determine the most suitable research design, methods and processes (Creswell, 2009).

The use of qualitative methodologies in midwifery research has grown considerably over the preceding two decades (Charlick et al., 2016; Miles et al., 2013; Sheeran et al., 2015). Such approaches have enabled researchers to gain deeper insight into women's experiences and stories of pregnancy and across the childbirth continuum while providing a humanistic aspect, ultimately contributing to the enhancement of maternal and sexual reproductive healthcare. This is likened to "woman-centredness", a key aspect of midwifery philosophy. In particular, a hermeneutic/interpretative framework provides researchers with a route for valuing stories that express the experiences of others' "everydayness" as they engage in the phenomenon of interest (Dowling et al., 2011; Mackey, 2005).

This research focuses on the narratives of girls as they experience the road to motherhood. The objectives of the study align with IPA as an appropriate qualitative research approach that offers researchers a strong opportunity to understand the innermost consideration of the "lived experiences" of research participants while also allowing the voices of the participants to be heard clearly (Smith et al., 2009). IPA calls for reflexivity and minimising the hermeneutic interference implicitly within the researcher's own professional experience by using the participants' own stories to ensure that the meaning of the stories remains true throughout the distillation process. An overview of IPA is given in section 4.4.4.

### 4.4.2 Consideration of alternative approaches

My rationale for selecting IPA for this study is multi-layered. According to Markula et al. (2001), epistemologically, context is crucial in qualitative research in that, as humans, we create knowledge "through a subjective meaning-making process" (p. 251). According to Smythe (2011), IPA seeks to reveal the essence of a lived experience, which strongly resonated with me. It was also flexible and accessible (Larkin et al., 2006).

Initially, narrative inquiry research was considered, as it uses the "experiences as expressed in lived and told stories of individuals" (Creswell, 2007, p. 4), aiming to enable the expression of the emotional and contextual elements of the pregnant girls' stories. Bound within this is a focus on language, representation, legitimation, and the relationship between the researcher and the researched (Denzin & Lincoln, 2005). This sounded and felt fitting for such a study. However, Clandinin and Connelly (2000) observed that "narrative inquiries are always strongly autobiographical" (p. 416). Therefore, the likelihood of a loss of focus on the phenomenon was possible. Neither did I share the participants' stories of being pregnant during my adolescent years. Narrative inquiry also does not have an underpinning philosophy, unlike IP (Earl, 2010; Guignon, 2012; Laverty, 2003). All kinds of qualitative research have a philosophical (ontological and epistemological) foundation. Mackey (2005) suggested using an interpretive approach that provides a framework to explore lived experience.

A methodology that diminishes the objectification of research participants, in this case, vulnerable pregnant adolescent girls, and that is "woman-centred" appears ethical and appropriate due to the alignment with professional midwifery accountability (NMC, 2018). Phenomenology has been used in many midwifery and nursing research studies examining the lived experience, including pregnancy and early motherhood. These researchers aimed to understand the holistic nature of midwifery and nursing practice in relation to a specific phenomenon. The definition of midwife is "with woman", ICM (2017): the philosophy of midwifery encourages being-with-woman. Furthermore, the hermeneutic phenomenological approach aligns with the midwifery philosophy, requiring the construction of ways of knowing combined with wholes to be

explored: Smith et al. (2022) stated that consideration of the complexity of the human as a whole entity is required.

To understand the study's focus on the meaning of adolescent girls' "lived experience" of pregnancy and early motherhood, an approach informed by Heidegger's (1962) phenomenological philosophy was adopted. It is a well-established research methodology in the field of social health sciences and is extensively used in education (Guignon, 2012; Hatch, 2002; Laverty, 2003). The hermeneutical or interpretive research method was used to explore participants' lived experiences of being a pregnant adolescent girl and her journey to motherhood. Phenomenological research attempts to capture the essence of the participants' opinions and experiences of the phenomenon by exploring both understanding and interpretation through those who have lived the phenomenon (Finlay, 2009; van Manen, 1990). However, it is firstly important to understand phenomenology and its origins.

### 4.4.3 Phenomenology

The word "phenomenology", in the literal translation from Greek, means "to bring into the light" and is a philosophy (Heidegger,1962). According to van Manen, phenomenology embraces an exploration of "a deeper understanding of the nature or meaning of our everyday experiences" (2016, p.9), which can be applied as a methodological qualitative research approach. First, it was conceptualised and theorised by Edmund Husserl (1931) as a means to understand why things are the way they are (epistemology) and the context of the "lived experiences" of individuals (research participants) and the meaning of their experiences. Conversely, many theorists have since advanced the theory to align with the modern-day qualitative research methodology (Smith et al., 2009; 2022).

Heidegger (1962), a student of Husserl, emphasised the ontological position of phenomenology (Heidegger, 1962; Laverty, 2003) as explicated in his seminal work *Being and Time* (1962). Heidegger rejected Husserl's transcendental and Cartesian ideals of viewing phenomenology as a means of raising "a consciousness of the world" but proffered the view that phenomenology was a means of "being-in-the-world" (Dowling, 2011, p. 65). Heidegger's thinking was founded on the belief that by asking

theoretical questions about Being (human existence) as '*Dasein*' (there-being) in the world, he would be able to shed light on that experience of being human. Heidegger's emphasis was on illuminating the everyday and taken-for-granted aspects of our lives. His philosophy was ontological through the concept of *Dasein*, which is what it is to be "human in our world" or "being-in-the-world" (Heidegger, 1962, p. 33). Heidegger further argued that *Dasein's* presuppositions are a legitimate part of Being and cannot be isolated or bracketed; rather, they should be enveloped as integral to the researcher's understanding of self-being-in-the-world (Heidegger, 1962; Laverty, 2003). Heidegger asserted that our experience of the world is based on our particular context of the world because we are of the world and cannot be separate from it (Heidegger, 1962). Midwives are occupied daily in the worlds of others and the communities in which they live. Heidegger (1962) stated that as entities of the world, we alone do not contribute to our *Dasein* (our being-in-the-world) and how others live within the world; rather, we are unable to separate ourselves from these interactions. Midwives are immersed in the world of childbearing women or, in this study, I, the researcher, a midwife "being" with adolescent pregnant girls. According to Heidegger, we are always in a state of being and, as humans, are thrown into the world with no choice or control (Heidegger, 1962). However, and this is crucial, even with no choice or control, our attention is always directed to something, referred to as "intentionality" (Heidegger, 1962, p. 105). Therefore, in this view, Heidegger challenges the researcher to formulate the right question to uncover the hidden meanings of everydayness or "a deeper understanding of the nature or meaning of our everyday experiences" (van Manen, 2016, p.9). This study has sought to uncover the meaning of the experiences of adolescent pregnant girls navigating the journey through pregnancy to early motherhood while residing in a pregnancy centre in Uganda.

Presuppositions or pre-understandings are researchers' own understandings and own experiences of the phenomenon (McConnelly-Henry et al., 2009). The act of "bracketing", that is, setting aside one's own understandings and experiences, is considered unsustainable (Cohen et al., 2000). Cohen (1986) suggested that bracketing reduces bias by the researcher. McConnelly-Henry et al. (2009) rejected this notion, stating that hermeneutic phenomenology would embrace the researcher's presuppositions. Heidegger (1962) noted that, as humans, we are already in the world and, as such, cannot undo what we already know. Van Manen (1990) asserted that

rigour comes from being able to illustrate the connections between the philosophical framework and the findings as an interpretative process.

Hermeneutical phenomenology, according to van Manen (1990, p. 4), is the "lived experiences" of research participants (phenomenology) and the interpretation (text) of the life they have lived and experienced (hermeneutics). According to Munhall (1989), hermeneutic phenomenology in interpreting experiences is inextricably interwoven into cultural, social, and historical contexts. This aligns with the study's theoretical framework of black feminism and intersectionality, as discussed in Chapter Three. A distinguishing feature of phenomenological research is that it "always begins in the lifeworld" (van Manen, 2016, p. 7). Van Manen (2016, p. 102) proposed that the lifeworld has four existential structures: temporality (lived time)—understood not as objective time but rather how time is experienced subjectively, possibly slow or fast; corporeality (lived body)—how in our bodily existence we feel, reveal, and conceal through our body; relationality (lived relationships)—how we make or maintain and engage with relationships with others in our lifeworld; and spatiality (lived space)—the space in which we find ourselves, where our culture and social conventions associated with space provide a qualitative meaningful dimension. Therefore, it can be argued that the notion of the lived experience is a complex blend of specific individual and often insubstantial influences (Miles et al., 2013). Each participant's lifeworld will be explored and presented in depth in Chapter Five.

Gadamer (1976), a student of Heidegger, rejected the argument that it is impossible to eliminate individual prejudices or presuppositions from one's perceptions. According to Gadamer (1976), interpretation of the phenomenon is inadequate in the absence of the researcher's own experience. Gadamer's (1976, p. 95) "fusion of horizons" metaphor demonstrates that understanding involves the perspective of the researcher and of the participants, and these spiral into new understandings of the participants' experiences of the phenomenon. For the fusion process to begin, in this study, I was required to be open and ready to listen to the "voices" of the participants, begin an interpretation of the story told and the words used, and make meaning of that which was once hidden. The laughter, deep sigh, and silence would be noted throughout the research process, data collection, transcribing, interpreting and writing. This interpretation is particularly important when considering the analysis of data within this philosophy. Gadamer (1976) suggested, "Discovery of true meaning is

never finished, it is an infinite process" (p. 265); understanding, therefore, will never be complete, as the phenomenology researcher seeks to uncover the "voice" in between the lines of the stories shared. The past and present cannot exist without each other, and interpretations of text (transcripts) continue to evolve hermeneutically over time. Therefore, lived experiences "gather hermeneutic significance as we reflectively gather them to memory" (van Manen, 2016, p. 37).

Smith et al. (2022; 2009) individually and collectively modernised the theory and concept of phenomenology into the contemporary landscape of qualitative research and brought IPA into being. Grounded initially in health psychology, it is not unforeseen that the key constituency for IPA is what can broadly be described as applied psychology, or psychology in the real world (p. 4) and is drawn selectively from a range of ideas in philosophy (p. 6). They conceptualised, redefined and crafted what the approach means and what it can do to guide novice qualitative researchers such as myself in undertaking qualitative research in the area of phenomenology.

### 4.4.4 Interpretative Phenomenological Analysis (IPA)

While the nature of phenomenology blended as a philosophy and a methodology with several differing schools of thought (Miles et al., 2013), IPA was adopted as the methodological structure of this research study. It was also informed by the fusion of the hermeneutic writings of Heidegger's phenomenological philosophy, that of van Manen (1990), and the contemporality of Smith et al. (2022; 2009).

IPA, as a phenomenological methodology, draws on the importance of participants' desires and perceptions (Smith et al., 2009). It attempts to interpret complex meanings from participants and to gain a deeper understanding about their experience of the world (Pietkiewicz et al., 2014). The IPA researcher and participants are co-constructors of meanings, where "inter-subjective understanding" (Standing, 2009, p.21) about lived experience may be gained. What resonated with me was the "hermeneutic circle" (Guignon, 2012, p.98), which is a process of working collaboratively with the participants to describe the phenomenon, which, when imagined, would facilitate engagement in conversations almost like an "interpretive dance" about the topic and research questions. As an IP approach informs this

research study, the aim was to find the best words put together in the best way to capture the "voices" through the girls recounting their lived experiences in their full richness and depth.

IP is ontologically dominant, meaning that understanding "being" is a fundamental part of the research question (Miles et al., 2013). The ways in which individuals relate to, understand, and exist in the world are relative to their situation (van Manen, 1990). According to van Manen (1990), faith, language, friendships, and identity are the factors that contextualise our lived experience, and indeed, this research study could be limitless. Heidegger termed such factors "fore-structures", and his hermeneutic circle was the catalyst for attaining fore-structural awareness (Heidegger,1962). Rather than aiming for impartiality, interpretative phenomenology compels a reflective recognition of the factors that influence our way of thinking and living in the world (Miles et al., 2013; van Manen, 1990).

Smith et al. (2009) emphasised that they "prefer to use slightly different terms and to think of IPA's core interest group as people concerned with the human predicament" (p. 5) and that, in essence, IPA is an interpretative and navigating research approach. According to Smith et al. (2009), "Researchers who familiarise themselves with it will be able to produce more consistent, sophisticated and nuanced analyses" (p. 5). Fundamental to IPA research should be the desire to integrate new knowledge and expand beyond its existing knowledge base.

Smith et al. (2022; 2009) viewed phenomenological lived experience research as systematically and attentively reflecting on everything. For Husserl (1993), the everyday experience can either be seen as a first-order activity or as second-order mental and affective responses to that activity, "remembering, regretting, desiring, and so forth" (p.33). Smith et al. (2009) argued that, ultimately, IPA should be participant-oriented and that, as an approach, it is more concerned with the human lived experience. They postulated that experience can be understood by an investigation of the meanings on which individuals place value. Making sense of what is being said or written involves close interpretative engagement on the part of the listener, reader or researcher. Smith et al. (2009) posited that due to the unconscious bias that may exist, reflective practices and a cyclical approach to "bracketing are required" (p. 35). This

repeated theory of understanding reinforces the ontological assertions of the methodology while causing the researcher to adopt a dual role, drawing on everyday human resources to make sense of the world. The researcher only has access to the participant's experience through what the participant shares and is also seeing this through the researcher's own lens (p. 35). The experiences between the participant and researcher are inextricably interlinked and integral to the interpretation and understanding of the context.

Aligned with the philosophy of interpretative phenomenology, researchers, rather than being submissive, are a fundamental part of the research (van Manen and Adams, 2010). Dinkins (2005) referred to researchers as a

> living, breathing part of the research that engages in a dynamic developing conversation which takes shape in a mode of inquiry that is shared by the researcher and participant who are in the same space speaking, questioning, debating, challenging and ultimately searching for understanding.

In this study, the hermeneutic circle was used to guide the research process, and it is illustrated (Figure 4) and discussed in depth in the data analysis. The journey towards understanding the lived experience began with me, as the researcher, continually moving back and forth between data, philosophy, literature, and reflective actions (van Manen, 1990). Repetition was fundamental to understanding, requiring me to re-read, re-write, re-think and re-engage (van Manen, 1990). There is no single truth; fore-structures are innumerable, and lived experience is subjective (Heidegger,1962). Hence, this research took this stance.

Researchers engaged in interpretive inquiry aim to fully engage in the interview situation, be open to what "is", and remain open to "the play on conversation" through embracing Heidegger, that is, "embracing Heidegger's understanding of *Dasein* as being-there, being-open, being in the play, going with what comes, awaiting the moment of understanding" (Smythe et al., 2008).

Participants' sharing of their lived experiences in stories gives them the opportunity to express themselves however they wish to, enabling some management of misrepresentation or judgement. This is usual in IP (van Manen, 1990). It is important to note that this feature is considered a unique strength of the methodology rather than a weakness (Cowan et al., 2011). Therefore, employing the IPA approach in a qualitative research study such as this reiterates that the main objective and essence is to explore the "lived experiences" of the research participants by enabling them to narrate the research findings (Alase, 2017). According to van Manen (1990) and Cowan et al. (2011), the position of the researcher (in this instance, midwife and academic) situated inside the research is instrumental to increasing understanding. During each interview, I and the study participants experienced Gadamer's fusion of horizons, a state of mutual understanding and harmony (Gadamer, 1989) gained by entering their world and interpreting the meanings they assign to their lived experiences. The fusion of horizons enabled me to draw on my own strong cultural heritage and lived experience as a woman, midwife, and academic. Miles et al. (2013) offer caution that a researcher's horizon or prejudices can influence the research process and require a degree of reflection. New meaning was created, and pre-understanding considering "past, present and future understandings and potentially what is said and not said" (Spence, 2016, p. 3) broadened my thinking throughout the analysis (Gadamer, 1989). Gadamer (2013) argued that historical and cultural influences shape an individual's consciousness. This aligns well with the theoretical framework of intersectionality and black feminism in the context of this study. My positionality is laid out in Chapter 3.3.3 section.

As this research study was undertaken with an IPA lens, the aim was to find the best way to capture the "voices" of the girls by recounting their intensely personal "lived experiences" in their full richness and depth. Gilligan (1987) highlighted that giving adolescents the opportunity to describe their experience supports giving voice to those who were once "silent". The girls appeared to welcome the opportunity to speak about their experiences of adolescence and pregnancy and to voice their thoughts about impending motherhood. I was also passionate about the advocacy role of the research and the opportunity it provided to represent the voices of this group of marginalised

adolescent girls. Their lives had been inexplicitly interrupted due to unplanned pregnancy, and this was also widely regarded as an undesirable social problem.

## 4.5. The Limitations of Interpretative Phenomenological Analysis

While having a robust rationale for selecting IPA as the method for this study, it is pertinent to consider the limitations of this approach and to discuss some of the criticisms and challenges levelled against it in the literature (Giorgi, 2011; 2010; Paley, 2017; 2014).

The idiographic approach of IPA encourages the study of small, purposively selected and carefully situated samples. Although smaller sample sizes need to be seen as a limitation of IPA studies, Smith et al. (2022) considered that having smaller participant numbers allows for a richer depth of analysis that might be inhibited with a larger sample. Therefore, the advantage of having a unique sample is being able to capture the rich lived experiences of a specific group who have shared particular experiences in relation to a specific phenomenon of interest.

The rationale for choosing this approach over other approaches is that it "fits" with the philosophy of knowledge that shapes the research question. Access by the sharing of rich and reflective personal narratives can inform us about certain aspects of people's connection with and positioning towards the world and/or about how they make sense of this (Smith et al., 2022).

## 4.6 Research Methods and Processes

This section describes the key methods of the research, such as the selection criteria for research participants, the interview process, and the analytic strategies engaged in the analysis of the data. It also highlights some of the ethical considerations and research trustworthiness foreshadowed in the research approach as the data were revealed. A conceptual framework map of the research process can be seen in Appendix Four.

### 4.6.1 Study Location

Uganda is a landlocked country located in Equatorial Africa. It borders Kenya to the east, Tanzania and Rwanda to the south, the Democratic Republic of the Congo to the west, and Sudan to the north. It has a population of 45,654,000, with 9 million adolescents, who comprise nearly a quarter of the population. Of these, 1 in 4 adolescent girls are pregnant or have a child (UNICEF, 2022a).

The research was undertaken in an NGO pregnancy care centre in Uganda, East Africa, where the phenomenon of inquiry is found. Six known residential centres exist in and around the capital of Kampala, offering pregnancy (antenatal) care: physical, emotional, and psychological support. The girls who resided in the centre came from districts located all across Uganda (Table 8). I was cognisant that it was important to acknowledge the influence of the geographical and social context, the interaction that exists between the researcher and the research participants, and the stories that are shared in phenomenology research interviews.

The girls came from regions/districts across Uganda and were resident in the pregnancy centre, subject to the availability of places, from any stage of their pregnancy prior to six months and up to two weeks following birth. The centre had 25 girls residing at any one time, and plans were underway to double this to 50 girls in the near future. The girls sleep in dormitory-style rooms and share communal spaces. An introduction to the centre is given in Section 1.2.1. Once the girls have given birth, most will return to their family home with their baby if this is considered safe and suitable.

### 4.6.2 Study Inclusion and Exclusion Criteria

One of the initial considerations that guided the research approach was the age of the participants. Interviewing young girls under the age of 16 brings additional ethical risks in terms of causing unintentional harm, negotiating access and gaining informed assent/consent. However, working within the definition of adolescence, it was imperative to capture the "voices" of girls between the ages of 14–19 years. The maximum age for girls to reside within the pregnancy centre is 18 years. While

adolescence can be expressed as a socially constructed concept, pregnancy in those closer to adulthood could be considered more acceptable than in those whose age defines them as closer to childhood (Macleod, 2003). I grappled with the challenge ahead, specifically in gaining ethical consent to undertake research with adolescents. I could have selected research participants 16 years or older, which would have made the research process slightly easier. However, I felt that the "voice" of girls under the age of 16 was missing in the literature and so needed to be heard. Therefore, as the research phenomenon was experientially grounded, the focused population was adolescent girls aged 14–18 years.

The aim and inclusion criteria for potential research participants were that they were beyond 12 completed weeks of pregnancy due to the earlier risk of miscarriage or the possible decision to terminate the pregnancy. Furthermore, beyond 12 completed weeks of pregnancy, the girls would begin to feel the movements of their baby and have noticeable physical changes to their body, and it was considered that this would give the participants a stronger association with their pregnancy. As already stated, the adolescent girls were aged 14–18 years. Exclusion criteria consisted of recruitment below the age of 14: 14 was the average age of the girls who resided within the pregnancy centre, and 18 was the maximum age. Therefore, potential participants outside of this age range were excluded.

In seeking rich understanding of this phenomenon, the following criteria were considered fundamental (see Table 7).

Table 7: Inclusion/Exclusion Criteria

| Inclusion/Exclusion Criteria | |
|---|---|
| Inclusion Criteria | Notes |
| >12 completed weeks of pregnancy | Due to early risk of miscarriage or termination of pregnancy |
| >12 completed weeks of pregnancy, therefore beginning to feel movements and physical changes | Stronger association with pregnancy |
| < 8 months (36 weeks) | Beyond 36 weeks, the possibility of going into labour prior to interview |
| Recruitment: 14–18 years of age | Below the age of 14 years is considered too young |
| Exclusion Criteria | Notes |
| >19 years | Pregnancy Centre would only take girls up to the age of 18 years |
| **\*Field Note: Not criteria for exclusion:** Single status, primigravida (first pregnancy), singleton pregnancy (one baby). Considered but not specified. All the girls were experiencing their first and singleton pregnancy. | |

### 4.6.3 Participants

Purposive sampling methods were used to identify and recruit participants, as appropriate, to collect data from specific participants with "lived experience" of a particular phenomenon related to the research question (Coyne, 1997). Purposeful sampling is commonly used in phenomenology to acquire rich and thick descriptions of phenomena (Bedwell et al., 2012).

As stated by Denscombe (2000), purposive sampling aims to identify a relatively small number of participants who are intentionally selected based on their potential to

provide rich information relevant to the research question (Patton, 2002). On finding a homogenous sample that can observe convergence and divergence in detail, Smith et al. (2009) stated that "samples are selected purposively (rather than through probability methods) because they can offer a research project insight into a particular experience" (p. 48). This process is theoretically consistent with the philosophy of IPA (Smith et al., 2009). The use of this method facilitated the conscious selection of those participants who would inform the central focus of the study based on their experience (Burns & Grove, 2009, p. 355; Parahoo, 2006) and meet the study inclusion criteria.

> *I remained aware that my approach to the adolescent girls, who agreed to participate in the research study, had been underpinned by finding a profound respect for their personhood and for their intimate and richly personal 'lived experience' stories. I had to be intentional in presenting their 'voices' in a way which aimed to represent the essence of their stories as they were told to me.*
>
> (Reflective Journal, 30th November 2020)

### 4.6.4 Participants/Sample Size

Due to the volume of data that could be expected to be generated for analysis by employing a phenomenological methodology (Elliot, 2005) and the sensitive nature of the research, a sample size of ten participants for the pregnancy interviews and five for the motherhood interviews was acceptable. Polkinghorne (1989) stated that phenomenological researchers should interview between 5 and 10 participants who have all experienced similar events (phenomenon). As IPA does not aim for generalisability (Riessman, 2008) but for a greater understanding of the participants' world, a larger sample than this is not required. According to Starks and Trinidad (2007), the typical sample size for phenomenological research is from 1 to 10 persons due to the volume of data an individual can generate.

Saturation is the time at which acceptable data have been acquired such that further data collection and analysis is not necessary (Saunders et al., 2017). Saturation is not normally an aim in interpretative phenomenological analysis owing to the concern of

obtaining full and rich personal accounts, which highlights the particular analytical focus within individual accounts in this approach (van Manen,1990). Between 2 and 10 participants are considered enough for saturation in phenomenological inquiries (Giorgi, 2003). According to Sandelowski (1995), adequate qualitative sample sizing is ultimately a matter of judgement and experience. Saturation was explored to gain a clearer understanding. Once understanding was gained, it was highlighted that it was not required to be sought. I therefore decided that ten participants were sufficient for this research, as it enabled me to search for new connections across themes and to do justice to the individuality of each new "lifeworld". Smaller samples can potentially lead to rich, in-depth narratives (Kosowski and Roberts, 2003). This is about gaining a deeper understanding of individual experiences and recording them as "higher order themes" while still noting relevant differences.

There was no intention from the inception of the research design to attempt to align participants' characteristics in terms of age or gestation age (stage) of their pregnancy. Each participant's narrative was seen as arising from a combination of their unique biographies, characteristics and sociocultural contexts.

In the initial research design, ten was the intended number for the individual pregnancy interviews. A maximum of ten would be for the motherhood interviews and a maximum of five for the motherhood focus group. After moving the interviews online due to the embargo on international travel owing to COVID-19, a shift in focus was required. The motherhood interviews were therefore redesigned as a focus group, encompassing three of the girls who were now mothers and three of the girls who were yet to give birth (all from the original semi-structured interviews) due to the inability to follow up with the girls postnatally when they returned home to their respective geographical areas.

Early in the research design, it was felt that a focus group would further support the research process, as it would allow triangulation with other forms of interview employed. As some of the participants would be well-known to each other due to their residence in the pregnancy centre, the potential existed for a co-constructive narrative

approach. The focus group enabled girls who wished to share their thoughts and collective experience of early motherhood to speak and so provide insights that might not otherwise be uncovered in an interview (Cohen et al., 2018). According to Jayasekara (2012), focus groups are considered the most appropriate method of data collection, as not only do they seek thoughts, beliefs and attitudes in a collective context, but they also gain insight into the reasons for complex behaviours and motivations.

### 4.6.5 Participant information

In total, ten girls (all residents within the pregnancy centre) were selected and interviewed for this research study. The girls came from a wide geographical area across Uganda, encompassing urban, rural, and regional zones. However, in view of the local study setting and to safeguard the identity of the girls, pseudonyms (chosen by each of the girls) were used in the analysis and presentation of the data. The participant information is presented in Table 8.

Table 8: Participant Information and Demographics

| Name (Pseudonym) | Age | Uganda Area/District of Residence | Education Level | Family/ Background | Interview/Focus Group |
|---|---|---|---|---|---|
| Aishadi | 18 | Nakaseke | S1 12–13 yrs. | x1 brother, x2 sisters grandmother | |
| Joyce | 17 | Wakiso | S3 14–15yrs. | x3 brothers, x3 sisters mother | ** birthed |
| Sienna | 15 | Wakiso | S1 12-13yrs. | x12 brothers, x3 sisters parents | ** birthed |
| Katherine | 15 | Nabweru | S1 12–13yrs. | x2 sisters, x3 brothers | ** birthed |
| Francisco Desire | 17 | Kyotera | S2 13–14yrs. | x1 sister, x1 brother grandmother | * ** 'with child' |
| Eunice | 15 | Jinja | P7 11–12yrs. | x2 brothers grandmother | |
| Shanitah | 17 | Kyotera | S1 12–13yrs. | x1 brother, x2 sisters mother | |
| Evelyn | 19 | Mpigi | S6 17–18yrs. | 9 sisters sister-in-law | |

| Jovia | 17 | Butambala | S4 15–16yrs. | x5 brothers, x1 sister<br><br>mother | *<br><br>**<br><br>'with child' |
|-------|-----|-----------|--------------|--------------------------------------|-------------------------|
| Faith | 17 | Kabale | S1 12–13yrs. | X1 brother<br><br>father | *<br><br>**<br><br>'with child' |

All ten girls participated in the initial interview. *Denotes those girls (participants) who participated in a 2nd (follow-up) online semi-structured pregnancy interview. **Denotes those girls (participants) who also participated in the focus group.

'S' Denotes the age to which educated (level of schooling).

### 4.6.6 Recruitment

I remained in contact with the centre director leading up to the commencement of recruitment to ensure that she remained well-informed about the study and was part of the planning.

Recruitment commenced in October 2020 with adolescent pregnant girls residing in a pregnancy centre situated several kilometres from the capital, Kampala, Uganda. The centre director had already granted verbal and written consent to access the premises to undertake the study (Appendix Six). However, due to the COVID-19 pandemic, physical access was no longer possible. Instead, access to the research participants was gained through a "gatekeeper", who was the director of the pregnancy centre. Only those potential participants that the gatekeeper considered appropriate were given the opportunity to participate. All participants who were young and pregnant would be considered vulnerable. Therefore, to minimise any ethical risk, inclusion and exclusion criteria existed for those considered by the gatekeeper to be highly vulnerable (Table 4). The pilot interviews were not used in the actual research but supported gaining insight into the phenomenon, gaining confidence and identifying limitations (Kvale, 2007).

Copies of the participant information sheet (PIS) and consent forms were forwarded via an email attachment to the centre director. The research was explained to the girls, whom the centre director also gave the PIS (Appendix Seven). The PIS explained the study and stated that taking part was voluntary, which was further reiterated by my in-person colleague whom I knew well and trusted, having previously worked with her through another NGO. My colleague resided in Uganda and was integral to the data collection via a distance method, assisting with logistics due to the worldwide travel embargo. The girls were shown the consent form (Appendix Eight) so that they could make an informed decision regarding whether to participate or not, but these were signed by the centre director acting on behalf of the centre, which has legal guardianship of the girls (Appendix Nine). Informed consent is discussed in the ethics section 4.14.3. The gatekeeper recruited ten participants who were considered eligible because they met the inclusion criteria.

The opportunity to participate in the motherhood focus group once they had birthed their baby was highlighted at the time of the initial research recruitment and following the pregnancy interviews.

### 4.7 Data Collection

This section considers some of the issues inherent in the collection of data.

Due to the emergence of COVID-19 and the subsequent pandemic in early 2020, which resulted in governments across the world closing international borders, restrictions on non-essential travel and activities affected the ability to undertake interviews face-to-face. Thus, I had to reconsider my data collection methods. Following a discussion with my supervisors and ensuring the progression of the research, the reluctant decision to move to online (Microsoft Teams) interviews was made. Weissman et al. (2020) highlighted that, by far, the most common changes to data collection during the COVID-19 global pandemic involved moving research to online platforms. I understood that a shift in data collection required flexibility within the design and should be viewed as a strength but only within an overall coherent methodology (Korstjens & Moser, 2018). However, I was extremely disappointed and

shared this in a confidential/personal 'WhatsApp' conversation with a critical friend who lived overseas and provided some good advice:

> *'not to look at this as a compromise but a new challenge… as you are always up for a challenge'!* (Reflective Journal, 22nd August 2020)

The purpose of this research study was to understand and interpret the lived experience of adolescent pregnant girls in Uganda and their journey to motherhood. The consideration of which data collection strategy to use was fundamental to gaining the richness and depth of data needed to achieve the research aim. There were four phases of data collection. The first phase was the pilot, which was used purely to guide the research. No data collected was used. The second phase was a qualitative semi-structured interview. The third phase consisted of a second interview for three of the participants due to the desire to gain a deeper understanding of the first interview data and clarify some things further. The fourth phase was the focus group. There were approximately three months between the first and second interviews, which supported early transcription and initial analysis, and one month between the third and fourth phases due to pregnancy gestation and the time that the girls would be resident within the centre. Timing was key. It could be considered that a punctuated period of engagement and trust-building with the girls potentially enhanced the research's credibility by maximising the opportunity for new reflections on the phenomenon (Lincoln & Guba, 1995).

This resonates with Heidegger's concept of temporality, in which each participant's lived experiences of Being could be interpreted contextually in relation to time. "Temporality" not only unifies past, present, and future but is also the structure of *Dasein's* purposeful acts (Heidegger, 1962). This short period afforded the opportunity for a change of interpretation and thus aligns with Heidegger's viewpoint that there is no absolute truth or answer to this research question but only an interpretation according to the context of Being in Time.

### 4.7.1 Interview: Setting

My in-person colleague supported the logistics and downloaded the Microsoft Teams communication platform software onto her laptop prior to the interviews. We then conducted several test video conferencing "team meetings" prior to the interviews, and there were no problems. My in-person colleague selected a secure and reputable internet provider in Uganda. I then set up the interview "Team Meetings" in advance in the Microsoft calendar so that on the designated interview day and time, my in-person colleague would log-on.

A private, quiet, familiar, comfortable, and negotiated safe interview space was found within the pregnancy centre for the girls to participate in the Microsoft Teams interview. I wanted to put the girls at ease and make them feel special and valued, so my in-person colleague, who was supporting the logistics in-country as per my request, organised for the room to have fresh flowers, a scented candle, and soft cushions. Unfortunately, the first five interviews were held in a corner of a large room.

On the second day of interviews, five interviews were held, and these were conducted in a room with the desired ambience. The gatekeeper at the pregnancy centre informed the girls when the interviews would take place.

### 4.7.2 Interview: Methods

The overarching aim of the interviews was to encourage the girls to share their experiences in as much depth and breadth as possible, using their own words in order to "hear their voice". In interpretative phenomenology, the aim is to interpret concealed meaning; therefore, the researcher must venture below the face value of the words to explore what the participant really means. Seidman (2006) refers to this as exposing the "inner voice". James (2007) agrees, pointing out that the only tool available when interviewing is the language of the participant. Smith et al. (2009) went further by describing interviews as "a conversation with a purpose" (p. 57).

As stated by Elder and Fingerson (2003), adolescents greatly value the opportunity to participate in individual interviews, particularly when discussing sensitive matters. It is believed that seeking a shared interpretive understanding through conversation relates to the Heideggerian concepts of the researcher being-with the participant and, in midwifery, "midwife" meaning "with woman". I decided upon the use of semi-structured interviews for pregnancy and motherhood, as these would provide some structure to the interviews and would also facilitate the later analysis of the interview data. Debate exists over the quality of data collected via different methods, such as face-to-face interviews and, now, the use of the internet (Burke & Miller, 2001; Opdenakker, 2006). Some researchers argue that face-to-face interviews help the researcher develop an enhanced rapport and pick up on social cues (Opdenakker, 2006). In normal circumstances, online interviews can be considered advantageous because they allow flexibility, save time, and facilitate access to participants over a wider geographical area. For the participants in this study, global reach extended to another continent, including Uganda, in East Africa.

My interview preparation involved reading the literature regarding phenomenological interviews, navigating a well-known phenomenology website, www.ipa.bbk.ac.uk, undertaking online courses and reading numerous studies that use phenomenology as a research methodology. Additionally, endeavouring to have an insightful self-awareness, I spoke at length with colleagues who had undertaken several qualitative research projects (see Table 9: Interview Phases below).

Table 9: Interview Phases

| Research Method | Virtual/Online | Number of Participants | Schedule |
|---|---|---|---|
| **Phase One—** <br><br> **Pilot** <br><br> Colleagues—adolescent family members | Online | (n=3) | October 2020 |
| Girls from Centre | Online | (n=3) | October 2020 |
| **Phase Two—** <br> **Individual Interviews** <br> (pregnancy) <br> First Interviews (over 2 days x 5 girls) | Online | (n=10) | November 2020 |
| **Phase Three—** <br><br> Follow-up 2nd <br> **Individual Interviews** <br> (pregnancy—to gain deeper understanding) | Online | (n=3) | February 2021 |
| **Phase Four** <br> Focus Group <br> * participants from original individual interviews | Online | (n=3 pregnant) + <br><br> (n=birthed) = 6 | February 2021 |

### 4.7.3 (Phase One) Pilot Interviews

According to Oliver (2003), pilot interviews can be beneficial in gaining a sense of the best questions and most suitable approach to use and in highlighting improvements to the study design.

According to Wang and Burris (1997), photovoice is a powerful health and social sciences research method for empowering vulnerable groups, as it "enables them to act as a potential catalyst for change, in their own communities" (p. 369). Nash (2014) identified that research is yet to examine the use of photovoice with pregnant women. I used the pilots to test photovoice but finally decided not to use it due to the increasing complexity of the interview process, the time constraints imposed by the pregnancy centre, and the lack of physical presence to facilitate the use of this method. The pilot interviews with three adolescent girls from the centre who would not be part of the interviews signposted that some of the questions required simplifying to support understanding. I also gained consent (Appendix Ten) and tested understanding of the PIS on a colleague's adolescent children. The pilot interviews also supported the test of these refinements. The feedback was invaluable in that it highlighted the need to simplify the language.

### 4.7.4 Semi-structured interviews

The aim was to have a fluid conversation and to create a space for the research participant to lead the conversation in both content and pace (Riessman, 2008).

Storytelling in interviews is considered to effectively access a lived experience (Benner, 1994; Dinkins, 2005; Smythe, 2011; van Manen, 1997). In theory, by telling their story, the girls would concentrate and reflect upon specific experiences and, in doing so, would be less likely to speak of their sweeping experience (Smythe, 2011). By keeping with their own specific experiences in a 1:1 interview, and being-there as oneself and focusing on the issue of their own Being, it was hoped that the route to the essence of the girl participants' existence or *Dasein* would be achieved. Furthermore, this would enable the girls not to feel obligated to share things they did not wish to or be triggered by any of the questions.

At this stage, it was also made clear that the potential to withdraw participation extended to before and during the interview and up to the point of data analysis. Participants did not need to explain choosing to withdraw and were not disadvantaged in any way (Beauchamp & Childress, 2008). Furthermore, if a participant became upset or wished to have a break, the interview could be paused. A local colleague printed the PIS and consent forms in preparation for the interview day.

After the initial introductions, I checked that the participants understood the study, had an opportunity to ask questions, and were happy to participate. This part of the process was crucial. Following this, rudimentary demographic data were collected.

### 4.7.5 Phase Two—First online semi-structured interviews

The interviews began with an unscripted informal (warm-up) conversation that then organically progressed to some prepared, semi-structured, open-ended guiding questions: "*Can you start by telling me a little about yourself*?" This was followed by the main opening question: *"Can you tell me how you felt when you found out you were pregnant?"* (Appendix Eleven). Kvale (2006) considers active listening "more important than the specific mastery of questioning techniques". This resonated deeply with me. The use of Gibbs' (1988) reflective cycle supported and offered flexibility within the reflective process (Appendix Twelve).

Prompts such as "*Why do you think you felt like this?"* or affirmative verbal responses such as *"Mmm"* or *"Huh-huh"* and non-verbal gestures, such as a smile or nod, were used as needed throughout the interview to encourage the girls to continue talking and direct the conversational flow. The IPA researcher and participants are co-constructors of meanings, where "inter-subjective understanding" (Standing, 2009, p. 21) about lived experience may be gained. However, this "flow" did not work as well as I expected due to the shyness of some of the girls, as well as the sustained pauses and challenges with the wi-fi connection. The girls required the occasional rephrasing of a question. This may have been due to my English accent or how I phrased a question. Thus, some direction and prompting by questions to support a freer-flowing conversation took place.

The semi-structured interview guide focused on the phenomenon and enabled the girls to talk while also supporting me in illuminating and revising questions. After a few minutes of informal conversation, I reminded the participants of the focus of the research, and the interview commenced with me asking an open-ended question, as discussed earlier, with the use of hermeneutical phrasing to encourage reflection, such as "*Tell me how you came to be at the pregnancy centre"* (see Appendix Eleven).

Four primary prompt questions were developed to elicit a response from the participants:

Tell me how you came to be at the pregnancy centre.

Can you tell me how you are feeling about your pregnancy?

What is the meaning of being pregnant and a mother/mama-to-be?

Is there anything else you would like to share? (last question)

Although I had written questions at each interview, these would serve purely to guide the range of discussion topics it was anticipated would be covered. I had expected that the narrative would flow organically. At the end of each interview, the girls were asked if there was anything they had not talked about that they would like to discuss further. The ten interviews each lasted between 30 and 45 minutes. Each interview was video/audio recorded with the participant's consent and then transcribed for analysis purposes as soon as possible after it had taken place when recall of the interview remained clear (Smith et al., 2022).

I made notes, as the interview progressed, of any questions or points of follow-up I wanted to explore.

### 4.7.6 Phase Three—Second online semi-structured interviews
The second interviews were undertaken with three of the initial interviewees: Francisco Desire, Jovia and Faith. They not only facilitated clarification of themes that

had emerged from their first interviews (Denzin & Lincoln, 2018) and deepened the enquiry, but they also added the element of Temporality. This gave the participants an opportunity to also reflect on their pregnancy journey since our last conversation (interview). This can also be related to the hermeneutic circle and is the link between the participants and the research in an interpretative phenomenological study (Cronin-Davis, Butler and Mayers, 2009; Smith et al., 2009). The transcripts formed the basis for comparison, analysis, and interpretation from which the commonalities of the experience were uncovered. I felt that the shared understanding and interpretation became deeper the second time with the three individual girls. According to Emad (2007), the researcher, being-alongside the participant enabling discourse, is described as the deepest unfolding of language.

### 4.7.7 Phase Four—Focus group

Certainly, the situation that the girls found themselves in was complex. I was mindful that focus groups are not without their difficulties. One such concern was that only one voice was heard (Smithson, 2000). Group dynamics needed to be handled sensitively and care taken to allow every girl the opportunity to "lift her voice" (Maguire, 2005). Gibbs (2012) stated that focus groups have the attraction of synergy. After consideration, I felt that a focus group would further support the research process and would be an opportunity for the girls to share whatever they may wish in a safe and shared space. It would also possibly break down any notion of a hidden agenda and enable the girls to empower each other. My thought at this stage was that it should take place in the early motherhood period when discussion of and contrasting options on motherhood could be shared. It would also be an opportunity for the girls to share whatever they may wish to about their pregnancy and journey to motherhood experiences through recollection and self-reflection, when otherwise, the participants may have remained silent. According to Somekh and Lewin (2000, p. 43), "Participants co-produce an account of themselves and their ideas".

Initially, a maximum of five in-depth semi-structured interviews in early motherhood (6–12 months post-birth) was planned. The timing was extended to accommodate post-COVID-19 recovery and the lifting of restrictions on air travel and entry into

Uganda. A contingency plan to fit with the study schedule if travel restrictions were not lifted would be to conduct the second phase (motherhood interviews and focus group) online or pause the timing of data collection until travel was permitted. The reality of the global climate at the time propelled reality to the present day. It offered the opportunity to capture the "lived experience" of early motherhood with three of the participants from the pregnancy interviews who were now "*Mamas*" (a term used for new mothers within this context) with their babies resident in the centre prior to leaving. I was also informed by the centre director that follow-up would be challenging due to the widespread geographical areas that the girls would return to and the likelihood of having no internet connection. Also, some inference as to the release of information of personal data/contact details would no longer be possible. I felt compelled not to miss this window of opportunity, not knowing if it would present itself again. I therefore conducted a focus group with three new "*Mamas*" (all had birthed within the past fortnight) and three of the pregnant girls with whom I had already conducted one pregnancy interview. The PIS was shared and understood, with consent forms signed by the centre guardian prior to the focus group (Appendices Thirteen and Fourteen). The conversation lasted approximately 45 minutes and was recorded. The girls spoke openly, with minimal filter, and gave further depth and insight into their pregnancies and their early motherhood "lived experience". What evolved out of the focus group is uncovered and discussed in Chapter Five.

### 4.7.8 Method: Challenges

Some interview challenges had to be addressed with sensitivity. The first was the initial agreed Uganda time (3 hours ahead of UK time) to commence interviewing. The interviews started three hours later due to waiting for the girls to finish breakfast, complete their allocated tasks, and perform the daily devotions (dedicated time of prayer, reading the Bible, and singing). These activities could not be rushed, and the cultural nuances were understood and accepted. Poor internet connection/signal affected the sound quality and resulted in "frozen screens" in some of the interviews. Another issue occurred on the first day of interviews, which took place in the back and corner of a large room, as a private office was no longer available. Background noise was distracting, possibly more so for me as the researcher; however, for a period of time, beautiful singing by the other girls could be heard. At one point, someone walked

past in the background during the interview and waved to me on screen. Some interviews flowed more smoothly or lasted longer than others. I reflected upon this in consideration of the possible impact on the data and shared this with my supervisory team. One participant appeared very quiet and guarded throughout. My in-country colleague later commented that she felt she had not yet come to terms with the circumstances of her pregnancy. I hoped that talking about her pregnancy would have caused more good than any unintentional harm. Do no harm is discussed in the Ethics section 4.14.

### 4.7.9 Notes "in the Field"

According to Creswell (2013) and Phillippi and Lauderdale (2018), field notes are a way of gathering contextual information during data collection. While historically associated with ethnographic research, there is an increased interest in field notes across the qualitative discipline (Phillippi & Lauderdale, 2018). Phillippi and Lauderdale (2018) identified several key functions of field notes—as a prompt for the researcher to observe the environment and interactions of the data collection setting, to document the physical and environmental context of the data collection, as a reflexive tool to facilitate early analytical interpretations or lines of enquiry, and to provide essential context to inform data analysis. While the interviews were conducted and recorded via Microsoft Teams, I made fieldnotes (see Appendix Fifteen) throughout the interviews to capture pertinent comments/statements or to note elements to clarify later. Immediately after the interview, I journaled my thoughts and feelings about how the interview went and how I felt about what I had heard. Sometimes, it was cathartic, but at other times not. I would return to my journal during data immersion and analysis, which proved to offer valuable reminders to interrogate emerging analytical thoughts in relation to what was noticed at the time of interviews.

### 4.8 Data Management Plan

As recommended by Lin (2009), a rigorous procedure was put into place to protect the personal information of the participants and anyone else involved.

The original recorded information was individually identifiable based on name and video recording. Therefore, during transcription, it was coded, and pseudonyms chosen by the girls were used for analysis.

In compliance with the university's General Data Protection Regulation (GDPR) policy in line with the Data Protection Act (2018), which is designed to maintain anonymity and confidentiality, any fieldnotes were kept in a locked cabinet, separate from the transcripts (scanned as soon as possible, uploaded to One Drive, and then hard copies confidentially destroyed via the university's confidential waste. All electronic data were stored securely using encryption software and password-protected files, and they were backed up to an external hard drive and password-protected. Recordings were automatically stored on Microsoft Teams, and only I had access to the Team. I independently transcribed all the data. Once transcribed, all recordings were destroyed. In summary, all data were well organised, accurate, replicable, confidential, safe, and backed up, as recommended by Macrina (2014).

### 4.8.1 Data destruction

All data, including audio recordings, were deleted securely from devices and through the secure shredding of paper documents following the completion of transcription. All data will be destroyed 3 years after completion of the study to allow for publication. Meta data (anonymised data) will continue to be stored on the university data repository and may be stored in the same anonymous format on external data repositories, for example, Mendeley, as required by some journals.

### 4.9. Data Analysis

Two qualitative methods of data collection were used in this study, namely, semi-structured interviews and a focus group. Analysis began alongside data collection; an iterative approach to questioning facilitated the integration of coexistent important learnings into the interviews as the study progressed. The process of familiarisation began with this initial review of the data. The use of semi-structured interviews provided some structure to the interviews and would also support the later analysis of interview data.

The data were then analysed using a combined iterative process aligned to reflexive thematic analysis (RTA), considered by Smith et al. (2022) to be now a more sophisticated and substantive form of the thematic analysis developed by Braun and Clarke (2021). The intentionality of its use was to provide another element to support the rigour of the research. I remained committed to IPA, which I continued to apply from the data collection to the data analysis.

Rather than postulating a particular theoretical or epistemological position, RTA "provides a framework for applying a bespoke epistemological "lens" to qualitative data" (Smith et al., 2022, p. 40). It can be used to underpin many other specific forms of qualitative analysis, for example, some phenomenological analysis within IPA (such as this study) and Foucauldian discourse analysis and discursive psychology (Smith et al., 2022). Whereas this research study was focused on understanding lived experience at the individual level, RTA is not, and themes can have a varied focus. Hence, it represents a flexible research tool that can be applied to identify, analyse and report patterns with data across a range of frameworks to develop a detailed account of a phenomenon (Braun & Clarke, 2021; Smith et al., 2022). This "fluidity" sat well with me. The analysis followed the seven-step framework outlined by Smith et al. (2022) and adapted from Braun and Clarke (2021), as shown in Figure 3. I adapted some elements from Braun and Clarke (2021), such as the use of IPA language, connections, "chunks of data", and the addition of step 7, eliciting interpretation on a deeper level, as aligned with IPA.

An important point to note is the differences between the spoken word, especially when English is not a person's first language; the translation to text can be problematic, as conversational speech is often fragmented with pauses, hesitations, stutters, and digressions (Frisch, 1990). This was highlighted in this study with "click consonants" or clicks; these speech sounds, which occur as consonants in many languages, including some languages spoken in East Africa, in this case, Luganda, were present in the recordings. For example, the "tut-tut" is familiar to English speakers and is used to express discontentment or disappointment. I heard this spoken several times by individuals in the interviews, but especially in the focus group.

On one occasion in the focus group, the consonant that sounded like a "clicking" noise was made almost in unison by the girls in response to the question: "*Free gifts—such as what?*" The important non-verbal utterances are reflected in the participants' narratives (Fraser & MacDougall, 2017). Bailey (2008) and Frisch (1990) conceptualised transcription as an illustrative translation and not a literal or technical reproduction. Therefore, the transcribing process involves judgements and decisions that require transparency, such as the level of detail to transcribe, whether to transcribe verbatim as opposed to correcting grammar and speech, and whether to represent the non-verbal data (Davidson, 2009). Such selective decisions are necessary for all researchers (Frisch, 1990; Mishler, 1991). I decided to translate verbatim. Keeping with the individual interview data by capturing the emotions and embodiment of those words was intentional and integral to remain true to each of the girls' "lived experiences". Although it is expressed as being the "lived experience" of an individual pregnant Ugandan girl, the distillation of the experiences of the girls who participated in the study showed some commonalities of "lived experience." Bruner (1993) supported this by discussing how it is possible to work with research participants in a variety of ways, including recounting narratives, using narrators as characters or even one person being multiple characters who may "speak in many voices" (p. 413). This became a reality for me as a researcher in that my identity adopted multiple characters; I as a woman who identifies from the global majority, a midwife, an academic in midwifery/global women's health, and a researcher who "speaks in many voices".

The girls' words were not edited for readability. Grammar was not corrected for discursive representation, and minimal pronouns were changed to align with the constructed text. I chose to block quote and italicise all of the girls' narratives. Furthermore, in certain circumstances, I included specific exchanges from the interviews that more fully revealed and opened up the phenomenon or demonstrated the evolving and iterative nature of understanding, which emerged by including my presence and questions as part of the lifted text. Ultimately, in consideration of what could be considered my authorial presence, I endeavoured to remain true to the girls' words, thoughts, and the presentation of those words and thoughts. This aligns with Heidegger's concept of "they".

The phenomenological reflexive thematic analysis was guided by Braun and Clarke's (2021, adapted from Smith et al., 2022) seven-step process illustrated in Figure 3. Each phase of the method described is highlighted in bold text. The process was additionally supported by Heidegger's notion of the "clearing" or *Lichtung* (Heidegger, 1971) (Figure 3). In its simplest terms, the clearing is a metaphor for a clearing in a forest, a space where the trees thin and clear and through which light can pass: "In the midst of beings as a whole an open place occurs. There is a clearing, a lighting…" (Heidegger, 1971, p. 53).

On a deeper level, Heidegger's clearing is an aperture through which the concealed can be revealed: "Only this clearing grants and guarantees to us humans a passage to those beings that we ourselves are not, and access to the being that we ourselves are" (Heidegger, 1971, p. 53).

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┌─────────────────────────────┐        ┌─────────────────────────────┐
│   Data collected through    │══════▷ │  Recorded material was      │
│ online semi-structured      │        │  manually transcribed + use │
│ interviews and focus group  │        │  of software program        │
└─────────────────────────────┘        └─────────────────────────────┘
                                                    ║
                                                    ▽
┌─────────────────────────────┐        ┌─────────────────────────────┐
│          Step 1             │◁══════▷│          Step 2             │
│ Familiarising & Engagement  │        │      Initial Noting         │
│ Each transcript was read    │        │ Initial exploratory notes + │
│ and re-read whilst repeated │        │ reflection (in the margin   │
│ listening to the            │        │ of transcripts) were made   │
│ corresponding audio         │        │ followed by closer analysis │
│ recording                   │        │ to identify descriptive,    │
│                             │        │ linguistic (words &         │
│                             │        │ phrases) and conceptual     │
│                             │        │ qualities                   │
└─────────────────────────────┘        └─────────────────────────────┘
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**Step 3**
**Emergent Themes**
Patterns were mapped, connections and interrelationships made between data items/content essence to develop emergent themes

**Step 4**
**Searching for Connections**
Concept mapping, subsumption and polarisation used. 'Chunks of data' and 'notes' clustered together. Consideration of relational connections within and across emergent themes

**Step 5**
**Refining & Defining**
Steps 1-4 repeated 4 times for each participant's transcript

**Step 6**
**Patterns: Similarity & Difference**
Continuing the individual analysis. Patterns looked for across all transcripts; superordinate and subordinate themes were identified and organised

**Step 7**
**Interpretation**
Interpretation to a deeper level. Reviewing collective created themes across data set

Heidegger's Clearing (Heidegger 1971)

Figure 3: Reflexive Thematic Analysis: Seven-Step Process (Adapted from Smith et al., 2022 and Braun & Clarke, 2021).

### 4.9.1 Data Immersion

The recorded data were listened to and transcribed into NVivo 12. NVivo is a computer-assisted qualitative data analysis software (CAQDAS), which is merely a tool to assist the researcher in completing their analysis the way they want to. As with any medium of thematic analysis, it facilitated the coding of data into major themes categorised around the research question. Although I saw some merit in its use, and it served a purpose to a certain degree, I was concerned about it producing a perfunctory representation in distancing me from the data. As such, all recordings were transcribed verbatim and deeply embodied and crafted by me to find material which captures the essence of the lived experience. Interviews are often described as "a conversation with a purpose" (Smith et al., 2009), and once finished, they are transcribed verbatim. The stages, as outlined in (Figure 3), included familiarisation with the data, essence of meaning/generation of initial codes, the searching for and review of themes, naming and offering explanations for each theme, and lastly, writing the report (Braun & Clarke, 2021; Smith et al., 2022). This was not a linear process; the reality involved going back and forth with the data for analysis as new insights emerged. Wagstaff et al. (2014) likened this to the movement of an accordion. However, as a novice IPA researcher, I would like to offer an alternative analogy and suggest that, for me, the process of IPA data analysis compares more suitably to a labyrinth. Walking through a labyrinth takes us through numerous twists and turns while guiding us to a deeper meaning and understanding. What looks like an end point can also be a beginning point. The process of IPA data analysis aligns strongly with this journey, as data analysis begins with scrutiny of the participants' articulated lived experiences, then moves away from them when considering emerging themes, only to return to reveal superordinate and subordinate themes.

Familiarisation with the data (Step 1) required reading, re-reading, listening (initially to the entire interview, then listening and re-listening to short sections of every interview, slowing down the recording where necessary), and watching the video/audio interview recordings and re-reading again. I became fully immersed in the girl participants' world by imagining their voices while listening to and reading each transcript.

Initial noting (coding) (Step 2) involved generating succinct labels (codes) that identified important features of the data that might be relevant to answering the research question. An initial examination was made of the field notes/comments, and they were highlighted in colour in the text of the participants describing what mattered, such as feelings, family, and community. Emerging from this, and alongside it, I found that more interpretative noting assisted in understanding how and why the participants had these fears (Smith et al., 2022). I looked for what sat under the broad coding categories: "*Being, Belonging and Becoming*". These categories came from the initial elements identified as capturing the girls' experiences. It then involved moving away from them to coding the entire dataset, after which all the codes were collated into sub-codes, and then all relevant data extracts were collated for the later stages of analysis (Appendix Five). This was a long iterative process, which had to be paused to gain a fresh perspective to ensure that the coding was reasoned and logical (Braun & Clarke, 2021; Smith et al., 2022).

Emergent themes were identified with a central organising concept to both explain and hold together each supporting quotation within each theme (Braun & Clarke, 2021) (Steps 3 and 4). Smith et al. (2022) suggested supporting this process by developing a visual concept map, which I did. I found this manual coding visually helpful, tactile, and intuitive, as it supported a deeper engagement with the data. Also, I was aware of the need to represent each participant authentically by using verbatim excerpts from the transcript. I was also mindful of noting any interconnectedness across the superordinate and subordinate themes. The analysis of the data was an iterative process. Watching and listening to the audio-recorded interviews to produce a version of the information in writing was a process that involved a discursive approach and interpretation. Repeated listening to the girls' "story" helped me to develop an understanding of the rhythm of the conversation, and, on each hearing, extra layers were added. The later listening concentrated mainly on the words and phrases that suggested a particular emotional engagement with the experience, for example, "*I felt…*", "*I believed…*" and "*This made me want…*". Further listening focused on the pauses (voiced and unvoiced) between the words, the tensions and the tone shifts, the laughter, the shifting of gaze, and the noises, such as "*clicking*" and "*tut*" as discussed earlier, and exhaling. A large proportion of the meaning of language lies in

the nuances in the context of the spoken word. A pause or shift in tone can often change the meaning of the word depending on the context in which it is heard. I was trying to make sense of the girl participants' attempts to make sense of their experiences while also searching for connections across the themes (Smith et al., 2022). The spoken interactions within the transcripts and significant paralinguistic features provide further context, for example, nodding, but not intonation or the length of pauses or hesitations (Braun & Clarke, 2013, p. 162), as these were not deemed relevant to this thematic analysis. I was going back and forth with the data from the shared experience to revisit aspects of interpretative analysis (coding, themes). Dowling (2011) reminded the researcher to be mindful of the importance of entering the hermeneutic circle in considering the non-linear nature of the analysis by exploring the interconnectedness of the parts to the whole and vice versa and helping to ensure analytic rigour. This process was shared and discussed with my supervisors at a progression review. Robust and established models of sample size sufficiency (Morse, 2000), data adequacy (Vasileiou et al., 2018), and thematic concordance (Guest et al., 2006) to assess data quality to IPA were all deemed to be exceptional. In all, over 32 hours were spent listening to the interviews and annotating each of the transcripts. Heidegger's hermeneutic circle provided ongoing structural guidance for the research process, such as re-reading and re-writing to increase interpretation and understanding and to refine key messages (in what the data appeared to be saying (van Manen, 1990)). Ongoing reflection and repetition were essential to understanding and writing phenomenologically (Smythe, 2011; van Manen, 1990).

According to Smith et al. (2022), immersion by the researcher into each individual story identifies key phrases, themes, and words by defining and refining them. This process required constant reiteration, with the responses being refined and checked against the original transcripts to maintain the intent and focus on individual experience as interpreted from the interview data. Then, moving to the next participant, I had to "bracket" the previous themes and consider the next participant (case) with "open and fresh eyes" (Step 5). The themes began to blend in the search for connections across the emergent themes, and from this, the voices of the girls began to be heard. Continuing the individual analysis (Step 6) required moving to the next participant's transcript and repeating the process of Steps 1–5 while seeking patterns

of similarity and difference. The themes, although manifesting themselves at different times within the course of each interview, were often expressed with almost identical phrases by the girls who shared their stories.

Further reflection followed; writing a small synopsis for each theme was a useful way of "testing" them (Smith et al., 2022). This resulted in the synthesis of the six themes with a decision to integrate the focus group into a theme. Please see the findings chapter for further details.

The interpretation was moved to a deeper level (Step 7) by reviewing the themes across the data set generated in the previous step and thereby creating a collective set of six themes. I aimed to reveal further and elicit the meaning of the girls' experience. The shared and unique features of the experience across the contributing girl participants were highlighted. A concerted effort of organising and writing followed. However, this stage was not the endpoint of the research study (see Chapter 7).

## 4.10. The Hermeneutic Circle
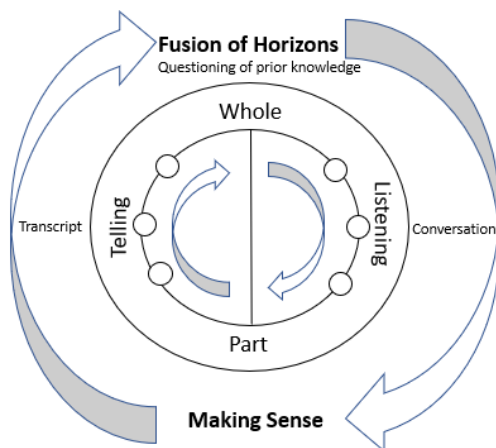


Figure 4: The Hermeneutic Circle Congruent with Interpretative Phenomenological Analysis (IPA)

The intention of the hermeneutic circle (Figure 4) as a method of inquiry within Heideggerian hermeneutics observes that all forms of human enquiry are circular (Spanos, 1976), accentuating the nature of Being and, indeed, Being as a never-ending circular process. The hermeneutic circle is considered an expression of the

existential fore-structure of *Dasein* (existence) itself while assisting the researcher as they seek to make sense of the participant(s) making sense of their world(s) and ultimately an expression of understanding (Smith & Osborn 2007). The hermeneutic circle should also be thought of as an iterative process involving moving between elements of meaning or between the parts and the whole of the investigated lived experience (Smith et al., 2022; 2009). In Heideggerian phenomenology, it is only when preconceptions of something's Being before approaching it to understand it: only then can mutual understandings be revealed through the telling and listening of stories that resonate with others. This was particularly evident in the interviews and the focus group interview. The reciprocal understanding then enabled shared possibilities for learning and understanding of the phenomenon of adolescent pregnancy in Uganda.

Heidegger (1962) himself referred to the circular argument and stated that existential analytic could not be avoided due to the analytic not being evidenced through logical, consistent rules; according to Heidegger, "It is not to get out of the circle of understanding but to come into it in the right way" which is essential (Heidegger, 1962 pp. 195/153). Furthermore, the interpretive process is always reflexive and never-ending. Albert (1994) contested Heidegger's ability to accept criticism by "deliberately sheltering it under a mantle of apriorism". This poses the question of whether there is knowledge without experience, which can lead to divergence regarding the opinion of whether the circle in itself has no determinate truth. Heidegger (1962 pp. 315/363) advises: "We must endeavour to leap into the 'circle', primordially and wholly, so that even at the start of the analysis of *Dasein* we make sure we have a full view of *Dasein's* circular Being."

In the case of this study, I, as the researcher, made the metaphorical "leap" into the circle and, through a phenomenological interpretive lens, attempted to view the circular being of the *Dasein* of each participant in order to interpret their lived experience of adolescent pregnancy in Uganda.

## 4.11 Lifeworlds

Heidegger (1962, p. 106/75) referred to an entity as "coming alive" or "lighting up". In this study, the entity is not only the participants themselves but also the entity of the phenomenon of adolescent pregnancy and how the journey from pregnancy to motherhood is navigated among a group of girls residing in a pregnancy centre in Uganda. Exploration of this phenomenon, as "how-the-worldly-character-announces-itself to each participant", was illuminated through the analysis of their data. The process of "lighting up" may be described as coming back to their "lifeworlds".

Heidegger's (1962) concept of the lifeworld was related to the notion that the nature of human experiences is intrinsically entwined with historical, cultural, political and social influences. These influences are perceived to provide the basis on which a person comes to engage with, understand, and make sense of their lifeworld. As such, Heidegger's (1962) notion of being-in-the-world means that one cannot separate those influences from experience. Husserl (1970 [1954], p. 128) felt that we do not "reason" phenomena; rather, we "live them" and that "lifeworld" signifies the world of human experience, where the living and experiencing of phenomena take place. The lifeworld moves, changes, and is grounded on existentials, time, space and relationality, which describe how all human beings experience the world, albeit in different ways (van Manen, 1997).


Once themes had been identified for each girl participant, a detailed interpretation of that girl's lifeworld was created. Heidegger (1962, p.106/75) discussed "how-the-worldly-character-announces-itself" and comes alive or "lights up". This course of illumination is described as coming back to their lifeworld. Themes were generated for each participant. This understanding came from the interpretative connection between the participant and the researcher. The organisation of common themes across individual lifeworlds would ultimately bring the themes together into a collective "lifeworldhood", which will be explained and illustrated in detail in the findings. See Chapter 5 (section 5.4).

**4.12 Research Trustworthiness and Rigour**

Trustworthiness within research, or "rigour" as it is also referred to in some of the literature, enables others to scrutinise the inquiry for methodological worthiness (Roberts & Taylor, 1998). It is fundamental to establish high-quality research throughout the research process, data collection and analysis. Previous studies have debated the need to confirm rigour in qualitative research (Bengtsson, 2016; Korstjens & Moser, 2018; Noble & Smith, 2015). Meticulous steps and a clear and consistent methodological process must be followed to ensure trustworthiness occurs within any research study. As in an IPA inquiry, shared experiences, biases (conscious and unconscious), or pre-understandings are overtly acknowledged (Cowan et al., 2011; van Manen, 1990). On previous visits to Uganda in the role of midwife and midwife academic, I always ensured that I provided sensitive, culturally safe, and respectful midwifery care. Within this research, I, as a researcher with years of contemporary professional midwifery lived experience, provided important insight into the phenomenon, enriched interpretations of the data, and offered an enhanced trust and connection with the participants.

Remaining mindful of what could be revealed in the data, Smith (2011, p.7) described them as "gem(s)". These are rare words that can provide "analytic leverage" and add important value to the research. Smith (2011) contended that when looking for them, one should consider Husserl's recommendation to "go back to the things themselves" (2001, p. 168). This is the key to the "essence" one seeks to identify through IPA. Following the hermeneutic circle as a research process ensured that my ongoing reflexive and reflective engagement, including not only going back but also documenting early analytical assertions, contemplating, journaling, and debriefing confidentially with my close inner circle of critical friends.

According to Emden and Sandelowski (1998), rigour demonstrates the diligence, value and integrity of qualitative research. Appraising rigour in an interpretative phenomenological study can be problematic due to the incompatibility between the philosophical underpinnings and standard points of reference (de Witt & Ploeg, 2006; Kay et al., 2017). For example, Sandelowski's (1986) notion of "confirmability" depicts

freedom from bias as a central component of rigour (de Witt & Ploeg, 2006; Sandelowski,1986). In the context of interpretive phenomenology, collective experience or bias are openly acknowledged rather than disregarded, which is congruent with an in-depth methodological approach as opposed to a lack of rigour (de Witt & Ploeg, 2006; Kay et al., 2017; Smythe, 2011, cited in Thompson et al. 2011). Ensuring rigour is fundamental due to the direct implications for the legitimacy and relevancy of the findings.

Lincoln and Guba (1985) and Miles et al. (2014), all qualitative researchers, proposed five fundamental principles to ensure research trustworthiness and rigour: credibility, transferability, dependability, confirmability and reflexivity.


### 4.12.1 Credibility

Credibility is the confidence that can be placed in the truth of the research findings (Bengtsson, 2016; Korstjens & Moser, 2018), sometimes known as the truth value, which accepts multiple realities, such as the researcher's personal experiences as well as the participants' viewpoints (Noble & Smith, 2018). Within a phenomenology methodological context, "credibility" is achieved by showing how interpretations are arrived at during the inquiry. As this is a phenomenological study, it sought to capture the "lived experience" of the phenomenon in question by adolescent girls. The use of interviews and a focus group, punctuated by the time period of engagement and trust-building, also potentially enhanced research credibility by extending the opportunity for the expression of difference on the topic (Lincoln & Guba, 1995). This aligns with Heidegger's concept of temporality, in which each participant's lived experiences of Being could be interpreted contextually in relation to time. "Temporality" not only unifies past, present and future but is also the structure of *Dasein's* purposeful acts (Heidegger, 1962). The period offers a likely distinction of interpretation and thus aligns with Heidegger's standpoint that there is no one absolute truth or answer to this research question but only an interpretation according to the context of Being and Time. Therefore, the analytical process is crucial to credibility.


The use of verbatim quotes from the transcribed interviews, presenting the "voice" of the girls' "lived experience", gave authenticity and, therefore, credibility to the findings.

Consequently, when the girls were given the opportunity to provide verbal feedback on their transcripts, they could recognise their own "voice", thus giving credibility to the data (Sandelowski, 1986).

### 4.12.2 Transferability

Transferability permits the findings of the research to be applied to other contexts. For Koch (1998), this ability is reliant upon the degree of parallel between the two contexts. Denzin and Lincoln (1994) suggested that qualitative research uses a range of methods, with context being seen as an important factor. Within this study, a conscientious effort was made to record the context and environment in which the phenomenon was experienced. According to Davidson and Tolich (2003), the research question should clearly reflect the concept the researcher is actually looking for and the extent to which the study results can be applied to a wider population. Key findings and recommendations could be adapted to other countries within sub-Saharan Africa.

### 4.12.3 Dependability

Dependability relies on making explicit "decisions taken about the theoretical methodological and analytic choices throughout the study" (Koch, 1998). For Koch, the reader should be able to "audit the events, influences and actions of the researcher" (1996, p. 178). Byrne (2001) referred to the audit trail as a record of the research process for external validation in assessing the rigour of the study. Lincoln and Guba (1985) also discussed the use of an audit to address dependability.

### 4.12.4 Confirmability

Confirmability, according to Lincoln and Guba (1985), is the degree of neutrality or the extent to which the findings of a study are shaped by the participants and not by researcher bias, motivation or interest. Nowell et al. (2017) stated that the researcher's interpretations and findings should be clearly derived from the data. During the data analysis process, there was continuous reference to the interview transcripts and field notes and alignment of the findings with the data at all times. Reflexivity supported my ability to remain true to the participants' voices and helped this research achieve creditability, transferability and dependability.

## 4.13 Positionality and Reflexivity

Concepts of positionality are used together with reflexivity for researchers to contemplate and justify the impact of pre-existing personal values, biases and beliefs (Berger, 2015) and to offer transparency to the co-constructed nature of data collection within phenomenological interpretive research (Bignold & Su, 2013; Carter et al., 2014; Korstjens & Moser, 2018). Berger (2015) suggested that a researcher's positioning includes race, gender, class, age, personal experiences, theoretical and political stances, and emotional responses to the participants. Berger (2015) also postulated that those attributes affect the research process in three ways: access to the "field", shaping the researcher–participant relationship, and shaping the data collection, analysis and conclusions of the research. Therefore, acknowledging positionality and reflexivity is fundamental to trustworthy qualitative research (Horsburgh, 2003). In Chapter One of this study, my positioning in relation to the research phenomenon is outlined; it was drawn from my professional, personal, and research experiences/interests, which situated my *a priori* midwifery philosophy as a beginning for reflexivity that was maintained throughout the research study. I remained mindful of whether my *a priori* philosophy would affect my approach to the research field. I had already considered that several previous visits to the centre would position me well with some context of how to frame the study, namely, that I was a woman proud of my Afro-Caribbean heritage, an experienced midwife, and an academic who is passionate about equity, human rights, social justice, and sexual and reproductive health rights for girls and women in low-income countries. According to Berger (2015) and De Tona (2010), perceptions of the researcher's compassion for the topic can positively benefit the number of potential participants interested in the study and their willingness to share their stories. This emulated my experiences in this study and was of value to the research process.

Etherington (2004) described reflexivity as the conscious ability to recognise how one's subjective experiences shape the process of research and interpretation, informed by, but not defined by, self-awareness. Reflexivity is the process of reflecting critically on the impact of the self on the research. This was achieved by adopting a reflexive stance in self-awareness and positioning the study with a focus on the participants and their stories (Corbin & Morse, 2003), thereby increasing the

trustworthiness and validity of the outcome and enhancing the transparency of the findings (Bishop & Holmes, 2013). To achieve all the above, I kept a reflective journal throughout the study. This strategy is recommended (Fraser, 2004; Ortlipp, 2008), and it was advantageous in developing my reflexive skills in both thinking and writing (Guba & Lincoln, 1985). I purchased aesthetically pleasing journals (Figure 19) and pens, specifically for this research. Furthermore, I needed to remain "true" to the research process and know that "truth" is generated through social interaction (Groundwater-Smith & Mockler, 2007). Dialogical construction is required in the interpretation of the data and of the knowledge generated (Cousin, 2013). While this concept itself is questioned (Darawsheh, 2014), identifying one's own assumptions and beliefs can be challenging, as supported by Alvesson and Skoldberg (2000). Highlighting this is an extract from my reflective journal following the first day of interviews:

*At first, I thought I had gone into the interviews with an open-mind and mindful not to let bias from my past experience at the pregnancy centre derail my thinking of what I was about to hear. All the girls spoke English, but some would occasionally use some Lunganda words, which would then be paraphrased by the counsellor. One girl in particular looked to the counsellor and began to have a lengthy conversation in Lunganda. The counsellor responded back in Lunganda, and both began to laugh. I wondered what was said. The conversation was then translated, but I could not help but wonder if anything would be 'lost in translation'. In that moment, I felt a degree of distance, an outsider from the conversation and the study and had to intentionally re-position/immerse myself. I wanted to ask a question for clarification at that point, but felt the moment had passed. (*Reflective Journal 12th November 2020)

In light of this, it was essential for me to explore how knowledge is constructed and authenticated, and I wanted my accountability to be clear about my position as a "brown-skinned" woman, midwife, academic/lecturer in midwifery and researcher.

Ethics and reflexivity are closely interrelated concepts that are fundamental in qualitative research (Berger, 2015). Bettez (2015) and Pillow (2010) noted that

researchers bring their personalities, experiences, beliefs, ethnicity, and prejudices to the research, which can be woven through the process. This may affect the "scrutiny and interpretation" (p. 275) of data analysis (Guillemin & Gillam, 2004). Finlay (2002, p. 209) equated the process of reflexivity to "muddy ambiguity" and researchers having to "negotiate the swap of interminable deconstructions, self-analysis and self-disclosure" and offered a series of maps to navigate the ethical landscape. I certainly felt like this and needed tools to navigate the landscape. Corbin and Morse (2003) stated that the focus should be on the participant and their story, thereby increasing the trustworthiness and creditability of the outcome by transparency of the findings (Bishop & Holmes, 2013). According to Alvesson and Skoldberg (2000), identifying one's own assumptions and beliefs can be challenging. It is important to consider assumptions and possible biases, as they help inform both the method and the methodology. Smythe (2011) and van Manen (1990) stated that in IP investigations, shared experiences, biases or pre-understandings are common and are explicitly acknowledged.

Despite having some knowledge and understanding of the social/cultural context of the research setting, I was still positioned as an "outsider" due to the power imbalance between myself as the researcher and the girls (Juritzen et al., 2011). To ensure the voices of the girls were "heard", I selected quotations from certain participants, written verbatim within the findings chapter, that speak about the phenomenon under study. As the researcher, I could be considered an outsider who has some expertise in theory and research but only limited knowledge regarding the setting (Juritzen et al., 2011). However, being an outsider looking in may bring some neutrality and understanding (Ellis, 2007). Thus, I hoped that I could position myself as an "in-betweener" by being impartial, adopting a less biased approach, and ensuring collaboration throughout the research process (Milligan, 2014). During the research journey, I reflected on the knowledge I already held and the new knowledge created (Eriksson & Kivalanien, 2008). A comment by a participant (interviewed twice) at the end of her interview was regarding how she had imagined the researcher (me) until they had seen my photograph at the top of the participant information sheet:

> *'I thought that you would be an old white woman.'* (Reflective Journal 14th November 2020; 25th February 2021)

This made me smile, and at this point, I felt it necessary to share a little more of myself.

## 4.14 Ethics

As a midwife and academic in midwifery, ethical principles guide every aspect of midwifery practice, professional conduct, and all interactions (NMC, 2018a). The principles of health professionals' practice are based on beneficence, non-maleficence, respect for autonomy, and justice (Beauchamp & Childress, 2001; Clarke, 2015), all of which are upheld to support the ethical principles in this research.

Any research carries a great level of accountability towards the research participants involved in that research. Guidance is based upon the ethical principles of autonomy, free and informed consent, veracity, respect for vulnerable persons, privacy and confidentiality, justice and inclusiveness, and harms and benefits (Department of Health, 2012). Thus, ethical considerations were identified and remained paramount as part of this research study. The notion of ethical considerations is balanced by the principles of beneficence and non-maleficence, a moral principle ("above all, do no harm") and beneficence (above all, to do good).

### 4.14.1 Ethical approval

Ethics has been defined as a "matter of principled sensitivity to the rights of others" (Cavan, 1997, p. 810). The British Educational Research Association (BERA) guidelines (2018, p. 2) highlight adherence to "the spirit of the guidelines" through maintaining a position of "ethical mindfulness" (Bond, 2012, p. 110). This was my intent throughout this research process. Ethical considerations were identified and addressed throughout the study in accordance with the BERA (2018) Ethical Guidelines and the University of the West of England Research Ethics Committee. Ethical approval for the study was granted by the University of the West of England Faculty of Arts, Creative Industries and Education Research Ethics Committee on 7 October 2020 (REF No: ACE.20. 08.001). A copy of the approval/confirmation letter can be found in Appendix Sixteen.

According to Graham et al. (2013), ethical research involving children is required to recognise the cultural location of the research, and it is crucial to place relationships "at the core of ethical research" (p. 13) by upholding the United Nations Convention on the Rights of the Child (UNICEF, 1989). Further guidance on ethical considerations in planning and reviewing research studies on sexual and reproductive health in adolescents was gained by reviewing this WHO document, which is designed to inform researchers involved in this area of research about commonly occurring situations and challenges.

Prior to accessing the participants, a research governance form and risk assessment form was completed as part of the University Ethics process (BERA) (2018).

Ethical consent in-country was a consideration that required further investigation. Searching for national guidelines for research ethics involving human participants in sub-Saharan Africa was extremely complex and frustrating. Emails sent to various research ethics committees received either no response or bounced back as an address error. However, as the pregnancy centre in Uganda has legal guardianship over the girls, I therefore received consent from the director of the pregnancy centre (Appendix Six).

### 4.14.2 Benefit and foreseeable risk

The participants were informed in the PIS:

*There are no direct benefits to you in taking part, although some people feel better after talking about their experiences, and this information will help us to better understand the experiences of young pregnant Ugandan women. There are no risks to taking part in this study, but you may become a little emotional talking about your pregnancy. If you feel sad or do not want to talk about anything we ask, that is fine. The study will take about an hour of your time.*

One of the initial ethical considerations that guided the research approach was the age of the participants. I was aware that interviewing adolescent girls under the age

of 18 brings additional ethical risks in terms of vulnerability, negotiating access, gaining informed assent, and the potential to cause unintentional harm.

Furthermore, I and the supervision team had all completed safeguarding training (Appendix Seventeen). Guided by the work of Perot and Chevous (2018) and Williamson et al. (2020), I developed a Trauma-Informed Care Framework, which was used to recognise the trauma of research participants during the research process and ensure the emotional safety of the researcher (Appendix Eighteen). An online meeting with the centre counsellor was held prior to the interviews, providing an opportunity to discuss the research, for the counsellor to ask any questions and offer any thoughts, and to develop a mutual understanding of how support would be offered. Participants were informed verbally, and at the same time, the PIS was distributed and discussed, and the centre counsellor would be present throughout all of the interviews, including the focus group. A weekly check-in with the counsellor for the month preceding the interviews confirmed that no new trauma or trigger was reported as a consequence of participating in the study. I also had counselling in place for debriefing myself as a researcher if I heard traumatic stories that affected me. I was grateful to know that the study stayed true to the Hippocratic oath of "first do no harm" (Jansen, 2015).

### 4.14.3 Informed assent and consent

As stated earlier, the pregnancy centre in Uganda had legal guardianship over all the girls residing at the centre and, therefore, over the potential study participants. Consent was gained from the director of the pregnancy centre (Appendix Nine), who also acted as gatekeeper. According to Jensen (2015), a duty of care and upholding ethical principles are paramount throughout the research process.

Informed consent is central to any research that is based on the principles of autonomy and self-determination (Mandal & Parija, 2014). Parahoo (2006, p. 25) defined informed consent as "the process of agreeing to take part in a study based on access to all relevant and easily digestible information about what participation means, in particular, in terms of harms and benefits". Additionally, prior to commencing each interview, participants were again asked to verbally reaffirm that they had read and

understood the PIS (Appendix Seven) and that they gave their assent and/or consent to participate.

All participants were offered a debriefing session following each interview, and the counsellor was available onsite for those who may have required any psychological support and/or counselling. My colleague in Uganda, who supported the logistics of setting up the interviews and focus group, informed me that she felt the girls understood they had the choice to participate or not in the study.

### 4.14.4. Confidentiality

Participants were assured of anonymity in that no names, place names, or identifying features would be used within my writing (Frankfort-Nachmias & Nachmias, 1992). I was cognizant that complete confidentiality could be a breach of my ethical responsibility as a researcher, as it could potentially leave certain occurrences "unacknowledged or unreported" (Wiles et al., 2008, p. 419). Therefore, the stance taken was that if abuse were disclosed within the interviews, first, it would be acknowledged and named as such while providing emotional and psychological support through the centre counsellor and, second, this would be balanced by empowering and supporting the girl to report it initially to the director of the centre. This was clearly set out in the PIS and was explained to the participants to help inform their decision on whether or not to participate: "When children and young people participate in research, their interests must prevail over those of science, study and society where there is conflict" (Andrews et al., 2017, p. 2).

Participants were informed in the PIS regarding disclosure:

Everything you tell me will be kept confidential and anonymised (unnamed) when I write out what you have said. The only exception to this is if you tell me anything which indicates a risk to your life or others. In this case, I will need to inform others to protect you and your unborn baby.

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Participants' anonymity was maintained throughout the writing. All data were stored securely within encryption software and password-protected files (Boddy et al., 2015). Following completion of the study, findings were summarised and shared with the centre director.

### 4.14.5 The ethics of conducting research overseas

The principles of researchers working in the Global South and self-regulation with practitioner researchers being in the field (Clarke, 2016) brought further ethical considerations (Shaw et al., 2011; WHO, 2011). The geographical context of working in a country and cultural context that is not my own might have raised some issues that may be acceptable in this context, such as a legal system that can be slow in the prosecution of perpetrators of sexual violation of young girls. The pregnancy centre had protective measures in place regarding safeguarding procedures. Similarly, retaining an internal moral compass to notice and respond to "ethically important moments" (Guillemin & Gillam, 2004, p. 262) and "ethical mindfulness" (Bond, 2012, p.110) was paramount.

I remained cognizant of my insider/outsider positionality by avoiding Western expectations. I addressed this by reflexively analysing the variability of my position as a midwife, academic and researcher with a background in global women's sexual and reproductive health and having previously worked in this context in Uganda. According to Royer et al. (2020), with cultural relativism in mind, an individual's values and practices must be viewed through the lens of their sociocultural context and not judged based on the values of another culture.

### 4.14.6 The ethics of researching pregnancy in adolescence

Pregnancy can be a sensitive topic for a number of reasons, especially in this context due to the age of the girls. A duty of care was given to sensitive issues which could cause emotional distress to the research participant. All participants were offered a debriefing session following each interview, and a counsellor was available onsite for those who may have required any psychological support. It was anticipated that this support would minimise any harm to the participants.

## 4.15 Summary

This chapter opened with an overview of the research question, aim, and objectives, followed by a thorough elucidation of the study design and chosen methodology. A detailed description of data collection, management, and analysis was provided, and ethical considerations were discussed. Chapter Five will present the findings of this research.

**Chapter Five: The Findings**

> Until [girls] have the vocabulary with which to express ambivalent and even negative feelings regarding pregnancies…they will continue to suffer in silence. (Lundquist, 2008 p.152).

## 5.1 Introduction

This chapter presents the research findings. It begins with a presentation of the three superordinate themes (foundational perspectives), followed by the subordinate themes that were identified from the interviews.

Phenomenological research aims to ask the question, "What is the nature of this phenomenon…as an essentially human experience?" (van Manen 1984, p.57). The study intends to uncover and interpret the nature of the phenomenon of adolescent pregnancy to early motherhood in Uganda. This chapter progresses to identify and explore the themes that emerged out of the girls' stories.

The major themes were difficult to delineate from each other, as there were many codes of relevant meaning as well as categories of meaning that crossed the boundaries between the themes. Therefore, the themes are intertwined, which makes it challenging to discuss them separately, concurring with Heidegger's views on the "world" and "person". A blurring of the boundaries can be expected due to *Dasein*; "person" and "world", as previously highlighted, are self-interpreting and cannot be analysed alone. Phenomenology requires us to look beyond the everyday experience rather than considering issues in isolation, as we do not live in isolation but within a world and all of its complexities.

It is worth remembering that themes are not the end point of phenomenological reflection but provide a framework for phenomenological description and interpretation. They are "like knots in the webs of our experiences, around which

certain lived experiences are spun and thus through meaningful wholes" (van Manen 1990, p. 90).

## 5.2 the Underlay of Three Foundational Perspectives

The six main themes/"patterns of meaning" that emerged from the exploration into the lifeworld of the pregnant adolescent girls are underlaid by three foundational perspectives known as the superordinate themes: "Being"—in an unknown world, "Belonging"—finding a sense of self, and "Becoming"—changing to and moving forward. The foundational perspectives and six themes revealed themselves simultaneously. These perspectives and themes are interpreted through a phenomenological lens and will now be discussed.

### 5.2.1 Being—in an Unknown World

What was strongly presented in each of the pregnant adolescent girls' stories was a sense of Being in an unknown world, having found themselves pregnant; however, many had witnessed pregnancy and motherhood within their families and community. Therefore, this was not a new phenomenon for the girls. The girls' pre-understanding about pregnancy and the journey to motherhood was rooted in their experience of being-in-the-world of pregnancy and the journey to motherhood. The girls experienced and witnessed aspects of this world in relation to other people in that world, such as family, friends, and their community, which is seen as important. Inwood (1999) stated that "thrownness" is always present and is seen in various moods, such as expectation, fear, or disappointment, which *Dasein* reveals. Heidegger described "thrownness", explaining that *Dasein* (the human kind of being) is "thrown" into its "there" (Heidegger, 1962 p.173). The adolescent girls in this study were "thrown" into the world that surrounded them and were confronted by a range of situations set by their cultural milieu (Guignon, 2012), in this case, adolescent pregnancy and early motherhood. As such, they found it difficult to separate themselves from anything else. For example, "*Because I have a baby, the baby changes you from a girl to a woman*" (Faith). In other words, their world became their pregnancy and impending motherhood. In that world, the participants encountered an array of tension and paradoxes, such as identity, embodiment in trying to (re) construct understanding of

themselves according to Collins (2010) and feelings about others, as well as their position within the family and community (Maly et al., 2017). In essence, the girls had to navigate and attune themselves by creating their existence in terms of what they perceived as possible in their future "becoming", aligning with Heidegger's concept of "they" as discussed in Chapter Four. It alludes to the context of adolescent pregnancy and early motherhood, with the girls unconsciously finding themselves, yet as "they" are thrown into this world, it serves as a shared basis for everyday understanding (Bessant, 2011). As "Everyday being-with-one-another", the pregnant adolescent participants became dependent on others as "they" inconspicuously dominated the way to be (Heidegger, 1962).

### 5.2.2 Belonging—finding a Sense of Self

Heidegger used *Befindlichkeit* (a German word), which means a state of mind, mood or feelings. Moods are described as the "lenses through which things, people, animals, events, and aspect in the world matter to us" (Freeman, 2014, p. 446). Mood also refers to "how we sense ourselves in situations" (Gendlin, 1978, p. 2). Indeed, moods are already there but may not be noticed (Heidegger, 1995). *Dasein* is attuned through mood, and this "colours and influences every encounter, experience, thought, belief and desire that we have" (Freeman, 2014, p. 450). It influences how we experience our world. It is *Befindlichkeit* that I refer to and the girls' belonging through finding a sense of self. Narrated throughout the girls' stories was the desire to find a sense of belonging, be it within their family or community or with peers, due to adolescence being characterised by naivety, experimentation, pushing boundaries, and searching for acceptance. Eunice expressed her state of mind: *"… people younger than me and in the same situation…I am very comfortable [here]"*. The girls found a "space and place" within the pregnancy centre, which gave them a sense of belonging. They found in the centre others who were the same as them: adolescent and pregnant. While the centre provided all of Maslow's hierarchy of needs (1954), acceptance among their peers and a sense of belonging were most important. They would also be equipped with the life skills they needed to continue navigating their pregnancy journey to early motherhood and beyond. The context of the pregnancy centre, as discussed in Chapter One, highlights the importance of the girls residing in a safe place throughout their pregnancy, a place that they call "home".

### 5.2.3 Becoming—changing to and Moving Forward

Becoming is the "changing to" and "moving toward" positioning of oneself in the world. The girls were already in the world and in the process of becoming when layers adding to the complexity coexisted: being a girl, adolescent, and pregnant within the context of Uganda. They now had to navigate the pregnancy journey to motherhood. As highlighted in this study, becoming a mother represents an important transition from girl to woman to mother and is when a number of significant personal, social, biological and psychological changes coincide. The girls shared their stories with honesty and boldness. Some had accepted or were coming to terms with their situation and, therefore, were able to talk about and share their stories. However, some continued to carry self-blame. They had hope and aspirations for the future while also a newfound understanding because of their lived experience of who they were and who they wanted to become: *"Because I have a baby, the baby changes you from a girl to a woman"* (Faith) and *"… to be a good mother in the future"* (Franciso Desire). Therefore, in order for them to understand the situation, the world, and themselves, they had to go through this experience of pregnancy in adolescence in order to "become". In circumnavigating this journey, they would also find their "voice".

### 5.3 Introducing the Themes

The application of reflexive thematic analysis (RTA) and IPA brought forth six subordinate themes. These are presented in Figure 5.

The presence of these themes verifies and authenticates an accurate reflection of the original experiences. The six main themes: Transition: Girl, Woman, Mother; Temporality: Gazing into the past, present, and future; The Interplay of Feelings; Autonomy and finding the sense of selfhood; Expectation; and Sisterhood in Conversation (Figure 5). The girls' lived experience of pregnancy and their journey to early motherhood became transparent.
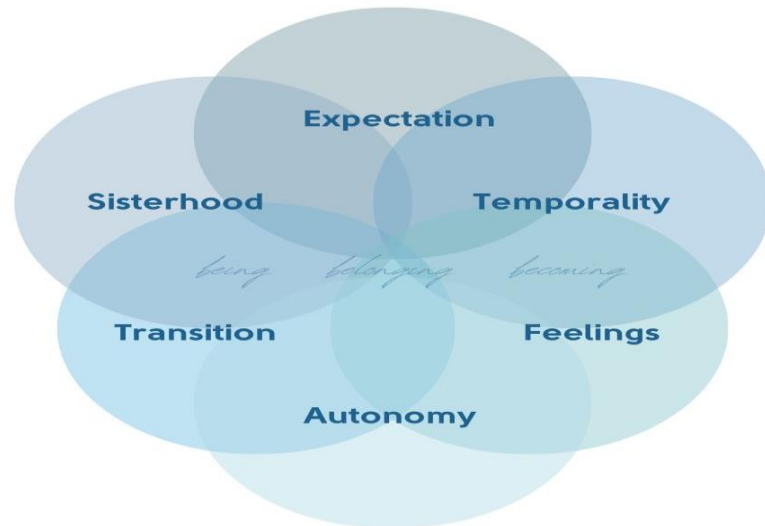
Figure 5: Superordinate and Subordinate Themes—The lived experience of adolescent pregnancy and early motherhood

For each participant, the interpretive descriptions are complemented by an illustrative conceptual framework (lifeworlds) for a visual understanding of the themes and their interconnectedness. The conceptual frameworks were iterative and reflexive in their development, constantly changing and reinterpreted according to Smith et al.'s (2022) seven-step framework adapted from Braun and Clarke's (2021) six-phase thematic analysis framework as discussed in Section 4.9.1. The framework enabled me, by reading the transcripts and listening to the "voices" of the girls', to examine the salient features in their narrative as they related to the research questions. A sample presentation of codes, categories and themes for the study participants (individual interviews and focus group) is shown in Table 10. The individual and collective "voices" of ten adolescent Ugandan girls' experiences of pregnancy and early motherhood are therefore presented and woven throughout the findings chapter.

Table 10: Example of Codes, Categories and Themes

| Transcript Data (Codes) Evidence: Example of quotation (participant in brackets) | Categories | Emerged Themes |
|---|---|---|
| *"When I came to [centre], I began a new life"* (Katherine)<br><br>*"… I have to grow up"* (Carol)<br><br>*"Harder than I thought"* (Dorothy)<br><br>*"Because I have a baby, the baby changes you from a girl to a woman"* (Faith) | New/Change<br><br><br>Adaption<br><br>Difficulty<br><br>Change | **Transition** |
| *"… to be a good mother in the future"* (Franciso Desire)<br><br>*"I would like to be a doctor"* (Evelyn) | Future<br><br><br>Aspirations | **Temporality** |
| *"At first I was like…I don't want this baby"* (Eunice)<br><br>*"I had fear"* (Evelyn)<br><br>*"My life was good before pregnancy"* (Jovia)<br><br>*"I had a lot of fear"* (Franciso Desire) | Rejection<br><br><br>Anxiety<br><br>Change<br><br><br><br>Anxiety | **Feelings** |
| *"I am advising all girls who are pregnant…not to abort the baby"* (Franciso Desire)<br><br>*"I thought that if I had an abortion…I could end up losing my life…"* (Carol) | Advocacy/Encouragement<br><br><br><br><br>Awareness | **Autonomy** |

| | | |
|---|---|---|
| "*At first I felt like aborting, but it would not be easy*" (Katherine) | Lack of access. No real choice | |
| "*You need good behaviours*" | Encouragement | **Expectation** |
| "*I will breastfeed for 3 months*" (Shanitah) | | |
| "*I wanted to be a doctor*" (Katherine) | Aspiration | |
| "*They call you 'Baby Mama'*" (Carol) | Stereo-type/labelling | **Sisterhood** |
| "*…young and having a baby*" (Josephine) | Commonality | |
| "*…too young to have a baby*" (Faith) | Situation | |
| "*I would advise not to accept any free gifts*" (Doreen) | Advice + coercion | |
| "*… people younger than me and in the same situation…I am very comfortable [here]*" (Eunice) | Commonality | |
| "having a good circle of friends" | Peers | |

The use of IPA is an attempt to construct some aspect of a girl's lifeworld (journey through pregnancy in adolescence to early motherhood) and yet remain aware that a lived life is always more complex than an explication of the meaning can reveal (van Manen 2014, p. 18). According to Lundquist, "There is no lived experience comparable to pregnancy" (2008, p. 140). Intertwined with adolescence, it adds another layer of complexity. This study draws on the importance of participants' desires and perceptions (Smith et al., 2009). It attempts to interpret complex meanings from participants and gain a deeper understanding of their experience of the world (Pietkiewicz & Smith, 2014). Thus, important to highlight is the unique subjectivity of pregnancy and early motherhood.

## 5.4 Lifeworlds

The following is an interpretation of the girls' individual lifeworlds of navigating the journey of adolescent pregnancy to motherhood. In Chapter Four, section 4.6.5, the participant information and demographics are represented in Table 8, adding to the context. Each girl is referred to by a self-chosen pseudonym, and the quotations used are anonymised to maintain confidentiality. Where direct quotations are used, they appear in italics, and words used by me appear in plain font. A short biographical history of the girl prefaces each lifeworld. For each girl, there is a conceptual illustration representing how their individual themes are woven together. This is preceded by an interpretive analysis of each of those themes to remain true to that individual's lifeworld perspective. As an iterative interpretation, it is organised according to the lifeworld themes and not presented chronologically according to the data. Lastly, the interpretation of all the lifeworlds according to the overall themes is presented as a collective worldhood of the lived experience of the pregnancy journey to motherhood for the ten participants in this study. Interpretation of this worldhood is presented through the application of a Heideggerian philosophy. Smith et al. (2022) suggested that one's true biases only really reveal themselves once the interpretation of the data has begun.

Attempting to remain true to the lifeworld as interpreted by each participant, understanding comes through the language, which is presented as authentically as possible in hearing the "voice" of each adolescent girl participant. It is not a generalisation of the stories, as it does not focus on only what is common between them and thereby produce a lessening of the original stories. Rather, this meta-narrative has sought to capture the particulars of each individual's story and later present them as a collective worldhood in a manner that remains authentic to the original stories in the hope that each girl can say, "This is my story".

## 5.5 Aishadi

Aishadi was 18 years old and six-and-a-half-months pregnant. Both Aishadi's parents had passed away, so she lived with her grandmother, one sister, and two brothers, but had been raised by her aunt. Aishadi was sponsored to attend school by Compassion, a Christian International Child Sponsorship Organisation.

Aishadi commented in her opening statement that "life was not good, and it was not bad before I fell pregnant." This sounded almost like Aishadi viewed her life as a mediocre existence prior to becoming pregnant. Aishadi had been diagnosed with epilepsy as a child, and her Christian faith was an important source of strength to her.
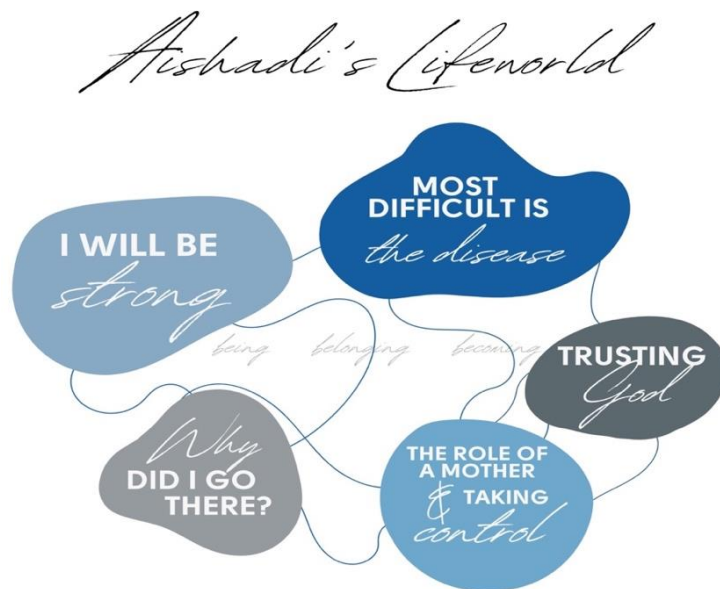


Figure 6: Aishadi's Lifeworld

### 5.5.1 Why Did I Go There?

Aishadi found herself in between a sense of self and her place in the world and seemed to regret her pregnancy. The having-not-yet-landed (unable to fully articulate her circumstances) felt palpable and was evident in the simplicity with which she expressed the cause of her pregnancy while not blaming others (boy/man who got her pregnant and reaction by her community) for her current predicament; instead, her innocence and mixed emotions due to the uncertainty of the situation (in which she became pregnant and in which she now finds herself), and regret and optimism took precedence. While reflecting upon her initial feelings of pregnancy, Aishadi stated: *"At first, I felt bad. Everyday crying. Why did I go there? Why did I go there? Why did I go there?"*

This indicated that Aishadi initially felt "immoral", questioning and almost reprimanding herself for engaging in sexual intercourse. It was unclear if the intercourse was consensual or if a degree of coercion had been involved due to her repeated and evident "voice" of self-blame: "*Why did I go there?*". Aishadi appeared to have positioned herself within a space of disassociation and distance from the act of sexual intercourse to somewhere different from where she had been previously on her adolescent journey. Aishadi was Being in an unknown world. She was now required to understand and engage with this world in which she had been made to feel ashamed by her family and community due to not upholding the strong cultural values and expectations of not engaging in sexual intercourse before marriage.

I sensed that the caring and nurturing community that Aishadi had found in the centre gave her a sense of Belonging and purpose, and she was happy. However, an explicit sense of disassociation from her pregnancy became evident as the interview progressed: "*Every month it grows… it grows,*" was the language she used to describe her unborn baby. For Aishadi, it was not something her body was doing but rather something that was happening to her, and the changes were beyond her control: "*My pregnancy grows. I don't feel bad because I am going to give birth and have a better future.*"

In essence, despite the initial disassociation, referring to her baby as "it", Aishadi then shifted in her language and appeared to adopt an expression of "warning or disapproval" yet optimistic outlook for her future: *"The role of a pregnant woman is being prayerful for your pregnancy. Teaching others who are not pregnant how you feel when you are pregnant and telling them what it is like to be pregnant by educating others."*

Aishadi spoke about the importance of her trust in God for protection over her unborn baby and her belief that it was her social responsibility to share the importance of her "lived experience" of pregnancy.

### 5.5.2 I Will Be Strong

The cultural expectation for pregnant Ugandan women is to birth their babies physiologically (naturally) regardless of any obstetric indication or complication. This appeared to be Aishadi's prevailing thinking, and the need to have a caesarean section (operation) can be perceived as "failing" at birth and as a woman. Anecdotal as this may sound, it is supported by my extensive midwifery experience of observing and listening to this repeated narrative.

It appeared that "being strong" was an important attribute that Aishadi held and that was integral to the cultural milieu of a girl's socialisation and expectations of herself and others. "Strong" was not only the physical ability to birth her baby but also emotional resilience. The feeling of happiness appeared to be dependent upon Aishadi convincing herself and believing that she would not require a caesarean section: *"Yes. I will be strong. I will feel happy. I know they will not operate on me."*

For Aishadi, her approach to giving birth was *"I will feel happy"*. Feeling happy or sad was not a middle point on a continuum but rather an either/or. Once again, Aishadi, demonstrated her trust in God to give birth to her baby safely: "*I have faith*".

I recognised Aishadi's lack of knowledge and understanding and even a certain degree of naivety around the things to do with pregnancy and birth. In part, this was due to her adolescent years and lack of knowledge of the complications that can occur during pregnancy and childbirth. Why should an adolescent girl be expected to know of such complications, compounded by a lack of or absence of sexual and reproductive health education and biological immaturity? Aishadi stated with a strong assertion that she was not allowing anything negative to affect her birth experience: *"I am just feeling strong."*

### 5.5.3 Most Difficult Is the Disease

Aishadi disclosed that she had been diagnosed as a young child with epilepsy, and she referred to it as "a disease" that she found difficult to live with. This was part of Aishadi's "being." While this was not the essence of the lived experience as multiple

participants experience, nonetheless, it has a significant impact on Aishadi's life and hence is worth mentioning: *"What I have found most difficult is the disease I am having. Sometimes, if I am in the community, I don't feel like I deserve to be within that community."*

For Aishadi, having an underlying medical condition that affected her health was considered a burden to her and a perceived "problem" to her community (rather than seeing herself as a positive contributor), and therefore, she carried a burden of shame, low self-esteem, isolation, and self/social judgement:

> So*… even sometimes people may talk about me. It makes me feel bad if I am in that situation after realising I have maybe fallen down. After coming to my senses, (following an epileptic seizure), I feel like I don't want to see [anyone]. It makes me feel bad.*

Aishadi appeared to chastise and then physically isolate herself from others following an epileptic seizure. The impact of culture and stigma is most pertinent here as a lack of understanding about the condition of epilepsy and support from within her community appears not to exist, further exacerbating her situation. Furthermore, having such a condition can be considered a cultural taboo/curse.

### 5.5.4 Trust in God

Through sharing her story, Aishadi drew upon her strong faith and her belief that by putting God first in everything in her life, she would be, for example, healed from the condition of epilepsy. She also expressed gratitude to God for getting her through this most difficult time in her life and to the centre, giving her a "safe" space/place to live. Aishadi's faith empowered and encouraged her:

> *I just pray to God that he will heal me…even if you are in the worst situation, if you have trust in God; He can pass you through any situation that you are in...by God's grace, I am here. So, that situation I was in, he passed me through. So, by God's grace I am here, and I am getting everything I want.*

### 5.5.5 the Role of a Mother and Taking Control

Aishadi appeared to have given the role of a mother some consideration, and she shared some of her future aspirations. She narrated the role of the mother and her future role with positive features and expressed her wish for her child not to repeat what she considered to be the mistakes she had made:

> *The role of the mother is taking care of children you have given birth to, and telling them the life you have passed through, so if they grow into puberty, they won't be like you.*

> *Teaching them good things. Make them not worry. Teach the things of God. Things like that.*

She perceived the future for her and her baby as positive and hopeful if she remained on track. It felt like Aishadi once again was encouraging herself, and had expectation in what she would "become":

> *There are so many people that are pregnant, and they want that chance. If I work hard after giving birth… if I don't change my senses that I go back to boys…if I don't do that again, I will be succeeding in my studies, and I know after my studies, I will achieve my goals of becoming a doctor and getting a good job, so that I can work for my baby and myself. So I thank God for that.*

Aishadi presented herself as having autonomy in exercising her independence and determination in exerting self-control in abstaining from sexual and physical relationships with boys in the future. Her narrative revealed tensions in relation to the reality of childcare for her baby when she wishes to return to her studies. I wondered if she had also considered the reality of how she would finance herself to attend medical school.

### 5.6 Joyce

Joyce was 17 years old and 6 months pregnant. She previously lived with her parents, three sisters, and three brothers, and she had resided at a government boarding school for several years.
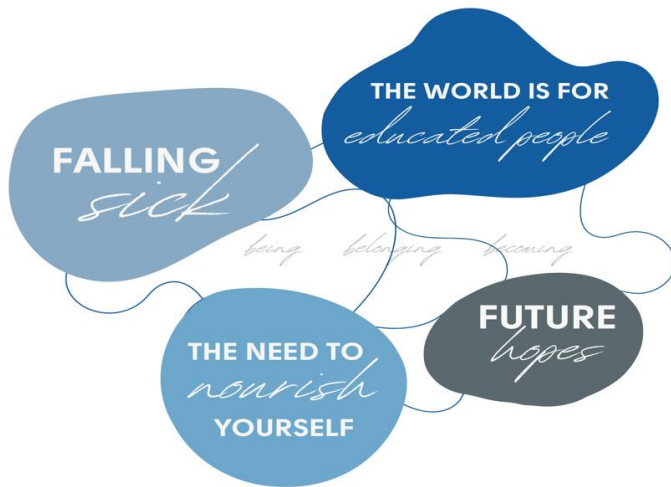
Figure 7: Joyce's Lifeworld

### 5.6.1 Falling Sick

Joyce described her life and how she felt physically unwell prior to becoming pregnant. In the interview space, it sounded and felt like Joyce's psychological and emotional wellbeing had been impacted: *"My life…every time I was falling sick, every time."* Joyce went on to comment how her sickness would occasionally present itself: "*Sometimes, I would feel a headache, sometimes stomach ache, things like that. When I went to boarding school, I fell sick every time. It was a cold place."*

For Joyce, boarding school was a physically cold environment, and this, she believed, was a contributing factor to her consistently feeling physically unwell. It may also have contributed to her mental wellbeing if "coldness" was another way to express "unfriendliness" by other students, her peers and staff. Moving from boarding to a state school required Joyce to walk a long distance daily to school. Walking a long distance would also leave Joyce vulnerable, as she was open to sexual harassment and heightened anxiety: "*I was worrying about my studies and walking a long distance from home to school daily."*

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## 5.6.2 This World Is for Educated People!

For Joyce, being able to have a good education was paramount, and having parents who could afford to pay for her education positioned Joyce in a place of privilege in comparison to some of her peers in the wider community. This was not commonplace in the girls' stories, as education came with some degree of hardship and often required some kind of sacrifice, compromise, or "transaction", such as sex, to support schooling. Joyce attended a day school prior to and at the time of becoming pregnant:

> *I was not falling sick, but the bad thing about day school was walking to school. It was a long distance.*

> *You would wake up very early for school at around 5am, and you would reach school around 7am.*

This was a daily four-hour round journey for Joyce to attend school. The risks a walk to school can bring, such as who she may encounter along the way, made her vulnerable. Nonetheless, the distance and the risk show how important attending school and having an education was to Joyce. Joyce intended to return to school following the birth of her baby and planned to leave her baby in the care of her mother. Joyce exercised her self-determination in making this decision:

> *I feel bad, but this is the only option to use in order for me to go back to school. If there was any other school that could allow me to go back to school with my baby…because I want to be with him all the time.*

Adolescent mother and baby schools are uncommon in Uganda. The lack of such facilities further limits and negates the importance of pregnant adolescent girls in continuing their education: *"I think it is important to go back to school because this world is for educated people, and there is no job that is given to you when you are not educated."*

This statement felt and sounded profound for a seventeen-year-old. For Joyce, part of her lived experience of being pregnant was the fear about her future due to the disruption in her education.

### 5.6.3 the Need to Nourish Yourself

Joyce spoke her truth about her feelings, moods and emotions and the importance of care during pregnancy: *"I did not feel well, because I didn't want to be pregnant."* Physical symptoms were evident and possibly psychologically associated with feelings of an unwanted pregnancy. The pregnancy was not what Joyce had wanted, and the situation she found herself in was not by choice. In sharing her story, it sounded like she carried regret: *"I had dreams and visions as a person of what I wanted to accomplish."*

When asked if she felt those dreams would now be hard to accomplish, Joyce replied, "Y*es*". For Joyce, this was a realisation of her situation with possible resentment of her pregnancy. A neighbour had directed Joyce's parents to the centre, as she could not remain within the family home due to her pregnancy. Joyce, possibly felt at a loss of where to "belong". The role of community in terms of stigma and acceptance was heard loud and clear when Joyce shared her experience:

> *…staying at home while you are pregnant was very hard for me. The community was talking about my pregnancy. Before coming to the centre, I was always weak due to pregnancy, but now I have stabilised and am no longer that weak but physically well.*

Now that Joyce was feeling physically well, she felt more positive about her pregnancy, stating that "*pregnant women should go for antenatal care, and if you want your baby, you have to eat things that grow his or her body."*

Joyce demonstrated having gained an understanding of the importance of healthy eating as a lifestyle choice and a requirement to support a healthy pregnancy. The need to nourish oneself and the need for self-responsibility and taking control are inexplicitly interlinked to autonomy (self-determination), empowerment, and feelings about her pregnancy. Joyce commented, "*I feel both good and bad. I feel good because my baby will make me happy, and bad because of the way how I got pregnant."*

With her head lowered and voice quietened to almost silence, it was evident that Joyce did not wish to discuss this any further. I wondered how and why her baby would make her happy and the circumstances of pregnancy alluded to. I sensed in Joyce's demeanour feelings of regret. I, therefore, paused for a while before we moved the conversation on with her consent.

### 5.6.4 Future Hopes

For Joyce, returning to school and studying following the birth of her baby was a priority while also exercising a degree of "autonomy": *"I will leave my baby with my mother."* It was unclear if this was a discussion Joyce had already had with her mother, and possibly thoughts of the future for her and her baby required further consideration. Joyce did not feel that she could consider or speak about what she would like for the future of her unborn baby beyond the immediate. This was interwoven with expectations of self and others:

> *…it is too far ahead to think about (laughter). I am not good. I cannot predict or tell about someone else's future. I will work hard for my child. My parents have no money to pay for my studies to become a doctor. I will go for a skill like tailoring.*

> *I want my baby to go to school and study and become a responsible man.*

Joyce had discovered that she was expecting a baby boy following an ultrasound scan. It was unclear if Joyce was inferring that the father of her baby was not a responsible man and that a responsible man was what Joyce wished her son to grow up to be. What would a responsible man look like? Would he have respect by not taking advantage of girls and/or young women and provide love and support (emotionally and financially)?

### 5.7 Sienna

Sienna was 15 years old and 6 months pregnant. Prior to coming to the centre, she lived with her adopted parents and step-siblings: one sister and 12 brothers. Sienna was sponsored by the organisation Compassion.

Figure 8: Sienna's Lifeworld

### 5.7.1 What IS; what was

For Sienna, acceptance of her pregnancy by her family and community was difficult and brought considerable social pressure to bear upon her, with overwhelming feelings of hopelessness for the future.

> *After knowing that I was pregnant, I felt like I must die. I had many thoughts of aborting or running away from home. Of which my parents could not accept me because I was not their biological child and was just got from one of the homes. So, if I did anything wrong, I would be putting them in trouble, and they would be answerable for my death or me running away.*

How Sienna shared her story and the tone in her voice indicated that having been a baby adopted from an orphanage carried for her a sense of abandonment and an unknown identity. Sienna, in her previous comment, did not appear to have unconditional acceptance of guilt or self-blame. Despite the criticism, judgement and lack of love and support, for Sienna, having been raised in a strict Christian upbringing, premarital sex resulting in pregnancy was considered a sin, and abortion was not a real option.

*When they were still looking for a solution, they took me to my auntie's place whereby I found cousins that were very hard to stay with. In prayers, they would preach about me getting pregnant, saying insulting words like, 'You are a failure. No one will care about you. No one will love you.'*

Sienna, when describing how she was berated, conveyed a most fragile and tangible pain juxtaposed to "the interplay of feelings", emotions of succeeding/failing, indifference/love and acceptance/rejection. The criticism and cynicism continued:

*People are going to laugh at you, and it won't be our concern, and after we chase you from our home, you will go on the streets.' Thank God, there was a compassionate woman who directed my parents to the [centre], where I have nice aunties (older female role models) and a counsellor. Whenever I have a problem, I would run to seek help. I was shown love.*

Sienna had found a safe place in the centre and felt loved, accepted, supported and protected.

## 5.7.2 Still Alive and Moving

For Sienna, fear of her baby dying was compounded by not feeling or understanding what would be considered a normal pattern of her baby's movements:

*I could not feel my baby's movements… Even at four months, I could feel my baby… once in a day, sometimes not at all. I thought my baby was dead, so I started fearing. Having bad thoughts that other people's babies are playing (moving) and mine is not. I thought my baby is dead… Because at the time, I said mine does not make movements, I never like to eat, drink or take exercise…*

Sienna shared the fear of losing her baby and initial thoughts that the midwife and aunties[1] (older women) around her disliked her. Once Sienna realised that this was

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[1]: Meaning of aunties: term of endearment for older female women who are respected as role models. For example, I was referred to as 'auntie' on previous visits to the centre and called 'auntie' by some girls during the interviews.

not the case and that it was care and concern, she embraced the words of knowledge, education, and encouragement from the midwife and aunties: *"I got to know that eating and drinking helps my baby to grow well. To be fat, to be healthy, and the baby also makes movements. I felt happy that my baby now makes movements."*

For Sienna, the pregnancy centre was a place of safety, security, love, and support, a place to 'belong", while also providing antenatal care and education that equips and strengthens the girls' resolve and growth in self-empowerment. She was now feeling happy and in control of her actions in helping her baby to grow by eating healthily and having positive feelings of happiness, laughter and love towards her growing baby.

With this personal growth, Sienna's advice to other young pregnant girls was one of optimism and emancipation, specifically, not to terminate a pregnancy while also considering the risks to your own life:

> *Getting pregnant is not the end of your life. Keep the one you have and have another after you wait for marriage. Children are important because they may become important people in the future, like doctors, teachers. So, when you get pregnant, don't abort because it is a sin. You may lose the life of your baby and even your life.*

### 5.7.3 Move With Good Friends

For Sienna, having good friends who could be trusted as companions and social support was important, and she advocated safety in numbers: *"When you go out, you should always go with another person like your friend, because then men can fear to abuse you if you are many together."*

Fear was a strong emotion and double-edged: the girls' fear of being abused and men's fear of not abusing girls if in the company of other girls: *"If you are alone, they can find it easier to abuse you because they are stronger than you; so, move with friends for safety… they can help you not to get into trouble."*

Moving and socialising with "good" friends was not only for safety, but a "sisterhood" to "belong" to, that also serves as a moral compass for young girls not to get into trouble and/or be negatively influenced by peers.

### 5.7.4 Avoidance

Sienna's message on avoidance was two-fold: highlighting self-determination in developing strategies to keep oneself safe and the lack of truth versus lies and the deception that a boy may use in his words and actions to get what he wants.

### 5.7.4.1 Avoid walking at night

While considering one's safety as an adolescent girl, Sienna stated avoidance of "*…going out after it gets dark outside…for any reason would be considered unsafe. Make sure you have all you need at home for cooking supper, so you don't need to go to the shop unexpectantly to buy things, and also moving around for no reason."*

This was about a girl taking control of keeping herself safe by avoiding what she considered risk-seeking behaviour and being organised. It is common for groups (adolescent girls, women, boys and men) to socialise by congregating outside at night in rural and semi-urban areas, often in poorly lit streets. Sienna highlighted this as a risk to avoid: *"Especially do not move alone at night, as you might meet a man on the way or a group of men on the way, and they can even rape you."*

Once again, Sienna reiterated the importance and the dangers to avoid by not going out alone at night and was explicit about what the consequences may be.

### 5.7.4.2 Avoid free gifts

Sienna was forthright in her advice to other young girls regarding the avoidance of free gifts to prevent the situation she now found herself in becoming a reality for other young girls: "*Do not accept anything from a man who offers you something for free, as they can deceive you and ask for payment later, which can be in bad ways."*

Sienna was referring to transactional sex and stated that men and boys would also give free money, free boda, boda (motorbike taxi) rides, and free food for sex*: "Do not accept anything for free for safety reasons."*

Sienna stated her position on avoiding free gifts and not going out late at night, almost like a "call to action" in how to keep one's self safe.

## 5.8 Katherine

Katherine was 15 years old and 6 months pregnant. She lived with her parents, two sisters, and two brothers and was sponsored by the organisation Compassion. Katherine aspired to be a doctor and came across in her interview as quiet, shy and reserved. However, she was happy to participate in the interviews.



Figure 9: Katherine's Lifeworld

## 5.8.1 Deceived by Emotions

Katherine talked about the actions of boys determined to take what they wanted: "*A boy may deceive you that they love you, and make you feel like they love you, but they are just deceiving you of your emotions because they want something from you.*"

This statement from Katherine implied deception by a boy, in his words and actions, to have sex. It was most concerning when Katherine made a passing comment: "*Some young girls get pregnant by their parent.*"

In the Lugandan language, the word *mawemuko* refers to a child conceived by incest. At the time of the interview, this was acknowledged and noted by the counsellor, who would, at a private and appropriate time, sensitively address what may have been a personal disclosure by Katherine. Regrettably, it was not uncommon for girls who presented at the centre to have conceived by *mawemuko*.

### 5.8.2 the Centre

Katherine had strong career aspirations before she unexpectedly became pregnant: "*I wanted to be a doctor, but when I got pregnant, I thought my life had ended, but when I came to the [centre] I began a new life.*"

The centre for Katherine and the other girls offered a safe space. A place to "belong" and "communitas", while also offering a sense of having a new chance and start in life. Abortion was a consideration, as it was for many of the other girls, but proved not to be an option due to a lack of access to abortion services, and she re-considered the option due to the counselling she received at the centre.

> At first, I felt like aborting, but it would not be easy. I came to the [centre], had more counselling and encouraging words, then I stopped feeling about aborting. My life at the centre has been good… we have enough space, and we enjoy, so I feel comfortable being here.

### 5.8.3 Challenges for Women in Africa

Katherine shared what she considered to be the challenges for young mothers in Africa: "*…poverty, not having money to care for yourself and maybe needing to rely on men to help you.*"

Katherine's conjecture of loss of agency due to the loss of independence highlights the interplay of the social determinants of health and intersectionality: *"Girls can receive abuse from men or even family members or even parents [sexual*

*violence/violation/"mawemuko"].* Katherine further remarked: *COVID-19 affected many girls because they were not in school and fell pregnant to boys when they were not in school."*

Despite Katherine making a sweeping statement that could be considered disparaging and generalised to all young girls and women living in Africa, it does illuminate Katherine's lived experience of being pregnant within this context with a further layer of complexity brought about by the pandemic and the impact of COVID-19 of increased vulnerability due to being at home and not attending school.

### 5.8.4 Having a Baby Will Change Me

For Katherine, she wished for her and her baby's future:

> *… a happy family full of happiness. I am going to have a baby…and they will call me a mother. I feel having a baby will change me. The way I was…like my body changed and also changing me from being a girl.*

Katherine provided some deep reflection of her embodied self, regarding physical changes and the transition from girl to considered woman due to being pregnant and impending motherhood. Perhaps Katherine considered having a baby and becoming a mother a rite of passage into womanhood.

> *I was not prepared for this…it's hard and stressing to have a baby at this age, because I was not prepared for the baby. It's affected my education. I have no good planning because I am still young.*

Katherine also narrated how she was feeling emotionally and psychologically. Another "change" due to her unplanned pregnancy and the impact this has had on her education. Katherine appeared to relinquish, to some degree, her autonomy in believing that, due to her age, she could not plan for the future.

### 5.9 Francisco Desire

Francisco Desire was 17 years old and 3 months pregnant. She lived with her grandmother, one sister, and one brother. Her mother had passed away. Francisco Desire was sponsored to attend school by Compassion.
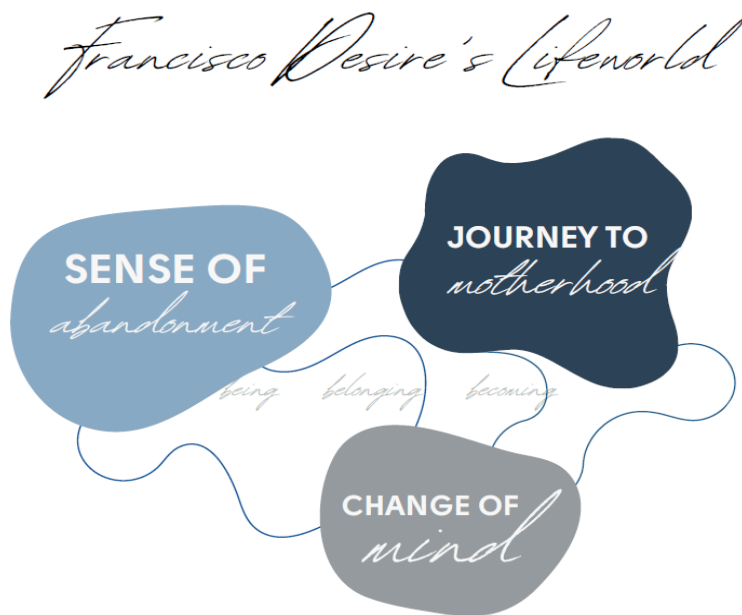


Figure 10: Francisco Desire's Lifeworld

### 5.9.1 Sense of Abandonment

For all of the girls, the discovery of pregnancy brought shock and/or denial, as it was something unexpected. Francisco Desire shared that her pregnancy was unplanned and not what she wanted. She lost her self-respect, became suicidal for a brief period of time, and she sought help from her family, who subsequently rejected her:

> *I did not expect this to come on me. I was a very wise girl in our area. I used to have self-respect. The day I went for a medical 'shake-up' (check-up) and the doctor told me that I am pregnant, I cried, and I wanted to go and throw myself in the waterfall, coz I had nothing to tell my parents. Still I went home, and I told my grandma and my uncle, but they abused me a lot. They held a meeting at home with all the family members, but I ran away… from that day, they told me not to go back home, and to remember I had no mummy and daddy.*

Francisco Desire recounted her story with a sense of abandonment and isolation compounded by not having any parents and by feelings of no one to love or of not being loved by anyone. The lack of guidance or support as she navigated pregnancy made it feel like a lonely journey to motherhood for Francisco Desire. Her faith in God was her comfort:

> *I am just there on my own. They sent me away, but God helped me, and I got someone to show me where my step-mother stays. I went there and explained everything to her.*

> *When I came to the centre, I started crying saying 'Why did my mother die?' coz I had nowhere to go and remember, I am pregnant. I have to care for the baby after giving birth. I don't have a job. No one is going to help me, and I was just stuck there. I react sometimes, and I regret why I got pregnant coz the owner of the baby is not minding about me, and I want to go back to school.*

Francisco Desire swayed with her feelings of regret in becoming pregnant but expressed gratitude to God, who was a source of strength and emotional support in guiding her pregnancy almost to term: "*For I am feeling happy because I am remaining with only one month to give birth, and I am proud of that. God has kept me safe from the day I became pregnant up to now.*"

### 5.9.2 Change of Mind

Francisco Desire had changed her mind about terminating her pregnancy in considering that she would be unlikely to survive or would have life-threatening complications: "*I changed my mind because if you abort the baby, you have very few chances to die and/or stay alive.*"

This struck me as a profound statement for a young woman to make, thinking about the possibility of death due to abortion and stating that it was almost a "fait accompli": "*I was counselled; that's why I changed my mind. I am advising all girls who are pregnant not to abort the baby coz it's not helpful to them. Let them stay with their babies.*"

Francisco Desire later shared that she was now happy about her pregnancy because *"not every woman or girl is able to have a baby"* and that Compassion would continue

to sponsor her. According to Francisco Desire: *"They [Compassion] feed well into every situation."*

The narrative of the impact of Compassion in the life of a young pregnant Ugandan girl residing at the pregnancy centre is an important sociocultural aspect of the "being/existence/habitus" of the girls' worlds. Compassion's sponsorship enabled girls to continue their education by giving them the resources to do so.

### 5.9.3 Journey to Motherhood

Francisco Desire shared her feelings that life would not necessarily be better than before and was pragmatic in her view of responsibility to her baby and in what she perceived the journey to motherhood may look like:

> *I want to be a good mother in the future. I want my baby to be a good person in the future. After giving birth, I need to send this child to school. I don't have money for supporting the child to go to school. The child will also need clothes and other necessities. I'm worried about how I will provide for these.*

For Francisco Desire, faith here appears to be almost a substitute for her autonomy. She has no control, so she leaves it to God:

> *I will just leave everything to God. God will help me, and I will give birth well. My parents may refuse to help support me with my baby. Even on the side of the owner of the baby, (the father of the baby), he may also refuse to support the baby. This worries me.*

Francisco Desire shared thoughts, feelings, and expectations about her and her baby's future and did not sound or feel optimistic. Possibly, she felt at the mercy of her sponsors. In her second interview, Francisco Desire went on to deepen her explanation of the phenomenon of pregnancy and the journey to motherhood:

> *I am still young to have a baby. I had a lot of fear because I thought that my family members and my sponsors (Compassion)…they were going to send me away… stop helping me. But it was not like that. After giving birth, I am going back for my further studies.*

Francisco Desire, when talking about childbirth, adopted an almost practical approach that required her to quieten any fear she may have about birthing her baby and encourage herself in her psychological and physical ability. She believed that in birthing a baby and becoming a mother, she would gain respect possibly from those around her, such as her family, friends, and community.

> *I am feeling comfortable because I have seen many girls of my age while giving birth. I am feeling okay because even though I fear and have to give birth to my baby, no one will help me to push my baby, so I should not fear. I am going to get respect of calling [them] me a mum.*

With what felt like conflicting feelings of self-identity, Francisco Desire commented:

> *Every day I think about that issue, me being a young woman, but always it brings me to tears every day and night. People are going to be calling me an old woman, yet I am still young so… it will lead me to hate people and to hate my baby. It's not good, but I just stay safe about it.*

The complexity and apparent contradiction in Francisco Desire's statement appeared to exhibit some tension and resentment about being considered an "*old woman*" now that she was pregnant. On the one hand, she anticipated receiving respect as a mother, but on the other hand, she appeared to anticipate being a pariah. She was cognizant of her strong feelings towards this and the need to be measured. This also interplayed with her identity and earlier expectations of gaining respect when becoming a mother.

> *I think my baby is going to be helped by both my family members who feel that it is okay to help me, and even the boy's family. I am going to breastfeed my baby the whole of this year, and next year, I will leave my baby with my stepmother and go to school. The baby will go to school… after like three years. People will join me to look after my baby.*

For Francisco Desire, a separation between her pregnancy and her aspirations of motherhood was evident in her deep reflection and played into temporality by gazing into her experience (past, present and future) and her Being, Becoming, and Belonging. Could it be that her life at the centre is an important "liminal phase" to enable self-reflection and reclaim autonomy while transitioning?

One inference that it is important to point out and that can be inferred directly from the juxtaposition of Francisco Desire's different statements is that she appears to have no or little comprehension of what level of support she can count on from the people around her and she vacillates frequently in her predictions.

## 5.10 Eunice

Eunice was 15 years old and 8 months pregnant. She lived with her one brother and 92-year-old Jaja (grandmother), who had raised her from the age of 4 months. Eunice would fry cassava with her Jaja and sell it at the market. Eunice also performed traditional dancing at weddings.
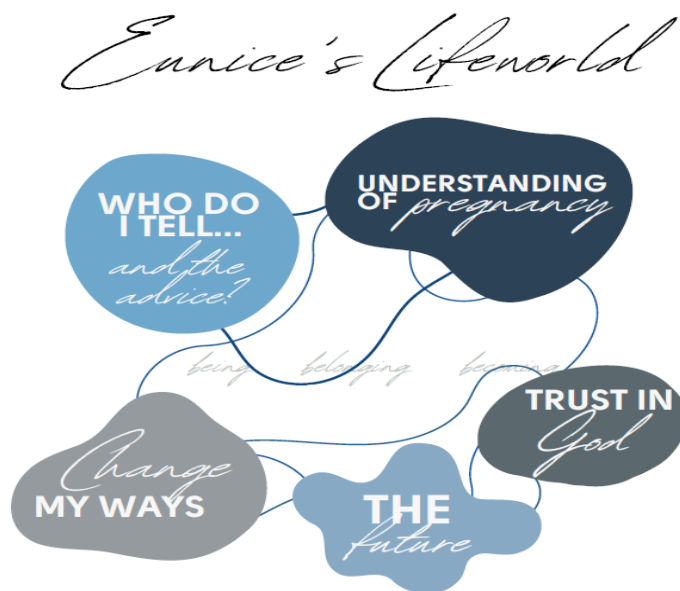


Figure 11: Eunice's Lifeworld

## 5.10.1 Whom Do I Tell…and the Advice?

Eunice appeared overwhelmed and unaware that by having sexual intercourse, a pregnancy could result. Her feelings about her pregnancy were notable and palpable:

> *When I got pregnant…my grandmother, I never wanted her to know I was pregnant, so when I told my sister, she is like a big sister, the child of the brother of my father (cousin), she told me to abort the baby. She said if I stay with the baby, I may not go back to school.*

Eunice sought further advice from women in her village: *"The women in the committee and the chairperson…told me not to abort my baby. So, I was not sure what to do. I saw that everything bad was on me."*

Eunice expressed her vulnerability due to the enormity of her pregnancy situation and the multiple conflicting advice she was receiving: *"I started crying, and I was surprised… I did not think I could get pregnant."* Eunice not knowing that she could get pregnant by the actions that took place, is a strong piece of evidence for improved sexual and reproductive health education. She confided in her Jaja (grandmother): *"She asked me some questions, so I answered her."*

Eunice's 'Jaja' asked, *"whom she had told about her pregnancy and that a place to take her would need to be found."* It was interesting to consider why her Jaja had asked who knew about her pregnancy. Was this about questioning if help in the situation was already acquired, or was it wishing to conceal the pregnancy from others, hence why "a place would need to be found"? Eunice's feelings about her pregnancy and of being vulnerable and overwhelmed were very palpable.

### 5.10.2 Understanding of Pregnancy

Eunice expressed her feelings about her pregnancy:

> *At first, I was like, 'I don't like this baby. Why did I get it?' ('it' meaning her baby). But when I reached here [centre], I found people younger than me and in the same situation, so here I am very comfortable, more than I was at home.*

Eunice was asked about her feelings now towards her unborn baby: *"Now I feel good about him. I sometimes talk to him. I tell him some of the stories my grandmother would tell me. I feel love for him."*

Eunice went from disliking her baby and referring to him as *"it"* to talking to him and loving him. What possibly triggered this transition was having the time to come to terms with her pregnancy; the "confirmation" by ultrasound scan and seeing her baby, *"Yes, it is a boy; they check"*, may also have helped Eunice to bond with her baby.

### 5.10.3 Trust in God

Eunice's limited understanding of pregnancy was honest:

> *I actually don't know too much, but what I think is when you become pregnant, in order to fit into society, you have to change some of your ways. The only thing you have to do is accept Christ as your personal saviour, as when you do, everything becomes very little.*

This was in reference to God's forgiveness of everything, no matter how big or small the issue. Eunice gave the following example:

> *Like, you know, sometimes people outside (in the community) can start abusing young mothers, but when you take Christ as your saviour, when someone does anything, you just say it's okay, good enough, I have Christ. I don't need anyone else.*

Eunice appeared to take comfort in having faith and trust in God. Was this partly due to a substitute for autonomy (lack of control, therefore leaning on her faith) and, therefore, a form of emotional support?

### 5.10.4 Change My Ways

*"You don't need to do the things you did when you were children":* Eunice appeared to no longer see herself as a child but as an adolescent, which may have made her feel closer to adulthood: *"You don't need to do bad things like this baby."*

Eunice felt that the situation of being pregnant and having a baby was a "bad thing". Nonetheless, Eunice shared, "*We are emotionally connected, so what you do is what the baby does. So you need good behaviours.*"

Eunice reflected further upon becoming a mother and a good role model to her baby:

> *Being a mother is a big thing. When you are a mother… you have to be responsible, you have to care for your baby, work for your baby. As for me, I have learnt some skills that I will go back home and continue with them in order to get some little money to care for my baby.*

Eunice saw herself as having to be a provider for her baby, regardless of what the future might hold once she returned home. Unlike other participants discussing plans to continue their education and falling back on family support, Eunice offered no such plans but aspired to be a lawyer. Becoming a lawyer would be impossible without having an education.

## 5.10.5 the Future

Eunice could see responsibility in her future, and this is evident when talking about her future:

> *I want to become a lawyer but actually believe I still will become one, but I have to work harder, because now I am going to be a responsible person for my child and for my studies. Also, my grandmother does not have the same energy anymore. The only thing is responsibility.*

Eunice wished for her baby in the future to be a good person by prioritising serving God:

> *…because me and him, we have passed in many situations; even though he is in the womb and he doesn't know anything, we have passed through a lot of situations, and it is only God that has been helping us, so he has to first serve the Lord.*

For Eunice, when thinking about the birth of her baby, she would put her trust in God:

> *I pray and I have that faith that I am going to give birth to him very well. I do not fear. What I know as written in the Bible is the spirit of worry. I do not have any of that spirit. The only thing is praying and having faith.*

**5.11 Shanitah**

Shanitah was 17 years old and 7 months pregnant. She lived with her mother, one sister, and two brothers. Shanitah assisted with running her small family hotel prior to becoming pregnant.
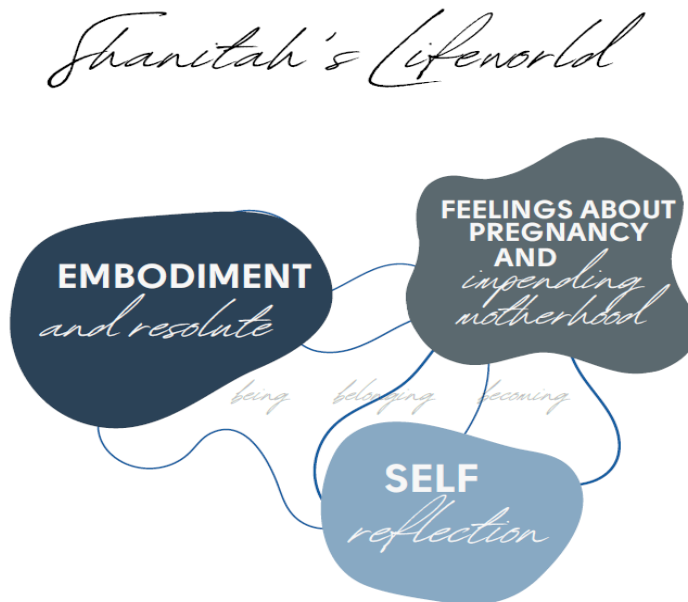


Figure 12: Shanitah's Lifeworld

**5.11.1 Embodiment and Resolute**

Shanitah shared that she had only recently become confident in knowing what she wanted in life. She found her "autonomy and sense of selfhood", and that Compassion would continue to support her financially through school:

> *I was shy. I only just learnt to be confident. The organisation cared for me and paid my school fees and paid for my school uniform. When I return home, I plan to go back to school. I want to become an accountant.*

Shanitah was resolute and exerted her autonomy; the father of the baby would look after the baby, and she planned to return to school and earn some money:

> *I will breastfeed for three months, and then I will take the baby to the father…. he has agreed. I want to go back to school, but before I go back, I will work. I will work during holidays helping some people in workshops [general shops], and I will get money.*

### 5.11.2 Feelings About Pregnancy and Impending Motherhood

Shanitah shared her feeling that life prior to pregnancy was good and that she enjoyed everything about life. Pregnancy had now changed her life:

> *Life was good. I enjoyed everything… Everything was good. I enjoyed eating and playing. I can't enjoy them now…I am pregnant. I eat, but I don't enjoy it like before. Even playing. I can play but sometimes I can't, as I am tired and want to sleep…*
>
> *Sometimes, I feel bad because I was studying, but now, I am this way. I was not ready. As time has gone on, I feel better about it. Now I love her…I have a baby inside me.*

Shanitah knew that she was having a baby girl, as confirmed by an ultrasound scan, and shared her thoughts about impending motherhood. Seeing her baby on the ultrasound scan, a human being, a life that would be dependent upon her, appeared to help form a stronger emotional attachment, and Shanitah seemed to relish the responsibility that she considered motherhood would bring: *"You have to care for your children… look after them. I will be okay… I'm feeling excited to meet the baby. I will get responsibilities, coz I will now have a baby."*

Shanitah shared that it would be her responsibility to provide for the basic needs of her daughter: *"Clothes, soap, blankets, shoes, food…".* It was unclear if this would be while she intended to breastfeed for the first three months or if it would continue after she transferred care of the baby to the father. How would this look?

### 5.11.3 Self-Reflection

Shanitah went on to explain that the centre offers and prepares an individual with several life skills, such as *"being focused, patient, health, control, and having good friends and not bad friends."*

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For Shanitah, what makes a good friend is "*a person who shares good things*", but she could not articulate clearly what "good things" are or look like. Shanitah considers a bad friend "a person who does bad things/bad habits"; that is, a peer who can lead you astray. An adolescent's simplistic right or wrong worldview came to the fore again, with Shanitah's advice to other young pregnant girls and young mothers to *"stay focused, show self-control and avoid bad peer groups."*

## 5.12 Evelyn

Evelyn was 19 years old (recently) and 8½ months pregnant. She lived with her sister and nine nieces and nephews. Evelyn worked as part of a sales team. A rapport of trust and empathy was achieved reasonably quickly with Evelyn, as she shared openly, confidently, and at length without any prompting throughout her interview.
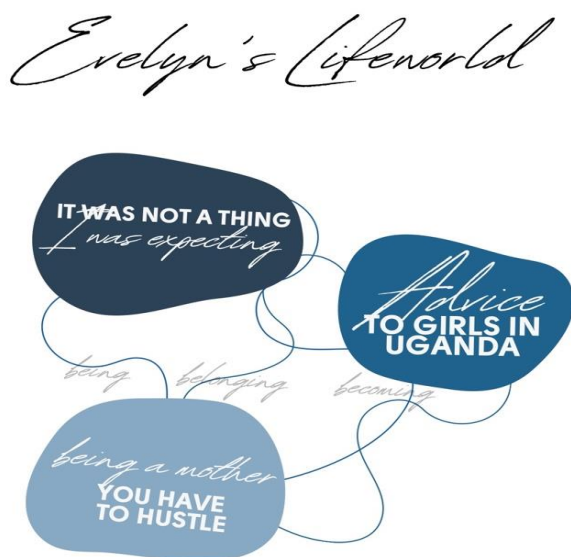


Figure 13: Evelyn's Lifeworld

### 5.12.1 It Was Not a Thing I Was Expecting

Evelyn used this opportunity to express at length the difficulty she experienced accepting her pregnancy as a result of "*being defiled*". Evelyn was explicit and shared

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that she was raped. It is important to highlight that the counsellor was present, and this admission was acknowledged by the counsellor, undoubtedly to discuss in private. She may well have already known. The strength in her disclosure struck me. Her initial denial of pregnancy had people around her noticing signs of her pregnancy and forcing her to confront it. Eventually, Evelyn felt that she could share with her sister: *"I thought even maybe I had uterine cancer. I could not take it that I was pregnant."*

Evelyn first described her pregnancy to her sister as follows:

> *Later, the pregnancy started showing, and the neighbours would tell my sister that 'Your sister may be pregnant'. So, one time we were in the market, 'But all the people are telling me you are pregnant, but why? Is there any secret you are not telling me?' So during that time, since pregnancy is something one cannot hide, I say, 'Yes, there is "something I am not telling you because of fear."' She told me to be free and tell her. She asked, 'How did you get pregnant?' I told her that I got pregnant in this situation and this situation. She asked me… the second question, 'Who is the father?' and I told her the man's name that I knew.*

Evelyn continued to share openly her feelings about the realisation of her pregnancy juxtaposed with denial and a conveyed sense of estrangement from her baby: *"I had fear. I could feel the baby moving, so when the baby moved in my belly, I would wonder what was itching me in my womb. So I thought it might be a baby."*

For Evelyn, she felt like *"my life was ending, because it was not a thing I was expecting during that time…I felt like I'm gone. I'm off"*. Evelyn, in realising her pregnancy, stated

> *And now I am fine because we are in a place where we are comforted, and you are shown love… Yes, it is not good, the situation, but you are comforted and fine in the situation. You are made ready to be a mother.*

### 5.12.2 Being a Mother… You Have to Hustle

*For Evelyn,* preparing to meet her baby's needs as a mother:

> *… you have to hustle. You have to take sleepless nights. You have to be patient because the baby is a person who doesn't talk to you. The baby just cries, so you have to sense what the baby wants.*

Evelyn also spoke about the practical and physical needs of her baby most practically: "*You have to dress the baby, bath the baby, wake up early and prepare him or her."*

Evelyn shared her thoughts of "fear" about giving birth: *"I have fear. I fear that it is painful. Even after the birth, many of us have stitches. So those threads are painful.*" She was going to overcome her fear surrounding the birth and spoke with a sense of detachment while also being pragmatic about her impending birth and that a baby will be born no matter what: *"I have to be patient for it because the baby has to come out."*

Evelyn planned to breastfeed her baby after giving birth and then return to her studies at college. It was unclear if Evelyn had considered the feasibility of this: *"I would like to be a doctor, but I will begin with nursing*". For Evelyn, this was her preferred vocation: *"I feel like I want to take care of sick people and be with people".* Evelyn was unsure how she would manage this in regard to finance and finding a place to live once she had birthed her baby and left the centre.

### 5.12.3 Advice to girls in Uganda

For Evelyn, it was important to share her experience and advise young girls about whom to trust and "risk" taking behaviour:

> *Girls in Uganda should take care because men in the world are not trustful. Girls should take care and make sure they are always in company with fellow girls or parents. It is an abrupt thing…you can fall pregnant at any time. So they should abstain, in fact.*

"Moving in groups" is a colloquial term that many of the girls used when talking about being in the company of others when out. For Evelyn, this group offered a source of

advice, guidance and protection: "*Give yourself company and move with people that give you company, for those people near you, can advise you, 'Do not do this…do not move this way'*".

Moving in groups to remain safe from sexual violation was not confined to only at night. Evelyn made her last statement almost as a call to arms: *"All the time, because getting pregnant doesn't have time. Morning or noon. It has no time. You have to be in company."*

### 5.13 Jovia

Jovia was 17 years old and 4½ months pregnant. She lived with her parents, four sisters, and nine brothers and was the eldest. Jovia's body language and her hesitation to answer questions in the interview made it feel as if she lacked self-confidence and was uncomfortable talking about her pregnancy, her baby, and the future. Jovia gave the impression that she was not yet fully accepting of or felt positive about her pregnancy.



Figure 14: Jovia's Lifeworld

### 5.13.1 Feelings of Self and Pregnancy

Jovia shared, "*My life, it was good before pregnancy, but when I get pregnant, it was not easy*". This was a common theme expressed by many of the girls. When asked how she felt about the pregnancy, Jovia appeared ambiguous about her feelings and compartmentalised from her emotions. She replied: *"I am not sure…nothing. I don't feel anything"*. Jovia stated that she had not yet thought about giving birth and commented that before becoming pregnant, *"I see myself as a young girl"* and that *"others, now that I am pregnant … see me as a young woman"*. Jovia appeared to be in some conflict with the embodiment of the personhood given to her.

### 5.13.2 Advice, avoidance and achievement

Jovia had advice for other young girls: "*Avoid dirty social media, do not have sex before marriage, avoid walking at night, choose your friends carefully, and cut ties with those who are not supportive*". Avoidance of "dirty social media" refers to not watching or engaging in sexually explicit social media, such as pornography, which may corrupt the girls' thinking and/or alter their moral standpoint. Furthermore, keeping themselves safe was crucial, as well as not finding themselves in compromising situations and having a positive influence with a supportive circle of friends around them.

Jovia elaborated on "choose your friends carefully":

> *Choose the friends who would support you and encourage your goals and living a life of education. Choose friends who are exemplary and can model for their good decision making. To have a vision for what they want to be in the future and to follow their dreams.*

### 5.13.3 Do the Right Thing

For Jovia, doing the right thing required a girl to *"always be patient and wait for the right time for everything and treat [your] body as delicate"*. This is related to the timing of engaging in sexual intercourse, being the right age, being married, and having self-respect. Jovia contemplated having an abortion but later cited abortion as a sin. This was rooted in her strong faith. Perhaps there were also no real options for Jovia? While reflecting on options, Jovia stated, *"At that time, I wanted to go and marry the man who 'pregnated' me. At the time, I wanted to kill myself, but I did not kill myself because*

*I saw that I was going to commit murder."* Jovia spoke emotionally when sharing about the contemplation of suicide.

The theme thread of premarital pregnancy (chastity) as a failure has arisen repeatedly. Several of the girls inferred rape in the telling of their story, and victim-blaming was shared in the stories. The idea of pregnancy-as-failure relates to the idea of autonomy and selfhood and encourages the initial rejection of the pregnancy and transition to womanhood on the part of the pregnant girl. Therefore, it inhibits the exercise of autonomy in accepting the pregnancy during the transition into motherhood. Mixed with the emotions of doing what is considered to be the right thing were the emotions of failure and shame. Jovia initially felt a sense of sadness and abandonment by being sent away by her mother due to her unexpected pregnancy:

> *I felt that I am a failure… My parent did not want me because I was pregnant. I felt like a failure completely because when I fail, no one wants me. I felt sad and ashamed so much because of the pregnancy.*

### 5.13.4 Finding Understanding

For Jovia, she wanted the centre to continue to help her achieve her goals by going back to school, and, ultimately, what she wanted was happiness: *"I am happy because the centre is good".* Jovia appeared to be reconciled to the fact that young girls who verbally abused her because of her pregnancy would most likely continue to do so, but now she was happy because *"I found girls who are pregnant like me".* The "sisterhood" highlights the strength in numbers and mutual experiences of the girls residing in the pregnancy centre.

### 5.14 Faith

Faith was 17 years old and 3½ months pregnant. She lived with her father and one brother. Faith was active in the community where she lived, which was most important to her. She worked in the family business growing and selling Irish potatoes and enjoyed singing in a chapel choir. Faith attended boarding school and excelled in mathematics, with future aspirations to be a bank manager. She was very quiet and did not say much in her interview.

Figure 15: Faith's Lifeworld

## 5.14.1 the Global Pandemic

Faith did not talk much in her interview but shared the impact of COVID-19 and the circumstances that led to her pregnancy. When Faith shared her story, it sounded as if had a pandemic not occurred, she would not have become pregnant: *"It was bad. Students could not go to school. It was Corona Virus, so I felt bad I could not go to school or church."*

Faith's emotional feelings about being at home during this time became exacerbated: *"I didn't feel well. I felt lonely and bored"*. When Faith realised she was pregnant, she stated that she *"felt bad because in our village, they can laugh at you and the community was not happy with me."*

## 5.14.2 Fear/less

Faith reflected on three elements of what fear looked like for her. The first element was to fear God with reverence. It almost sounded like Faith had begun to look at her pregnancy as a blessing. Faith wanted to live her (unclear if this was always the case, or newfound faith) life with Christian values, morals, beliefs and devotion by *"following*

*His commandments, obeying your parents—that's when God will give you blessings and you will live longer on earth".*

Secondly, Faith expressed "fear" about walking at night. Was this because she was raped while walking home at night? She stated, "*When it is at night, when you meet a man who you don't know, he can rape you."*

Faith went on to express her fear about the future and motherhood. For Faith, the role of a woman was to be a wife and mother, to "*have a husband, bear children, and care for them.*" Faith sounded almost perfunctory in her response to what she considered her role and what caring for her baby may look like: "*breastfeeding and clothing the baby."* Faith wanted to return to school and believed this was possible: "*My neighbours will look after the baby as I go to school*". Faith's thoughts about giving birth involved fear: "*I feel fearful…the pain*". Faith then shared how she would overcome this fear: *"I will not fear because the Lord whom I serve will not sleep when I go to [birth], and I have faith in God that everything is possible".* Faith spoke poetically, as if reciting scripture from the Bible. Religious faith and belief were a comfort in relinquishing autonomy to a higher power—God. For Faith, pregnancy, childbirth, and motherhood were almost like a rite of passage to womanhood, as she regarded herself as a "young girl", but believed others viewed her as a young woman. Faith commented about the transition she would experience *"because I have a baby, the baby changes you from a girl to a woman".*

## 5.15 The Focus Group

The purpose of conducting the focus group was to understand the girls' personal experiences of the phenomenon under study in a shared context and how those experiences made sense in that shared context. These perspectives were informed by societal and social norms around what is considered acceptable regarding the phenomenon of pregnancy and early motherhood in adolescence in Uganda. The themes that emerged from the focus group discussion became the sixth theme: "Sisterhood in Conversation". Further elaborated were the inextricably interwoven

themes raised in the individual interviews. Together they would become the main themes.

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*I cried quietly internally as I felt something stir within me. The privilege to be in this space and the open sharing of experience felt overwhelming. I was 'present' although be it not physically in Africa or standing on Ugandan soil. The sun shone brightly into the room through a large window. I wanted to now hear individual voices united and 'lifted' in the sharing of their stories. The girls sat comfortably on sofas, laughing, and smiling. It was a conversation! It came to me, that this was Sisterhood! The Sisterhood in Conversation' theme organically revealed itself.*

(Reflective Journal, February 2021)

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### 5.15.1 The Centre

There was a general perception held by all the girls that in moving to the centre, things in their lives had improved: *"It's a cooperative …everyone working together" (Faith).* *"We share everything … we help each other with washing clothes, [laughter by all] caring for each other's babies" (Francisco Desire).* The girls did not share openly personal details about their lives or the circumstances of how they became pregnant. This was understandable due to the trauma that it may have caused.

It appeared and felt like the girls had a lack of knowledge, choice or agency and spoke about "leaving everything up to God": "*I did not expect this*" (Joyce), "*Pray not to fall into temptation*" (Jovia), and *"Spend time with the Bible"* (Katherine).

### 5.15.2 Advice

In the individual *lifeworld* interviews, a number of the girls cautioned other girls to remain safe and offered advice. It was reiterated in the focus group by five of the girls: *"Avoid walking at night"* (Sienna)*. Further advice was *"not to accept any free gifts… [smiled] things such as money, lollies [sweets]… men will try to entice you with words or say things*" (Faith), "*Clothes… jewellery…*" (Katherine), "*Clothes*" (Joyce), and *"Men use 'channels' to get you free gifts"* (Jovia). When asked, "Why would you accept such gifts?" the response by all the girls nodding in agreement: "*Because they are nice…yes, nice*". The Sisterhood group all began to laugh and call out words like: *"You*

*are beautiful… I can take you to heaven and back… I love you until the end… until Lake Victoria dries up".* I commented, "That's a lot of love—until Lake Victoria dries up" to which all the girls responded with loud laughter.

### 5.15.3 Contemplation of Abortion

Many of the girls in the individual interviews and four of the girls within the focus group contemplated abortion. It is interesting to consider whether the girls had any agency and/or choice in this. This also came up in the individual interviews. Nonetheless, this option was later dismissed by all, and their later decision not to have an abortion was driven by faith, with the girls citing the thought and act as sinful. It may be, then, that their faith limited their autonomy or that it was used by those who counselled them to limit their autonomy. Also, having a strong faith and belief in God would affect their decision, as the act of abortion is not aligned with Christian values and beliefs. The girls appeared to have chosen to have their babies for reasons due to their Christian beliefs. According to Joyce, "*I got counselling and then believed that to have an abortion would be a crime against God",* while Francisco Desire commented: *"I decided that I could not have an abortion because my baby is a gift from God".* However, when Katherine was asked why she believed that her baby was a gift from God, she gave no response. Jovia appeared to have seriously considered terminating her pregnancy. It is important to consider whether the procedure to which she would possibly have access is likely to be unsafe. Jovia first commented, *"Abortion is committing murder",* but also stated, *"I thought that if I had an abortion, I could end up losing my life in the process… that frightened me, so then I thought of committing suicide".*

### 5.15.4 Feelings of Abandonment

Abandonment can be considered a forced transition into womanhood via an involuntary expulsion into independence. Many of the girls talked about being sent away from their homes by their parents and ostracised from their community. Joyce recounted, "*I was laughed at*", and Katherine commented, "*they will chase you away from the home*". It was important to know how the girls felt about this. The girls talked about feeling a sense of abandonment once their pregnancy was known about by their parents, family, the father of the baby, and the community. With this, several of the

girls stated that the reaction towards them was negative, and they expressed how they felt about this, "*who is there to help…I am alone*" (Faith). They also worried about how they would provide for their baby and the unknown of "*what will happen next*" (Francisco Desire). Some of the girls remained optimistic about what options they felt they had but were cognisant of the challenges.

**5.15.5 Feelings of Fear and Stigma**

Fear came up strongly in Faith's interview. In the focus group, it was another real emotion experienced by many of the girls when they realised that they were pregnant: "*I had thought of escaping and running away from home*" (Joyce); "*I felt like taking poison*" (Francisco Desire); and "*I was scared of death*" (Joyce). These statements were made almost as a matter of fact, and all the participants agreed that they had no choice but to continue with their pregnancy. It felt like they had surrendered to their situation. Again, was this by choice?

The girls in the focus group were aware to some degree but also naive, due to their adolescent years, of the implications of pregnancy and being an adolescent mother. They expressed concerns about how they were viewed by their community and society as a whole and carried shame and humiliation: "*I felt shame because I was pregnant… and did not plan this [laughing]*" (Joyce); "*I felt 'uncomfortable with society' because I was pregnant and did not plan this*" (Joyce); "*I am still young…17 years old*" (Faith).

Bound by stigma is autonomy and identity in understanding what it means to be young, pregnant, and have a baby: " *… I wish I was 30 years old. This is a good age to be pregnant [laughter by all]*" (Katherine); "*I don't have money to care for the baby*" (Faith); "*People will start calling me mature, yet I am still young*" (Francisco Desire); and "*They call you 'Baby Mama'… people in society, everyone around you… yet you are still young*" (Jovia). When asked how this made them feel, the response was, "*Like I have to grow up*" (Jovia), while Josephine commented, "*They [society] start abusing your parents for not being good parents, having a young child who is so young and having a baby*". Everyone in the room nodded in agreement: "*They will just abuse your parents…the parents then transfer their anger to girls*" (Francisco Desire). In addition,

the girls appeared to distance themselves from the girls who experienced abuse: "*…beating, slapping, also verbal abuse*" (Katherine).

The girls, when talking about feelings of stigma, shame, and failure, did not apportion blame to anyone, including the father of the baby, but only to themselves. The focus group offered insights into some of the girls seeing beyond these feelings of shame and failure of themselves. However, it was unclear how they dealt with threats they faced of abuse and who, if anyone, was protecting them and keeping them safe.

### 5.15.6 Returning to School

Many of the girls in this study expressed a desire to return to school following the birth of their baby, viewing education as important for future life success. They wished to complete their education so that they could have a career, provide for their child, and be a good role model. Many of them had high aspirations, such as wanting to be a doctor or a lawyer. The study highlights how their educational progression is significantly dependent upon the level of support they would receive from family, be it financial or childcare support. For instance, Joyce commented, "*I want to go back to school… Getting an education is important, and I want to fulfil my dreams to be a doctor.*" Sienna echoed, "*I want to go back to school*" too. However, their perceptions of the feasibility of these aspirations appeared to be in direct conflict with their current reality. This will be further explored in the discussion chapter.

### 5.15.7 Motherhood

Regarding motherhood, the girls felt that the centre equipped them with parenting/mothercraft skills. All the girls felt like they required some degree of support and guidance from the centre and would need support from family and their community once they left the centre with their newborn baby. Some of the girls shared what they considered young motherhood and providing for their baby would look like: "*Sleepless nights, washing all the time*" (Joyce). "*Breastfeeding all the time. I was used to being alone. My time was my own. Now I have to breastfeed all the time*". Jovia added it would involve "*Soothing the child' [a phrase used to explain calming/comforting their baby]*" and that "*You are pregnant for nine months, then labour, giving birth and then taking care of the baby is hard… It's going to be hard*". Katherine expressed it would

be *"Harder than I thought…Sleepless nights",* while for Joyce the concern was that *"Somehow, I have to provide for my baby… I don't know".*

Joyce and Kathrine, who had birthed their babies a week earlier naturally (physiologically), communicated and conveyed their feelings by making a *"clicking"* noise (tongue on the roof of their mouth) in response to the question, "What does motherhood mean?" The meaning was interpreted and confirmed by the counsellor as something extremely hard, and the realisation of the enormity of pregnancy and now becoming a mother.

## 5.16 The Sisterhood: Concluding Comments

The context of the experience lends itself to shared discussion regarding issues of mixed feelings, coercion, contemplation of abortion, education, and motherhood. It was evident from the start of the focus group interview that a profound sense of unity/harmony existed among the girls. The "The Sisterhood in Conversation" offered a further understanding of the recurrent themes emerging from the individual interviews. This commonality supported "sisterhood" among the girls, and it could clearly be seen how the girls were making sense of their "lived experience" of pregnancy and their journey to early motherhood. There were several examples of how they offered mutual support and care, as highlighted earlier. This sense-making process aligns with Heidegger's concept of 'thrownness', meaning that individuals are thrown into the world that they are constantly trying to make sense of their world, that they are aware of and contained by the features of that world (Heidegger, 1982a).

*My mind could not be quietened as I wondered following the focus group. How would the girls get further support, and how can they be self-reliant? Most of the girls said they felt happy now. I wondered how and why? Was this something that they truly believed or was it something they felt they ought to say and feel?*

(Reflective Journal February 2021)

## 5.17. Shared Worldhood of the Lived Experience of Navigating the Journey from Adolescent Pregnancy to Early Motherhood in Uganda—A Phenomenological Perspective

### 5.18 Introduction of The Themes

Now that I have explored the subjective lifeworlds of each participant, the findings necessitate a collective interpretation to acknowledge the world within which each of these *lifeworlds* is experienced in order to make it meaningful outside of individual subjectivity. Thus, the shared worldhood is revealed through a Heideggerian lens.

In referring to worldhood*,* Heidegger (1962 p.64) asks:

> Does every Dasein 'proximally' have its world? Does not 'world' thus become something 'subjective'? How, then, can there be a 'common' world 'in' which, nevertheless, we are? And if we raise the question of the 'world', what world do we have in view? Neither the common world nor the subjective world, but the worldhood of the world as such.

Therefore, Heidegger (1962) is interrogating the authenticity of any interpretive explanation of a collective worldhood*.* Thus, the collective worldhood themes are as follows:

- Transition: Girl, Woman, Mother
- Temporality: Gazing into the Past, Present and Future
- The Interplay of Feelings
- Autonomy in Finding Selfhood
- Expectation
- Sisterhood in Conversation

See Appendix Five for the shared themes table. Figure 16 shows the interconnectedness of these shared themes.

These themes derived from the individual interviews and focus group undertaken with the participants and are a distillation of the experiences expressed. It is through the distillation of the lived experiences and collective worldhood of a group of Ugandan adolescent pregnant girls that a deeper understanding can be revealed about what it means to be adolescent and pregnant and the journey to early motherhood. The identification of these interwoven themes was fundamental to the creation or/and evolution of "*Can you hear my voice?"* and was a direct consequence of the data analysis.
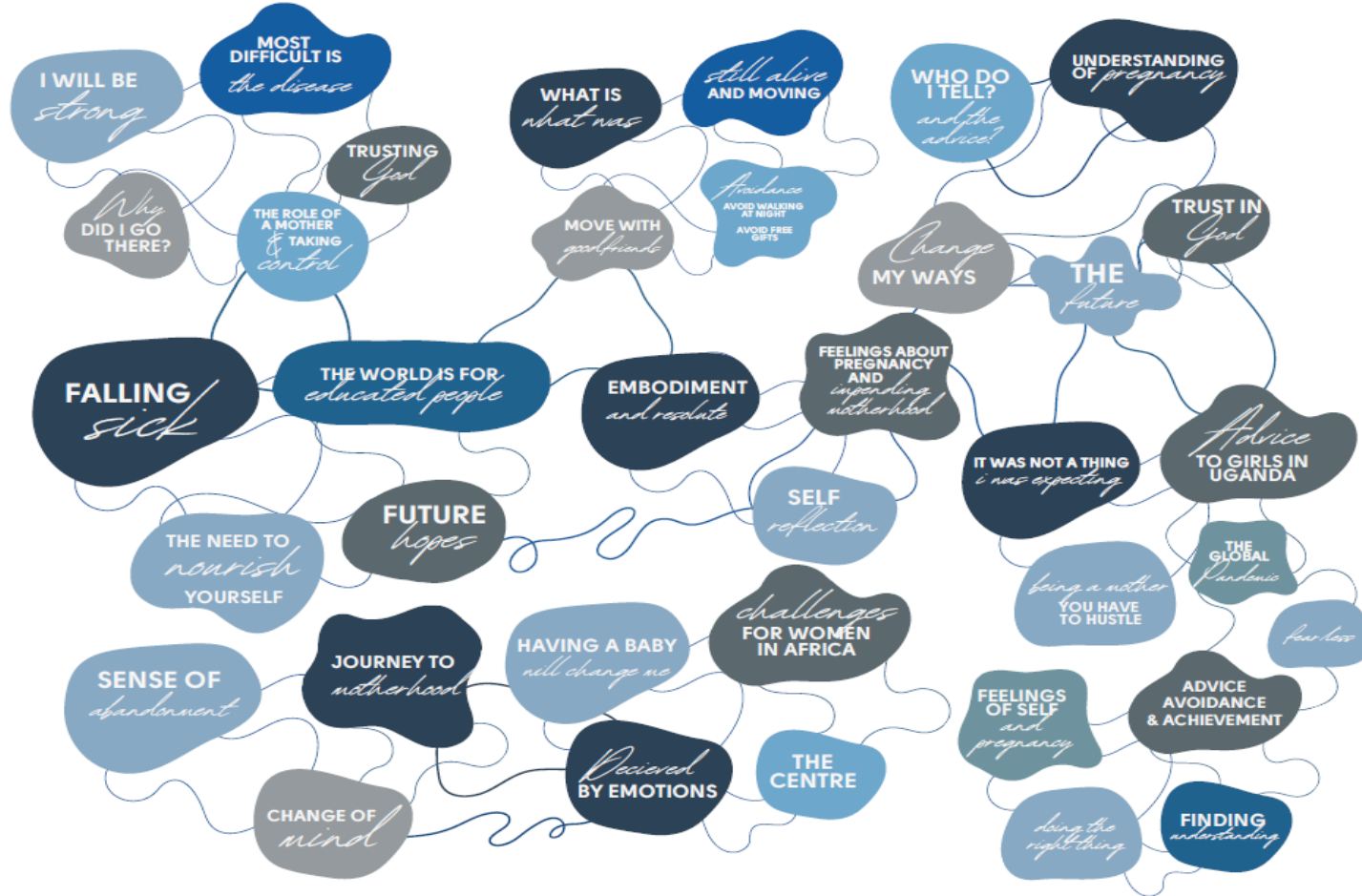
Figure 16: Collective Worldhood - Pregnancy and the Journey to Motherhood

The structures of the phenomenon will now be addressed. These are the essential themes around which the phenomenological descriptions are woven.

Pregnancy in adolescence is bound in and by young girls having to navigate the challenging journey through pregnancy to motherhood and beyond. Nonetheless, the lack of support, the isolation, and the need to confront emotions are all compounded by fear and a lack of sexual and reproductive health and formal education. However, a haven was found within the pregnancy centre. Here, love, trust and compassion became a fundamental presence in the girls' lives.

Both the context of being-in-the-world and how that was experienced were enlightened by the lived experience as an adolescent pregnant girl. What would be her agency and/or drivers and barriers? The girls' experience of pregnancy and motherhood led them to identify a sense of self while finding their voice in the world.

### 5.18.1 Transition

This theme highlights the transitions that the pregnant adolescent girl is required to navigate in her journey to early motherhood. These are implicitly interwoven contextually, physically (biologically), and psychologically in shaping her identity. Remaining conscious of the changes that are part of adolescence, the transitional stages of pregnancy and becoming a mother are bound together.

Moving to the centre constitutes a contextual transition. Major implications, such as disassociation and isolation from family, friends, and the familiar community, necessitated a physical movement of transition to the pregnancy centre. According to van Manen (1997), "spatiality" (lived space) constitutes what is experienced walking into a "space" and affects how one may feel. The experience of walking into the "space" of the pregnancy centre may have been initially frightening for some but safe and reassuring for others. Aishadi stated: *"So when I came into this place, I was changed."* For Katherine, arrival at the centre enabled her *to* begin *"a new life...".*

Physical/biological transition refers to those changes associated with adolescence/puberty and the changes due to pregnancy. Katherine stated, *"My body changed and also changing me from being a girl",* while Shanitah commented, "*I have a baby inside me."*

There were also psychological changes. For example, Jovia said, "*Now that I am pregnant …I see me as a young woman",* and Katherine stated: "*I am going to have a baby …and they will call me a mother."*

### 5.18.2 Temporality

Several of the girls spoke about the future in the context of their situation. Gazing into the future as a concept is temporal in so far as it is always moving towards the future; it is a forecast pressing into possibilities (Heidegger, 1962, p.183/144). With an awareness of temporality, there is a sense of a future possibility of what may or may not happen, fostering the questions of potentiality versus actuality. Temporality always has the potential to become actual, such as Aishadi saying, *"I am going to give birth and have a better future",* and Joyce having *"dreams and visions of what I want to accomplish."*

The centre offered Katherine and the other girls a sense of having a new chance at life full of *"…happiness".* Joyce stated, *"I cannot predict or tell about someone else's future… "I want my baby to go to school and study".* Francisco Desire contemplated her future: "*I want to be a good mother... I want my baby to be a good person in the future,*" while Aishadi stated: "*At first, I felt bad".* Therefore, temporality is a sense of time and the future simply weighing on the participants. They are passive, enduring and waiting for what the future holds.

### 5.18.3 Feelings
"Feelings" may be viewed as overly vague as a theme name. However, I decided to define it as an "interplay" due to how feelings are experienced differently by individuals. Therefore, keeping it broad enabled the encapsulation of broad emotions. In expressing their feelings, most girls had transitioned from rejecting their pregnancy to

accepting it and at least trying to find reasons to be happy about it, as shown in the samples provided in Table 10.

For Aishadi, while reflecting upon her initial feelings of pregnancy, she stated: *"At first, I felt bad.* Joyce felt "*both good and bad",* and Francisco Desire felt that she was "*still young to have a baby"*, while for Katherine, having a baby "*would not be easy"*. Sienna stated she felt *"like I must die". I had many thoughts of aborting or running away from home",* and for Joyce, commented: "*I am still young to have a baby... [and]* fear about birth". In contrast, Evelyn's emotion was fear in concealing her pregnancy.

Another consideration within the Feelings theme is that the initial rejection of the pregnancy was not idiopathic but stemmed from rejection by the family and community. According to Aishadi, *"Sometimes… I don't feel I deserve to be within that community"*, while Joyce stated, *"… even sometimes… the community was talking about my pregnancy".*

### 5.18.4 Autonomy

Heidegger referred to a developing understanding as "taking a stand on your own Being" (Heidegger, 1962 p.183/144). Thus, each participant took a stand on their own being in terms of their selfhood.

An important point to note is that the girls, overall, had very little autonomy. They were financially dependent. Many had been rejected by their families and required charitable sponsorship to sustain themselves. Their education was incomplete, so they could not choose the career they wished to pursue. None of the girls appeared to have chosen to become pregnant, and none of them appeared to have chosen the conditions under which they would have their baby.  Having faith was one of the ways they appeared to cope with their actual lack of autonomy and planning to complete their education. Autonomy, or lack of it, is a kind of axis that links together many of the themes.

Aishadi, when discussing her thoughts about birth, commented, *"I will be strong". For* Joyce, *"going back to school is important"* to complete her education. Francisco Desire

stated: *"I am going to breastfeed my baby the whole of this year".* Similarly, Shanitah: "*I will breastfeed for three months…".*

Faith is considered in relation to autonomy, both as solace when autonomy is lacking and as a limit on autonomy when it dictates moral strictures; it is also considered as comfort or emotional support. Faith had a rich place in the girls' emotional lives. Francisco Desire stated, *"I will just leave everything to God.* Meanwhile, Aishadi made several comments related to faith: *"…have trust in God".*

### 5.18.5 Expectation

The girls had different expectations of themselves and others. While the expectation is active planning, due to their socialisation and to their being strong, the girls were currently stigmatised and were expecting to be stigmatised due to projecting their own regret over their pregnancy onto the people around them, such as parents, family, friends, and community. They were also expecting help from family and friends. For example, Aishadi stated, *"The role of the mother is taking care of children".* Joyce stated her expectations for her education: *"this world is for educated people",* while Francisco Desire had hopes that she would receive the necessary help "…*by both my family members who feel that it is okay to help me".*

### 5.18.6 Sisterhood

For the Sisterhood, having a good circle of friends in whom to trust and offer support was important: "*Choose friends who are exemplary and can model for their good decision making"* (Jovia) and Sienna, having a good circle of friends **"…***can help you not to get into trouble".*

### 5.19 Summary

This chapter presented the data derived from the interviews and outlined an interpretation of each girl participant's individual lifeworld. The focus group organically evolved into the "**Sisterhood**" theme and fundamentally reiterated and enhanced what had been shared in the individual *lifeworld* interviews. This was followed by a collective interpretation of the "lifeworldhood" of the lived experience of navigating pregnancy and the journey to early motherhood of the ten participants (individual interviews) and

six of those who also participated in the focus group. The interviews were interpreted through a phenomenological philosophical lens under the subordinate theme headings identified: Transition: Girl, Woman, Mother; Temporality: Gazing into the past, present, and future; The Interplay of Feelings; Autonomy in Finding Selfhood; Expectation and Sisterhood in Conversation. These six important themes, which emerged from the combined data, demonstrate the inextricably interwoven relationships between the girls' perceptions and lived experiences. As stated in the introduction to the chapter, multiple groups of meanings make up each theme, and indeed, multiple themes pertain to the phenomenon. These themes are not independent of each other but work together to illuminate the phenomenon. Thus, no single theme should be perceived as being any more important or relevant than any other. Chapter Six will further reflect on, address, and develop key areas from the findings of the study and will place these findings within the context of the current and contextual literature on adolescent pregnancy and early motherhood.

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**Challenged… Dwelling … Consumed**

*I had doubt put in my mind, as challenged by my supervisors, that the amount of data that I had regarding what is required for phenomenological research may not be enough. Surely, it is depth and quality and not quantity. It did leave me 'unsteady' for some time with my thoughts and feelings about the research data. Upon reflection, this time had me 'dwelling in the data' for longer. It made me slow down, pause and re-examine the taken-for-granted assumptions that I had due to my closeness to the phenomenon. I became 'touched', absorbed and consumed in what was being revealed.* (Reflective Journal, December 2020)

*Each time reading the interview transcripts I uncovered something new embedded in the words of the girls. I reminded myself not to narrate the girls stories…but let their voices speak for themselves!*

*'When we understand a text, what is meaningful in it captivates just as the beautiful captivates us'* (Gadamer, 1989, p. 484). (Reflective Journal, July 2023)

**Chapter Six: Discussion**

**6.1 Introduction**

This chapter elaborates on and provides a critical discussion of the six themes presented in Chapter Five. Discussion of the findings is contextualised in the wider literature, and it identifies areas of new knowledge, proposes social changes, and argues for the progression of understanding achieved in areas of contention raised by this research. The themes presented are Transition: Girl, Woman, Mother; Temporality: Gazing into the past, present, and future; The Interplay of Feelings; Autonomy and Finding Selfhood; Expectation and Sisterhood in Conversation. The themes are not presented in any sequential order, as the individual importance of each cannot be characterised by any ranking. Although presented as individual themes, there is some overlap of the themes for each of the participants. Their experiences highlight several cultural and underlying elements in relation to pregnancy in adolescence and motherhood, including the cultural milieu, maternal sexual and reproductive health, social stigma, identity, feelings, and expectations. Through a sequential analysis, the findings (Chapter Five) revealed the "Being, Belonging and Becoming", which is adolescent pregnancy and early motherhood.

This discussion chapter will further elaborate and critically discuss, the unfolding of the experience for the ten participants. Shown is the meaning of pregnancy and their assumed way of Being-an-adolescent-and-pregnant in the world while navigating this unexpected reality. The girl searches for a sense of Belonging in society, with family, friends, and her community. The realisation of the being-a-mother phenomenon is through her Becoming.

**6.2 Transition: Girl, Woman, Mother**
**6.2.1 Stages of Transition**

Adolescence, pregnancy, and the journey to motherhood are all stages of transition. A girl moving to the centre also constitutes a combined physical and psychological contextual "spatial" transition in a movement to a new place, albeit a "liminal" in-between one. Each transition will have its challenges and implications, such as dislocation from what was known as familiar.

In order to understand the lived experience of a pregnant adolescent girl's journey to motherhood in Uganda, it is first important to understand adolescence as a transition. The World Health Organization (2014) has described the stage of adolescence as "a period of development and growth which happens after childhood and before adulthood from ages 10 to 19 years". It is characterised by immense physical growth and significant hormonal changes: this is Being an adolescent girl. Puberty, therefore, marks the transition from childhood to adolescence. When considering adolescence as a transition period in a girl's life, it should be highlighted that it represents a crossing of tensions. This phase of Becoming is characterised by the onset of sexual relations (consensual and non-consensual); moments of uncertainty, anxiety and fear; consolidation of self-image and self-esteem; emotional and psychological maturing; and explorations of nuances, rules, values, identity and family (Dhayanandhan & Bohr, 2016; Laney et al., 2015; Mangeli et al., 2017). All the participants in this research study transitioned through each of these phases at different times and not necessarily in a sequential order. The girl eventually finds her sense and place of Belonging. According to De Sousa & Varcoe, (2021), interconnectedness between gender, age, and other aspects of social identity provides important insight into the lived experiences of adolescents who "straddle the space between girlhood and adulthood" (Hamilton et al., 2018, p. 1182). Each of these factors can impose on adolescent girls a sense of predicament, which intersects with and incites intrapersonal and interpersonal conflicts (Dhayanandhan & Bohr, 2016; Laney et al., 2015; Mangeli et al., 2017). It is important to consider that not everything that occurs externally "lands" on the girls, but some elements constitute an intersection of internal and external aspects, while others become a part of their identity, too (Jones et al., 2019). One should also remain cognisant of the cultural context of Uganda and the geographical translocation of culture from, for example, Northern Uganda, where womanhood might be considered differently, given that girls marry and start families much younger compared to central and urban Uganda (Webb et al., 2023). Hence, social and cultural context and construct are important. According to Waltereit et al. (2020), adolescent "crises" are necessary and essential for the development of human beings. However, pregnancy during adolescence leads to potentially damaging and harmful predicaments because it adds a heavy emotional, physical, and social burden that can hinder the experience and transition from childhood to adulthood and have lifelong consequences.

According to Waltereit et al. (2020) studying adolescent pregnancy is a complex and dynamic undertaking, requiring total and profound immersion into this lifeworld by those researchers who wish to understand the essence and meaning of those experiencing it. I, as a woman, midwife, and researcher, certainly felt and was affected by the lived experiences shared by the girls. This moment in an adolescent's existence is a whirlpool of mixed feelings and emotions that interplay and occur inclusively because being an adolescent and pregnant means experiencing the "maddening of anatomy and the psycho-biological-existential awakening of their self" (Amoran, 2012).

Lindermann (2014) stated that a common but arguably misogynistic view of human pregnancy is that it is a purely natural experience that a woman may experience. Taking a pragmatic approach, an embryo implants within the uterus, develops and grows for nine months, and a baby occurs. This view can "weather" an adolescent girl's "connection" to pregnancy. Considering all of the participants were unwillingly pregnant, many aspects of their pregnancy were purposeful: "*I want to be a good mother in the future*" (Francisco Desire), "*I am here and getting everything I want*" (Aishadi), and "…*how it is like to be pregnant by educating others*" (Faith). All of the girls who contemplated termination of their pregnancy decided against abortion. Like every other pregnant girl, each individual participant in this study must come to terms with the fact that she is now in a profound and ongoing physical intimacy with another human being—her baby. According to Lindemann (2014), "To be pregnant … is to be occupied by an entity that is both you and not you*"* (p. 80). To conceive, as Little (1999, p. 296) stated, is to engage in "a particular…kind of physical intertwinement". Adjusting to that intertwinement, particularly as all of the participants did not wish to be pregnant, can involve a difficult emotional navigation: *"I didn't want to be pregnant"* (Joyce).

The self, at any one time, is always in the process of transition and is dependent upon the means available to us to achieve the aims we seek (Benton et al., 2011). This theme explores the girls' lived experiences and the notion of moving through and transitioning through the different stages of their journey from adolescent pregnancy to motherhood. Furthermore, it is important to consider the contextual transition from an often unstable home environment to the pregnancy centre and to examine the major implications of disassociation and/or possible isolation from the familiarity of family, friends and community. A combined physical and psychological transition is

complex for anyone, let alone an adolescent pregnant girl, who is having to traverse pregnancy and the journey to motherhood. Therefore, making available what is needed and the conditions that cause the girls to seek the means to equip themselves due to their circumstances is necessary for the "self" they are in the process of becoming (Crano et al., 2011). This transitional "space" that is inhabited by each of the girls in this study is an important concept to understand.

### 6.2.2 Using Liminality Within the Transition to View Pregnancy in Adolescence

The concept of liminality has been used in the past to discuss the experiences of illness and health concerns of cancer patients (Dauphin et al., 2020). According to Dauphin et al. (2020), liminality and subjectivity have been found to provide a useful frame for understanding uncertainty, with an explicit focus on its constructive potential and meaning-making. The proposal considers this concept from the perspective of a girl who is pregnant and an adolescent navigating her uncertain journey to motherhood in Uganda. Mishel (1981;1988) stated that uncertainty arising from cognitive processes renders individuals incapable of making sense of what is happening to them. Without tools to equip them for the future, the girls begin to experience uncertainty. This would explain and give some understanding of the girls' attempts to make sense of what is happening to them. Mishel (1990) proposed that uncertainty can be dealt with by reassessing the situation and using coping strategies. The girls, with counselling and support in the pregnancy centre, moved towards this. Turner (1969, p. 95), building on the work of Van Gennep (1909), identified three main stages to rites of passage, namely, separation (pre-liminal), transition (liminal), and incorporation (post-liminal); each is associated with particular rituals (van Gennep, 1909; Turner, 1969). During separation, individuals move from their previous way of life towards the liminal state (Madge & O'Connor, 2005), where their existence is neither how they were before nor how they will be subsequently. This stage presents the "possibility of moving to a new structure or back into the old" (Jackson, 2005, p. 333). In different types of social passage, one or other of these stages might be more important than others (Czarniawska & Mazza, 2003). The focus here is on the liminal phase of a girl moving to the pregnancy centre (contextual structure) and navigating her journey from pregnancy to motherhood. Turner (1969) argued that culturally prescribed and shared rites of passage enable individuals to move through separation

from parents, family, friends and community and thereby transition (pregnancy centre and the stages of pregnancy) to personal growth and a new identity. Personal growth and a changed/new identity are discussed in the theme of autonomy. This transition is not straightforward:

> These persons elude or slip through the network of classifications that normally locate states and positions in cultural space. Liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonial. (Turner, 1969, p. 95).

Turner described the common space inhabited by those in the liminal phase as "communitas"; this is a way of living rather than a commonplace (Madge & O'Connor, 2005, p. 273), that is, "a shared sense of alterity" (Czarniawksa & Mazza 2003, p. 273) rather than identity. The pregnancy centre was "communitas" for the girls that lived there. Therefore, the liminality visible within the girls' social context can be a source of uncertainty, but its provisional nature can also push the girls to engage with the centre environment and a place of certainty (Dauphine et al., 2020). Miles et al. (2013) assert that it is not the physical space itself that is significant. It has more to do with what the sense of being in that space reveals. Smythe et al. (2018) goes further, and this resonated with me:

> It is one thing for the person behind the concept to offer his impressions of how the space works. It is another for the people using it to tell their own stories, showing how they came to experience and "own" the space. (p. 195).

### 6.2.3 Liminality, Transition and Identity

Occasionally, explicit links are made between liminality and being between two social identities (Madge & O'Connor, 2005) and with place and powerlessness. Individuals affected by liminality include pregnant adolescent girls in Uganda, as they can be "displaced" to "marginal spaces and unloved places", metaphorically speaking. This was narrated by the girls in this study, when sharing their experience of isolation and abandonment by family and the community. The work of Wolch and Philo (2000, p. 144, cited in Warner & Gabe, 2004, p. 389), thus associates liminality with "threat or unease". In the literature on liminality, liminality has contributed to discussions on childbirth and the transition to motherhood (McCourt, 2009), as well as on pregnancy and childbirth as rites of passage.

If, in fact, were we to think of children as immature adults who are simply making linear moves of transition into adulthood, adolescence is the transition between the two states, which is a key tenet of this research study. According to Lipman et al. (2010), the self is transitional as such, and we cannot prevent our own "process of becoming" in this context of "being" an adolescent who is pregnant without having any perception or understanding of the experiences that demand to be defined together with one's own. Therefore, highlighting the notion of transition as the philosophical cornerstone of existence is a Heideggerian characteristic (Heidegger, 1962). It could be considered that it enables the adolescent pregnant girl to see herself in the shared world. The focus on transition enables us to try to notice the multidimensional temporal structure, dwelling within the persons we were and anticipating the persons we will become. Some of the girls talked about this several times: "*I am going to have a baby…and they will call me a mother*" (Katherine). It is important to consider the fluidity of identity and that we are constantly moving from the past and into the future. Thus, we are continually readjusting the way our past and future selves are defined and matter to us. Mama (2017) states that black feminism is characteristically transformational. Phenomenologically, each "self" is constant in its movement, always moving outside of itself, dancing with other versions of itself, combining with and letting go. This reiterates the sense of an "interpretive dance" as discussed earlier in this study regarding how the girls shared their stories. Delicately interwoven in this context is the relationship between me as the researcher and each girl as the "storyteller".

## 6.3 The Transition to Motherhood

An emerging new concept is understanding the developmental passage into motherhood known as "*matrescence*". The social anthropologist Dana Raphael originally coined the phrase in the 1970s. Interestingly, the word is not dissimilar to sounding like adolescence, and like adolescence, *matrescence* is a period of transition to becoming a mother. It changes a woman or girl in this context physically, hormonally, psychologically, socially, spiritually and politically. Much of the physical and emotional changes are rooted in hormonal changes, much like adolescence. Athan (2020) states that understanding centres mothers on articulating and making sense of what they may be feeling and what is to come. In doing so, her community and society may adopt realistic expectations in understanding and supporting early

adolescent motherhood—an important concept for the girls and those around them to adopt.

It must be acknowledged that the transition to motherhood is a significant experience in a woman's life (Anwar & Stanistreet, 2015). As highlighted throughout the findings of this research study, transitioning to motherhood also brings with it remarkable challenges (Bryman, 2012). According to several researchers (Collaizi, 1978; Jones et al., 2019; SmithBattle, 2020; SmithBattle & Phengnum, 2023), this is intensified for young mothers, and evidence has shown that adolescent mothers experience an increased encumbrance of responsibility during the transition to motherhood. As highlighted in the literature (see section 2.11), adolescent mothers experience problems during childbirth, and the pain associated with labour in the postpartum period becomes an obstacle to caring for their newborn baby. Mothers felt that this prevented them from developing a deeper attachment to their newborn. This fact did not present itself in the study but is an important consideration. Hunter (2017) reported that adolescent mothers felt tired and helpless after giving birth and thus needed additional support. This additional love, care, and support was present and tangible in the pregnancy centre. While it is most important to acknowledge the sharing of birth stories, open discussion was not encouraged within the centre due to the possibility of causing harm by "triggering" a girl. Respect and mindfulness were upheld in the research as per the guidance of the centre director, who was the gatekeeper for the participants. Early motherhood will be explored further in the next theme: Temporality: Gazing into the past, present, and future.

The girls in this research study are called, therefore, to negotiate a shared world because each of them is one among many transitional selves. Together, they all confront larger shared circumstances, as highlighted by the collective worldhood in Chapter Five (Figure 16). Moreover, these transitions (ourselves, the world, situations) blend into one another. The girls, in sharing their stories, presented a careful, attentive, and honest response. In order to answer what this world, what the situation and itself becoming around the girls, the notion of transition is thus triply important:

> 1) we move within our temporality; 2) we move within the limits of situations in which we find ourselves to be embedded, sometimes almost hidden; 3) the world or the situation itself moves around us as do the others who share it with us.

To remain static or refuse to see transition as the key notion to human experience is to become fixed or lost in oneself or a situation. All the girls in this study were undergoing a state of transition (Macleod & Feltham-King, 2019). They had no choice in the change that had to occur within and around them due to their circumstances, and they were conflicted in wanting and not wanting change. This was their lived experience—navigating the transition from pregnancy to motherhood, which is girl, woman, and mother.

## 6.4 Temporality: Gazing into the Past, Present and Future

Heidegger suggested that, when reflecting on a phenomenon, chronological time (temporality) does not matter (Heidegger, 1962). What does matter in this thesis is what or why the phenomenon of pregnancy in adolescence stands out from the usual flow of time (Dreyfus & Wrathall, 2005). Time and space are more than the construction of context for that moment. Instead, they are exposed as memories, emotions and consciousness that are attached to the past and a culture that provides understanding and belief, a perspective that can colour events. Some feelings of pregnancy revealed in the narrative by the girls will be further explored later in the theme "The interplay of feelings". What was strongly presented in the pregnant adolescent girls' stories was a sense of "being" in an unknown world, that is, their world, due to their unpreparedness for pregnancy and the important transition to motherhood (Grace et al., 2013). This raised conflicting emotions, uncertainties, and multiple challenges about the circumstances and timing of pregnancy (Hanna, 2001). Furthermore, early motherhood includes health risks, De la Calle et al. (2021) for the mother, as well as developmental difficulties associated with adolescence and family conflicts, as highlighted in Chapter Two. A number of the girls expressed a sense of hopefulness for themselves and their baby's future in what could be deemed a seemingly hopeless situation. Hope has been described as "a buffer for stress, a prerequisite to effective coping and a significant factor in physical and mental well-being" (Herth, 1993, p. 539). According to Farran et al. (1995, p. 6):

Hope constitutes an essential experience of the human condition. It functions as a way of feeling, a way of thinking, a way of behaving, and a way [of] relating

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to oneself and one's world. Hope has the ability to be fluid in its expectations, and in the event that the desired object or outcome does not occur, hope can still be present.

Spears (2004), in a follow-up case study on teenage pregnancy, identified that the girls felt "a sense of loss and feelings of isolation" but were hopeful for a better future. However, motherhood can be "coloured" due to becoming pregnant when young (Ngum Chi Watts et al., 2015).

The girls in this study expressed expectations about their future, about their way of being a mother, about what is new, and about becoming aware of the new situation of being a mother. They also had some understanding of being responsible for a baby and for another human life. Some anxiety and fear could also be seen and heard when some of the girls were sharing their lived experiences, alluding to the traumatic and upsetting circumstances of how they became pregnant. Apportioning blame or accountability to a girl's naivety about sex is unreasonable, considering the circumstances of pregnancy for all the girls in this study included either coercion or sexual violation. Thus, some sex education and knowledge may not have sufficiently equipped them for reality, or opportunity and avoidance were not options: *"Why did I go there?"* (Aishadi). Anxiety in some of the girls was evident and was expressed as the unknown was approaching without any familiarity with the new way of being, that is, being a new mother. It felt like some sought "distance". These were expectations about the unknown. The unknown mainly appears with respect to motherhood, to the adolescent's inexperience about seeing herself as a mother, and the implications for her life. The girls questioned themselves about their feelings of motherhood and being mothers.

When asked about pregnancy, motherhood, and the impact on their education for the future, many of the girls indicated that it would affect their educational progression due to the many responsibilities associated with being a mother. The Ugandan Ministry of Education and Sports (2020) identified that adolescent mothers drop out of school to assume their mothering role. Nobelius et al. (2014) highlighted this in longitudinal studies (2010–2012) researching adolescent pregnancy in Uganda and, almost more often, the inevitable end to a girl's education, as discussed in section 2.9.2. An earlier work by SmithBattle (1992) observed that from the most disadvantaged adolescent mothers, the feelings of an anticipated hard and struggling future were not a journey

they wished for. This resonated in the individual stories shared by the girls. For them, education was important and something to be held onto; otherwise, their future career dreams and aspirations would be crushed. SmithBattle (1992) identified from the most disadvantaged adolescent young mothers the feeling of wanting to be off the road of desolation in the future where the fulfilment of their roles is anticipated to become hard and challenging.

There is a paucity of literature exploring how adolescent pregnant girls view their perceptions and understanding of pregnancy and early motherhood. Such information can inform maternal sexual and reproductive health programmes to better serve the specific needs of the adolescents most at risk. This can be achieved by developing salient and culturally appropriate actions for attending and preventing unintended pregnancies, as recommended in section 7.6.


## 6.5 The Interplay of Feelings

This theme highlights the frequently described complex, interwoven, conflicted, negative and positive emotions experienced by the girls due to their pregnancy. According to Smythe (2011), events have an attached recollection and feeling(s) that provide an experience that can be analysed to understand what it means to the individual at that time and moment. Feelings about pregnancy ranged from disappointment, anger, regret, anxiety, happiness, and shame. These feelings are echoed in the study by Ngum Chi Watts et al. (2015). Ambivalence is prominent in the context of the girls sharing their narratives and is expressed as feelings of being happy or sad, things being black/white, alive/dead, and either/or in rationality. The either/or thinking can stem from an immature emotional literacy intellect or ability to reflect back and forth. This is understandable considering the age and circumstances of adolescent pregnancy for the girls. Good-bad is often thought of as opposing right and wrong, particularly in the moral definition of "right". In this sense, it is not logical correctness but conformance to rules, which in the good-bad sense are the social norms of integrity. A sensitive balance must be in place for the girls as they navigate their pregnancy journey to motherhood. Nyuddo et al. (2020) supported this, highlighting the importance of gaining emotional access to some of the negative and confusing beliefs that influence pregnant adolescent girls' behaviour, thoughts and

feelings to minimise the potential risk of postpartum depression (Nyuddo et al., 2020). This is highlighted in Section 2.10.1.

Family reactions to pregnancy and impending motherhood were largely negative and included anger, disappointment, abandonment, rejection, and physical and emotional abuse. In studies in Ghana and South Africa, parents and guardians of adolescent mothers were initially upset but subsequently turned the emotion into forgiveness and acceptance (Ajay et al., 2023). Lack of support from families, friends, and society was reported in studies in Africa and focused studies in East Africa (Ahinkorah et al., 2021; Ajay et al., 2023; Leerlooijer et al., 2013; Maly et al., 2019).

Two recurrent feelings that were experienced and revealed as an emotional state in the girls' narratives were, first, a sense of fear and, second, the guilt/shame of being pregnant and confronting the challenges of pregnancy. Lundquist (2014) specifically postulated that "until [girls] have the vocabulary with which to express ambivalent and even negative feelings regarding pregnancies…they will continue to suffer in silence" (p. 152).

### 6.5.1 Fear

Being fearful or experiencing fear throughout the childbirth continuum spoke loudly to the voice of the girls and surfaced from beneath the words of the transcripts. Feelings of fear/less were due to the unchartered territory of navigating the journey from pregnancy to motherhood. This looked like a lack of readiness and a fear of walking alone at night (Sienna), fear of giving birth, fear of becoming a mother, and fear of their baby dying. For Joyce, the reason for her fear was acknowledgment: *"I didn't want to be pregnant".* There was an allusion to a sense of responsibility, with the girls blaming themselves and not the boy/man who had fathered their baby. Some of the girls' families and communities apportioned blame to the girls, too. From a feminist perspective, having control over your body to be pregnant or not should be a woman's right and choice. Social responsibility and blame for an unplanned pregnancy are often targeted at the woman, with the potential role of Christian teaching about "immoral behaviour" on the part of girls and women contributing to this unbalanced discourse.

For Francisco Desire, her fear was three-fold: returning home once pregnancy was confirmed, fear for what family members would say, and fear of birth and motherhood. Evelyn commented, *"I was not able to utter out that I was pregnant… I had fear".* Faith stated that she *'"feared God".* A frequent command given to God's people in the Old Testament; it is important to understand what this means. By fearing God, you are considered to avoid entrapment by the things of this world by inviting immoral behaviour and, therefore, defying God's will. Although there are different types of fear, in this context, Faith was referring to the strengthening of her character. For example, "The fear of the Lord is the beginning of knowledge…" (Proverbs 1:7) and "The fear of the Lord leads to life" (Proverbs 19:23). The girls also shared the fear of giving birth in terms of pain and needing to be strong. Fear presents different possibilities, such as anxiety, dread, and fright. For the girls, fear of telling their family and community about their pregnancy was real, as was fear of the unknown about their pregnancy and their future as a mother. In these variations of the moments that constitute the fear phenomenon, the timing of reality belongs to the meeting of the situation of what is threatening. Heidegger's philosophy emphasises that fear is a mode of disposition, with an opening to being-able-to-be, to possibilities (1962). In the girls' situation, the being-able-to-be is the adapting to the pregnancy and motherhood.

A phenomenological study by Karlou (2011) of fear in everyday life consisted of semi-structured interviews with six individuals. The findings were that fear is a natural phenomenon that is avoided due to its aversive nature. This also relates to the fleeing from the unknown (Heidegger, 1962) and cognitive avoidance. According to Karlou (2011), fear brings a sense of a lack of control and uncertainty, and it affects behavioural, mental, emotional, and physical levels. It also has a close connection to change, choice, regret/shame, death, and loss. For the participants in this study, all these feelings showed interplay and were layered. While reflecting in action is clearly beneficial, it can be challenging and uncomfortable. Karlou (2011), in his analysis of the concept of fear, acknowledged the challenge of reflection at critical times and stated that reflecting on fear happens after the event. Dormire et al.'s (2021) phenomenological study explored fear as expressed by seven African American childbearing women. The purpose is to consider historical trauma for the girls in this study. Historical trauma is defined as cumulative stress caused by traumatic

experiences (Sotero, 2006), leading to psychological, physiological, and social effects (Conner, 2020). Do the girls in this study learn to "live with fear"? If so, this is not a healthy state of being.

The study concludes with recommendations into further examining epigenetic differences related to living in fear to provide possible answers to persistent disparities in maternal and infant mortality and morbidity as indicators of historical trauma. Heidegger (1962 p.325/280) stated: "All experiences and interpretations of the conscience are at one in that they make the 'voice' of conscience speak somehow of 'guilt'". For the participants, fear, fearlessness, shame, and guilt were strong feelings expressed. Serrant-Green (2011) posited with a positive lens that you should be more fearful and do what you do because you are fearful and not fearless. This is a good mantra that, in reality, the girls appeared to adopt. Heidegger (1962 p. 328–329/283) related "guilt" to "ought", which is defined as a lack—when something which ought may be missing. To be missing, however, means not being-present-at-hand. Thus, the guilt is the sense for the girls that there is an absence of the ability to manage the situation of pregnancy they are presented with due to the circumstances surrounding becoming pregnant and moving through the consequences. This is intersected with the tension and paradox of the challenges of pregnancy they are being presented with. Thus, the girls also experience emotional feelings of blame and guilt, which are connected to the description of conscience. According to Heidegger (1962 p. 326/281), "a 'good conscience' is a conscience of 'no guilt'". The moral compass and conscience of "no guilt" can relate to the girls' description of feelings of being "happy" or "sad", or "good or bad", depending on the situation and how they are feeling at that moment. The feeling of happiness may have replaced feelings of sadness. Heidegger (1962 p.175/136) stated, "When we master a mood, we do so by way of a counter mood; we are never free of moods". Heidegger (1962 p. 327/282) referred to "being-guilty" as also having the significance of "being responsible for". For the girls, feelings of guilt are tied to how they understand their existence, purpose, and sense of self. This can be difficult when an adolescent girl's personal identity is still being defined and refined. For these girls, feelings of guilt and shame are a subconscious checking tool to intuitively assess whether pregnancy and the journey to motherhood are being navigated sufficiently according to their own moral compass of *Dasein*. Negative feelings in "becoming mothers" were expressed as feelings of loss and regret related

to their past lives and perceived future opportunities. The girls indirectly shared their regrets at the loss of their adolescence and the loss of continuing their education, but they had hope when gazing into their future.

**6.6 Theme: Autonomy in Finding Selfhood**

**6.6.1 Trust in God**

Throughout the narratives of the girls, many shared about trusting God, having faith, and fearing God. The notion of "fear" has been explored earlier in the Interplay Feelings theme 6.6.1. Uganda is a country where 84.50% of the population identify as Christians. What does trusting God mean for the girls in this study? Trust in God is considered to be having a firm belief in the reliability, truth, ability, or strength of someone or something. There are many biblical references relating to this: "Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge/trust Him, and He will make your path straight" (Proverbs 3:5–6). Aishadi said, *"If you trust in God"*, while Francisco Desire stated, "*I will leave everything to God"* and Eunice commented, "*I pray that I will have that faith*".

True fear of the Lord causes believers to place their faith and trust in Him alone for salvation. For example, after the Israelites crossed through the Red Sea on dry ground and saw how God destroyed the Egyptian army who came after them, they "feared the Lord and put their trust in Him" (Exodus,14:31). The psalmist encourages all who fear the Lord to "trust in the Lord. He is their help and shield" (Psalm 115:11). Further consideration is that fearing God creates confidence, hope, and trust in Him, which are necessary when looking to God for mercy, forgiveness (Luke 1:50; Psalm 103:11; 130:4), and spiritual salvation (Psalm 85:9). Here, fearing God means to be moved to belief and trust. Trust in God could also be viewed as temporal, to trust now, as things will work out and be better in the future. Again, this stance was strongly expressed by many of the girls in this study. The position of the centre and its Christian values are fundamental to the girls' positionality and possibly had a part in shaping a girl's identity and beliefs in her future. In spite of the challenges they have experienced, many of the girls had faith and hope for the future and spoke about building new dreams. They now felt that their time in the centre empowered them to be stronger and wiser and to grow in their faith.

### 6.6.2 Autonomous Decision Making

It is important to explore the meaning of autonomous decision-making among Ugandan pregnant adolescent girls. A better understanding of autonomous decision-making may contribute to the establishment of respectful adolescent-friendly care. According to Kwak et al. (2015), most adolescents have sufficient cognitive capacity and emotional intelligence to make decisions concerning their care and health. Furthermore, research suggests that adolescents around the age of 14 to 15 years make health-related decisions similar to those that adults make in controlled decision-making situations (Jones et al., 2019; SmithBattle, 2020). It must be acknowledged that pregnancy in early adolescence carries with it specific considerations which are in some ways different from pregnancy in an adult, for instance, biological and emotional immaturity, lack of financial autonomy, and inexperience in dealing with emotionally charged challenges, like unintended pregnancy and the circumstances in which it occurred (Institute of Medicine National Research Council, 2019).

One important question that emerges amidst this set of factors to be presented in this theme is, "How does the pregnant adolescent girl perceive and feel about her pregnancy and what are the influencing factors for this?" As highlighted in Chapter Three, Bowleg (2012) postulates that it is important to go deeper and beyond intersections of identity and socioeconomic positions. Alinia (2015) states the importance of biography, and Collins (2000) and Wane (2009) affirm that the importance lies in understanding the lived experience of intersecting complexity of adolescent black girls' lives. It is important to discuss this aspect, as the moment represents a double predicament for the adolescent girl going through this experience. *"I was a very wise girl in our area. I used to have self-respect"* (Francisco Desire). Faith stated, "*I felt bad because in our village, they can laugh at you, and the community was not happy with me"*. Many unconscious conflicts are making it difficult for pregnant adolescent girls to cope, as present situations join with anguish about the future (Becoming), fear created by their anxiety about the pregnancy (Being and the development and growth of baby), fear about what their family and the community will say (trying to find a sense of self in the Belonging), responsibility for the baby, and even fear of death for herself and/or her baby, as highlighted in Chapter Five, in the lifeworld of each girl and the collective worldhood.

Autonomy, for the girl when pregnant in adolescence, may be an objective way of expressing herself to flee from the reality of this moment in her existence, as the present, in an inauthentic way of being and drifting from the other, and under her influence, withdrawing the meaning of thinking about her life. The determination of the presence includes being-with. It is only in the being-with that the presence opens up to its possibilities in the world, and thus, the world of the presence is the world shared in the co-presence. Understanding is the way of searching into the possibilities of the Being by interpreting it. According to Heidegger, this means perceiving the possibilities projected by the Being and captured by the researcher (Heidegger, 1962). In this theme, the pregnant girls show the meaning of pregnancy and assume their way of being an adolescent in ways of coping with an unexpected reality and the possibility of the being-a-mother phenomenon once they have navigated the journey through pregnancy. Heidegger, investigating the sense of the self-manifest for the most part in everyday existence, concluded that proximately and for the most part, everyday *Dasein* (being-there or presence) has no "self" of its own, expressing the "fact" that *Dasein* always finds itself in a situation (Heidegger, 1962).

For the girls, exercising autonomy emerged out of their lived experiences. This interplayed with the struggles between opportunities and threats that adolescents experience during their pregnancy and journey to motherhood. The girls experienced pregnancy as a need to exert autonomy, power, choice, and control in relation to their pregnancy and the life they may have had or will have and, ultimately, to be self-determining for the considered missed opportunities in childhood and adolescence. The girls felt that their life opportunities, including educational opportunities, were adrift or postponed due to early pregnancy and motherhood. By the girls' own admission, a change of name/identity from girl to 'woman' or 'baby mama' (mother) becomes almost a rite of passage that is conferred on her when she becomes a mother. This aligns with Daguerre and Nativel (2006) socially acceptable age for motherhood. This is enforced by those around her, naming her as such at the time of becoming a mother, such as: "*I am going to get respect of calling me a mum*" (Francisco Desire).

### 6.6.3 Contemplation of suicide and abortion

The results of this study, woven within the Autonomy in Finding Selfhood theme, indicate that the girls' perceptions regarding unwanted pregnancy included physical

problems, psychological impact, family problems and socioeconomic challenges. From the participants' viewpoints, unwanted pregnancy affects the girls' health in two ways: physically and psychologically. In this study, the participants experienced psychological (including moral) reactions to the issue of terminating their pregnancy.

The topic of abortion was not formally included in the interview guide, but it came up in the interviews and, therefore, was addressed in detail in Chapter Two, section 2.9.3, as it is illegal in Uganda unless it is deemed necessary to save a life. Nonetheless, five participants mentioned during their interview that they had considered abortion, and therefore, it requires consideration. While three others had considered suicide, as at the time, it seemed the only way out of their current situation, this thought over an unspecified period was dismissed. Regrettably, a "certainty" for many girls who find themselves pregnant (Redinger et al., 2020 & WHO, 2018a). The negative attitude towards adolescent pregnancy by their family and community had led the young girls to contemplate abortion. The negative opinions, combined with restrictive Ugandan laws on the procurement of abortion services, seek to undermine efforts aimed at decreasing maternal mortality rates (Kagaha & Manderson, 2021). None of the girls disclosed that they had attempted to "abort" (a term used by the girls throughout the study) their pregnancy and failed.


This small but important study of adolescent pregnant girls in Uganda aims to shine a light on the disproportionate number of girls experiencing pregnancy in adolescence in Uganda. Various issues raised in the girls' interviews, such as sexual immorality, non-consensual sex (rape) and coercion, were alluded to rather than explicitly stated. Sienna cautioned against going out after dark as "*a group of men on the way …can even rape you*". Furthermore, what appears to be a lack of knowledge and education about sexual and reproductive health, a degree of naivety, and a possible lack of attention from teachers and parents/guardians could be contributing factors that, therefore, limit a girl's agency for autonomy. The motivation for the girls to exercise their right to take their own life, keep their babies, or "abort" or terminate their pregnancy is the sense of hopelessness about their situation at a given time. Aborting a fetus is not just related to pregnancy's physical side effects; the outstanding issue is the moral stance and faith/religious beliefs (Kienzier, 2019). The reasons the girls stated for not committing abortion were fear of death, fear of dying, and fear of the law,

family, and community. Finding the pregnancy centre and support offered hope for the future. None of the ten participants had planned to become pregnant. Some appeared to be accepting of the pregnancy, and others were not. The feelings of guilt, which the family often imposes on the girls, made them think about the possibility of an abortion. This appears as an option to flee from the initial "crisis" that comes about when a girl discovers her pregnancy; for example, Francisco Desire stated that she "*changed [her] mind not [to] abort the baby*", while Jovia decided that she could not have an abortion because her baby is "*a gift from God*". Having a moral gaze and stance regarding abortion is highlighted by (Kienzier, 2019).

However, it is questionable whether true autonomy is a realistic option for the girls in this study (Kagaha & Manderson, 2021). At the same time, a young girl participant gets in touch with her "deep self" in a slow transitional way. This relates to Dasein, which always finds itself in a situation. Thus, a girl who had contemplated abortion and/or suicide started to see herself as responsible for her existence (life and death), slowly discovering herself as "a being" with possibilities such as being able to keep her baby, and everything would be all right.

### 6.6.4 Education

Another concern was the tension and paradox highlighted in the theme of autonomy in finding selfhood, regarding the challenges and barriers to achieving educational goals and aspirations (Undie et al., 2015). The girls were uncertain as to whether they would achieve their educational aspirations due to the unplanned pregnancy and the disruption of their education for a time. Some of the girls questioned the unfairness of missing an education. This strongly echoes the serious implications for gender bias and inequality that exist in Uganda, as highlighted in the study by Sekiwu et al., (2020), with their male counterparts appearing not to be disadvantaged or having any ramifications (Ekefre et al., 2014; Molestane et al., 2015; Onyeka et al., 2012). Mother–baby school initiatives would support an adolescent girl in reaching her full potential. The girls expressed determination and optimism about returning to school in the future. Spear (2004), in a follow-up case study on teenage pregnancy, echoed this hope for a better future. Interestingly, the conversation about education in the context of sexual and reproductive health was not raised. Ochiogu et al. (2011) deemed sex

education to be one of the potential factors that can address the issue of adolescent pregnancy. My previous visits to Uganda working in a large tertiary hospital in Kampala, with busy maternity clinics, wards, and pregnancy centres, highlighted a deficit in sexual and reproductive health education and knowledge for adolescent girls and women. This would be useful not only for adolescent girls but also for older women. Atuyambe et al. (2008; 2015) in their study, suggest that sexual and reproductive health education should begin in schools before puberty as a preventative measure to offer protection against early adolescent pregnancy.

## 6.7 Theme: Expectation
### 6.7.1 Stigma

Expectation is important due to the role of identity and a feeling of "belonging" playing an important aspect of the transition and socialisation process of being an adolescent. The narrative accounts by the girls demonstrate that they had been treated unkindly and unfairly by their family and community, along with often tough expectations of themselves.

Another significant aspect that affected the girls was the role of the often-complex family network and community, as well as all the implications for the social context in which the female role emerges surrounded by elements that pragmatically need to be incorporated into the conversation on adolescent pregnancy. Hence, the support pregnant adolescent girls receive in the middle of their physical, psychological, and social maturing process becomes relevant to overcome conflicts and strengthen themselves with efficacious means to manage the difficulties the current circumstances of their lives impose. The phenomenon of adolescent pregnancy cannot be isolated from a wider context that is decontextualised from the adolescents' families and social networks, influencing their biographic and sociocultural trajectory.

All of the girls expressed fear of the reactions from parents, family, and their community upon hearing that they were pregnant. The majority of the girls reported that their parents and guardians were unhappy, upset, surprised, shocked and humiliated by the "shame" their pregnancy brought on the family, thus leaving the girls feeling ostracised (Matai & Sakar, 2023). In turn, this brought stigma upon the girls: For the girls, the fear of rejection, ridicule, and the lack of support from parents, family, and the community was a significant concern (Macleod & Feltham-King, 2019).

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A common narrative is the combination of mixed emotions regarding being pregnant and becoming a mother early in life, which is considered to put girls at a disadvantage (Jones et al., 2019) due to gender bias (Ekefre et al., 2014; Molestane et al., 2015). It is only through such pregnancy centres in Uganda that life skills for becoming a mother can be taught, particularly if they do not have a supportive family or community. The conversation with the girls highlighted that they hoped that, over time, they would be able to acquire these skills and receive support so their current situation would change. The girls sought and wished for love, care and a sense of belonging. These key emotions became a recurrent theme throughout the interviews. As highlighted earlier in the literature chapter, these neglected fundamental needs can lead to heightened psychological challenges (Matai & Sakar, 2023).

### 6.7.2 Family and community

"Family and community" was extricated from the "Expectation" theme as a co-presence that bound the girls together in commonality, highlighting the importance of parents, family, and community for the pregnant adolescent girl. The biography of each girl in this study emphasises the often absent parental influence or lack of any intact family structure that, according to Laski et al. (2015) and Yakubu and Salisu (2018), is an integral force in preventing adolescent pregnancy. Individuals may exert a strong influence, whether in relation to the acceptance or rejection of pregnancy or over decisions that have to be made. These were two fundamental poles that infused the discourse of adolescent girls.

Many of the girls described the need for inclusive support. They tried to find a way to encourage and empower themselves while coping with the tensions and the paradox they were facing. The girls believed that to fulfil the expectations of the cultural milieu of pregnancy and motherhood, they would require some support. This support could be from family, sponsorship from an organisation such as Compassion, and ongoing support during their residential stay in the pregnancy centre. A study with African Australian adolescent mothers confirmed the need for some social support during the postpartum period to be able to assist with the challenges of early motherhood from family and friends (Ngum Chi Watts et al., 2015). However, none of the participants

had received direct support for the baby from their community because of negative community perceptions of adolescent mothers, which increased a young girl's risk of isolation (Ngum Chi Watts et al., 2015). All the girls received counselling from the pregnancy centre counsellor, with some commenting on how it supported them.

Due to the challenges of pregnancy, layered with the development needs of an adolescent girl, empathy, love, care, and acceptance, as opposed to ridicule, rejection, and hate, are required to fill the void of their lived experience of pregnancy and early motherhood. Psychological, emotional, physical, and social needs also require to be met. Wilson-Mitchell et al. (2014) highlight these as key factors in supporting mental wellbeing. Many of the girls expressed that the reaction from their community was negative towards them. As already highlighted, many of the girls were estranged from their family and community due to their pregnancy. Maputle (2006, p. 87) reported that "adolescent girls lacked information about signs of pregnancy and were not likely to inform any family member and thus only seek/attend antenatal care when the pregnancy was advanced". This point is highlighted in Chapter Two (pregnancy and antenatal care).

With the negative reaction from their family and community, it would be natural for a pregnant adolescent girl to feel alone and isolated, especially by those who strongly influence her life, such as her parents/guardians and community. Heidegger affirmed that the determination of the presence in the being-with proceeds, "being among" the other presences, comes from the mode of indifference and strangeness; "being-alone" is a deficient mode of being-with, and its possibility proves that (Heidegger, 1962). This feeling of being alone can be shown in the following: *"I have no-one"*.

What is evident from listening to the voices of the girls through their stories is that they benefited from a created safe space in the pregnancy centre, where they felt valued, loved, and supported. This was found within the sisterhood theme, with the girls having a sense of belonging and of having a "safe space" within the centre, enhancing the positive experiences that support the girls and helping them to "flourish".

## 6.8 Theme: Sisterhood in Conversation

"Intentionality" in phenomenological philosophical understanding refers to the inseparable connectedness between human beings in the world. Merleau-Ponty (1964

[1947]) described intentionality as the invisible thread that connects humans to their surroundings meaningfully, whether they are conscious of that connection or not. Sartre described intentionality as the ways in which we meaningfully find ourselves "bursting forth toward" the world (Moran & Mooney 2002, p. 383). The Sisterhood in Conversation theme was, therefore, the interwoven connectivity within the Sisterhood focus group, which comprised six girls from the original individual interviews. Three of the girls remained "with child", pregnant, and were awaiting the birth of their baby, and three were now new mothers, having birthed their babies within the past week. The paradigm of a "sisterhood" could be considered a "double-edged sword" outside of the centre and was not positive, as, in some cases, older females exerted control over young girls in terms of their options, as was shared by some of the girls. This may be why the pregnancy centre offered more freedom and autonomy for the girls. The pregnancy centre was also part of the transition into a new phase for the girls as they began to navigate their new world and find their identity. None of the girls expressed feelings of loneliness and/or isolation once resident within the centre. However, that is not to say that they did not have periods of feeling lonely or isolated, but the centre gave them a sense of belonging.

All six of the participants in the sisterhood space shared stories about their pregnancies, which made it clear that the pregnancies were unplanned. Every girl described having an initial negative reaction to her pregnancy. Common feelings included denial, fear, shame, guilt, shock, sadness and resentment, highlighted in their interviews and lifeworlds. Some had recounted that they concealed their pregnancy while in denial and were trying to work out how best to reveal their news to others.

When sharing about the shock of discovering they were pregnant, the girls presented a recurring similar but different narrative; each narrative was based on what her "sisters" were saying in the space. As previously discussed, one of the key tenets, according to Alinia (2015), of black feminist thought is its relationship to "personal biography". A girl would listen and then explain what happened regarding her pregnancy journey—the loss of family, community, virginity, childhood and life as she knew it was reality. Collins (2000) states that the importance lies in understanding the context and complexity in which the lived experience occurs. What was exposed in the conversations entailed increasingly broad circles of intersecting commonality (see Chapter Five, Figure 5). Dhamoon (2011) cautions researchers to remain cognisant

not to erase the experiences of black [girls]. This research gave a voice to and centred the girls. Amidst her pregnancy and early motherhood experiences, each of the adolescent girls brought her own values and principles, which were common among their peers. I sensed this commonality made the girls not feel alone in their shared experience. De Sousa and Varcoe (2021) postulate that unique to black feminist thought is the perspective that knowing is the effect of shared consciousness raised through interconnectedness and shared experiences.

> *The sisterhood is a collective of united young girls. I felt this strongly, and it belongs to any feminine soul who somehow believes that she was born for more than what is temporal and fleeting. The sisterhood in conversation felt like a space that was occupied by exposed, 'beautiful' and kind, imposing and gentle, and above all else, strong and empowered girls, that welcomed each other and me unconditionally.*
>
> (Reflective Journal, February 2021)

### 6.8.1 Being, Belonging, and Becoming

The sisterhood and the space that it occupied felt like a safe space where the girls could be their authentic selves. It was about value and identity, purpose and mission for the girls. It felt tangible and transcended new boundaries encompassing "lived experience", culture, faith, age and non-judgement, that is, a "becoming" having navigated the journey to motherhood, which positioned itself amid emotional and psychological growth and the awareness and responsibility of becoming a young mother. The girls shared concerns in their Interplay of Feelings, regrets, and feelings of injustice, as well as care for each other and a shared responsibility for their new babies. This was evident in their advice to each other and in the "comforting" of a newborn baby by a "sister" who was yet to birth her baby (as observed in the online focus group). The Sisterhood in Conversation focus group also had periods of silence. Van Manen (1990, p. 112) discussed this concept of silence in his assertions that "silence can be experienced positively as in the trusting intimacy of friends or lovers who share an evening together in which few words are spoken". Regarding this point, Lindemann (2015, p. 89) stated that sometimes we must "leave unspoken the stories that are too painful for her to tell. Some sorrows go too deep for words, and others are

too fragmentary or chaotic or fleeting to be captured by words." With compassion, I held time and space for "silence".

In the periods of conversation, there was a sense of resolve, questions about the future, and much laughter. Capturing the girls' lived experience by hearing their "voice" was courageously woven into the stories of the girls' journey through pregnancy to motherhood.

### 6.8.2 Transactional sex

The inference of transactional sex came up in the Sisterhood in Conversation focus group. Past quantitative studies (Austrian, et al., 2019; Stoebenau et al., 2016; Wamoyi et al., 2016) have defined transactional sex as "sex in exchange for money or gifts". This indicates that transactional sex is a behaviour that adolescent girls and women engage in for survival to meet their basic needs. The authors went further by considering transactional sex as nonmarital, non-commercial sexual relationships motivated by the implicit assumption that sex will be exchanged for material benefit or status (Austrian et al., 2019; Stoebenau et al., 2016). I wondered if this was one of the drivers of adolescent pregnancy within and outside of this group of girls when they commented: "*Men will try to entice you…*" (Doreen) with "*Clothes…jewellery…*" (Justine) and *"free boda, boda rides*" (Sienna). The qualitative data are confirmed by the quantitative evidence regarding the associations between transactional sex and pregnancy (Austrian et al., 2019; Stoebenau et al., 2016). While other risky sexual behaviours, such as multiple sexual partners and unprotected sex, are also drivers, the latter are more commonly addressed in adolescent pregnancy-prevention programmes and are not explored within this study. Despite numerous such programmes, there had been no real shift in adolescent pregnancy rates in Uganda in the past decade until COVID-19. A study by UNFPA (2021) highlights the expediential increase in adolescent pregnancies between January and September 2021. The findings presented here suggest that future programmes and policies directed towards addressing adolescent pregnancy through prevention and intervention need to begin by focusing on the root cause. Salami et al. (2021) suggest that analysis of existing problems allows for more upstream recommendations and solutions to facilitate

sustainability. One such cause is the nature of adolescent girls' motivation for sexual relationships involving transactional sex.

Transactional sexual relationship(s) leading to pregnancy can occur due to additional peer pressure (culture/tradition not in this context), lack of information/education, or feeling of being in a loving/committed relationship by both parties. Stoebenau et al. (2016) outlined in the qualitative descriptions of transactional sex that two of the three key dimensions outlined in the paradigm of transactional sex emerged. The first dimension was essential needs driven by the use of sex in exchange for money, food, transport, rent, school fees and personal items. When parents were considered as not being able to provide for their adolescent girls, or when adolescent mothers were not otherwise able to provide for their children, sex was seen as a way for girls to gain necessities (Webb et al., 2023) apart from rent, which was not mentioned. All these factors were shared in the collective girls' narrative. A further consideration is that transactional sex also has a degree of coercion and exploitation behind it.

## 6.9 Social Policy

In this study, I captured some of the girls' experiences: moments of authenticity and their resolve about Being-a-good-mother. Thus, the presence is extended on the basis of its co-presence with others who are significant to their lives as a way of Being-with possibilities. That is one contribution to their selfhood that the Sisterhood in Conversation focus group gave. If professionals (midwives, health professionals, academics/researchers/educators) and policy-makers understand the adolescents' expressions in experiencing pregnancy and being a mother, this increases the possibilities of offering individual and adolescent-centred care to adolescent girls. However, it is known that the daily reality of actions distances professionals from the reality experienced by each girl who is pregnant in adolescence, which is why they need to re-think these attitudes and work out how to construct ways of understanding the existence of each being-present in the world. According to Rice et al. (2019, p. 6), intersectionality and black feminist thought demand that a "reconceptualisation of power that attends to both its constraining and productive functions" occurs.

Discussion of intersectionality and black feminism in Chapter Three enabled this theoretical framework to be woven throughout the study. Now, with the layered context and the "voice" of the girls, which are central to this research, a comment is required regarding the inclusion of policy targeting girls who are pregnant in adolescence and early motherhood. Crenshaw's (1989) theory considered how marginalised minority groups (African Americans) within the context of the United States have, in many ways, produced public policy that is somewhat responsive to individual and institutional discrimination. Kanyeredzi (2018) and Daniel (2005) challenged the use of harmful stereotypes in research, limiting a social justice-oriented research methodology in strengthening the social policy agenda. Ajayi et al. (2023) postulate that fundamental concerns exist in challenging power and gender inequalities, which hinder the development of global sexual reproductive and maternal health research and practice in Uganda and the rest of the African continent. Ahinkorah et al. (2021) and Mbali and Rucell (2022) call for recognition of adolescent girls' "lived experience", advocacy and voice in involvement and contribution to policy development and implementation. At present, monitoring and evaluation are absent or inadequate. Therefore, the lessons learned clearly signpost that policy needs to ensure that the girls at the centre of this phenomenon are enabled to empower themselves with the correct resources and to have a voice at the table. Conversely, discourses and policies that label groups as inherently marginalised or vulnerable undermine the view that there are no "pure victims or oppressors" (Collins, 1990; Dhamoon & Hankivsky, 2011). Global political agendas and initiatives should have an impact at the country level. However, national government structures, politics and bureaucracy can progress or hinder social policy. Hamilton's (2020) study on black feminist power in the research relationship highlighted some "gems" regarding research participants giving their approval of her "particular kind of blackness" (p. 524). This resonated with me when (Francisco Desire) said: *"When you spoke last time, I was surprised because you are black, but you sound like a white person".* Like Hamilton (2020), I had to demonstrate a specific kind of blackness, a quasi-politically oriented blackness rooted in what she argued to be an imagined Africa. I did not have to (re)-image this, as I was already there. Black Feminist Thought not only provides a way to understand similarities but is also a way of analysing differences (Hamilton, 2020; Sheehy & Nayak, 2020).

Intersectionality theory, to date, has emphasised intra-category diversity, that is, the variation that exists within categories such as "blackness" or "womanhood" (McCall, 2005). This assertion has been elevated with post-structuralist and postmodern critiques of modern Western philosophy and history, which question the existence of such categories at all. Intersectionality theory now must argue for new conceptualisations of categories and their role in politics rather than seeking an elimination of the categories themselves (McCall, 2005).

## 6.10 Summary

This study builds an understanding of the unique landscape, challenges, and aspirations of these girls, who are adolescent, pregnant, and navigating the journey to early motherhood. Indeed, some became mothers during this study. The themes elucidated the conflicted nature of pregnancy and early motherhood, where adolescent girls held notions of motherhood, which sometimes were in direct conflict with their lived experience.

Heidegger referred to a voice of conscience and stated that "the 'voice' is taken rather as a *giving* to understand", saying that it "lies in the momentum of a push-of an abrupt arousal. The call is from afar unto afar. It reaches him who wants to be brought back" (Heidegger, 1962 p. 316/271). Thus, rather than this voice illuminating understanding or concealing the truth or what is not understood, it is merely a warning or a pointing towards that which is not yet understood.

In summary, the findings and subsequent discussion of this study lead to a potential new understanding in terms of how the girls experience pregnancy, their journey to motherhood, and the eventual "clearing" in the trees.

**Chapter Seven: Recommendations and Conclusion**


**The Girl**

Figure 17**:** Verity (Hirst, 2012)*

## 7.1 Introduction

This chapter summarises the research and details the contributions it makes to the field of study. The strengths and limitations of the study are discussed. The chapter concludes with reflections on the process, explores the implications for pregnancy in adolescence and early motherhood, and offers recommendations for further research in the future.

## 7.2 Study Synopsis

This IPA study has sought to shed light on the experiences of a small group of ten adolescent pregnant girls residing in a pregnancy centre in Uganda and their journey to early motherhood. The principles of qualitative design underpinned by the theoretical thought of intersectionality and black feminism were used.

The impetus of this research relates to the dominant sociocultural-political discourses of pregnancy in adolescence and early motherhood while considering the root causes that shape this phenomenon globally and contextually in Uganda. Therefore, uncovering the "lived experiences" embodied by pregnant adolescent girls as they (re) construct these experiences will create new knowledge to counter dominant discourses. This was identified as a gap in current research. The aim, therefore, was to answer the previously unexplored questions:

- What meaning does pregnancy and early motherhood have for adolescent girls in Uganda?

- What are the key drivers of identity for Ugandan adolescent girls and their changing identity presented by motherhood?

- How can the narrative of adolescent girls who are pregnant and their journey to motherhood be employed to shape future health, education, and social policy?

## 7.3 Key Findings

The key findings show how this thesis contributes to existing knowledge and the creation of a new body of knowledge. It, therefore, provides a unique contribution to our understanding of the lived experience of pregnancy in adolescence and the journey to early motherhood in Uganda.

It was anticipated that analysis of these stories would elucidate the experiences of the ten girls who were recounting their stories of being pregnant and of early motherhood. The challenges, uncertainty and a lack of knowledge were fuelled by a fear of pregnancy, childbirth and what the future may look like. How these challenges arose, how the participants responded to them, and the emotional consequences their responses entailed were illuminated. The following key areas emerged from the findings.

### 7.3.1 Educational attainment

The girls in this study strived for educational attainment. This was two-fold in that they wished to remain in school but had limited resources and a lack of agency to do so. The reality of this in remote rural and urban areas highlights many challenges.

Second, sexual and reproductive health education was missing in their knowledge. Both these factors highlighted that the current educational system in Uganda needs to address these issues. The Forum for Education NGOs in Uganda (FENU) is one such network of civil society that works together to improve education in Uganda. In collaboration with the government, the Ministry of Education and Sports, with investment into the current educational system, positive, sustainable change can happen.

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### 7.3.2 Sexual and reproductive health

Access to free contraceptive options for future family planning and access to abortion (acknowledging the circumstances within the prohibitions of the law) needs to be improved. Many of the girls spoke about wanting to "abort" the pregnancy upon finding out that they were pregnant. Proposed prevention and intervention strategies are also highlighted as a means for safeguarding vulnerable and marginalised adolescent girls from sexual coercion, violation and rape. UNFPA is working towards advancing both remote rural and urban areas, integrating adolescent-friendly sexual and reproductive health services into public health centres and integrating sexual and reproductive health education into school curricula.

### 7.3.3 Psychological wellbeing

There is only limited acknowledgment of and support for the perinatal mental health and wellbeing of girls who are pregnant and adolescent and experiencing early motherhood in Uganda. Many of the girls spoke about wanting to end their lives upon finding out that they were pregnant. The scarcity of literature on this topic within the context of Uganda highlighted that support of perinatal mental health and wellbeing is under-researched, and its importance is misunderstood. Consequently, limited services are available in Uganda, offering confidential counselling and support.

### 7.3.4 Social policy

Many of the guiding documents that drive social policy in Uganda within this area of focus require a system change. This is required to advance gender equity and the investment in social protection. Solutions need to be sought globally but owned and implemented nationally and locally. Legislation that safeguards adolescent girls, adolescent pregnant girls, and adolescent mothers is of paramount importance. Girls and women also need to be part of the consultation that impacts policy change.

### 7.3.5 Socioeconomic and community

There is a lack of community health systems for the delivery of essential maternal and newborn care in Uganda, which is inclusive of adolescent pregnancy and early motherhood and positive support. Fortunately for the girls in this study, they had

access to support once they were in residence in the pregnancy centre. Also, the girls' stories highlighted the lack of supportive, non-judgemental families and communities in their situation. Therefore, work is needed among communities and families to challenge stigmatisation.

### 7.3.6 The pregnancy centre

This study also highlighted the role of the unique pregnancy centre where the participants were residing. Such centres offering similar programmes are limited (six currently operating in Uganda). However, they are urgently needed across Uganda, as they offer empowering, supportive, nurturing, and positive role modelling to equip adolescent girls with the vocational and life skills they need for the future. In turn, they can help transform and shape the identities of adolescent girls, especially when the girls are underserved as a vulnerable group, by offering them different celebrated identities as successful young women with positive and bright futures.

Ultimately, for midwives, healthcare professionals, researchers, government agencies, NGOs and policy-makers, it can be easy to lose sight of the importance of "woman-centredness", the key tenet of midwifery. It is of paramount importance that the lived experience of those undergoing pregnancy and early motherhood in adolescence be heard, focusing on what must be delivered. As a result of listening to these underheard voices, the creation of new and/or the enhancement of existing programmes is required to respond to these voices.

In particular, this study found that Ugandan girls were valued within the pregnancy centre. Thus, this study advocates that working groups, which include those with experience of adolescent pregnancy and early motherhood in Uganda, consider how to enact these changes within the pregnancy centres. A further consideration could be to extend care (with sufficient government and NGO funding) in such centres beyond the early motherhood period and use the "familiar" centre as a community hub for ongoing sisterhood, support and as a resource centre.

### 7.4 Contribution to the Field

To my knowledge, this study is the first to focus specifically on understanding the meaning of adolescent pregnancy and early motherhood by gaining a unique insight

into the lifeworlds of ten girls residing in a pregnancy centre in Uganda. It offers both methodological and subjective contributions in illuminating the phenomenon under study.

The use of IPA as a research method and methodology has added to the small body of existing IPA studies by midwives/midwifery academics located within the field of maternal health, which may inspire future novice midwife researchers to consider the value of this methodology (Atkinson & McNamara, 2017; Charlick et al., 2016; Smythe, 2011). The study found that a girl's lived experience is a key element to this understanding and that the girls' "voices" should be heard in relation to what they want and what needs to be addressed.

This study has identified and offered insights into the three-way relationship of adolescence-pregnancy-motherhood and has demonstrated that it is complex and interwoven. The research study has highlighted several areas of concern for girls who are pregnant in their adolescent years in Uganda. There exists a lack of consistent theoretical and practical knowledge within the relevant research and among policy-makers in translating evidence into impact.

The research and findings contribute to shaping a distinct new body of knowledge and elucidate the necessary information for informing the Ugandan MoH and NGOs that work in the fields of education (midwifery, global maternal health, sexual and reproductive health, public and population health), policy, social sciences research, and contemporary practice. Therefore, it highlights the need for authentic, sensitive, and respectful care (WHO, 2012) for pregnant adolescent girls and adolescent mothers in Uganda.

### 7.4.1 Progress, Promise, Possibilities

Many of the stories shared in the findings elucidate a sense of the silenced voices of Ugandan adolescent pregnant girls, which would speak of sadness, social isolation, feelings of loss of childhood, and naivety. The girls' stories depict accounts of emotional and psychological harm but also optimism to those with the greatest need for love, compassion, support, and understanding of their lived experience of pregnancy in adolescence as girls in Uganda.

The individual interviews and the sisterhood in conversation reflected on pregnancy and the ways of being a mother. They explored the positives and challenges, the highs and lows. They highlighted new and significant positions and a willingness to "take hold" of their new understanding, assuming it for themselves and starting to think about the way of being a girl, pregnant and adolescent, about the way of being a woman, and about the way of being a mother. This appropriation takes place considering the multiple possibilities of the young girls' opening to the world.

Progressive educationalist researchers, therefore, need to understand how adolescents view the world in order to develop a pedagogy to empower pregnant girls and adolescents and to foster critical consciousness by listening and understanding the meaning revealed and reflected in their narratives. Epistemologically, it resonates with the interpretive and critical theoretical paradigms of this study.

Therefore, in consideration of the participants' experiences in this study, I offer a created pedagogical framework as a way of thinking to support the understanding of pregnancy in adolescence and early motherhood in Uganda. Several intermediate factors intersect the ways in which structural factors, cultural milieu, and social determinants interplay, as illustrated by the conceptual framework (Figure 17). The framework is centred on the emergent themes in addressing the research question.

This framework is a starting point "talking/discussion tool" for those working with adolescent pregnant girls in Uganda to progress, build on promises, and illuminate the possibilities. The framework is part of my original contribution and will be developed further post-doctorate.

**What meaning does pregnancy and early motherhood have for adolescent girls in Uganda?**

**BEING** in an unknown world ↔ **BELONGING** finding a sense of self ↔ **BECOMING** changing to and moving forward

**TRANSITION: GIRL, WOMAN, MOTHER**
- Adolescence
- Pyschological & Biological Immaturity
- Shaping of identity
- Childbirth COntinuum (pregnancy, intrapartum, motherhood)

**TEMPORALITY: GAZING INTO THE PAST PRESENT & FUTURE**
- Past, present & future experiences
- Coming to terms & reality of pregnancy
- Aspirations for the future
- Motherhood

**THE INTERPLAY OF FEELINGS**
- Happy/Sad · Isolation
- Love/Hate · Fear
- Guilt/Shame· Tired/Discomfort
- Regret · Good/Bad

**AUTONOMY IN FINDING SELF-HOOD**
- Shaping of identity
- Trust in God
- Decision making
- Contemplation of Suicide or Abortion
- Education - (1) Continue education
(2) Sexual & reproductive health education
(3) Education of Educators

**EXPECTATIONS**
- Stigma - family & community
- Stigma - pre-marital sex
- Labelling: too young to be a mother

**SISTERHOOD IN CONVERSATION**
- Commonality in experiences
- Support
- Transactional sex
- Pressure

**STRUCTURAL FACTORS**
- Expelled from school
- Limited sexual and reproductive health education
- Restrictive abortion law and self-morality
- Circumstances of conceiving (rape, coercion, sexual violation, mawemuko)
- The Law and Prosecution
- Discriminatory Institutional Policies
- Prevalent negative stereotyping
- Discriminatory attitudes and behaviours (family, community, institutions e.g. health)

**SOCIAL FACTORS**
- Poverty
- Gender
- Age
- Lack of Education
- Geographical residence

**CULTURAL FACTORS**
- Deviations from moral order
- Stigma of pre-marital sex
- Stigma of pregnancy in adolescence by parents, family, community
- Stigma of abortion
- Family
- Community

SOCIAL FACTORS

**RESPECTFUL 'GIRL' CENTRED CARE**

SOCIAL CHANGE

**SOCIAL SUPPORT** | **SOCIO-ECONOMIC** | **SOCIAL POLICY** | **EMPOWERMENT, INTERVENTION & PREVENTION PROGRAMMES**
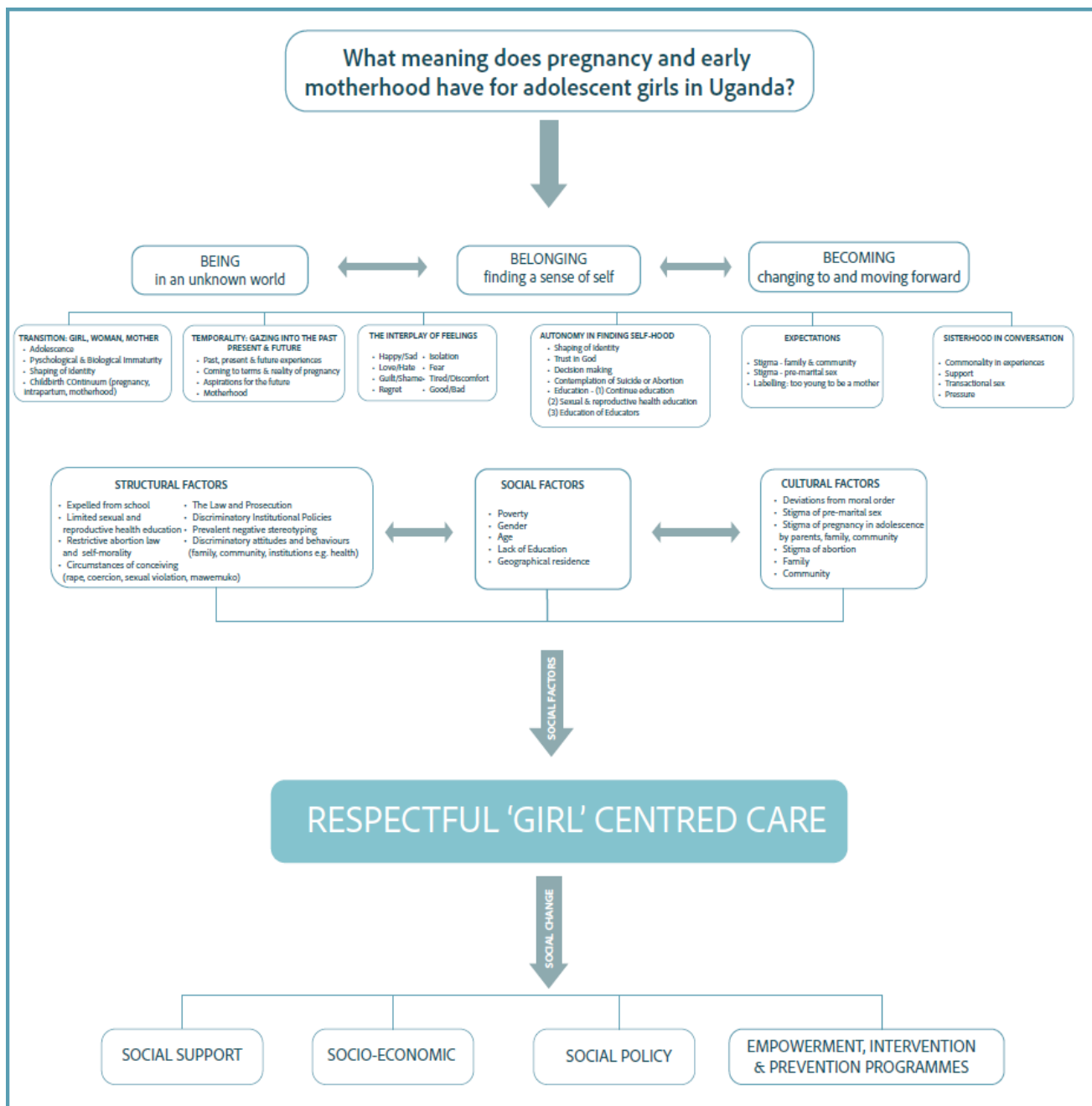
Figure 18: The Journey from Pregnancy in Adolescence to Motherhood

Having defined the contributions this study makes, it is acknowledged that the interpretations made within it are by an individual, namely, me as the researcher, at a moment in time. Should the study be repeated, different interpretations may be revealed.

**7.5 What Was Revealed Through the Lens of Phenomenology?**

To my knowledge, there are no phenomenological studies of girls who are adolescent and pregnant residing in a pregnancy centre in Uganda. Therefore, this was considered the best-fit methodology through a philosophical lens to capture the lived experience of the girls, who are the focus of the phenomenon being studied. Therefore, understanding lived experiences more deeply, the situation of uncertainty, and the challenges the participants faced highlighted the often-overwhelming feelings that troubled them. As previously established, due to the ethical and practical issues involved, the choice of phenomenology for this study enabled the recounting of experiences that would not have been possible using, for example, a quantitative methodology. It permitted access to data that may have remained hidden if another approach had been used. Phenomenology also made it possible to reveal unexpected findings about the impact of social context on pregnancy and early motherhood in Uganda. In the hermeneutic circle (Heidegger, 1962), understanding is "always provisional, and emergent, never static" (Finlay, 2013, p. 181).

Thus, in using a phenomenological approach to this study, informed by Heidegger and a position of constantly Being-in-the-world *(Dasein)* (Heidegger, 1962, p. 33), the alignment of the recommendations continues to be strengthened by an ontological perspective that is connected with my understanding of the world and that has been underpinned by critical social theory. Considerations of the girls' experience in the lived world remain paramount. In adding to the hermeneutic circle of understanding of girls who are pregnant and adolescent, I am well-positioned to propose the following recommendations.

**7.6 Recommendations**

This study highlights several cultural and structural concerns regarding adolescent pregnancy and motherhood in Uganda, including cultural milieu, stigma, feelings about identity and expectations. The issue of education is three-fold, consisting of having to leave school when pregnant with limited options to return, the lack of sexual and reproductive health education, and the limited education and number of healthcare

professionals. Encompassing this tri-factor is the ethos of prevention and response to education.

Adolescent pregnancy and early motherhood programmes that are holistic in their creation and approach and that acknowledge the transition stages of adolescence, pregnancy, and then motherhood should be key.

## Educational Attainment

- adolescent pregnant girls and mothers to be supported to remain in or return to school
- specialist mother–baby schools to be set up in rural and urban areas
- residential centres for girls who are pregnant in adolescence that support educational attainment should extend care beyond early motherhood

## Sexual and Reproductive Health Prevention and Intervention

- sexual and reproductive health services and education focused on adolescent girls
- access to free contraceptive options
- access to 'safe and sensitive' abortion services to address unmet care needs, such as counselling
- maternal health to be more accessible (as captured for future family planning)
- educational and safeguarding protection programmes to equip girls in unsafe situations, for example, not walking to school alone
- sexual health education for boys and men

## Psychological Wellbeing

- confidential counselling support that is adolescent-focused and accessible in rural and urban areas
- confidential and safe support groups accessible in rural and urban areas
- specialists in trauma-informed care specific to adolescent girls to be trained more widely

**Social Policy**

- system changes that prioritise funding to advance gender equity
- investment in social protection and guardianship for young girls and adolescent pregnant girls
- comprehensive guidance and framework pathways regarding the prevention and prosecution of perpetrators of sexual violation against girls
- working closely with the government of Uganda and the MoH on policy that reflects and protects the best interest of girls who are pregnant and mothers in adolescence
- advocating for a comprehensive national and global policy on caring for girls who are pregnant and experience early motherhood in adolescence with safeguarding to be inclusive of this
- developing and implementing a nationally accessible resource (mapping a girls' adolescent pregnancy and journey to motherhood) informed by lived experience and the best available evidence to facilitate the dissemination of knowledge to healthcare professionals, agencies and organisations who care and work with girls who are adolescent and pregnant and mothers in adolescence
- creating and strengthening existing networks, working collaboratively with key community members
- passing legislation that acknowledges, by strengthened prosecution, pregnancy due to rape and incest of an adolescent girl, for example, the right to safe abortion should be carefully considered in these circumstances
- aligning the Sustainable Development Goals (SDGs) and targets such as those related to sexual and reproductive health, education and gender equality

**Socioeconomic and Community**

- creating new and strengthening existing community health systems and programmes for the delivery of essential maternal and newborn healthcare, inclusive of adolescent pregnancy and early motherhood

- providing continuity of care models of midwifery care that are specialised in adolescent pregnancy and adolescent motherhood: arbitrary antenatal visits should be reviewed, and the minimum number of antenatal visits (more if and when required) as recommended by WHO should be mandatory within health facilities in districts
- increasing the number of pregnancy centres, similar to the pregnancy centre in this study, that empower, support, nurture, and equip adolescents with life skills
- initiating sustainable economic empowerment projects that encompass vocational and technical skills and provide social and moral support aimed to help adolescent mothers return to school after giving birth with the inclusion of a sub-group of girls with lived experience and who can act as change agents by giving voice to this group

## 7.7 Strengths and Limitations of the Study

A key strength of this research is the methodological framework used to inform the phenomenon under inquiry. Interpretative phenomenology is philosophically driven; it requires a reflective, reflexive and rigorous approach to conducting research and is associated with an increased depth of understanding. The study's findings validated this methodological approach. These demonstrate originality in their contribution to this field of knowledge and show that a deeper understanding of girls who are pregnant and adolescent in Uganda and their lived reality of the experience (Creswell, 2013) has been gained. This fulfilled the phenomenological aim of finding understanding.

Limitations related to the involvement of a sole novice researcher have also been identified. My inexperience, at times, may have limited my ability to recognise important cues and to explore appropriately or follow up some responses with further questioning. My active reflexive engagement throughout the research process and reflective journal entries underpinned the steps I took to remain aware of my own potential limitations and biases.

Due to the COVID-19 pandemic occurring at the time of planned travel to Uganda, the interviews and focus group had to be changed from face-to-face (in-person) to online. Thus, the lack of face-to-face interviews could be considered a limitation.

This was a small qualitative study conducted online and on a single residential pregnancy centre in Uganda. The sample size of this study was appropriate to the question posed and to the methodology used. It is evident from the resulting themes that commonalities existed across narratives, thus providing valuable insights. However, transferability and generalisability of the study's findings to other settings should be approached with care. The context of the pregnancy centre is unique, and any possible influences on the girl participants in any other studies would need to be isolated. Therefore, the study findings suggest relevant insights that might or might not be applied to other countries in sub-Saharan Africa.

Finally, as there is limited information across sub-Saharan Africa about young girls' sexual and reproductive health in general, more research is needed. With projected rates for adolescent pregnancy in sub-Saharan Africa set to increase by 2030, this study is timely. It is important that researchers have a stronger focus on this area of the world and that any intervention programmes are driven by the voices of what girls say they want and need in support of reproductive justice.

## 7.8 Researcher Reflexivity

This research study is a shared creation of interpretation between me as the researcher and the participants in the study. Chapter Three highlighted my position as a researcher. Shaw (2010, p.234) stated that reflexivity involves looking again and "turning your gaze to the self" to recognise one's "positionality", that is, questioning one's values, attitudes, beliefs, and experiences and their relation to the research question and to others. Throughout this study, I have engaged in regular reflexive discussions and shared excerpts from the reflexive journals I have kept. They represented my Being throughout this research journey. My emotional resilience of the enormity to "ensure this is right" has wavered at times; however, the keeping of a reflexive journal throughout has been nourishing and enlightening.

> *What I felt I lost during this research journey; I now see as an almost unconnected emotion. It's about my call to purpose and impact of what I and this research can give. The study created a 'clearing' for me and the beautiful girl participants, where the sun shone into the space between the trees allowing the play between light and shadow to both reveal and hide what is present.*
>
> (Reflective Journal, 28 December 2023)
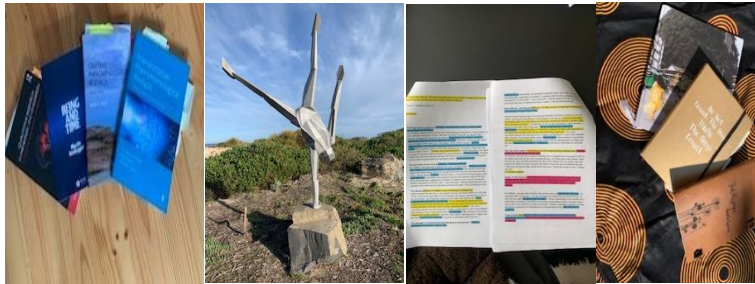


Figure 19: Moments in Time of the Everydayness of this Research

My everydayness immersed me in the research journey. Reading, writing, reading, writing and reflecting in my journal. Gaining new insights and interpretive understanding while trying to find balance.
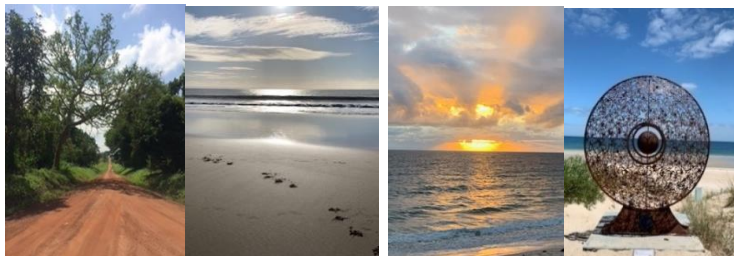


Figure 20: My Everydayness of Being

Masindi, Uganda. A solo walk with my thoughts and the seed was sown for this research. The long road ahead would become representative of the research journey. My footprints in the sand show I am there in the world, alone in my Everydayness of Being. My research thinking consumes my daily run, walk or cycle. Watching the sunrise and sunset. The "essences of everyday experiences". The "Hermeneutic Circle" is seen in this piece of art. All these are my moments of Being and Time living the experience of this research journey.

## 7.9 Implications

In undertaking this small study, while it has shed light on the phenomenon in question, it has opened further areas of exploration to address these gaps in understanding. The following are recommendations for further study:

- The main themes that emerged from this study could be explored further, representing a theoretical framework, such as autonomy in finding selfhood (construction of identity).
- Research into the efficacy of existing education on sexual and reproductive health and access to antenatal care, as highlighted in existing research studies, is warranted.
- A follow-up motherhood study of the initial participants, exploring their experiences of early motherhood and outcomes, such as lifestyle (return to school, selfhood), could be conducted. This could also be a longitudinal intervention study.
- The study could be repeated in a different geographical location in Uganda and not in a residential facility, as the positive centre context may have influenced the findings.
- Future studies could consider the experience of midwives and healthcare providers caring for girls who are adolescent and pregnant.
- Phenomenological enquiries could be conducted into psychological wellbeing related to pregnancy and early motherhood in adolescence.
- There is a need to explore educational policy and practice regarding sexual and reproductive health education for girls and boys in schools and to review the educational training for school teachers who deliver this education.
- This phenomenological methodological approach yielded rich data. It is envisaged that a similar methodology could be adopted in other studies.
- Future studies must consider the use of appropriate theoretical frameworks such as intersectionality and black feminist thought.

On a personal note, I will continue to engage with the NGOs that I already have established relationships with, and intend to work on educational resources and educational workshops in Uganda, in the near future.

**7.10 Dissemination**

It is important to disseminate the research findings from this study. Therefore, this thesis will be uploaded to and will be available on the university's research repository. It is intended that the findings of this research will be shared with midwives, health professionals, academics/researchers, the government of Uganda, the MoH in Uganda, policy-makers and NGOs working in this field. I have already had several substantive conversations with key contacts in these areas. I intend to write for publication targeting peer-reviewed journals such as the *Journal of Adolescent Health* and to present my research at the next *Women Deliver Conference*, the largest international conference on gender equality and the health, rights, and wellbeing of girls and women in the 21st century.

Qualitative and quantitative studies that focus on girls' experiences would be an invaluable companion for this research and would assist in identifying beneficial changes in the approach to this phenomenon. Research already undertaken across sub-Saharan Africa and beyond can provide an instructive background investigation to the current limited research focused on the Ugandan context.

In addition, this study has touched on the ethical dimensions of maternal sexual and reproductive health. As discussed, we know that midwives are best placed to care for adolescent girls and women who are pregnant across the childbirth continuum. However, it is important to acknowledge that, due to the shortage of trained midwives and skilled birth attendants in Uganda, this is not currently feasible but should be the ideal and must be prioritised in the next few years. This area warrants further research, strategy development, solution focus, training and capacity building.

**7.11 Concluding Comments**

This study has generated new theoretical and practical knowledge for practice from practice and has sought to shed light on girls' experiences of pregnancy and early motherhood in adolescence. Listening to the stories of ten girls has created a new understanding of their lived experiences. Indeed, it has highlighted that although many of the elements that comprise the context are different, the resulting situations have a

resonance that is remarkably consistent across the participants. Phenomenological research seeks to uncover the meaning of a particular experience and strives to provide new knowledge on a phenomenon.

The research has uncovered how the girls were initially framed by their ascribed identities. By not locating themselves within the prevailing narratives, showed how they could be nurtured, supported, and empowered to flourish in life and change the negative gaze of wider society. One of the key messages from this thesis is that pregnancy and motherhood in adolescence, despite the circumstances, do not need to define a girl negatively for the rest of her life. The findings consider the future effects and the return to and engagement with education, and the girls' hopes and aspirations for their future. It also considers their attitudes to self, which were found to be bound up in their culture.

This study advocates for discussion and debate at every level: between the government of Uganda, the MoH, NGOs, midwives, healthcare professions, researchers, policy-makers, and, most importantly, the girls having a seat at the table. The aim is to work collaboratively to amplify the reach to develop and deliver comprehensive and sustainable agendas across Uganda (rural and urban) that are focused on pregnancy in adolescence and early motherhood.

The study was unwavering in its aim to ensure that the voices of the girls were listened to and heard. What I bring to this study is my determination to uncover the truth of the often "silenced" voice and to influence and contribute to making a positive change in the future. Can you hear my voice? Yes, I heard your voice.

> *I wish this [research] will help even other girls in order to avoid them from getting early pregnancies. I have liked your ways and how you react with us.*
>
> Francisco Desire

**\*Footnote:** Figure 18: At the opening of this chapter is a photograph I took in March 2022 of the sculpture *Verity* by Hirst, 2012. It speaks to me strongly in relation to my research. In my interpretation, it is an allegory for truth and justice. 'The Girl' (Verity) is pregnant and standing on a base of scattered books (knowledge). 'The Girl' holds the symbols of justice—a sword and scales. Representing truth, her scales are hidden and off-balance behind her back, whilst her sword is held confidently in her upstretched arm, representing strength, optimism and empowerment to flourish in the future.

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## Appendices

Appendix One

## Summary of Key Studies

| TITLE'/AUTHOR(S)/ DATE/COUNTRY/ PUBLICATION | AIM of the STUDY | METHODOLOGY | SAMPLE AND SETTINGS | ETHICAL CONSIDERATION | KEY FINDINGS | STRENGTHS | LIMITATIONS |
|---|---|---|---|---|---|---|---|
| Ajay, A.I., Athero, S., Muga, W. & Kabiru, C.W.<br><br>(2023)<br><br>Lived experiences of pregnant and parenting adolescents in Africa: A scoping review<br><br>*Africa Reproductive Health* | Review of the literature on pregnant and parenting adolescents in Africa | Scoping review guided by the Joanna Briggs Institute (JBI) methodological approach | Peer-reviewed papers and grey literature published between January 2000 and June 2021 on pregnant and parenting adolescents. Grey literature limited to theses.<br><br>Search limited to documents published in English language and focusing on African countries. | -ethical guidelines as per scoping review | Review demonstrated that pregnant and parenting adolescents, particularly girls, face several social, education, health and motherhood challenges.<br><br>▪ Challenges dependent on context e.g., adolescent mothers more likely to return to school in South Africa compared to Kenya. Suggesting differences in both settings<br>▪ Some schools have formulated re-entry policies<br>▪ Some studies described interventions, but none used robust research designs | -addressed the aims of their study<br><br>-research design appropriate for addressing research goal<br><br>-data analysis was rigorous interrogated<br><br>-clearly stated the findings and discussed in relation to original question | -articles reviewed limited to those published in English. This may have limited number of studies reviewed.<br><br>-search limited to online only, and may have missed manuscripts not published online<br><br>-quality of studies included not assessed |

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| | | | | | to assess their effectiveness.<br>▪ Gaps exist in understanding what works to empower adolescent mothers educationally and economically<br>▪ Studies limited in scope and dissemination | -good contribution to literature on the topic<br><br>-high relevancy to dissertation research question | |
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| Atuyambe, L.M., Kibira, S.P., Bukenya, J., Muhumuza, C., Apolot, R. & Mulogo, E.<br><br>(2015)<br><br><br><br>Understanding sexual and reproductive health needs of adolescents: | To assess the sexual reproductive health needs of the adolescents and explore their attitudes towards current services available | Qualitative study in September 2013<br><br>-20 focus group discussions – with adolescents aged 10-19 years in Wakiso District, Uganda<br><br>-purposefully sampled | 149 participant adolescent girls and boys<br><br>- Participants girls + boys (in and out of school)<br><br>Wakiso has two counties and one municipality, 17 sub-counties and 131 parishes | -ethical approval obtained from Makerere University School of Public Health Research and Ethics Committee<br><br>-approval from Uganda National Council of science and Technology (UNCST)<br><br>-written informed consent from adolescents >18 | Adolescents have real sexual reproductive health (SRH) issues that require address:<br><br>▪ Unwanted pregnancies<br>▪ Sexually transmitted infections<br>▪ Defilement, rape, substance abuse<br>▪ Sexual advances by older men and adolescents<br>▪ Reproductive Health needs, some resolve by establishing adolescent friendly clinics | addressed the aims of their study<br><br>-ecological framework demonstrating that adolescent pregnancies do not occur in a vacuum<br><br>-ethical issues considered<br><br>-table highlighting participant's social | -definition of SRH services, is different in different contexts. Hence, difficult to generalise the findings<br><br>-study limited in scope and coverage |

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| evidence from a formative evaluation in Wakiso district, Uganda<br><br>*Wakiso District, Uganda*<br><br>*Reproductive Health* | | | | years and those <18 year – classified as emancipated minors<br><br>-all data treated confidential and anonymous identifiers used<br><br>-data access only to investigators and two research assistants | with standard recommended characteristics (Sex ed. Information, friendly health providers, range of clinic services e.g., abortion care)<br>▪ Adolescents do not act in regard to sexually transmitted infections until severe | demographic characteristics<br><br>- categorisation of different groups across multiple categories<br><br>-good contribution to literature on the topic<br><br>-high relevancy to dissertation research question | |
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| Chemutai,V., Nteziyaremye, J. & Wandabwa, G. J.<br><br>(2020<br><br>Lived Experiences of Adolescent Mothers Attending Mbale Regional Referral hospital: A | To solicit lived experiences of Ugandan adolescent mothers attending Mbale regional hospital, attending a 'young child antenatal clinic' in Uganda | Phenomenological<br><br>Qualitative Study Focus Group Interviews<br><br>- Purposive sampling through clinic register to recruit | - 9 mothers per group. 65 selected. 20 could not attend interview. Focus Group interviews<br><br>Lasting 45-minutes – 1 hour.<br><br>- Analysis of data by x2 research | - Ethical approval sought. Written informed consent<br><br>-Data in local languages - transcribed and translated verbatim into English | Girls who are adolescent mothers go through difficult times.<br><br>▪ Changes due to pregnancy<br>▪ Fear of the unknown especially intrapartum and postpartum<br>▪ Treated negatively by family and community<br>▪ Early mothers joy of seeing their own babies<br>▪ Support in antenatal period, special | -addressed the aims of their study<br><br>-demonstrated that adolescents girls can have a say in their pregnancy and be part of design of future programmes<br><br>-research design appropriate for | -may have missed girls' who did not have phones to be part of study<br><br>-not clearly defined roles (e.g., midwives, doctors) that researchers had in view of only |

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| Phenomenological Study<br><br>Uganda<br><br>*Uganda Obstetrics and Gynaecology International* | | | assistants and NVIVO software. | | antenatal clinics and counselling | addressing research goal<br><br>-ethical issues considered<br><br>-data analysis was sufficiently rigorous<br><br>-clearly stated the findings and discussed in relation to original question<br><br>-good contribution to literature on the topic and current<br><br>-high relevancy to dissertation research question | clinical areas stated |
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| Cumber, S. N., Atuhaire, C., Namuli, V. Bogren, M. & Elden, H.<br><br>(2022) | A study aimed to describe the barriers and strategies needed to improve maternal health services among pregnant adolescents in Uganda | Qualitative design<br><br>-participant selection through convenient sampling | 31 pregnant adolescent girls aged 15-19 years. Mean age 17 years. 1st February -28th February 2019.<br><br>Naguru Teenage Information and Health Centre (NTIHC) | approval obtained from Naguru Teenage Information and Health Centre Ethics Board of Bugolobi, Nakawa Division, Kampala, Uganda | Girls who were pregnant adolescents.<br><br>▪ Difficulty in accessing + reaching maternal health services<br>▪ Lack of financial support to visit the 'Naguru Teenage Information and Health Centre'<br>▪ Feelings of discrimination and | -no previous study had described pregnant adolescents' experiences with maternal health services in Uganda<br><br>-current research<br><br>-addressed the aims of their study<br><br>-research design appropriate for | not explored pregnant adolescents who receive family support. Recommended for future research<br><br>- sample in one information and health centre, in a specific |

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| Barriers and strategies needed to improve maternal health services among pregnant adolescents in Uganda: a qualitative study<br><br>Uganda<br><br>*Uganda Global Health Action* | | -interviews 40-50 minutes each<br><br>-transcribed interviews were inductively analysed through content analysis | | -approval sought from programme director of NTICH<br><br>-ethics in line with the Helsinki Declaration<br><br>-written informed consent from participants aged >18 years of age. Minors 15-18 years, independently provided written informed consent following approval from health providers at NTIHC | disrespectful care by health workers<br>▪ Lack of privacy when receiving services<br>▪ Enhanced access by improving health workers' working conditions<br>▪ Increase awareness to community and health workers, on ways to mitigate barriers<br>▪ Develop policies that encourage men's involvement in maternal health services | addressing research goal<br><br>-ethical issues considered<br><br>-data analysis was sufficiently rigorous<br><br>-clearly stated the findings and discussed in relation to original question<br><br>-good contribution to literature on the topic<br><br>-high relevancy to dissertation research question | geographical location may not accurately represent experiences of wider population |
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| Govender, d., Naidoo, S. & Taylor, M.<br><br>(2020)<br><br>I have to provide for another life | To explore adolescent pregnancy and motherhood in order to understand this phenomenon from the perspective of adolescent mothers and to gain insight into | Descriptive qualitative study based on data from focus group discussions.<br><br>-part of a larger mixed methods | X4 focus group (4-5 maximum per group) discussions with x18 adolescent mothers in total<br><br>-District hospital in Ugu, southern KwaZulu-Natal. | research approved by the Bioethics Research Committee of the University of KwaZilu-Natal<br><br>-written consent sought and provided by | Mixed feelings and experiences.<br>▪ Some partners of adolescent mothers in denial and rejected them and the baby. Some partners happy and supported them<br>▪ Families reactions to pregnancy, | inclusion of both first time and subsequent pregnancies mothers<br><br>-acknowledged is that problems in adolescent pregnancy is not just a gender issue. Experiences of adolescent men also | study confined to female participants only<br><br>-study had n=18 participants which could be considered a limitation |

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| emotionally, physically and financially": understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South Africa<br><br>South Africa<br><br>*BMC Pregnancy and Childbirth* | their future aspirations | action research study<br><br>-purposive sampling - participants who had experienced adolescent pregnancy and motherhood | -participant population – parenting adolescent mothers (primigravida and multigravida)<br><br>-participants 13-19 years<br><br>-quantitative strand (PhD) of study identified participants who had experienced adolescent pregnancy and motherhood | participants >18 yrs.<br><br>-participation was voluntary and withdraw at any stage | anger, disappointment to abandonment + psychological issues including suicidal ideation, guilt, loneliness, anxiety and stress<br>▪ Difficulty returning to school<br>▪ Stigma from society | have important implications<br><br>-data analysis was sufficiently rigorous<br><br>-clearly stated the findings and discussed in relation to original question<br><br>-good contribution to literature on the topic<br><br>-high relevancy to dissertation research question | -study only in one health facility, in one provincial district<br><br>-study findings may not be generalised and can only be transferred to a similar research setting |
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| Kagaha, A. & Manderson, L.<br><br>(2021) | Explored were the operations of power in setting maternal healthcare priorities, as evident at the 2018 Reproductive, Maternal, | Ethnographic design and critical discourse analysis | 27 participants (MoH, NGOs, professional bodies, religious bodies, development agencies) in-depth<br><br>interviews | - ethical approval was attained from the Human Research Ethics Committee<br><br>+ | Described are how neoliberal and state governance through the structure and organization of policy-making.<br><br>▪ Priority-setting along the continuum of birth | findings amplify the need to recognise and scrutinise texts as materials of power that may hide some realities while presenting others | -focus was Uganda, therefore decreased transferability to other countries |

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| Power, policy and abortion care in Uganda<br><br>Uganda<br><br>*Health Policy and Planning* | Neonatal, Child and adolescents Health Conference | | | -College of Humanities and Social sciences Research Ethics Committee of Makerere University | • Interventions promoting women's normative role as mothers<br>• Suppressing unmet abortion care needs<br>• Discursive and communicative materials controlled how women of reproductive age in Uganda managed reproduction community | -highlighted the organizing effect of power in policy-making<br><br>-data analysis was sufficiently rigorous<br><br>-clearly stated the findings and discussed in relation to original question<br><br>-good contribution to literature on the topic<br><br>-high relevancy to dissertation research question | -participants may bring bias + influence due to positions |
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| Leerlooijer, J.N., Bos, A. ER., Ruiter, R. AC., van Reeuwijk, M AJ., Rijsdijk, L, E., Nshakira, N. & Kok, G.<br><br>(2013) | The Teenage Mothers Project (TMP) in Eastern Uganda empowers unmarried teenage mothers to cope with the consequences of early pregnancy and motherhood | Mixed methods<br><br>Qualitative study using semi-structured interviews<br><br>Quantitative data<br><br>-lifeline histories obtained from | 23 interviews in total conducted with previous teenage mothers, community leaders and project implementers | Approval by Ethical Committee Psychology (ECP) of Maastricht University, Netherlands<br><br>-study adhered to RATS guidelines for qualitative research | TMP appears to have contributed to the well-being of unmarried teenage mothers and to a supportive social environment.<br><br>▪ Supportive norms towards teenage mothers' position<br>▪ Future opportunities,, increased agency, improved coping | study conducted across a variety of respondents e.g., relevant stakeholders in community-based TMP<br><br>-addressed the aims of their study<br><br>-research design appropriate for addressing research goal<br><br>-ethical issues considered | -small sample size of each group of respondents<br><br>-selection criterion to include community respondents comfortable to express themselves in English (this |

| | | former teenage mothers (N=9).

-quantitative monitoring data regarding demographic and social characteristics of teenage mother participants (N=1036) | | -two day training of research assistants | with early motherhood and stigma, continued education, and increased income generation by teenage mothers.
- Limited change in disapproving community norms regarding out-of-wedlock sex and pregnancy
- Family support, support from friends and wider community | -data analysis was sufficiently rigorous

-robustness of community-based TMP – socio-ecological approach

- programme improvement by earlier active participation of unmarried pregnant adolescents and increased support for parents in the programme

-good contribution to literature on the topic

-high relevancy to dissertation research question | may highlight/limit participants who due to socioeconomic status does not speak English

-older study 2013, but still relevant as became a longitudinal study (lead by main) |
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| Qualitative evaluation of the Teenage Mothers Project in Uganda: a community-based empowerment intervention for unmarried teenage mothers

Uganda

*BMC Public Health* | | | | | | | |
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| Maly, C., McClendon, K., Baumgartner, J.N. Nakanjo, N., Ddaaki, W.G., Serwadda, D., Nalugoda, F.K., Wawer, M.J., | To explore the social and contextual factors shaping the perceptions of adolescent pregnancy and childbirth | Qualitative study In-depth interviews x3 (1st interview- get to know the participant. 2nd – first sexual experiences and 3rd -sexual risk taking and | 12 pregnant and 14 never pregnant girls living in rural Rakai District of Uganda | -approval by Research Institute's Science and Ethics Committee + Uganda National | Findings indicate notions of adolescent pregnancy.
- Perceptions of control over getting pregnant
- Readiness for childbearing | -addressed the aims of their study

-findings highlighted into factors affecting and perceptions of | qualitative interviews can be distorted by the presence of interviewers, causing bias or inaccurate reporting |

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| Bonnevie, E. & Wagman, J.A.<br><br>(2017)<br><br>Perceptions of Adolescent Pregnancy Among Teenage Girls in Rakai, Uganda<br><br>Rakai, Uganda<br><br>*Global Qualitative Nursing Research* | To elicit perceived risk factors for pregnancy, associated community attitudes, and personal opinions on adolescent pregnancy | adolescent pregnancy<br><br>-study conducted May-October 2005<br><br>-part of a larger qualitative research project examining early sexual debut, sexual violence and sexual risk taking (pregnant and non-pregnant adolescents)<br><br>-participants drawn from the Rakai Community Cohort Study (RCCS) | | Council of science and Technology<br><br>-informed consent de-identified<br><br>-interviewers trained to provide short-term support to any participants who disclosed violence and those requesting assistance | ▪ Premarital pregnancy perceived as negative<br>▪ postmarital pregnancy was regarded as positive<br><br>Greater understanding of individual and contextual factors influencing perceptions can aid; development of salient, culturally appropriate policies and programmes to mitigate unintended adolescent pregnancies | pregnancy in adolescence<br><br>-ethical issues considered<br><br>-data analysis was robust<br><br>-clearly stated the findings and discussed in relation to original question<br><br>-good contribution to literature on the topic<br><br>-high relevancy to dissertation research question | -26 participants were selected from one rural district in Uganda, potentially limiting the generalizability of the results<br><br>-focus only on adolescent girls, therefore information on how boys and men view their roles or views on adolescent pregnancy, parent and family planning is absent |
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| Mullu Kassa, G., Arowojolu, A.O., | To estimate the prevalence and sociodemographic determinant factors of | Systematic review and Meta-analysis (published and | 52 studies, 254,350 study participants. 24 countries from East, West, Central, | -ethics of undertaking a | | -inclusion of population-based studies (DHS surveys) improves the generalizability | data collected in clinic-based studies may have introduced bias, as |

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| Odukogbe, A. A. & Worku Yalew, A.<br><br>(2018)<br><br><br>Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and meta-analysis<br><br><br>East, West, Central, North and southern African sub-regions<br><br><br>*BMC Public Health* | adolescent pregnancy | unpublished studies in Africa)<br><br>- use of available published and unpublished studies carried out in African countries<br><br>-PRISMA guidelines strictly followed<br><br>-online databases were searched using relevant search terms<br><br>-software used to perform meta-analysis | North and Southern African sub-regions | systematic review and meta-analysis | Prevalence and factors associated with adolescent pregnancy.<br><br>▪ Highest adolescent pregnancy rates were in East Africa (21.5%). Lowest in North Africa (9.2%)<br>▪ Factors include rural residence (OR.2.04), not attending school (OR:2.49), no maternal education (OR:188) and lack of parent to adolescent communication on SRH education<br>▪ Overall, 1/5th of adolescents become pregnant in Africa support, support from friends and wider community<br>▪ Several sociodemographic factors associated<br>▪ Strategies in African countries should include prevention through school | -research design appropriate for addressing research goal<br><br>-data analysis was robust<br><br>-clearly stated the findings and discussed in relation to original question by use of statistical data<br><br>-good contribution to literature on the topic<br><br>- relevancy to dissertation research question | population in these studies may not represent the general population<br><br>- prevalence of pregnancy in adolescence data, difficult to capture due to self-performed early abortions<br><br>(abortionfacients<br><br>e.g. misoprostol tablets poorly regulated in many African countries)<br><br>-only studies published in English language included<br><br>-review did not include |

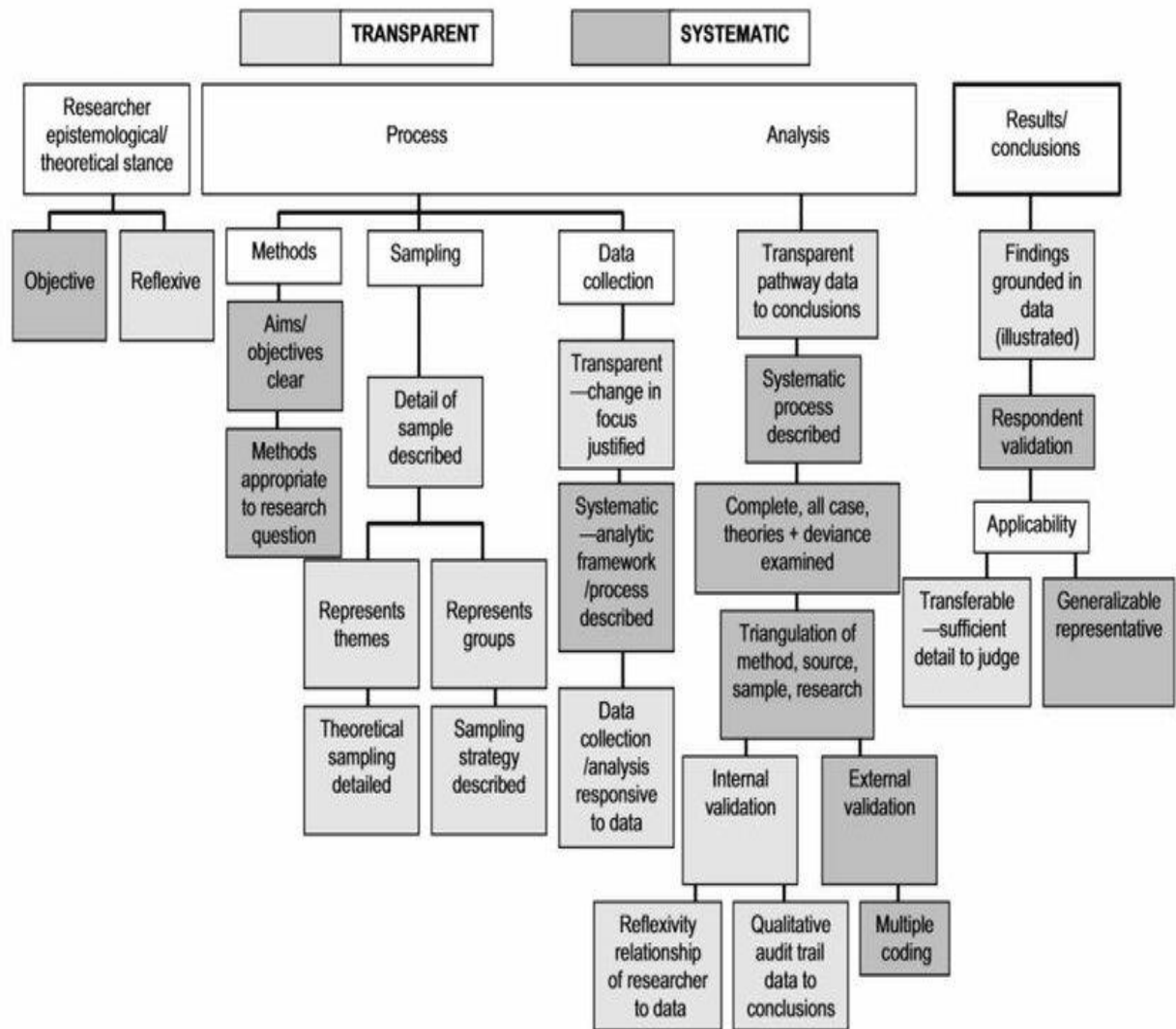| | | | | | and community-based education | | qualitative studies |
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| Neal, S.E., Chandra-Mouli, V. & Chou, D.<br><br>(2015)<br><br>Adolescent first births in East Africa: disaggregating characteristics, trends and determinants<br><br>East Africa<br><br>*Reproductive Health* | Further disaggregated data proposed as opposed to a single national figure that fails to capture complex patterns and inequalities in early childbearing within three East African countries: Uganda, Kenya and Tanzania | Quantitative cross-sectional descriptive study<br><br>-key data – age, (under 16, 16-17 years and 18-19 years), marital status, wealth, education, state or region, urban/rural residence and religion<br><br>▪ X2 means of analysis used – bivariate analysis and logistic regression | Three East African countries: Uganda, Kenya and Tanzania | Ethical issues not well highlighted<br><br>how accessed and protected | All three countries, significant proportion of women gave birth before age 16 (7%-12%).<br><br>▪ Adolescent motherhood is strongly associated with poverty and lack of education/literacy<br>▪ Poverty and education/literacy strongest with < 16 year olds<br>▪ Differences also with region, religion and urban/rural residence<br>▪ Trends show limited progress in reducing adolescent first birth.<br>▪ No reduction among the poorest | addressed the aims of their study<br><br>-use of quantitative disaggregating data, supports patterns to be understood and direct efforts where more directedly/appropriately needed<br><br>-cut off of <16 years as youngest grouping as indication that this age and below have adverse maternal and neonatal outcomes<br><br>-research design appropriate for addressing research goal<br><br>-data analysis sufficiently rigorous<br><br>-clearly stated the findings by each country and discussed in relation to original question | -if data not appropriately capturing patterns by way of collection, then figures presented will be inaccurate. Therefore, decreased transferability<br><br>-main researcher based in UK at the Centre for Global Health, Population, Poverty and Policy, University of Southampton |

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| | | | | | | **-**good contribution to literature on the topic<br><br>**-**high relevancy to dissertation research question | |
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| Ngum Chi Watts, M.C., Liamputtong & P. McMichael, C.<br><br>(2015)<br><br>Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia<br><br>Australia | To solicit lived experiences of African Australian young refugee women who had experienced early motherhood in Australia | Qualitative study In-depth interviews<br><br>-opening question and follow-up prompts (stated within a table)<br><br>-interpretative hermeneutic analysis of data | 16 African Australian adolescents who had refugee backgrounds<br><br>Community setting | -higher education institution ethical approval was attained<br><br>-permission via Trust capacity and capability was attained<br><br>-pseudonyms allocated to protect confidentiality<br><br>-participants recruited on a volunteer basis | Mixed feelings and experiences, positive feelings: sense of maturity and responsibility.<br><br>▪ Complete their school education<br>▪ Social economy strain<br>▪ Feeling stress and regret<br>▪ Family support, support from friends and wider community | -addressed the aims of their study<br><br>-research design appropriate for addressing research goal<br><br>-ethical issues considered<br><br>-data analysis was rigorous<br><br>-clearly stated the findings and discussed in relation to original question | No limitations by the authors of this study were identified |

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| *BMC Public Health* | | | | | -good contribution to literature on the topic<br><br>-  relevancy to dissertation research question | |
| | | | | | | |
| Webb, L., Kyaddondo, D., Ford, T., Bergquist, A. & Cox, N.<br><br>(2023)<br><br><br>Psychosocial health in adolescent unmarried motherhood in rural Uganda: Implications for community-based collaborative mental health education, and empowerment strategies in the prevention of depression and suicide | To explore the psychosocial impact of unmarried motherhood on girls and their communities and problem-solving with key local stakeholders | Qualitative<br><br>Co-produced Open space and Ethnography<br><br><br>-community group meetings with teenage mothers and village members<br><br><br>-open space stakeholder workshops | Community meetings: x5 discussion groups (x2 in Kasese and x3 in Mayuge)<br><br><br>Stakeholder workshops: Conducted in Kasese and Mayuge | -Manchester Metropolitan University Ethics Committee<br><br>-consent given verbally rather than in writing owing to limited literacy<br><br>-parental consent for those under 16 was waivered<br><br>-Ugandan mothers under 16 years are classified as 'emancipated minors' (UNCST, 2007) and deemed able to provide autonomous informed consent for their | ■ Experience extreme stress, social exclusion and rejection by their families<br>■ Experience of bereavement from school expulsion and the loss of their career aspirations<br>■ Depressive symptoms and suicidal behaviour<br>■ Family and wider community support for early marriage to avoid stigma of pregnancy and motherhood outside of marriage, contributed to feelings of depression among these girls<br><br>Independent mothers appeared to fare better psychologically | -addressed the aims of their study<br><br>-research design (mixed methods)<br><br>appropriate for addressing research goal<br><br>-ethical issues considered e.g., member checking<br><br>-different community understanding of depression<br><br>-signposted collaboration between professionals and | -x1 researcher in context of Uganda (Makerere University).<br><br>-potential researcher bias<br><br>(trained in western notions of psychiatry and psychosocial understand of health and well-being)<br><br>–field researchers were both white English professionals with psychology and mental |

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|---|---|---|---|---|---|---|---|
| Uganda<br><br>*Transcultural Psychiatry* | | | | participation in research (Maly et al., 2017; Namusoke et al., 2021: UNCST, 2007)<br><br>**-**consent from stakeholders and community elders given verbally<br><br>**-**collaborative African and European research team committed to primacy of individual informed consent to participate in research | | communities for a values-based approach<br><br>**-**wider research team included:<br><br>philosophical psychiatry theorist specialising in cultural values + Ugandan medical anthropologist<br><br>-data analysis was rigorous<br><br>**-**clearly stated the findings and discussed in relation to original question<br><br>**-**excellent contribution to literature on the topic<br><br>**-**high relevancy to dissertation research question | health nursing backgrounds |

Appendix Two

**Qualitative Framework for Qualitative Research (Meyrick, 2006)**

Appendix Three

**Qualitative CASP Framework**

CASP (2018) CASP Checklists CASP - Critical Appraisal Skills Programme [online]. Available from: https://casp-uk.net/casp-tools-checklists/ [Accessed 7th February 2021]

1. Was there a clear statement of aims of the research?

2. Is qualitative methodology appropriate?

3. Was the research design appropriate to address the aims of the research?

4. Was recruitment strategy appropriate to the aims of the research?

5. Was the data collected in the way that addressed the research issue?

6. Has the relationship between researcher and participants been adequately considered?

7. Have ethical issues been taken into consideration?

8. Was the data analysis sufficiently rigorous

9. Is there a clear statement of findings?

10. How valuable is the research?

Appendix Four

**Conceptual Framework/Map of the Research Process**



Concept Map of Research Process

Appendix Five

## Development of Themes

| TRANSCRIPT DATA (CODES) | CATEGORIES | THEMES | SUPER THEMES RECURRENT THREADS | | |
|---|---|---|---|---|---|
| *"So when I came into this place, I was changed."* (Aishadi)<br><br>*"My life at the centre has been good because here we have enough space and we enjoy, so I feel comfortable being here."* (Katherine)<br><br>*"Now that I am pregnant …I see me as a young woman." (*Jovia*)*<br><br>*"Now that I am pregnant …I see me as a young woman."* (Katherine) | 'they will call you'<br><br>'I don't want'<br><br>'I did not expect this'<br><br>'I see' | ***Transition: Girl, woman, mother*** | BEING IN-AN-UNKNOWN WORLD | | |
| *"I am going to give birth and have a better future."* (Aishadi)<br><br>*"…having dreams and visions of what I want to accomplish"* (Joyce)<br><br>*"I want to be a good mother in the future. I want my baby to be a good person in the future."* (Francisco Desire)<br><br>*"happy family full of happiness"* (Katherine) | 'future /vision'<br><br>'hope'<br><br>'time'<br><br>'place'<br><br>'before, after'<br><br>perceptions<br><br>'impending motherhood'<br><br>'aspirations' | ***Temporality: Gazing into the past, present and future*** | | BELONGING - FINDING A SENSE-OF-SELF | BECOMING-CHANGING TO AND MOVING FORWARD |
| *"At first, I felt bad. Everyday crying…I will feel happy."* (Aishadi)<br><br>"*still young to have a baby'* (Francisco Desire*)*<br><br>*"would not be easy"* (Katherine)<br><br>*"I felt like I must die. I had many thoughts of aborting or running away from home."* (Sienna) | 'happy/sad'<br><br>'good/bad'<br><br>'not easy' | ***The Interplay of Feelings*** | | | |

| | | | |
|---|---|---|---|
| *"I did not feel well, because I didn't want to be pregnant."* (Joyce)<br><br>*"So even sometimes people may talk about me, it makes me feel bad."* (Joyce) | 'talk about me'<br><br>'emotions'<br><br>'embodiment<br><br>'shame'<br><br>'success'' | | |
| *"I will be succeeding in my studies, and I know after my studies, I will achieve my goals of becoming a doctor and get a good job."* (Aishadi)<br><br>*"make sure you have all you need at home"* (Sienna)<br><br>*"I am going to breastfeed my baby the whole of this year…and go to school."* (Francisco Desire)<br><br>*"…educating others"* (Aishadi)<br><br>*"…I will give birth well"* (Francisco Desire)<br><br>*"I am going to get respect of calling me a mum."* (Francisco Desire) | 'succeeding'<br><br>'preparation'<br><br>'avoidance'<br><br>'blame'<br><br>'self-determining'<br><br>'choice'<br><br>'power' | ***Autonomy in Finding Selfhood*** | |
| *"… so if they grow into puberty, they don't be like you"* (Aishadi)<br><br>*"It is important to go back to school, because this world is for educated people, and there is no job that is given to you when you are not educated."* (Joyce)<br><br>*"People will join me to look after my baby."* (Francisco Desire)<br><br>*'I want to go back to school'*<br><br>*"I think my baby is going to be helped by both my family members who feel that it is okay to help me, and even the boy's family."* (Francisco Desire) | 'education'<br><br>'strong'<br><br>'names'<br><br>'labelling'<br><br>'societal lens'<br><br>'support' | ***Expectation*** | |

| | | | |
|---|---|---|---|
| | 'family'<br><br>'happy/sad'<br><br>'acceptance v hate' | | |
| *"Choose the friends who would support you and encourage your goals."* (Jovia)<br><br>*"Moving and socialising with good friends"* (Katherine)<br><br>*"so you can move with friends for safety"* (Sienna)<br><br>*"Do not accept anything from a man who offers you something for free."* (Sienna)<br><br>*"Choose friends who are exemplary and can model for their good decision making"* (Jovia) | 'advice'<br><br>'they call you'<br><br>'good friends'<br><br>'free gifts'<br><br>'embodiment' | ***Sisterhood in Conversation*** | |

Appendix Six
**Pregnancy Centre Letter of Consent**

'This appendix has been removed as it contains personal information'

Appendix Seven



**Participant Information Sheet – Pregnancy Interviews**

**Can you hear my voice? Understanding pregnancy and early motherhood for Ugandan women**

There are two parts to this information sheet.

Part A: Information about the research study:

## Who is the researcher?



The researcher, Ms Annette Marie Garvey, is a Senior Lecturer in Midwifery and studying for her Professional Doctorate in Education, University of the West of England.

## Invitation to Participate

You are invited to take part in a research study at the pregnancy centre. Before you decide whether to take part, it is important for you to understand why the study is being done and what it will involve. Please read the following information carefully and if you have any questions or would like further information please contact the researcher Annette Garvey by email Annette.Garvey@uwe.ac.uk.

## What is the research study about?

The aim of this research study is to find out more about what it is like to be a young pregnant Ugandan woman. We want to find out how you feel about being pregnant and your experience of being a mother. We also want to know how you made

decisions about your pregnancy. This may help us understand better what support is needed.

## Why I have been invited to take part?

You have been invited to participate in this research study because you are a young pregnant woman in Uganda and living at the pregnancy centre, and your experiences and views are important to this study.

## What will happen to me if I take part and what do I have to do?

If you agree to take part in the study, I will ask to have a talk with you (called an interview) at the pregnancy centre. These will be conducted by myself Annette Garvey, an experienced midwife who has also worked in Uganda. The discussion/talk will take about an hour.

- I will ask you some questions about your experiences of pregnancy, and you can choose which questions to answer and which you prefer not to.

- I will listen to your thoughts, feelings and experiences of pregnancy and how you are finding it and how you are adapting to the thought of future motherhood. **You only have to talk about things which you feel comfortable talking about.**

- I will endeavour to ensure anonymity of your answers, meaning that you will not be able to be identified.

- I will record these talks to help me remember what you have said, then I will write out what you have said, and once this is done, I will delete or destroy the audio or video recording. At this point your information will be anonymous (unnamed).

- At this talk there will only be you and myself the researcher, unless you would prefer someone else to be there. Any information you tell me will be kept confidential meaning private, unless you or someone else is likely to be at harm. In this instance I might need to let someone at the pregnancy  centre know so they can help you.

## Do I have to take part?

No, taking part in this research study is entirely voluntary (up to you). If you do decide to take part, you will be given a copy of this information sheet to keep and will be asked to sign a consent form to indicate that you agree to being in the study.

You can stop taking part in the study at any time, there is no penalty and you do not have to give a reason. But data cannot be  withdrawn once it has been analysed (studied). You can also read the notes of our discussion if you would like to. Please feel free to contact the researcher Annette Garvey,  [Annette.Garvey@uwe.ac.uk](mailto:Annette.Garvey@uwe.ac.uk) if you would like to read these.

## What will happen to your information collected?

Everything you tell me will be kept confidential and anonymised (unnamed) when I write out what you have said. The only exception to this, is if you tell me anything which indicates a risk to your life or others. In this case I will need to inform others to protect you and your unborn baby.

All the data I collect will be kept in a locked and secure place, which only the researcher will have access in accordance with the University, Data Protection Act 2018 and General Data Protection Regulation requirements and this will be kept for three years. All the voice/video recordings will be destroyed immediately after they have been written out (transcribed). Your anonymised (unnamed) data will be analysed/studied together with other interview and file data, and we will ensure that there is no possibility of identification or re-identification from this point. This data will continue to be stored on the University of the West of England (UWE) data repository and may be stored in the same anonymous format on external data repositories e.g. Mendeley as required by some journals.

## How will I use the information gained from the study?

The findings of the study will be shared with you, the centre and also written up for a report for my Doctorate in Education. Only anonymous quotes will be used for future publications and presentation purposes. A report will be written containing the research findings. This report will be available on the University of the West of England's open-access Research Repository. A copy of the report will be made available to you if you would like to read it. Important findings will also be shared both within and outside the University of the West of England, the director of the pregnancy centre, and organisations deemed appropriate such as Women Deliver (a leading global advocate that champions gender equality and the health and rights of girls and women) and written up for publications in academic journals.

## What are the benefits and risks of taking part in this study?

There are no direct benefits to you in taking part, although some people feel better after talking about their experiences, and this information will help us to better understand the experiences of young pregnant Ugandan women. There are no risks to taking part in this study, but you may become a little emotional talking about your pregnancy. If you feel sad or do not want to talk about anything we ask, that is fine. The study will take about an hour of your time.

## Who has ethically approved this research?

The project has been reviewed and approved by the Faculty of Arts, Creative Industries and Education, University of the West of England University Research Ethics Committee. Any comments, questions or complaints about the ethical conduct of this study can be addressed to the Research Ethics Committee at the University of the West of England at:

Researchethics@uwe.ac.uk

## What if you are unhappy with the study or do not understand something?

If you have any questions regarding any aspect of the research process you can contact me directly Annette.Garvey@uwe.ac.uk. Additionally, if you have any concern or complaint about the processes used please contact my Director of Studies, Dr

Helen Bovill, Helen2.Bovill@uwe.ac.uk and/or Chairperson of the University of the West of England, Research Ethics Committee, Researchethics@uwe.ac.uk

Thank you for agreeing to take part in this study.

Annette Garvey

**Part B: Declaration to Participants:**

Individuals will not be identified in any publication/dissemination of the research findings.

All information collected during conversation/meetings/interviews will only be viewed by the researcher and her supervisor if requested, and will remain strictly confidential unless safeguarding concerns arise.

If you take part in the study you have the right to:

Decline to answer any particular question, and to withdraw from the study up to the point the data has been anonymised.

Ask any further questions about the study that occurs to you during your participation.

Be given access to a summary of the findings from the study, when it is concluded.

Appendix Eight



**CONSENT FORM – PREGNANCY INTERVIEWS**

**Research Title:** Can you hear my voice? Understanding pregnancy and early motherhood for Ugandan women.

This consent form will have been given to you with the Participant Information Sheet. Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions please contact Ms Annette Garvey, the researcher, whose details are set out on the Participant Information Sheet. If you are happy to take part in an interview during your pregnancy, please initial each of the boxes below and sign and date the form. You will be given a copy to keep for your records.

- I confirm that I have read and understand the information in the Participant Information Sheet which I have been given to read before asked to sign the □ form;

- I have been given the opportunity to have an interpreter if required; □

- I have been given the opportunity to ask questions about the study; □

- I have had my questions answered satisfactorily by the research team; □

- I agree that anonymised (unidentifiable) quotes may be used in the final report of this study; □

- I understand that my participation is voluntary and that I am free to withdraw at any time until the data has been anonymised, without giving a reason; □

- I agree to take part in the research □

Name of Participant (printed)…………………………………………………………………….

Participant and/or Guardian Signature……………………………… Date………………………

Name of Researcher(printed) ……………………………………………………………………

Researcher Signature……………………………………………………….Date………………………...

Appendix Nine

**LEGAL GUARDIAN CONSENT FORM**

**Research Title:** Can you hear my voice? Understanding pregnancy and early motherhood for Ugandan women

This consent form will have been given to you with the Participant Information Sheet for context of the research study. Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions please contact the researcher Ms Annette Garvey by email Annette.Garvey@uwe.ac.uk. If you are happy as the legal guardian for your daughter/ward to take part in an interview during her pregnancy and/or motherhood, please initial each of the boxes below and sign and date the form. You will be given a copy to keep for your records.

- I have been given the opportunity to have an interpreter if required;                    ☐

- I have been given the opportunity to ask questions about the study;                    ☐

- I have had my questions answered satisfactorily by the research;                    ☐

- I understand that my daughter/ward participation is voluntary and that she is free to withdraw at any time, without giving a reason;                    ☐

- I agree to my daughter/ward taking part in the research                    ☐

Name of Participant (printed)………………………………………………………………………….

Name of Guardian (printed)…………………………………………………………………………

Guardian Signature………………………………………………………Date…………………………

Name of Researcher(printed) ……………………………………………………………………….

Researcher Signature……………………………………………….Date………………………...

Appendix Ten



**CONSENT FORM – PILOT**

**Research Title: Can you hear my voice? Understanding pregnancy and early motherhood for Ugandan women.**

This consent form is given to you with the Participant Information Sheet about the intended study. A focus group pilot study will be conducted, in order to gather information to inform the researcher of the best approach about the intended research. The aim of this will be to understand pregnancy and early motherhood for Ugandan young women. The researcher also wishes to familiarise herself with **how experience is shared, and identify key themes (ideas) within this experience that appear meaningful to you**. Therefore, this will support the planning of the interviews.

Please ensure that you have read carefully and understood the information and asked any questions before you sign this form. If you have any questions please contact Annette Garvey, the researcher by email Annette.Garvey@uwe.ac.uk.

If you are happy to take part in a pilot focus group during your pregnancy, please initial each of the boxes below and sign and date the form . You will be given a copy to keep for your records.

▪ I confirm that I have read and understand the information in the Participant Information Sheet which I have been given to read before asked to sign this form;  ☐

▪ I have been given the opportunity to have an interpreter if required;  ☐

▪ I have been given the opportunity to ask questions about the study;  ☐

▪ I have had my questions answered satisfactorily by the research team;  ☐

- I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason; ☐

- I agree to take part in the research pilot study ☐

Name of Participant (printed)……………………………………………………………………….

Name of Guardian (printed)…………………………………………………………………………

Guardian Signature…………………………………………………………Date…………………………

Name of Researcher(printed) ………………………………………………………………………

Researcher Signature…………………………………………………Date………………………...

Appendix Eleven


UWE Bristol | University of the West of England

**Interview Schedule**

**Research Question**

Can you hear my voice? Navigating the passage from adolescent pregnancy to early motherhood in Uganda: An Interpretative Study

**Study Objectives**

- To capture lived and embodied experiences of pregnancy and passage into early motherhood for a group of Ugandan adolescent young women (aged 14 to 18 years)
- To develop an understanding of the key, transformative factors influencing these experiences, including those which equip and empower
- To determine priority needs, as defined by adolescents themselves
- To define the policy and practice implications of my findings and develop appropriate recommendations

Good Morning. How are you all? You have met my beautiful friend Anne Marie who is helping me with this research project called 'Can you hear my voice'? Thank you all for being part of this research. A bit about me…My name is Annette. I was born in England and my heritage is Jamaican (my parents are Jamaican). I am a midwife and a lecturer/teacher at a University in England. I teach midwifery. Do you know what a midwife is? I have visited Uganda. You Uganda has a special place in my heart and I have spent time at the centre several times before.

Explain the research…as above

**Before the recorded interview** begins, I will have revisited the Information Sheet and the Consent Form with the participant, explaining the purpose of my research and answer any questions she may have about the research and the interview process.

I will also have included the following preamble to the interview:

Start recording:

*"I am really interested in hearing about your story of pregnancy and journey to early motherhood. I am completely open to whatever you want to say, without judgement on my part. There are no right or wrong answers and I am here to learn from you and to listen to what you have to tell me. I want you to feel completely comfortable to say*

*whatever you think and feel. I just want **to hear your story in your own words. Please take your time in thinking and talking".***

**Pilot**

The aim of the pilot is to gain understanding about  Ugandan adolescent girls/young women who are pregnant and how they navigate the journey/passage from pregnancy to early motherhood. It will also help to guide the research study.

**Resources will be provided such as; paper, pens and an iPad/iPhone. Photographs will be taken by participants (dependent upon ability to navigate this remotely with support of the gatekeeper).**

**Pilot participants will  be asked;**

Can you start by telling me your name  and a little about you?

How are you feeling about your pregnancy?

If you had to choose some words, picture or create an image that describes how you feel being pregnant, what would these words or picture/image be?

Can you give me some examples?

Can you tell me more about this?

Can you create an information poster for the study?

**Pregnancy Interview Questions**

The aim of this interview is to gain an in-depth understanding about how you  feel (experiences, perspectives and thoughts) about being pregnant?

Can you start by telling me a little about you?

Thinking back to before you became pregnant how did you live your life and how did you feel about yourself?

Prompts - Living situation, family (role within it) school, community, etc

Tell me how you came to be at the pregnancy centre?

Can you tell me how you are feeling about your pregnancy?

What is the meaning of being pregnant and a mother-to-be?

Is there anything else you would like to share? (last question)

## Motherhood Interview Questions

The aim of this interview is to gain an in-depth understanding about your 'lived experience' of becoming a new mama/mother and the significance of your decision-making in your new life?

Please can you tell me about your childbirth experience and your thoughts and feelings about this?

Can you tell me about your expectations of motherhood? How does the reality compare?

How do you feel about your baby?

How are you treated within your family and community as a new mama/mother?

How do you feel others view/see you as a young mother in Uganda  society?

What are your thoughts about the future for you and your baby for example, return to school/education, support?

What are your future dreams and aspirations for you and your baby?

Is there anything else you would like to share? (last question)

## Focus Group Questions

The aim of this focus group is to gain further understanding about your 'lived experience' of navigating the journey from pregnancy to early motherhood. As motherhood is the focus, commonality may resonate by sharing and  listening to each other's stories.

Can you describe how it feels to be a mama/mother? Is it how you thought it would be?

How do you feel about your baby?

If you could have given your non-pregnant self, advice, information and knowledge what would you have liked to know?

What are your future dreams and aspirations for you and your baby?

How do you feel others view/see you as a young mother in Uganda's society?

Is there anything else you would like to share? (last question)

**Prompt questions**

Why?

How?

Can you tell me more about that?

Tell me what you were thinking?

How did you feel?

What do you mean by…?

Can you give me an example of…?

You mentioned…tell me more about that

What happened then?

Can you describe what that felt like?

**Debrief**

- Thank the participant for taking part in the interviews and/or focus group. Express my appreciation

- Highlight again the information in the participant Information Sheet about what will happen to the results and who to contact for further information

- Emphasise to contact me if they wish to discuss anything further

- Ensure they remember that they can access the counsellor or 'gatekeeper' if they need to at the pregnancy centre

- Time to reflect and process on the interview/ and/or focus group. How did they find it? Do they have any additional questions?

- Ask about whether they would like to receive information about the findings.

Appendix Twelve

**Gibbs Reflective Cycle, 1988**

Appendix Thirteen



**Participant Information Sheet – Focus Group Interview**

**Can you hear my voice? Understanding pregnancy and early motherhood for Ugandan women**

There are two parts to this information sheet.
Part A: Information about the research study:

## Who is the researcher?



The researcher, Annette Marie Garvey, is a Senior Lecturer in Midwifery and studying for her Professional Doctorate in Education, University of the West of England.

## Invitation to Participate

You are invited to take part in a research study taking place at the pregnancy centre. Before you decide whether to take part, it is important for you to understand why the study is being done and what it will involve. Please read the following information carefully and if you have any questions or would like further information please contact the researcher Annette Garvey by email Annette.Garvey@uwe.ac.uk.

## What is the research study about?

The aim of this research study is to find out more about what it is like to be a young Ugandan woman who is a new mother. We want to find out how you feel about being a new mama/mother by sharing your experiences in a group, known as a focus group with other girls who are pregnant and new mamas/mothers. We also want to know about the importance of sharing their pregnancy and  motherhood experience through a kind of 'sisterhood'. You have a story that is uniquely yours…a story that may well encourage, empower and inspire others. This will help us to  understand early motherhood better and what support is needed.

## Why I have been invited to take part?

You have been invited to participate in this research study because you are a young new mama/mother living in Uganda, and your experiences and views are important to this study.

## What will happen to me if I take part and what do I have to do?

If you agree to take part in the study, I will ask to have a talk with you and other pregnant and new mamas/mothers in a group (called a focus group) at the pregnancy centre. These will be conducted by myself Annette Garvey, an experienced midwife who has also worked in Uganda. The discussion/talk will take about an hour.

- I will ask you some questions in a group about your experiences of pregnancy and early motherhood, and you can chose which questions to answer and which you prefer not to.

- I will listen to your thoughts, feelings and experiences of pregnancy and early motherhood. **You only have talk about things which you feel comfortable talking about.**

- I will endeavour to ensure anonymity of your answers, meaning that you will not be able to be identified in the transcript.

- I will record these talks to help me remember what you and others in the group have said, then I will write out what you and others have said, and once this is done, I will delete or destroy the audio or video recording. At this point your information will be anonymous (unnamed).

- At this group discussion/focus group there will be other girls who are pregnant and new mamas/mothers and myself the researcher. Everyone within the focus group will be asked to respect the information shared. Any information you tell me will be kept confidential meaning private, unless you or someone else is likely to be at harm. In this instance I might need to let someone at the pregnancy centre know so they can help you.

## Do I have to take part?

No, taking part in this research study is entirely voluntary (up to you). If you do decide to take part, you will be given a copy of this information sheet to keep and will be asked to sign a consent form to indicate that you agree to being in the study.

You can stop taking part in the study at any time, there is no penalty and you do not have to give a reason. But data cannot be withdrawn once it has been analysed (studied). You can also read the notes of our discussion if you would like to. Please feel free to contact the researcher Annette Garvey, Annette.Garvey@uwe.ac.uk if you would like to read these.

## What will happen to your information collected?

Everything you tell me will be kept confidential and anonymised (unnamed) when I write out what you have said. The only exception to this, is if you tell me anything which indicates a risk to your life or others. In this case I will need to inform others to protect you and your baby.

All the data I collect will be kept in a locked and secure place, which only the researcher will have access in accordance with the University, Data Protection Act 2018 and General Data Protection Regulation requirements and this will be kept for three years. All the voice/video recordings will be destroyed immediately after they have been written out (transcribed). Your anonymised (unnamed) data will be

analysed/studied together with other interview and file data, and we will ensure that there is no possibility of identification or re-identification from this point. This data will continue to be stored on the University of the West of England (UWE) data repository and may be stored in the same anonymous format on external data repositories e.g., Mendeley as required by some journals.

## How will I use the information gained from the study?

The findings of the study will be shared with you, the centre and also written up for a report for my Doctorate in Education. Only anonymous quotes will be used for future publications and presentation purposes. A report will be written containing the research findings. This report will be available on the University of the West of England's open-access Research Repository. A copy of the report will be made available to you if you would like to read it. Important findings will also be shared both within and outside the University of the West of England, the director of the pregnancy centre, and organisation deemed appropriate such as Women Deliver (a leading global advocate that champions gender equality and the health and rights of girls and women) and written up for publications in academic journals.

## What are the benefits of taking part?

There are no direct benefits to you in taking part, although some people feel better after talking about their experiences, and this information will help us to better understand the experiences of pregnancy and of young Ugandan mothers. There are no risks to taking part in this study, but you may become a little emotional talking about becoming a new mama/mother. If you feel sad or do not want to talk about anything we ask, that is fine. The study will take about an hour of your time.

## Who has ethically approved this research?

The project has been reviewed and approved by the Faculty of Arts, Creative Industries and Education, University of the West of England University Research Ethics Committee. Any comments, questions or complaints about the ethical conduct of this study can be addressed to the Research Ethics Committee at the University of the West of England at: Researchethics@uwe.ac.uk

## What if you are unhappy with the study or do not understand something?

If you have any questions regarding any aspect of the research process you can contact me directly Annette.Garvey@uwe.ac.uk. Additionally, if you have any concern or complaint about the processes used please contact my Director of Studies, Dr Helen Bovill, Helen2.Bovill@uwe.ac.uk and/or Chairperson of the University of the West of England, Research Ethics Committee, Researchethics@uwe.ac.uk

Thank you for agreeing  to take part in this study.

Annette Garvey

**Part B: Declaration to Participants:**

Individuals will not be identified in any publication/dissemination of the research findings.

All information collected during conversation/meetings/focus group  will  only  be viewed  by  the  researcher, and  her supervisor if requested, and remain strictly confidential unless safeguarding concerns arise.

If you take part in the study you have the right to:

Decline to answer any particular question, and to withdraw from the study up to the point the data has been anonymised.

Ask  any  further  questions  about  the  study  that  occurs  to  you during your participation.

Be  given  access  to  a  summary  of  the  findings  from  the  study, when it is concluded.

Appendix Fourteen



**CONSENT FORM –FOCUS GROUP**

**Research Title:**  Can you hear my voice? Understanding pregnancy and early motherhood for Ugandan women.

This consent form will have been given to you with the Participant Information Sheet. Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions please contact Ms Annette Garvey, the researcher, whose details are set out on the Participant Information Sheet. If you are happy to take part in an interview during your pregnancy in a focus group, please initial each of the boxes below and sign and date the form. You will be given a copy to keep for your records.

- I confirm that I have read and understand the information in the Participant Information Sheet which I have been given to read before asked to sign th☐ form;

- I have been given the opportunity to have an interpreter if required; ☐

- I have been given the opportunity to ask questions about the study; ☐

- I have had my questions answered satisfactorily by the research team; ☐

- I agree that anonymised (unidentifiable) quotes may be used in the final report of this study; ☐

- I understand that my participation is voluntary and that I am free to withdraw at any time until the data has been anonymised, without giving a reason; ☐

- I agree to take part in the research ☐

Name of Participant (printed)…………………………………………………………………….

Participant and/or Guardian Signature……………………………… Date…………………………

Name of Researcher(printed) ……………………………………………………………………

Researcher Signature……………………………………………………….Date………………………...

Appendix Fifteen

**Excerpts:  Notes 'In the Field'**


**21ˢᵗ December 2020**


**Identity and scope of influence**

- Naming: the girls prefer being referred to as girls. This is because they see themselves still as a girl. However, it is also a challenge for the girls to transition to motherhood considering their age and the ability to support themselves and their babies.

- Personal identity: all the girls struggled with question about personal identity. When asked about how the girls viewed themselves, before becoming pregnant, they described themselves in terms of their national identity for example, "Uganda we are who we are, Uganda, I'm Ugandan – so what?", and that they were still proudly Ugandan irrespective of the tribe or ethnicity. Possibly, the way the question was asked could have hindered their response.

- Personal qualities; the girls usually view themselves as beautiful, hopeful, adventurous, hardworking, respectable and so on. This is interesting, given the negativity and the way the girls are viewed by others. Is it the optimism of youth, a sense of fulfilling a role as a fertile girl, woman and mother, because they were desired/desirable enough to be made mothers, or is this intrinsic?

- Solidarity: I have a strong sense that the girls feel supported and connected with each other. A kind of sisterhood! Do they keep in touch with each other when they leave the centre?


**Structural, cultural, and educational reasons impacting adolescent pregnancy**

The challenges are the root cause of the predicament in the first place:

- <u>Poverty</u>; some of the girls come from poverty-stricken families and because of that they are influenced/coercion. i.e., pregnancy predicament! The girls will sometimes say that it was consensual.

- <u>Dysfunctional family</u>; the girls at the centre (strongest factor) that binds them together. It is very rare to have girls from a 'normal' functioning home. Most of the girls have absent parents, domestic violence in families.

- <u>A way of life' - A sociocultural gap?'</u>; It is my understanding as the researcher - this is proving to be detrimental to Ugandan children, cyclical. According to Ugandan culture, parents/relatives are supposed to provide sex education to the children in the family. However, people are up and down trying to earn a living therefore there's a gap that leads the children or girls to 'experimenting' or switching to social media for answers. However, what kind of answers do they get and understand? Do they get half-truths or mixed information? Therefore, the 'absence of moments' between children/ young girls and parents coupled with social media and peer pressure …contribute to pregnancy in adolescence.

- <u>Lack of contraceptive knowledge</u>; Parents appear not to take/ shy away from the responsibility, [of teaching sex education], leaving it for school education / teachers. However, for the child/ young girl to learn, they have to be open to learning and the dissemination by the teachers themselves. Based on the girls saying, 'I didn't think I would become pregnant' or I didn't know that having sex one time could get me pregnant'. Boys/men also confuse the girls that they can't make them pregnant! Understanding remains unclear. If parents/guardians provided parental guidance/responsibility the girls may be able to combine the knowledge/formal education (if giving the same and correct information) from school, integrated with parental experience, to enable them to make informed decisions.

**The impact of 'A global pandemic' - Covid and not going to school**

Covid exacerbated or compounded a number of the existing structural, cultural, and educational reasons impacting adolescent pregnancy.

- <u>Changes in socialising and routine;</u> Ugandan phrase 'an idle mind is a devil's workshop'. During Covid the meaning of the saying became clearer as without school the girls were exposed to other places and people. The girls initially thought that they were going back to school, but later they realised it would not be that soon. Therefore, they started visiting friends, wanting to watch movies or perhaps help their parents in their small businesses. These factors exposed them to men with 'idle minds' and the results/outcome, increased sexual violation and pregnancy.

- <u>Sexual violation;</u> + <u>transactional sex;</u> There was also an increase in incest cases. Men used to see women outside the home, but now they're in lockdown with their daughters/girls under their care, sometimes women being casual labourers could/may move out leaving the men with children + young girls.

- Most of the people in Uganda earn per day ('hand to mouth') + (linked to poverty/social determinants of health); They work so that's how they support their families. During the Covid lockdown people didn't work for some time/an extended period. This caused stress, increased domestic violence. In some cases the girls were looking for a safe place/comfort and found it by engaging in sex.

- <u>Poverty; sits with intersectionality + critical race theory;</u> During Covid adolescent pregnancy rates have increased (statistical data to support statement). Girls have wants and needs and they're willing to find them, possibly considered the easiest way (cohesion). According to a 16-year-old from a slum area. Term 'slum area' used by participants, not researcher.

**Perspectives on pregnancy**

The girls feel like they need to "encourage themselves about birth" because giving birth is considered a complicated task. Plus, sometimes they're not sure about the reactions from their caregivers (parents, guardians, healthcare providers) whether they'll forgive them, take them back in, pay for their school fees again ('Compassion'

Care Organisation). A lot of uncertainties therefore they need courage from all positions.

**Structural changes – hurdles to pregnancy support**

- While there are a number of Non-Government Organizations (NGOs) trying to support the girls there are significant challenges that mean that the girls are not necessarily supported and empowered to make informed choices.

- Lack of access; since NGOs don't advertise, the girls may not know that the organisation exists or that that help is available.

- Limited residential capacity; sometimes the number of girls needing assistance exceeds the capacity of an organization can accommodate them at a particular time.

**Research methodological choices/considerations**

- Paraphrasing/interchange with English and Luganda when asking some questions; The reason for paraphrasing a question in Luganda is to ensure that the girls are clearly understanding the question. Considering that English is a second language, sometimes in order for the girls to express the actual feeling or understanding, they may need to express themselves by using the local dialect. This gives the justification for member checking.

- Statistical verification; interesting to look at future statistical data during Covid re: pregnancy rates. Centre accommodates a few of these girls. There are other organizations yet the majority remain at home, so if it was too much for the organization imagine the unaccounted cases.

- The proposed thesis title: "Can you hear my voice"?, the culture, sensitisation, background are also wanting. This is because before you even ask if the voice is being heard, you have to check the dynamic that lead to wanting a voice to be heard!

- What is a 'musoga'?
- Why did some of the girls did not believe they could not get pregnant? Is this a lack of sexual and reproductive health education, naivety?
- What are some of the traditional stories that the girls would tell their babies e.g. one of the girls mentioned it in her interview?
- What is meant by 'when you become pregnant, in order to fit into society you have to change your ways'?
- How does a community cooperative work?
- When 'defiled' mentioned, is this considered sexual violation?
- One of the girls expressed about her pregnancy when she found out - 'I'm gone, I'm off'. What did she mean?
- Did the counsellor learn anything new about the girls through the interviews?

**Personal biases and perspectives**

1. <u>Comparison with my sense of self at their age</u>; For example, at the age of 16 years, I saw myself as a slightly introvert, but resilient, strong black woman, who knew what she wanted, identified with my British place of birth and upbringing, but related to my strong Afro-Caribbean heritage. I thought that I may get this from their Ugandan position. Why did I not get this?

2. <u>Hesitation to be explicit</u>; for example, not wishing to ask the girls directly what where the circumstances/reasons of becoming pregnant, but phrased generally - response e.g. consensual, in a boyfriend/girlfriend relationship. Non-consensual, sexual violation, incest or cohesion, transactional sex e.g. gifts (money, shoes, school fees, favours) was alluded to.

Appendix Sixteen

**Research Ethics Committee Approval Letter**

**UWE Bristol** | University of the West of England

Faculty of Arts, Creative
Industries and Education
Frenchay Campus
Coldharbour Lane
Bristol   BS16 2QY

Tel: 0117 328 1170

UWE REC REF No:  ACE.20.08.001

7th October 2020

Annette Garvey

Dear Annette

**Application title: Can you hear my voice? Navigating the passage from adolescent pregnancy to early motherhood in Uganda: An Interpretative Study**

Thank you for responding to the conditions raised in my letter to you of 15 September 2020.

I can now confirm full ethics approval for your project, but please note the proviso below.

Please note: In light of the current situation regarding COVID-19, we can only authorise an immediate start for activities that do not breach either national laws or University policies. In these uncertain times, law and policy may change swiftly and frequently.

We are, however, continuing to scrutinise and grant ethical approval for activities that cannot take place at present, to ensure that once the situation changes and activities can go ahead, the research is not unnecessarily delayed.

What this means for your application:

1.  If your application DOES NOT involve activities affected by the current crisis (e.g. online surveys or telephone interviews etc.) then you may start your research as soon as you receive this formal notification of your ethical approval;
2.  If your application DOES involve activities affected by the current crisis then you must not start your research until you are lawfully and safely able to do so, and when it does not breach the University's policies.  This will affect the dates you have supplied on your application form in relation to start and finish.  When you have new dates, please can you write to us in order that we can add this information to your file.

'This appendix has been removed as it contains personal information'

Appendix Seventeen

# NSPCC
## ⌐Learning⌐

# Certificate of achievement

This is to certify that

**Annette Garvey**

has successfully completed

**Child protection: an introduction**

Given on

**20/06/2020**

Accredited by

**CPD CERTIFIED**
The CPD Certification Service

(National Society for the Prevention of Cruelty to Children (NSPCC) 2020)
Registered charity England and Wales (216401) Scotland (SC037717) (JN190122)

Appendix Eighteen


**'Trauma Informed Care' – A Research Approach Framework**

According to Wilton and Williams (2019) Trauma -Informed Care is defined as '*ongoing processes, approaches and values rather than fixed procedures*' p 3.


The **four** processes key to trauma informed care:

- Listening – enabling adolescent girls/young women to tell their own stories in their own words

- Understanding – receiving adolescent girls/young women and their stories with insight and empathy

- Responding – offering support that is timely, holistic and personalised to individual needs

- Checking- in – listen with empathy and respond in a meaningful way

**Pre-emptive Steps:**

Participant
- Ensure that a potential participant understands their role within the research study
- Ensure that the participant understands that they can withdraw up until point of data transcription
- Ensure that the participant is aware that they can access the onsite (pregnancy centre) counsellor

Researcher
- Be guided by the 'gatekeeper' at the centre re: suitable potential participants
- Read widely to be well informed about trauma informed care and its application to my research
- Undertake appropriate and required training e.g., NSPCC, Save the Children – courses completed
- Acknowledge my own 'wellbeing' to recognise and respond to trauma informed care


| Researcher Emotional Safety & Wellbeing | |
|---|---|
| Ongoing well-being | Wider network support |
| Faith | Supervisor support |
| Support of family & close friends | UWE Wellbeing Service Wellbeing |
| Mindfulness | |
| Exercise + Pilates | |
| Continued good health | |

Post-interview
- Check in with the research participants
- Check in with the counsellors to discuss any possible issues/concerns raised regarding participants
- Check in with myself to acknowledge how I may be feeling. Seek support if needed from my personal support network