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Gender scripts and unwanted pregnancy among urban Kenyan women

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Women's lived experiences and lay accounts of unwanted pregnancy remain poorly interrogated. We investigated portrayals of unwanted pregnancy using narrative data gathered from 80 women in Nairobi, Kenya. Unwanted pregnancy had a diversity of significance for the women. Pregnancies were not simply unwanted because they occurred when women became pregnant without wanting to. Rather, pregnancies were considered unwanted largely because they had occurred in contexts that did not reinforce socially-sanctioned notions of motherhood and 'proper' procreation and/or revealed women's use of their sexuality in ways deemed culturally-inappropriate. Kenyan women's invocation of femininity scripts to explain unwanted pregnancy; the centrality of gender in everyday life in contemporary Kenya; women's and girls' poor access to effective family planning services; growing female poverty; and Kenya's restrictive abortion policy imply that unwanted pregnancy and its consequences will persist in the country. Addressing unwanted pregnancy and its consequences requires making accessible quality contraceptive and abortion services as well as sexuality information. It also calls for providers who understand the socio-cultural norms that circumscribe fertility and reproductive behaviours.

Keywords: gender scripts; unwanted pregnancy; women; Kenya

Introduction

Approximately 38% of pregnancies globally are either unwanted or unplanned (Alan Guttmacher Institute 2000). Defined by Okonofua et al. (1999) as any pregnancy experienced by a woman at a time she did not want to be pregnant, unwanted pregnancy poses a major and continuing social, health and development challenge in Africa. It accounts for more than a quarter of the 40 million pregnancies that occur annually in the region and contributes extensively to unsafe abortions (Islam 2007). Available research has neglected lay views, lived experiences and accounts of unwanted pregnancy as well as the socio-cultural issues that inform responses to and engagements with it (Barrret and Wellings 2002; Mkhwanazi 2010; Nzioka 2001, 2004). Consequently, we know little about how women describe their unwanted pregnancies, the meanings they ascribe to them, and the social and cultural scripts that drive their relationships with their accidental pregnancies.

Utilising gender theory, the current study probed Kenyan women's lived experiences and explanations of unwanted pregnancy. The importance of gender scripts for human sexual and reproductive behaviors has been theorized in a growing body of research.

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Among others, Mitchell et al. (2006) and Reich (2008) contend that deeper understanding of the implications for people's fertility and reproductive behaviors of their perceptions of themselves as gendered beings can support efforts to promote better sexual and reproductive health among women and men. As a multilevel system which defines and shapes people's lives by prescribing a set of socially appropriate norms for individuals of a specific sex in the context of a specific culture (Wharton 2005), gender offers a critical lens as well as conceptual framework for understanding women's relationship with their fertility and sexuality. In their exploratory study of reasons for seeking abortions among US women, Jones, Frohwirth and Moore (2008) established the centrality of motherhood issues. In the study, decisions to terminate pregnancies were influenced by aspirations to be a good parent, adequately meet material responsibilities associated with motherhood, such as the care of their existing children, as well as the demands of more abstract parenting standards, such as the wish to provide children with a good and comfortable home. The women believed that children had a right to secure and caring homes as well as protection from financial insecurity. Barrett and Wellings (2002) also established that UK women applied the term 'planned' pregnancy only if they had met a set of gender-related criteria, including approval by a male partner and reaching the 'right' time in terms of lifestyle/life stage. The current study builds on existing research on the implications of gender for fertility and sexuality.

The context

Kenya is a country of 39 million people (Kenya National Bureau of Statistics and ICF Macro 2010). In Adetunji's (1998) study of eight sub-Saharan African countries, Kenya recorded the highest proportion of unintended childbearing. In 2008–2009, 42% of married women reported their current pregnancies as unintended (Kenya National Bureau of Statistics and ICF Macro 2010). Yearly, about 13,000 Kenyan girls drop out of school due to accidental pregnancy (Integrated Regional Information Networks 2008). It is also a major cause of unsafe abortion in Kenya, which contributes immensely to maternal mortality in Kenya. Annually, about 3000 Kenyan women of reproductive age die of pregnancy-related complications. In 2002, more than 20,000 women sought medical care for complications of abortion in public health facilities. Abortion is criminalized in Kenya, permitted only when it is aimed at saving the woman's life (Gebreselassie et al. 2004).

Despite having one of the highest contraceptive prevalence rates in Africa – rising from 7% in the 1970s to 33% in 1993, 39% in 2003 and to 46% in 2008 (Magadi 2003; Kenya National Bureau of Statistics and ICF Macro 2010), access to, and use of, modern contraceptives remain poor for many Kenyan women. Poor access to services and products currently constitutes the key barrier to contraceptive use in Kenya (African Population and Health Research Center 2006). Besides, the unaffordability of family planning products and services to many poor women and girls, most hospitals and clinics in Kenya where family products and services – mainly, oral contraceptives, injectables, implants, male condoms, IUDs and, very rarely, vasectomy – are subsidized or provided free of charge regularly experience stock outs and a dearth of qualified providers (Agwanda, Khasakhala, and Kimani 2009). Stigma, inadequate sexuality information and cultural pressure also hinder utilization of family planning services among women and girls (Aloo-Obunga 2003).

Female poverty is also high in Kenya. Since the 1980s, economic conditions in Kenya have continued to deteriorate. Currently, over 56% of Kenyans live below the poverty line while 10.5 million people, mainly women, reportedly suffer chronic hunger (Nyenze 2002). For these women, access to basic essentials and services, including family planning

products, remains limited. A large number of these women also currently survive as dependants of men in relationships that hinder their power to protect themselves from unintended pregnancies and sexually transmitted infections (Njagi and Shilita 2007).

Despite strides in formal education and modernization, gender and motherhood are still largely framed in traditional terms in contemporary Kenya (Stamp 1991). The respectability of Kenyan women is primarily gauged by their sexual behaviours. In local popular Kenyan narratives, the responsible woman is constructed in terms of marital childbearing, nurturance of children and domesticity (Izugbara, Otsola, and Ezeh 2009). Men's socio-cultural supremacy finds expression, among other things, in the ideology of patrilineal inheritance, male-biased property rights, virilocalism and male ownership of children. For example among the Luo of western Kenya, as in many other cultures in the country, upon the death of a male elder, the property is redistributed within the patrilineage and the widow has to abide by the decisions of her brother-in-law and sons. Widows are also eventually claimed as property by brothers-in-laws or other male relatives of the deceased husband (Ambasa-Shisanya 2007).

The current study examined lived experiences and portrayals of unwanted pregnancy and how these are mediated by local cultural scripts. Analyzing women's accounts of unwanted pregnancy can extend existing understanding of the importance of cultural scripts in women's relationships with their fertility and sexuality. While it is not atypical for explanations of fertility- and sexuality-related behaviours to invoke locally available scripts, unpacking the specific scripts that underscore narratives on particular fertility or sexuality-related phenomenon has significance for programmatic efforts aiming to engage the forces at work in people's life.

Study setting

This investigation of views and experiences related to unwanted pregnancy was conducted among women aged 15–49 years in four communities – Korogocho, Viwandani, Jericho and Harambee – in Nairobi. It built on a 2009 survey of unwanted pregnancy in these settlements. Korogocho and Viwandani are slum settlements. They are characterized by overcrowding, insecurity, poor housing and sanitary conditions and lack of social basic amenities and infrastructure (African Population and Health Research Center 2006; UN HABITAT 2003). A high prevalence of risky sexual behaviours and poor sexual and reproductive health outcomes also characterise the settlements. For instance, while Kenya's HIV prevalence stands at 7.4%, it averages 11.5% in these two settlements (Kyobutungi et al. 2009; National AIDS and STIs Control Programme 2007). Morbidity and mortality among residents of these settlements are, on the whole, high (Kyobutungi et al. 2008). On the other hand, Jericho and Harambee are non-slum settlements and enjoy better health and other indicators (African Population and Health Research Center 2006).

Study participants

In the 2009 survey, a total of 1962 out of a targeted 2000 women (1000 per settlement-type) were successfully interviewed. However, only 1324 of these women reported ever being pregnant and completed the interviews. Of this number, 365 reported experiencing at least one episode of unwanted pregnancy (Okonofua et al. 1999). The survey component used a two-stage sampling design to recruit participants. The initial stage involved a random sampling of households from the four settlements. The African Population and Research Center (APHRC) operates the Nairobi Urban Health and Demographic Surveillance System

(NUHDSS) in these settlements. The sample of households was drawn from APHRC's sampling frame of NUHDSS households. The second stage involved a simple random selection of one eligible woman in each of the sampled households.

Respondents for the qualitative component were 80 randomly-selected women who participated in the larger survey and self-identified as having experienced at least one episode of unwanted pregnancy. They also had to agree to be interviewed further regarding those pregnancies. Of the 365 women who reported unwanted pregnancies in the survey, 313 (86%) agreed to be further interviewed about them. The 80 participants for the qualitative study were selected from these 313 women. We first stratified the sample on the basis of settlement-type – slum and non-slum. From each settlement-type, 40 participants were recruited using the systematic random sampling technique. While random selection is not usually required for qualitative interviewing and could, in fact, be counter-productive, we opted for it to remove the selection of participants from our hands. We also sought to achieve maximum variation sampling, which ensures representation of diverse dimensions of the issue being explored. The sample size of 80 women was arbitrary and motivated largely by a concern with analytical expediency.

The Ethical Committee of the Kenya Medical Research Institute approved the study. Verbal informed consent was further obtained from all interviewees for their participation in the study and for the audio-recording of their responses. We did not obtain written informed consent from the respondents. This prerequisite was waived for the investigators, as a signed document could link the respondents to the study possibly resulting in a breach of confidentiality (Sieber and Levine 2004). Parents or guardians gave additional approval for the interviewing of their unmarried wards aged below 18 years. In Kenya, married persons and those of 18 years and above are considered adults in their own right. They often do not need further parental permission to grant research interviews. When respondents' homes were not ideal for the interviews, fieldworkers agreed on an alternative place with them. In all cases, we favoured locations free of the attentive eyes, threat of sanctions and pressure of non-participants. Interview sessions lasted an average of 45 minutes and were all audio-recorded. Pseudonyms have been used in the paper to shield the identity of the respondents.

Data collection

In total, 80 in-depth individual interviews were conducted over a four-month period. Interview questions sought participants' views on the contexts under which their pregnancies became unwanted, what makes pregnancies unwanted, why women become pregnant without wanting to or when they do not want to, do not want to get pregnant at particular times, not want to keep certain pregnancies at particular times; why pregnancies that occur when they are wanted sometimes become unwanted; respondents' own experiences, attitudes, and beliefs about unwanted pregnancy and its management etc. The study instruments drew largely from earlier studies and were also reviewed and approved by an international team of abortion and fertility behaviour researchers. The team of experts thoroughly scrutinized the instruments for relevance, content and clarity, and approved the final version used in the study. Two language experts translated the tool into Swahili (Kenya's national language). A third translator, working independently, reviewed the Swahili version against the original English tool. All three translators and the study team agreed on the final Swahili version of the tool.

All interviews began by seeking respondents' consent to be interviewed and ended by asking them if the interviewer had missed anything about (their) unwanted pregnancies. All interviews were conducted using an in-depth individual qualitative interviewing guide,

administered in Swahili by four trained female fieldworkers experienced in qualitative interviewing. The fieldworkers, mostly university graduates or students, were employees of APHRC's NUDHSS at the time of the study. The training, conducted by expert qualitative researchers, introduced the fieldworkers to the aims of the study, familiarised them with the study guide and exposed them to guided dialogue techniques and critical tips for qualitative interviewing. As part of the training, fieldworkers also conducted peer-reviewed mock interviews.

Data analyses

Transcribed interviews, which were later translated into English, form the study data. At first, the interview data were concurrently but independently coded by the lead author and a professional qualitative data coder, relying on Creswell's (1997) version of Strauss and Corbin's (1990) grounded theory. Later, the authors and coder met to appraise the coding outcomes, ensure inter-coder concordance and agree on a codebook that reflected the thematic groupings of the interview questions and the key issues emerging from data. Based on the jointly-developed codebook, transcribed interviews were then finally coded with Nvivo®. A qualitative inductive approach involving thematic assessment of the narratives was adopted to understand the data. Higgins, Hirsch, and Trussell (2008) and Thomas (2003) have suggested that this approach promotes the detection of overriding themes in qualitative data as well as the understanding of the meanings and messages of themes through the continual investigation of narrative data for categories, linkages and properties. The findings presented here have been shared with study participants, community members and at scientific sessions. Feedback from these audiences has informed our analysis here. In many instances, word-for-word quotations are used to epitomize responses on significant issues and themes.

Results

The respondents

Study participants ranged in age from 16 to 49 years. Their median age stood at 36 years (see Table 1). They had a mean of eight years of completed formal schooling and majority had only primary-level education. While most of the respondents were either married, living together or widowed, several of them were divorced or single. Respondents were nearly equally distributed between slum and non-slum settlements and most participating women were unemployed or students. Petty-trading and informal artisanal jobs [*juakali*] were other commonly-mentioned sources of livelihoods among the respondents. A few participants were employed in the formal sector and a large proportion of the women self-identified as fulltime housewives. In terms of ethnicity, participants were mainly Kikuyu, Luo, Luhya and Kamba, Other sampled ethnicities were Borana, Kisii, Somali, Gare and Kuria. Both Christians (89%) and Muslims (11%) were in the sample. Interview data further showed that women of diverse socioeconomic and demographic backgrounds experienced unwanted pregnancies. For instance, while Emily, a married 45-year-old mother of four children, said her fourth and fifth pregnancies were unwanted, Glory, a 20-year-old woman had experienced her first unwanted pregnancy as a single woman.

Unwanted pregnancy: a widespread and multifaceted phenomenon

Study narratives suggested that women related with their pregnancies in a variety of forms. Women may want their pregnancies when they occur, not want them, plan them to occur at

Table 1. Respondents' characteristics.

Characteristics	<i>N</i>	%
Age (years)		
20 and below	8	10
21–25	12	15
26–30	16	20
31–35	17	21
36–40	14	17.5
41 +	13	16
Education		
None	2	2.5
Primary (partial/complete)	35	43.8
Secondary (partial/complete)	28	35
Higher (partial/complete)	15	18.8
Marital status		
Married	39	48.8
Separated/deserted/divorced	19	23.8
Widowed	4	5
Never married	18	22.5
Residence		
Slum	41	51
Non-slum	39	49
Live births		
0	2	2.5
1–3	50	62.5
4–6	25	31
7 and above	3	3.8
Ethnicity		
Kikuyu	23	28.8
Luhya	16	20
Luo	25	31
Kamba	9	11
Others	7	8.8
Occupation		
Unemployed	29	36
Fulltime housewife	10	12.5
Petty trader	25	31
Employed	16	20

particular times, not plan them, keep them or not keep them etc. Responding women observed that many factors accounted for women's differing relationships with their pregnancies and for the occurrence of unwanted pregnancy. They noted that previously wanted pregnancies could also become unwanted. This often happened when the preconception realities surrounding such pregnancies changed. Unwanted pregnancy was reportedly common and a major cause of unsafe abortion in the communities. In addition to recurrent admissions of personally experiencing unwanted pregnancies, all responding women knew at least one woman or girl in their community who had experienced an unwanted pregnancy. 'It is common here for women to become pregnant when they don't want to'; 'It is common among all categories of women in this community, we always get pregnant when we don't want it'; 'It is common ... I can say that many of my friends in this community have become pregnant without wanting to be ... there are really many incidents; some of my friends tell me they were not expecting that pregnancy', different respondents avowed. Admissions that unwanted pregnancy could occur at anytime during

a woman's reproductive life inundated the study narratives. Single, married, divorced, rich, widowed and, indeed, all women within the study age groups were reportedly at risk of experiencing it. Martha, a 30-year-old slum resident admitted to experiencing two episodes of unwanted pregnancies as a married woman. One of these pregnancies occurred a year after the birth of her second child and the other after the birth of her fourth child when she had decided not to have another child. Martha also told us that her niece who lives with her also recently became pregnant at age 15 years.

Respondents' unwanted pregnancies meant different things to them. For some women, especially the unmarried and never pregnant, unwanted pregnancies affirmed their fertility and female identity – it made them aware of their procreative potential:

Although I was scared and worried, it made me know I was truly a woman and could bear children. You know there are many girls who cannot tell whether they are fertile or not ... only I just did not want it. (22-year-old Melissa)

Among women admitting to unwanted extramarital pregnancy, feelings of recklessness were widely reported. Rachel and Bibi were two such women. Rachel, a 28-year-old, non-slum resident, became pregnant few months after her husband died. She met and fell in love with a man during the time she was still mourning her husband and became pregnant by him. Rachel admitted feeling terrified and irresponsible when she discovered her pregnancy. Widows in Rachel's culture mourn their husband for several months before resuming sexual activity. To mark the end of the mourning, a widow will have ritual sex with a male member of the late husband's patrilineage. Rachel notes: 'I just thought I had been loose and irresponsible. If people found out, they would say, "that one is promiscuous, she did not even wait for her husband to be buried before going for men"'. Similarly, Bibi, (a slum resident, aged 24 years) reported that her unwanted pregnancy occurred when she was in secondary school. The experience left her feeling wayward and licentious.

Unwanted pregnancies also exposed the women to abandonment and rejection by male partners, families and friends. Respondents of different ages, parities and socioeconomic statuses reported these experiences. When Mary, a 37-year-old Korogocho dweller, informed her husband that she had become pregnant, he began to mistreat her. He did not want another child and expected Mary to know how to prevent pregnancies. A non-slum-based woman also reported that her father chased her away because she was pregnant. Notwithstanding where they resided, respondents experiencing unwanted pregnancies as schoolgirls also usually dropped out of school.

While married and non-poor women reportedly experienced unwanted pregnancy, unmarried and poor women were viewed as being at more risk for it. They also reportedly experienced more difficulties dealing with unwanted pregnancy. Julie, a 40-year-old non-slum mother, noted that while married women sometimes accept any pregnancy that comes 'even if they are not happy with it, young girls may not have that option'. Lakuya, a 32-year-old Viwandani resident, recalled that when she had an unwanted pregnancy a close friend advised her: 'why do you have to worry that much, after all, you are married and you are married to give birth to children. Just have this one and be more cautious next time'. Several unmarried participants poignantly articulated the view they have more difficulties dealing with unwanted pregnancy. Sarah (aged 22 years) did not understand why unwanted pregnancy should be a big problem for women in union: 'If I was married when I became pregnant, I would have kept it. But I was not'. She further noted that, 'married people can freely ask for contraceptives. They can also ask their husband to buy it for them. Even if you get pregnant, you can still keep it because you are already married'. In the longer narrative, Sarah noted that unmarried women, may not easily ask their

boyfriends to use condoms as it might betray them as sexually wayward, untrustworthy, or too knowledgeable. She added:

Young girls may not even know where to get contraceptives and may feel shy to ask for those from providers. They may be in school and not ready to have children. This is why I said that it is more complicated for them.

Key life events could also make a previously wanted pregnancy become unwanted. In the data we collected, such events regularly included the death of partner at a time a woman was pregnant; the discovery that a partner was undependable; the loss of a job during the period etc. For instance, Esther's husband died when she was pregnant. The couple had looked forward to having a baby. However, following her husband's death, she said she no longer wanted the pregnancy. In another case, 28-year-old Wanjira said that she was two months pregnant when she learned that her live-in lover was adulterous. Following this discovery, she no longer wanted the pregnancy. She noted: '*Huyo mwanaume alikuwa ovyo* [that man was useless]. I did not want to commit myself to that kind of man'. Judith, a 37-year-old single mother, also reported that her second pregnancy was wanted until she lost her job. Loss of employment left her distraught and terrified about having another child. She sought an abortion.

Gender scripts and unwanted pregnancy

Narratives revealed traditional femininity scripts in women's constructions of unwanted pregnancy. Idealised notions of femaleness and women's roles featured repeatedly in the women's explanations for not wanting particular pregnancies. Interestingly, too, the logic of the emerging narratives did not differ significantly by age, residence, parity, marital status and other characteristics. Our data suggested that pregnancies were generally considered unwanted when they occurred in contexts that did not reinforce conventional notions of motherhood and competent womanhood and of women as nurturers and wives; occurred in contexts that were incompatible with local beliefs about 'proper' procreation; or had the potential to expose women's use of their sexuality in culturally objectionable ways.

Pregnancies that did not reinforce traditional notions of motherhood and competent womanhood tended to be characterised as unwanted by the women. Of course, the narratives we collected constituted pregnancy as fundamental to women's identity. However, study participants also noted that not all pregnancies validated women. Becoming pregnant, narratives frequently suggested, did not thus instantly license a woman for womanhood and did not mean that she was set for motherhood. There was more to motherhood and womanhood than giving birth, respondents frequently noted. Proper mothers reportedly provided social and emotional nurturance to their children and cared for their households. They showed their children compassion and love, and made sacrifices for them. Motherhood was reportedly trying, requiring both physical and emotional maturity on the part of a woman. Pregnancies that would produce children for whom the women felt insufficiently prepared to cater for were thus frequently characterised as unwanted.

Giving birth at a time one was incapable of adequately caring for children reportedly signified failure. 'Pregnancy does not mean you can be a mother' asserted 34-year-old Sheila. She further noted: 'We can all get pregnant at anytime ... but that does not mean that you are ready to be a mother. It is only good to be pregnant when one is really ready for motherhood'. When asked what qualified women as good mothers and wives, Sheila noted: 'you need to know how to take care of your babies and husband and keep a home. I was not sure I was ready for that ... I was scared'. Ma Rosa, a 41-year-old woman, also maintained: 'It is not just being pregnant ... it is also about how ready you are at that time

for the things mothers and women do'. Reflecting on why her first pregnancy was unwanted and therefore not kept, Sheila said: '*Sikutaka Kuilea hiyo mimba* [I did not want to keep that pregnancy]. I was fifteen then, he said he was ready to marry me . . . but I was scared and not sure I was mature enough for it. I did not know anything about being a mother or wife'. As Sheila told us, she was scared that she would not make a good mother and wife if she gave birth and got married then.

Responding women spoke of the capacity to effectively socialise children as key to effective mothering. For them, childbearing and rearing were experiences which only women who are ready and mature should undertake. 'Being a mother is not easy; it is not for everyone, even some of us who are married and have children . . . we still have a hard time dealing with it' declared 29-year-old Chepke. In another interesting example, one woman told us that she did want her pregnancy because it occurred when her daughter was also pregnant. In her culture, only irresponsible women get pregnant when their daughters have started childbearing. She did not want to be an irresponsible *nyanya* [grandmother].

Notions of motherhood and competent womanhood were frequently invoked to explain unwanted pregnancy among women experiencing socially-sanctioned pregnancies. Molly, a married woman with four children, explained why her fifth pregnancy was unwanted thus: 'I did not want to become pregnant again because I did not think I will be able to look after the baby'. Molly explained that she did not want as many children because failure 'in my role of a mother, will mean failure in everything'. However, according to her, when she told her husband, 'he said he was fine with it, but I know it was not ok, because I was already feeling I was not giving the ones we had enough attention and care. I worried a lot and maybe that's why I had a miscarriage'. Similarly, 38-year-old married Julia, who disclosed that her present pregnancy was unwanted, noted: 'I just want to be the best for the ones I have already. This pregnancy came when I got a job and I said to myself, 'now I have a job, I don't want to give birth and leave the child to a nanny to raise'. I wanted the child to grow up knowing that I am the mother. In the longer narrative, Julia associated good and proper womanhood and motherhood with the capacity to nurture and care for one's children. In deciding that she did not want to a particular pregnancy because it had occurred at a time she was not prepared to provide 'adequate' motherly care, Julia underscored the salience of beliefs which frame capable motherhood in terms of nurturing, wifehood and homemaking.

In the same vein, pregnancies perceived as potentially capable of preventing women from enjoying better livelihoods and from being married and catered for were also constituted as unwanted. This was also the case for pregnancies adjudged as capable of thrusting the women into 'unfeminine' roles. One interlocutor reported that she did not want one of her pregnancies because it would have exposed her to a life of suffering. The man responsible refused to accept responsibility, leaving her at the risk of, as she put it; 'becoming both father and mother and suffering'. Fortuna, 19 years old, was also not happy getting pregnant when she did largely because she would not finish her education, may end up marrying a poor man, or be chased out of the house by her parents'.

Women also communicated their unwanted pregnancies by allusion to traditional notions of 'proper procreation and family'. In doing so, they characterized as accidental, pregnancies that did not occur in contexts that meet the idealised view of proper family or occurred in contexts perceived to be incongruous with traditional beliefs about proper procreation and family. In the data we collected, such pregnancies often occurred out of wedlock. They could also be due to rape and incest. 'I did not want the pregnancy then because I was not married. It is not good to become a mother outside marriage', asserted 30-year-old Rosa to explain why she considered one of her pregnancies to be unwanted.

In her narratives of why she chose to terminate her pregnancy, which occurred following an episode of sexual violence, 26-year-old Margaret asserted that:

If your husband forces you to have sex, and you get pregnant you will accept the pregnancy because he is your husband, but when it involves a stranger or someone you should not have sex with and you get pregnant, you will not want the pregnancy. It is not just that you are forced ... it is that the baby will be born without a family.

Judging by the data we collected, pregnancy and childbearing needed to occur in marriage to be acceptable. Martha invoked the notion of the inappropriateness of childbearing outside marriage in her contemplation of why one of her pregnancies was unwanted. She said, 'pregnancy is good, it shows that you are fertile, but no woman just wants to give birth. We want to give birth within "proper marriage". So, I wanted to be married before giving birth. The pregnancy was with a man who was not ready to marry'. A corollary of the constitution of unwanted pregnancy by reference to traditional notions of 'proper procreation and family' was the frequent rendering of pregnancies as unwanted when they resulted from a perceived improper use of their fertility and sexuality. Among the women we studied, the use of sexuality in non-marital or non-wifeness contexts was considered inappropriate and disreputable. While the women perceived childbearing as an important female role, they also often constituted inconvenient entry into motherhood as unfeminine and improper. Reflecting the belief that women should only express their sexuality in marriage, this narrative vigorously evinced the salience of norms of gender in the construction of socially-acceptable fertility and female sexual expression. In describing her experience of having an unwanted pregnancy a year after her husband's demise, 30-year-old Rachel focused on the issue of propriety of getting pregnant 'with a man you can call your own husband'.

Rachel could have kept and fended for the baby, as she told us. But her major concern was that the pregnancy had occurred in a context which raised questions about her respectability as a woman, about the use to which she puts her sexuality as a woman. The pregnancy was unwanted because it had occurred outside marriage, outside the traditional marital arrangement. A tolerable pregnancy, she told us, should occur within marital unions. Rachel insisted: 'I know what people would say if I had kept the baby, they would say that I could not even wait for my husband to die before going to look for another man. I will look like a desperate prostitute'.

The notion that marriage validates pregnancy also clearly resonated in the narratives collected from Josephine, who became pregnant when she was 15 years old and in secondary school. She told us that her pregnancy was not merely unwanted because it had occurred at a time she was not ready to get pregnant. Rather, her reticence to accept and keep the pregnancy resulted largely from a concern that people would view her as an immoral girl. Her boyfriend had denied responsibility and said he was not ready for marriage. Although she said she also wanted to complete her schooling, Josephine admitted to worrying about the pregnancy mainly because 'having a child would just make the whole world think that I am a spoiled girl'. When asked about the difference between the pregnancy she wanted and kept and the one she said was unwanted and not kept, Josephine's response was instructive as it strongly invoked the norm that virtuous women can only explore their sexuality and have children within marital contexts: 'The main difference is that if I kept it, people would look at me like as a prostitute. But the other ones occurred when I was already married so nobody could call me *mwananke msherati* [unscrupulous woman]'.

Pregnancies were also considered unwanted because of their potential to make women lose their jobs or because the women were HIV-positive. Joanna, 32 years old, decided she no longer wanted her second pregnancy following her employer's threat to fire her for

getting pregnant. She really wanted a second baby and was happy when she got pregnant. However, she was not married, and her loss of employment would have meant the loss of livelihood for her and her first son. In her narrative, Joana admitted that she did not want to lose her job as it would challenge her capacity to be a good mother to her son. One HIV-positive woman also offered similar narratives to explain the unwantedness of her pregnancy. Her condition was very challenging and she did not want to bear a child that she would not be able to adequately cater for.

Discussion and conclusion

The profound implications of norms of gender for understanding men's and women's relationship with their fertility and sexuality have been noted in the literature (Geronimus 2001, 2003, Izugbara and Ezeh 2010, Izugbara et al. 2010; Jewkes, Morrell, and Christofides 2009). Reich (2008) used men's narratives about abortion and unintended pregnancy to explore conceptualisations of masculine identities. The concept of 'procreative selves' developed by Marsiglio (1998, 2003) has deepened understanding of the varied ways men experience and perform their ability to create life and father children. In their study of abortion narratives in Central Kenya, Izugbara, Otsola and Ezeh (2009) explained that dissimilarities in the abortion-related views of men and women reflected strategic and unique gendered interests regarding the meaning and purpose of motherhood and sexuality, as well as the control over household resources and power. In a study conducted in New Orleans, for instance, Kendall and colleagues (2005) found a duality of expressed ideals among women: while the women's narratives superficially acknowledged 'standard' middle-class discourses of career, marriage, parenthood, there was a deep recognition that single parenthood can be socially and economically demanding for poor girls and women (Santelli et al. 2006).

Using data from poor urban African-American populations, Geronimus (2003) showed that early fertility timing norm was a gendered strategy with which women responded to their structural vulnerability and the rapid deterioration of their health. She claimed that marginalised women tried to accomplish their many roles and obligations in ways that fitted the realities of their socio-economic and health status.

Gender provided an important and dynamic frame against which the women we studied evaluated the meaning of their fertility and made decisions about their pregnancies. Overall, pregnancies were portrayed as unwanted if they occurred in contexts that: (1) did not reinforce traditional notions of consummate motherhood and competent womanhood and of women as nurturers and wives, (2) were incongruous with traditional beliefs about 'proper' procreation and (3) revealed women's use of their sexuality in culturally unacceptable ways. The women generally defined and described proper motherhood and womanhood in terms of the ability to care for and nurture children and be a homemaker and wife. They also tended to consider pregnancy and procreation occurring outside the institution of marriage as reprehensible.

The narratives we collected associated proper procreation and childbearing among women with marriage, reflecting their basis in ideologies that demand compulsory marriage for women and give no validity and space for non-marital procreation (Muteshi 1998). Thus, only pregnancies and procreation occurring within particular contexts were considered tolerable and proper. The failure of pregnancies to occur within such culturally-sanctioned structures made them unwanted.

Women's invocation of gender norms to define unwanted pregnancy powerfully evinced traditional scripts of femininity in relation to fertility and sexual expression.

Generally, traditional norms of gender roles in many Kenyan societies associate womanhood and proper femininity with wifehood, homemaking and domesticity. These norms also usually depict women's use of their fertility and sexuality in non-marital contexts as both unacceptable and dangerous (Maticka-Tyndale et al. 2005). The centrality of gender scripts in women's characterisation of unwanted pregnancies suggests the critical and dynamic embedding of women's reproductive decisions and practices within traditional scripts of fertility and sexual expression. This raises, among other things, the urgent need for a more critical focus on the sociocultural contexts of women's lives to understand, more fully, the issues that drive their reproductive practices, including childbearing.

Prevailing discourses continue to frame motherhood in opposition to unwanted pregnancy, typically suggesting that women who claim that their pregnancies are unwanted seek to shirk the responsibility of raising a child (Jones, Frohwirth, and Moore 2008). The evidence furnished by the current study, however, confirms that women's desire to be consummate mothers, wives and house-makers, and, indeed, to meet standards set by society, may also be a motivation not to want particular pregnancies.

The current study has limitations that are worth highlighting. First, there is the lack of the voices of male partners, which could deepen understanding of the available data. Further, the study did not adopt an iterative interviews and repeated conversations with the respondents whereby researchers move back and forth between selecting cases for data collection and engaging in a preliminary analysis of the cases sampled. Data saturation may thus not have been attained and some ramifications to the themes may not have been thoroughly queried.

These limitations notwithstanding, this study raises important issues for policymakers and agencies aiming to promote sexual and reproductive health among women. Evident from the study is the need for maternal health services providers and counselors to understand the norms of fertility and pregnancy in particular sociocultural contexts to be able to respond to, understand and more effectively meet the service needs of women presenting for unwanted pregnancy. In a context where gender remains central in everyday life; where access to effective family planning services remains poor for most women and girls; where female poverty continues to rise; and where restrictive abortion laws frustrate women's and girls' access to quality abortion services, women's unambiguous invocation of gender scripts to explain accidental pregnancies suggests that unwanted pregnancy and its consequences will persist in Kenya. Ensuring the availability and accessibility of effective contraceptive services as well as quality abortion and post-abortion services for women and girls is key to preventing unwanted pregnancy and its dangerous sequelae.

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Résumé

Les expériences vécues et les récits profanes des femmes concernant les grossesses non désirées sont encore peu étudiés. Nous avons examiné des représentations des grossesses non désirées en utilisant des données issues des récits de quatre-vingt femmes à Nairobi, au Kenya. La grossesse non désirée avait plusieurs significations pour les femmes. Les grossesses n'étaient pas simplement non désirées parce que les femmes étaient devenues enceintes sans le vouloir. Elles étaient plutôt considérées comme telles, en grande partie parce qu'elles étaient survenues dans des contextes ne renforçant pas les notions socialement permises de la maternité et de la procréation «correcte» et/ou qu'elles avaient révélé une sexualité chez les femmes, considérée comme incorrecte du point de vue culturel. L'invocation des scripts sur la fertilité par les femmes kenyanes pour expliquer la grossesse non désirée; la centralité du genre dans la vie quotidienne au Kenya contemporain; l'accès limité pour les femmes et les filles à des services efficaces de planning familial; et la politique restrictive du Kenya en matière d'avortement impliquent que le problème des grossesses non désirées et de leurs

conséquences persisteront dans le pays. Aborder de front la grossesse non désirée et ses conséquences exige la possibilité d'accéder à des services de qualité pour la contraception et l'avortement, ainsi qu'à l'information sur la sexualité. Cela exige aussi une compréhension, par les prestataires de soins, des normes socio-culturelles qui circonscrivent la fertilité et les comportements associés à la reproduction.

Resumen

Apenas se han estudiado las experiencias vividas por mujeres y sus relatos con respecto a los embarazos no deseados. En este artículo investigamos las presentaciones de embarazos no deseados con ayuda de los datos que se recabaron a partir de los relatos de ochenta mujeres de Nairobi, Kenia. Los embarazos no deseados tenían diferentes significados para las mujeres. Los embarazos no eran simplemente no deseados porque hubiesen ocurrido cuando las mujeres se quedaban embarazadas sin quererlo. Mas bien, los embarazos se consideraban no deseados en gran parte porque ocurrían en contextos en los que no se recalcan las nociones de la maternidad sancionadas socialmente y la 'adecuada' procreación, o porque demostraban que las mujeres usaban su sexualidad de formas que se consideraban culturalmente inapropiadas. Factores como la invocación de relatos de feminidad por parte de las mujeres de Kenia para explicar los embarazos no deseados; la centralidad de los roles de género en la vida diaria en la Kenia contemporánea; el mal acceso de las mujeres y las jóvenes kenianas a eficaces servicios de planificación familiar; la creciente pobreza femenina; y la restrictiva política contra el aborto en Kenia suponen que seguirán persistiendo los embarazos no deseados y sus consecuencias en Kenia. Para tratar los embarazos no deseados y sus consecuencias es necesario que sean accesibles servicios de contracepción y aborto de buena calidad y que se proporcione información sobre la sexualidad. También se requieren proveedores que entiendan las normas socioculturales que ponen coto a los comportamientos respecto a la fertilidad y la reproducción.