Gender scripts and unwanted pregnancy among urban Kenyan women

Unwanted pregnancy remains a major social and public health issue Africa. The current study interrogated characterizations of unwanted pregnancy among a sample of urban Kenyan women. Our analysis indicates that the experience of an unwanted pregnancy had a diversity of significance for women and that pregnancies did not merely become unwanted because they occurred at a time women become pregnant without wanting to. In general, pregnancies were considered unwanted when they occurred in contexts that did not reinforce traditional notions of consummate motherhood and 'proper' procreation or and that revealed the women's deployment of their sexuality in ways that were considered to be culturally inappropriate. Unwanted pregnancy is not unrelated to the cultural norms that define 'proper' behavior for women.

(Key words: Gender scripts, Unwanted pregnancy, Women, Kenya, Qualitative research)

Introduction

Unwanted pregnancy is a hot topic worldwide. Currently, 38% of pregnancies globally are either unwanted or unplanned, and 150, 000 of these pregnancies are terminated daily by way of induced abortion (Kaye, 2006, The Guttmacher Institute, 2000). In Africa, unwanted pregnancy poses a major and continuing social, health, and development challenge. It accounts for more than a quarter of the 40 million pregnancies that occur annually in the region, contributing extensively to the scourge of unsafe abortion (Islam, 2007). The bulk of extant research on unwanted pregnancy in Africa has focused on its trends, distribution, and prevalence (Bongaart, 1997; Okonofua et al, 1999; Oye-Adeniran, 2004; Magadi, 2002), risk factors (Kaye et al 2006; Cleland & Ali, 2006; Maharaj & Munthree, 2007; Mbizvo, et al 1997, Nzioka, 2001; Geelheod et al; 2002), management (Dickson-Tetteh, & Billings, 2002 : Jewkes, 2002; Kester-Oyekan, 1998; Webb, 2000), and implications (Nakayiwa et al, 2006; Magadi, 2002; Adewole et al, 2002 Chinebuah & Pérez-Escamilla, 2001; Koster, 2010).

The current study offers a shift in focus by addressing women's lived experiences and accounts of unwanted pregnancy. Focus on how people who directly experience particular social and health issues constitute their predicaments is vital (Charon, 2006). It can reveal complexities in the ways people engage with the conditions that affect them and thicken contextual understanding of the social and cultural determinants of health and wellbeing. Against this backdrop, we deploy cross-sectional qualitative data collected from women in Nairobi, Kenya, the bulk of whom admitted to at least one episode of unwanted pregnancy, to investigate views and experiences surrounding the phenomenon.

The women we studied admitted to both the commonness and negative implications of unwanted pregnancy, constituting it as a dynamic phenomenon upon which pre-conception and post-conception realities vastly impact. Hass' (1974) path-breaking critique of the measures of fertility and pregnancy intentions and desires buttressed attitudes toward pregnancy and fertility goals as dynamic, with a potential to vary at the preconception, pregnancy, and postnatal periods. Decision-making on fertility goals also often depends among other things, on the perceived significant implications of childbearing. Santelli, et al. (2006) and Kendall, et al. (2005) argue that from conception to

beyond, pregnancies are subject to the influences of cultural and social contexts, raising questions about the fixity of intentions related to pregnancy in any human population. Further, the women spoke about unwanted pregnancies largely in terms of gendered scripts of proper femininity and fertility. They constituted unwanted pregnancy primarily in terms of pregnancies that negated their realization of traditional ideals of consummate motherhood and competent womanhood; were not in tandem with local beliefs about the 'proper' context for procreation; and revealed that they (the women) had deployed their sexuality in culturally-unacceptable ways.

A growing body of research has called attention to the importance of gender scripts in the way humans live and die. In their exploratory study of reasons US women give for seeking abortions, Jones et al (2008) established that centrality of motherhood issues. The decisions of the women they studied to terminate pregnancies were influenced by their aspiration 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 standards of parenting, such as the wish to provide children with a good and comfortable home. The women believed that children had a right to stable and caring homes as well as protection from financial insecurity. Barrett and Wellings (2000) also established that UK women apply the term "planned" pregnancy only if they had met a set of gendered criteria, including approval by a male partner and reaching the 'right' time in terms of lifestyle/life stage. The point we make in this paper is therefore that unwanted pregnancy is not merely an issue of the individual women who experience it. Rather, it is also, in some ways, about the powerful social norms which produce systematic gender inequality and define what constitutes 'proper' behavior for women. Essentially, unwanted pregnancy is not unrelated to the 'cultural rules for enacting the social structure of difference and inequality' (Ridgeway and Correll, 2004).

Method and Materials

This qualitative investigation of views and experiences related to unwanted pregnancy was conducted among women aged 15-49 in four communities- Korogocho; Viwandani, Jericho, and Harambee in Nairobi. The study builds on a 2009-10 survey of the prevalence of unwanted pregnancy conducted by the African Population and Health Research Center in these settlements. Korogocho and Viwandani are slums settlements characterized by overcrowding, insecurity, poor housing and sanitary conditions, and lack of social basic amenities and infrastructure (APHRC 2009; UN HABITAT 2003). High prevalence of risky sexual behaviors and poor sexual and reproductive health outcomes also characterize the settlements. For instance, while Kenya's HIV prevalence stands at 7.4%, it averages 11.5% in the two settlements (NASCOP, 2007; APHRC 2009). Morbidity and mortality among residents of these settlements are also particularly high. On the other hand, Jericho and Harambee are non-slum settlements and tend to enjoy better health and other indicators.

The 2009-10 survey covered a total of 2000 randomly-selected women. Respondents for the qualitative component were 80 purposively-selected women who participated in the larger survey. To qualify for inclusion in this component, women had to self-identify as having experienced at least one pregnancy at a time they did not want to be pregnant. They also had to accept to be further interviewed on the matter. There was also however the purposive-selection of respondents to permit the inclusion of women with different family, generational, marital, occupational, residential, and other backgrounds. The major data collection tool was in-depth individual interviews, which sought information on a range of matters including views, experiences, attitudes, and beliefs about unwanted pregnancy and its management among the women. Additional data were collected from key informant interviews conducted with maternal health and family planning services providers operating in the study communities. Trained fieldworkers, with longstanding experience in qualitative fieldwork, conducted the interviews in Swahili, Kenya's unofficial lingua franca.

The Ethical Committee of the Kenya Medical Research Institute (KEMRI) approved the study. Informed consent was also obtained from interviewees for the audio-recording of their responses. Interviews with the women mostly

occurred in the privacy of their homes. But when this was not possible, we arranged for the interviews to hold elsewhere, which regularly ranged from hired venues to offices of community-based organizations. To guarantee respondents' anonymity, pseudonyms are used throughout the paper. Transcribed interviews which were later translated into English form the study data. A qualitative inductive approach involving thematic examination of the narratives was adopted to analyze the data. Higgins, *et al* (2008) and Thomas (2003) agree that this approach is geared toward improving understanding of meanings and messages in narrative data through the continual investigation of the themes emerging from the data for categories, linkages, and properties. In many instances, verbatim quotations are used to illustrate responses on relevant issues and themes. In terms of limitation, there is some level of ethnographic thinness in the current data as the interviews were not complemented by long-term field observation. Additionally, the study relies only on the views of a small sample of purposively-recruited women from four settlements in Nairobi, suggesting caution in generalizing the findings.

Results
Respondents' socio-demographics

Characteristics	Total number of respondents
Age	-
20 and below	8
21-25	12
26-30	16
31-35	17
36-40	14
41-49	13
Education	
None	2
Primary	35
Secondary	28
Higher	15
Marital status	
Currently in union	39
Separated/deserted/ divorced	40
Widowad	19
Widowed Never Married	4
	18
Live births	•
0 1.2 himba	2
1-3 births	50
4-6 births	25
7 and above	3
Ethnicity	

Kikuyu	23
Luhya	16
Luo	25
Kamba	9
Others	7
Occupation	
Unemployed	29
Housewife	10
Petty trader	25
Employed (formal &	
informal)	16
Total	

Table 1 summarizes the socio-demography of the study participants. They ranged in age from 16 to 49, averaging roughly 35 years. Mean years of completed formal schooling for the respondents stood roughly at 8 and those with only primary-level of education were the majority. While the bulk of the respondents were either in union or widowed, several of them also self-reported as divorced or single. Interview data further suggest that women of different socio-economic and demographic backgrounds experience unwanted pregnancy. For instance, while Emily, a married forty-five-year-old mother of 4 children said her 4th and 5th pregnancies were unwanted, Glory, a twenty-year-old woman experienced her first unwanted pregnancy as a single woman.

The bulk of participating women self-reported as unemployed or as students. Petty-trading and informal artisanal jobs, *Jukali*, were other common sources of livelihoods for many of the respondents. Some participants were also employed in the formal sector, particularly in poorly-paid positions, such as cleaners, maids, and gardeners. Women self-identifying as housewives also formed a large proportion of the sample. In terms of ethnicity, participants mainly self-identified as Kikuyu, Luo, Luhya, and Kamba, Other ethnicities in the sample were Borana, Kisii, Somali, Gare, and Kuria. There were also both Christians and Muslims in the sample.

Constituting unwanted pregnancy

Respondents in the study consistently and unequivocally stated that unwanted pregnancy was widespread among women in their communities. Besides frequent admissions that they themselves have experienced it, all participants reported knowledge of at least one woman or girl in their community who had experienced an unwanted pregnancy. A striking commonality in the responses we collected was that unwanted pregnancy was widespread and could occur at anytime during a woman's reproductive life. 'It is common here for women to have pregnancies that they don't want to keep'; '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 got pregnant when they did not want to be... there are really many incidents; some of my friends tell me they were not expecting that pregnancy'; women said. Single, married, divorced, widowed women and indeed all women within the reproductive age were reportedly at risk of experiencing it. Reflecting on her personal experiences, Martha admitted to 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. She also reported that her niece who lives with her also recently got pregnant at age 15, and aborted it.

The experience of an unwanted pregnancy had a diversity of significance for the women. Some women suggested that their pregnancies affirmed their fertility and female identity. For this group of women, the experience of an unwanted pregnancy may be considered empowering. Their unwanted pregnancies confirmed them as capable of bearing childbearing, affirmed their fertility and female identity, and 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. Really, I felt good, but only I still did not want it', asserted 22-year-old Melissa.

The experience of unwanted pregnancy made some of the women feel promiscuous and irresponsible. Rachel and Bibi were among such women. Rachel got pregnant few months after her husband died. She met and fell in love with a man during the period she was still mourning her husband and got pregnant for him. Rachel notes 'when I discovered I was pregnant, I really felt bad because I just thought I had been stupid and irresponsible. I was just wondering what names people would call me. They would say, 'that one is promiscuous, she did not even wait for her husband to be buried before she starts going up and down'. Similarly, Bibi, who reported experiencing an unwanted pregnancy when she was in secondary school, said it made her feel wayward and licentious. Admissions of abandonment by male partners, families, and friends were also elicited as were comments indicating feelings of carelessness, vulnerability, distraught, and powerlessness following the experience. Unwanted pregnancy also reportedly caused the respondents rejection, stigma, and abandonment. One girl's father chased her away because she was pregnant. Women experiencing unwanted pregnancies as schoolgirls also frequently had to drop out of school.

While respondents admitted that women in union also experience unwanted pregnancy, the shared sentiment was that unmarried girls were at more risk for it and may have more difficulties dealing with it. Julie, a 40-year old mother noted: 'In marriage, you sometimes just have to accept whatever comes even if you are not happy, but young girls may not have that option'. In further affirmation of this point, another 32-year mother recalled that when she experienced 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 give birth to this one and be more careful next time'. Unmarried participants also poignantly articulated this view. For instance, Sarah, 17 years, who argues that she could not understand why unwanted pregnancy should be a big problem for women in union, says: 'If I was married then, I would have kept the pregnancy. But I was not'. She further reported, 'married people can walk into any chemist or clinic and 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 admits that the case of unmarried women was different. They may not easily ask their boyfriends to use condoms as they want to validate themselves as trustworthy and responsible. They may not also have easy access to contraceptives and may feel shy to ask for those from providers. 'When they get pregnant, it is thus difficult to keep such it as they are not married, maybe they are in school, or not ready to have children'.

Both pre and post-conception realities were mentioned as critical influences on women's acceptance of their pregnancies. 'I don't think it is not just the time it occurs that makes it wanted or not... as a woman you have to ask yourself, what the pregnancy means for you. A pregnancy may come when you do not want to be pregnant, but it may also mean that the man will marry you because of it and you want to marry ...so you accept it. It may also come when you want it, but you find that the baby's sex is not what you wanted, so you won't want it easily' asserted Ma Olivia, a 40 year old mother of 5 children. Of

course, many were pregnancies considered unwanted at the point of conception among the women we studied. Such pregnancies often occurred at a time when the women were not ready for a pregnancy or did not want to get pregnant. The reasons for not wanting to get pregnant at a particular time also varied. Ma Olivia, our interlocutor above, is clearly one of those whose pregnancy came at a time she did not want it. She had not wanted another pregnancy too soon after her third child. She wanted to wait for three years before another pregnancy which she had planned will be her last. But a year after the birth of her third baby, she got pregnant again. From Ma Olivia's longer narrative, we gathered that she had kept the pregnancy not because she was happy with it, but because she could not summon courage to inform her husband that she wanted a termination. The case of twenty-nine-year-old Grace and 40-year-old Amanda also further illustrates Ma Olivia's situation. Grace was still in school when her boyfriend got her pregnant. For her, the pregnancy was unwanted because she wanted to finish secondary school and improve her prospects of having a good life. Grace's boyfriend accepted responsibility for the pregnancy and agreed to marry her if she will have the baby. But she considered her education more important than marriage at that point. On the other hand, Amanda said she did not want to have a fourth baby. Yet, she accidentally got pregnant after her third baby.

However, in other situations, the women reported that the pregnancies they considered as unwanted were actually wanted at conception. Life-changing events surrounding the women often made these hitherto wanted pregnancies to become unwanted. Among the women we interviewed, such events reportedly included the death of partner at a time a woman was pregnant; the discovery that a partner was not trustworthy; the loss of a job opportunity during the period etc. For instance, one respondent reported that her husband died when she was pregnant. She and her husband had looked forward to having the baby. However, following her husband's death, she no longer wanted the pregnancy. In another case, a responding woman told us that when she found out that her live-in lover, for whom she was two-month pregnant, was seeing another woman; she no longer wanted to keep the pregnancy. At conception, the pregnancy was wanted, but after this discovery she now preferred to abort it. Her point was: 'It was too early in the relationship for him to be seeing another woman. I did not want to suffer that kind of thing from the onset'. Judith, a single mother of 37, 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 decided not to keep the pregnancy.

Gender scripts and unwanted pregnancy

In the narratives we collected, traditional femininity scripts were central in women's constructions of unwanted pregnancy. Responding women primarily and frequently appealed to idealized norms of femaleness and women's roles to explain why their pregnancies were unwanted. Thus, pregnancies were portrayed as unwanted when they occurred in contexts that did not reinforce conventional notions of consummate motherhood and competent womanhood and of women as nurturers and wives, were incongruous with local beliefs about 'proper' procreation, and revealed women's deployments of their sexuality in culturally objectionable ways.

A major way that unwanted pregnancies were constituted was in terms of pregnancies that do not reinforce traditional notions of consummate motherhood and competent womanhood. Indeed, a pervasive tendency among responding women was to characterize as unwanted, pregnancies which, in their thinking, could potentially compromise their idealized notions of mothers as home-keepers and nurturers of children. The women consistently suggested that getting pregnant does not immediately qualify one for womanhood and does not mean that one was ready for motherhood. 'Pregnancy does not mean you can be a mother' asserted one woman. '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' asserted 34-year-old Sheila. When asked what qualifies people as good mothers and wives, Sheila was quick to note that '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,'.

Traditional gender ideologies of motherhood centralize a biological mother's role in her children's lives (Hequembourg, 2004), and often frame this role in terms of nurturance and home-keeping. Izugbara (2004) holds that the cultural expectation that good mothers and women stay at home and care for children leads to the construction of consummate motherhood in terms of domesticity, home-keeping, and child nurturance. In the study, pregnancies that were perceived as unlikely to affirm women as consummate mothers and women tended to be characterized as unwanted. 'It is not just being pregnant...it is also about how ready you are at that time for things real mothers and women do', maintained Ma Rosa a 41-year old woman. In reflecting on why her first pregnancy was unwanted and therefore not kept, Sheila said: I was fifteen then, he ...was really ready to marry me... but I was scared I was not sure I was mature enough for it. I did not even know how to cook... I was really scared then that I will not just make a good mother and wife if I gave birth and got married that time'. Responding women spoke of the capacity to rear and nurture good children as key to effective mothering and described childbearing and rearing as experiences which only women who are ready and mature should venture into. '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 another woman..

Narratives frequently suggested that some pregnancies occur at a time women may not feel they have the capacity to give their 'best' as mothers. Such pregnancies tended to be considered as unwanted. Molly, a married women with four children explained why her fifth pregnancy was unwanted thus; I did not want to become pregnant then because, I did not think I will be able to look after the baby'. Molly explained that she did not want to have so 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 ultimately had a miscarriage because I thought too much about it'. Similarly, another married respondent who admitted to the unwantedness of her current pregnancy 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 it to a nanny to raise her. I want this child to grow up knowing that I am the mother. Children raised by nannies are not like the ones you raise yourself'. In the longer narrative, this particular interlocutor equated good and proper womanhood and motherhood with the capacity to nurture and care for one's children. For her, it also means not leaving one's roles to others such as house-girls and nannies. 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, she reveals the salience of beliefs which frame competent motherhood in terms of nurturing, wifehood, and homemaking.

Women also communicated unwanted pregnancies by reference to traditional notions of 'proper procreation and nuclear family'. In doing so, pregnancies were constituted as unwanted when they did not occur in contexts that meet the idealized notion of proper family or occurred in contexts which were perceived as incongruous with traditional beliefs about proper procreation and family. The narratives we gathered tied proper procreation and childbearing among women to heterosexual marital structure, reflecting their anchoring in ideologies that demand compulsory marriage for women and give no validity and social space for non-marital procreation (Khan, 1996). Narratives regularly implied that there was a particular and culturally-sanctioned family structure which normalizes pregnancy and without which procreation would be

considered improper. The failure of pregnancies to occur within such culturally-sanctioned structures made them unwanted. Thus, pregnancies occurring out of wedlock or from rape and incest were constituted as unwanted. '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 did not want to keep one of her pregnancies. In narrating why she chose to terminate her pregnancy which occurred following an episode of sexual violence, Margaret one of our respondents also 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 a stranger or someone you are not supposed to have sex with gets you pregnant, you will not want to keep the baby. It is not just that you are forced …it is that the baby will be born without a family'. To be tolerable, the women suggested, pregnancy and childbearing need to occur in heterosexual marital unions. In reflecting on why she did not want one of her pregnancies, Martha invoked the notion of the irregularity of procreation occurring outside heterosexual marriage. She says, '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 for a man who said he 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 framing of unwanted pregnancies in terms of pregnancies resulting from a perceived improper deployment of their fertility and sexuality. In doing so, the women characterized as unwanted, pregnancies, which revealed that they have deployed their sexuality in nonmarital or non-wifehood contexts. Refracting the belief that women should only express their sexuality in marriage and wifehood, this narrative powerfully evinces the salience of norms of gender in the construction of socially-acceptable fertility and female sexual expression. Thirty-year-old Rachel described her experience of having an unwanted pregnancy one year after her husband's death. In her narratives, Rachel focused on the issue of respectability of getting pregnant 'with a man you can call your own husband'. She says, I didn't want this pregnancy because when he died and I got pregnant I was wondering what people will say. To get pregnant outside marriage is not good for a woman. That's why I did not want it'. In her longer narratives, Rachel made it obvious she could keep and fend for her baby. But her major concern was that the pregnancy had occurred in a context which, for her, raises questions about her respectability as a woman, about how she deploys her sexuality as a woman. It had occurred outside marriage, outside traditional heterosexual marital structure. For her, to be acceptable, pregnancy must occur within the context of heterosexual marital union.

While women we studied perceived childbearing as an important female role, they also often constitute inconvenient entry into motherhood as unfeminine and improper. Rachel told us '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. They will call me a prostitute'. In reality, Rachel invoked the notion that marriage to men validates women as respectable and that sexual expression and fertility outside heterosexual marriage raise question about the respectability of women. Similarly, Josephine who got pregnant when she was 15 and in secondary school told us that her pregnancy was not merely unwanted because it had occurred at a time she was not ready to get pregnant. In reflection, Josephine's reticence to accept the pregnancy emanated largely from a concern that people would consider her to be a spoilt girl. Her boyfriend had denied responsibility and said he was not ready to marry. Although, she said she also wanted to finish her schooling, Josephine's admitted to worrying about the pregnancy mainly because 'having a child would just tell the whole world that I have been having sexual relationships'. 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 and strongly invoked the norm which expects women to only deploy their sexuality and fertility within marital contexts: 'The main difference is

that if I had kept it people would look at me like as a prostitute. But the other ones occurred when I was already married so nobody would call me a bad woman'.

Unwanted pregnancy was also spoken of in terms of pregnancies that would have prevented them from enjoying better livelihoods, from being married and catered for, or that (will) thrust them into providing for themselves and children, jeopardize their life chances, or prevent them from marrying. One interlocutor noted that she did not want one of her pregnancies because it would have exposed her to a life of hardship. The man responsible refused to accept responsibility, leaving her at the risk of, as she puts it; 'becoming both father and mother and suffering'. Another girl was not happy getting pregnancy when she did largely because she would not finish school, may end up marrying a poor man, or be chased out of the house by her parents'. There were also women who explained the unwantedness of their pregnancies in terms of that particular pregnancy's potential to make them lose their jobs and their HIV positive status. For instance, Joanna decided she no longer wanted her second pregnancy following her employer's threat to sack her because of it. She had wanted to have a second baby and was happy when she got pregnant. However, she was not married and sack would have meant the loss of livelihood for her and her first son.

Discussion and conclusion

The importance of gender for the way men and women relate to and understand their fertility and sexuality is a raging debate in the literature. Reich (2007) has used men's narratives about abortion and unintended pregnancy to explore conceptualization of their masculine identities. The concept of 'procreative selves' developed by Marsiglio (1998;2002) has also been very useful in capturing 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 and colleagues (2009) point to how dissimilarities in the abortion-related views of men and women reflect strategic gendered selves and elaborate differential gendered concerns regarding the meaning and purpose of motherhood and sexuality as well as the control over household resources and power.

Gender scripts occupy a central place in narratives of unwanted pregnancy among the women we studied. They frequently invoked idealized notions and norms of femaleness and women's roles to explain why their pregnancies were unwanted. In general, pregnancies were portrayed as unwanted if they occurred in contexts that did (a) not reinforce traditional notions of consummate motherhood and competent womanhood and of women as nurturers and wives, (b) were incongruous with traditional beliefs about 'proper' procreation, and (c) revealed women's deployments of their sexuality in culturally unacceptable ways. The women we studied generally defined and described proper motherhood and womanhood in terms of the ability to care for and protect her child and be a homemaker and wife; considered pregnancy and procreation occurring outside the institution of heterosexual unions as improper; and believed that it was only in the contexts of wifehood and marriage that good and proper women express their sexuality and fertility. Judging by the literature, gender scripts have profound real-life effects on people. The invocation of gender norms to characterize unwanted pregnancy in the narratives we collected powerfully evinces traditionally heterosexist scripts of femininity in relation to fertility and sexual expression. Izugbara (2004) has suggested that traditional norms of gender roles in many African societies associate consummate womanhood and proper femininity with wifehood, homemaking, and domesticity. These norms also depict women's deployment of their fertility and sexuality in non-heterosexual marital contexts as both reprehensible and dangerous.

The centrality of gender scripts in women's characterization of unwanted pregnancies is important. Among other things, it suggests the critical and dynamic embedding of women's reproductive decisions and practices within traditional heterosexist scripts of fertility and sexual expression, raising the urgent need for a more critical focus on the socio-cultural contexts of women's lives in order to more fully understand the issues that drive their fertility practices. Prevailing discourses continue to frame motherhood in opposition to unwanted pregnancy, typically suggesting that women who claim that their pregnancies are unwanted seek to evade the responsibility of raising a child (Jones et al, 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 a particular pregnancy.

This study also has very important policy implications. Policymakers and agencies aiming to prevent unwanted pregnancy and promote better sexual and reproductive health among women would benefit from a high level of sensitivity to the role of cultural norms in women's health and fertility behavior. Reich (2008) notes that without a stronger understanding of the ways people's fertility behaviors are shaped by their own perceptions of their gendered selves, efforts to promote better sexual and reproductive health among women and men will continue to deliver below expectations.

References

Adewole I. F, Oye-Adeniran, B. A, Iwere, N, Oladokun A & Gbadegesin A (2002) Terminating an unwanted pregnancy: the economic implications in Nigeria. *Journal of Obstetric and Gynecology* 22(4): 436-437.

Alan Guttmacher Institute (2000) Sharing Responsibility: Women, Society and Abortion Worldwide. Alan Guttmacher Institute, New York.

Bongaarts, J (1997) Trends in Unwanted Childbearing in the Developing World. *Studies in Family Planning*, 28, (4) 267-277.

Charon, R (2006) Narrative medicine: honoring the stories of illness. Oxford University Press.

Chinebuah, B & Pérez-Escamilla (2001) Unplanned Pregnancies Are Associated with Less Likelihood of Prolonged Breast-Feeding among Primiparous Women in Ghana Journal of Nutrition. 131:1247-1249.)

Cleland, J. & Ali, .M(2006) Sexual abstinence, contraception, and condom use by young African women: a secondary analysis of survey data *Lancet* 368: 1788–93

D'Angelo, D., B; Gilbert; R. Rochat, Santelli, J & Herold, J (2004) Differences between mstimed and unwanted pregnancies among women who have live births. *Perspectives on Sexual and Reproductive Health* 36 (5) 192-197

Garenne, M. Tollman, S & Kahn, K (2000) Premarital Fertility in Rural South Africa: A Challenge to Existing Population Policy. *Studies in Family Planning* 31(1):47-54.

Geelheod D, Nayembil D, Asare K, Van Leeuwen JH and Van Roosmalen J. Gender and unwanted pregnancy: a community-based study in rural Ghana. *J Obstet Gynaecol* 2002; 23(4): 249-255.

Hass, P. H (1974) Wanted and Unwanted Pregnancies: A Fertility Decision-Making Model. *Journal of Social Issues* 30(4) 125 - 165

Hequembourg , A (2004) Unscripted motherhood: Lesbian mothers negotiating incompletely institutionalized family relationships. *Journal of Social and Personal Relationships* 21 (6) 739-762

Islam, M (2009) Progress and Challenges in Making Pregnancy Safer: A Global Perspective. In J. Ehiri (ed.) *Maternal* and *Child Health*: *Global Challenges*, *Programs*, *and Policies*. Springer, New York 399-416

Izugbara, CO (2005). "Patriarchal Ideology and Discourses of Sexuality in Nigeria", in Anonymous (ed) Socialization and Sexuality Discourse in Nigeria. Lagos: ARSRC

Koster, W (2010) Linking two opposites of pregnancy loss: Induced abortion and infertility in Yoruba society, Nigeria. Social Science and Medicine 71 (3)

Jewkes, R; Gumede, T;. Westaway, M; Dickson, Brown, K & Rees, H (2005) Why are women still aborting outside designated facilities in metropolitan South Africa? *BJOG: An International Journal of Obstetrics* & *Gynecology* 112 (9) 1236-1242

Jones, R; Frohwirth, L & Moore, A (2008)'I Would Want to Give My Child, Like, Everything in the World' How Issues of Motherhood Influence Women Who Have Abortions. *Journal of Family Issues* 29: 79-99

Kaye, D., Mirembe, F., Bantebya, G., Johansson, A. & Ekstrom, A (2006) Domestic violence as risk factor for unwanted pregnancy and induced abortion in Mulago Hospital, Kampala, Uganda. *Tropical Medicine and International Health* 11 (1) 90–101

Barrett,G & Wellings, K (2002) What is a 'planned' pregnancy? Empirical data from a British study. *Social Science and Medicine* 55(4):545–557.

Kaye, D.K (2006) Community Perceptions and Experiences of Domestic Violence and InducedAbortion in Wakiso District, Uganda. *Qualitative Health Research*. 16 (8) 1120-1128

Kendalla, C; Afable-Munsuzb, C; Speizerc, I., Averya, A., Schmidta, N., & Santelli; J. (2005)Understanding pregnancy in a population of inner-city women in New Orleans—results of qualitative research. *Social Science & Medicine* 60; 297–311

Koster-Oyekan W (1998). Why resort to illegal abortion in Zambia?: findings of a community based study in Western Province. *Social Science* & *Medicine 46: 1303–1312*.

Magadi, M (2002) Unplanned childbearing in Kenya: the socio-demographic correlates and the extent of repeatability among women. *Social Science & Medicine* 56 (1) 167-178

Maharaj, P & Munthree, C (2007) Coerced first sexual intercourse and selected reproductive health outcomes among young women in Kea Zulu Natal South Africa. *Journal of Biosocial Science* (2007), 39:231-244

Marsiglio, W (1998) *Procreative Man.* New YorK University Press

Marsiglio, W (2003) Making Males Mindful of Their Sexual and Procreative Identities: Using Self-Narratives in Field Settings. *Perspectives on Sexual and Reproductive Health*, 35, (5) 229-233

Marston, C & Cleland, J (2003) Do unintended pregnancies carried to term lead to adverse outcomes for mother and child? An assessment in five developing countries. *Population Studies* 57(1):77-93.

Mbizvo, M. T,Bonduelle, M. M., Chadzuka, S. Lindmark, G. & Nystrom, L (1997) .Unplanned pregnancies in Harare: What are the social and sexual determinants? *Social Science & Medicine* 45 (6) 937-942

Nzioka, C (2001) Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya. *Reproductive Health Matters* 9(17) 108-117

Reich, J (2008) Not Ready to Fill His Father's Shoes: A Masculinist Discourse of Abortion *Men and Masculinities*. 11(1)3-21

Santelli, J.; Speizer, I., Avery, A. & Kendall(2006) An Exploration of the Dimensions of Pregnancy Intentions Among Women Choosing to Terminate Pregnancy or to Initiate Prenatal Care in New Orleans, Louisiana. *American Journal of Public Health* 96 (11) 2009-2015

Webb D. (2000) Attitudes to 'Kaponya Mafyumo': the terminators of pregnancy in urban Zambia. *Health Policy Planning* 15: 186–193

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