Agency under constraint: Adolescent accounts of pregnancy and motherhood in informal settlements in South Africa

Bronwen Gillespie[a], Haddijatou Allen[b1], Matthew Pritchard[b], Priya Soma-Pillay[c]*, Julie Balen[b]**, and Dilly Anumba[a]**

[a] *Department of Oncology and Metabolism, Academic Unit of Reproductive and Developmental Medicine-Obstetrics and Gynaecology, The University of Sheffield, Sheffield, United Kingdom;* [b]*School of Health and Related Research, Regent Court (ScHARR), The University of Sheffield, Sheffield, United Kingdom;* [c]*Department of Obstetrics and Gynaecology, University of Pretoria and Steve Biko Academic Hospital, Pretoria, South Africa*

* Corresponding author, Department of Obstetrics and Gynaecology, University of Pretoria and Steve Biko Academic Hospital, Room 72459, level 7, Corner Malan and Malherbe Streets, Pretoria, 0001, South Africa, Tel: 0027123542368
priya.somapillay@up.ac.za
** These authors contributed equally to the manuscript.

[1] New affiliation: Medical Research Council Unit, The Gambia, at the London School of Hygiene and Tropical Medicine

Abstract

Progress in adolescent sexual and reproductive health (SRH) remains unequal: adolescent pregnancies are more likely to occur in marginalised communities, or in very poor households. This study aimed to comprehend from adolescents' own perspectives, the circumstances of falling pregnant and coping with motherhood in informal settlements in South Africa, to better understand the SRH challenges adolescents in these settings may face. A qualitative study was carried out over a two-month period in 2019 to analyse the perceptions held by adolescents in informal settlements served by four community level clinics in the adjacent township. We found that adolescents face overlapping barriers in seeking to avoid unintended pregnancy in informal settlements. Once they become mothers, their trajectory is limited by the resources and support available from their own parents, particularly their mothers, and to a lesser extent, their partners. We draw on the concept of agency to examine their accounts and to highlight the importance of addressing broader contextual constraints.

Keywords: adolescent pregnancy; adolescent motherhood; South Africa; informal settlements; agency

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Introduction

The 1994 International Conference on Population and Sexual Health was central to placing adolescent sexual and reproductive health (SRH) on the global agenda (Chandra-Mouli et al., 2019), resulting in increased investment in adolescent-specific education and services. Twenty-five years on, adolescent girls are more likely to delay sexual experience, marriage and childbirth, and are more likely to use contraceptives. However, progress in adolescent SRH remains unequal (Liang et al., 2019). A review of lower- and middle-income country (LMIC) evidence shows that wide regional differences exist (Santhya & Jejeebhoy, 2015). Women and adolescents in the lowest two wealth quintiles, and those in rural or inaccessible areas, suffer from grossly unequal access to SRH services, information and education (Germain et al., 2015).

Adolescents who migrate are also a group at risk of poor SRH outcomes (Santhya & Jejeebhoy, 2015). In South Africa, adolescent pregnancy rates are highest in the two lowest socioeconomic quintiles (Statistics South Africa, 2017). Black Africans and young women are reported to experience a deficit in access to SRH services and information (Chersich et al., 2017). Adolescent fertility in South Africa is not declining in line with the overall rate of childbearing in Africa (Makiwane et al., 2018). Reports suggest that early childbearing is unplanned, fuelled by a lack of information (National Population Unit, 2014), poor access to and inconsistent use of contraceptives, and limited sexuality education (Willan, 2013). Research has found that sexual risk taking is also linked to gender dynamics and poverty leading to transactional sex (Govender, 2020). Age disparities in relationships between younger women and older male partners have also been associated with early pregnancy (Harrison et al., 2015; Makola et al., 2019). Despite policy on adolescent-oriented health services, free access to contraception without parental consent, and sexuality education in schools (Department of Basic Education, 2017; Health and Basic Education, 2012), young people still face challenges in access to SRH services and information. These include factors such as lack of privacy and confidentiality, and long waiting times in clinics (Lake et al., 2019) as well as taboos on adolescent sexuality and child-adult communication on this topic (Erasmus et al., 2020; Mkhwanazi, 2014).

This research on SRH and adolescent motherhood took place in informal settlements (urban slums) in Gauteng, South Africa. Migration to informal settlements in cities to seek labour or education opportunities is common. In 2018, nearly 1.7 million children (9%) in South Africa lived in backyard dwellings or shacks in informal settlements (Hall, 2019a). Researchers have drawn attention to adolescent health risks in informal settlements, such as alcohol and drug misuse (Ndungu et al., 2020), depression

(Gibbs et al., 2018) and the higher risk of poor SRH in these environments (Wado et al., 2020). Gender, poverty, access to health services and community norms have been found to be common barriers to youth SRH in slums (Adedimeji et al., 2007; Beguy et al., 2014). Several qualitative studies on SRH in informal settlements have been carried out. Research in Kenya discusses sexual violence and inconsistent contraceptive use, and draws attention to the stigma surrounding early pregnancy (Mumah et al., 2020) and abortion (Jayaweera et al., 2018). A South African study also observed inconsistent contraceptive use, with women showing limited control, even ambivalence, regarding whether or not they became pregnant (Willan et al., 2020). However, a recent scoping review on adolescent SRH in urban slums in sub-Saharan Africa points to the relative dearth of qualitative work on this topic (Wado et al., 2020).

This study aimed to comprehend, from adolescents' own perspectives, the trajectory of falling pregnant and then coping with motherhood in informal settlements. This study explored agency, to better understand adolescent action within everyday circumstances. We argue for an understanding of agency that takes context into account, recognising that agency is contingent on the space to decide or act, in line with authors who critique definitions which overemphasise individual aptitude (Bay Cheng, 2019), or privilege observable action (Kabeer, 1999). Kabeer (1999) sets out agency as 'the ability to define one's goals and act upon them', but suggests that it can also take a more subtle form, such as negotiation or resistance, and should also encompass individuals' meaning and motivation, or their 'sense' of agency (p. 438). We build upon this, as well as the discussion of agency in the special issue on intimate partner violence in extreme conditions (Campbell & Mannel, 2016; Logie & Daniel, 2016; Turan et al., 2016). The authors explain that opportunities to exercise agency are heavily constrained by social contexts, material resources, and the nature of the social relationships in which people

are embedded (Campbell & Mannell, 2016). They put forward the notion of 'distributed agency', as fluid and multilevel, shifting across time, space and social networks. We will engage with discussions on agency in limited circumstances, and contribute to understandings of the SRH vulnerabilities of adolescents in informal settlements.

Methods

Study design and data collection

This qualitative study was carried out in informal settlements adjacent to a township in Gauteng over the course of two months (July-August) in 2019. Researchers gained access to these settlements through community-based outreach teams linked to clinics near the settlements. Informal settlements were spread between roads and up hillsides beside the township, with dwellings ranging from temporary sheet metal shacks to concrete block constructions, with latrines, open drains, and shared water taps, ad-hoc irregular electricity and access through networks of unpaved pathways.

The study was coordinated by a South African lead and supported by UK and African senior researchers, and field research was carried out by a research assistant fluent in local languages, two UK-based research students (black African and white British), and an anthropologist (UK) with considerable international experience. Visiting researchers followed the lead of the local research assistant on how to respectfully approach community members, and were accompanied by community health volunteers known to local families. Pre-research workshops among the team attuned researchers to the everyday reality of the neighbourhood, and the importance of sensitivity and empathy in the interview process. Researchers prioritised respondents' comfort, insisting on the voluntary nature of the interview, avoiding recording equipment as this appeared prohibitively formal, and sharing refreshments with

respondents and children. The research team used semi-structured interviews to elicit narratives from respondents on perceptions and experiences of pregnancy and motherhood. The study involved exploring the same topics with multiple informants, and by different research team members – this design helped ensure richness and data triangulation.

Table 1: Adolescent mothers interviewed

Respondent number	Age	Age at pregnancy	Age of partner	Currently resides with	Residence before pregnancy	Main activity
Mother 1	21	18	27	Mother-in-law, husband	Mother-in-law, husband	At home with child
Mother 2	20	16	22	Mother, sister	Mother, sister	At home with children
Mother 3	17	16	40	Parents	Parents	Studying
Mother 4	16	14	18	Mother	Mother	Studying
Mother 5	20	15	14	Mother-in-law, husband	Mother-in-law, husband	Studying
Mother 6	16	15	22	Partner	Partner	At home with child
Mother 7	17	16	18	Partner	Extended family	At home with child
Mother 8	16	15	20	New partner	Sister	At home with child
Mother 9	19	18	23	Extended family	Extended family	At home with child
Mother 10	16	14	22	Sister, aunt	Sister, aunt	At home with child
Mother 11	22	14	40	Invalid father	Invalid father	At home with children
Mother 12	32	18	37	Partner, sister	Parents	Studying
Mother 13	18	16	24	Parents	Parents	Studying
Mother 14	23	16	28	Mother, grandfather	Mother, grandfather	At home with child
Mother 15	32	17	36	Alone	Aunt	At home with children
Mother 16	19	16	28	Mother	Mother	Studying
Mother 17	24	17	27	Partner	Sister	At home with child: planning to study upcoming semester
Mother 18	21	17	21	Mother	Mother	Studying
Mother 19	19	15	26	New partner	Alone	Studying
Mother 20	17	16	26	Mother, brother	Mother, brother	Studying
Mother 21	22	19	26	Mother, brother	Mother, brother	Finished school, job-seeking
Mother 22	18	17	21	Parents	Parents	Studying, working

Within the settlements, researchers interviewed 40 respondents, including 22 adolescent mothers (detailed in Table 1, below), eight young men, five young women without children, and five older parents. The young men, of whom only one was a father, were aged 18 to 23 years. They were members of the same neighbourhood but were not relatives of the adolescent mothers. The older parents were all women older than 35 years residing with their adolescent daughters in the same neighbourhood. The five young women, aged between 15 and 19 years of age, were all attending school, and only one was a daughter of one of the parents interviewed.

All but two of the adolescent mothers were born in South Africa; nine were originally from the neighbourhood, and 11 had moved to the region, with six having migrated specifically for educational purposes. Adolescents often resided with extended families or older siblings if their parents worked in other provinces, or remained in rural areas, having sent their children to the city in the hope of providing them with a higher quality education.

These 40 respondents formed part of a larger pool of respondents within the same qualitative study on adolescent SRH. This included 52 further interviews, spread over the township area served by 4 community-level clinics, including healthcare professionals in public clinics, health authorities, and township residents (adolescent mothers, parents and community figures), which will be reported elsewhere (Gillespie et al., forthcoming). Here we will focus on the data collected with respondents residing in the informal settlements.

More than half of the data collection was carried out in English. The multi-lingual field researcher carried out some interviews in Sotho, Sepedi and Tswana, and the detailed field notes were translated fully into English. All field notes were immediately anonymised and entered electronically in full detail, then read and

analysed by at least two team members to raise new queries and identify emerging themes. Data analysis was inductive and interpretive: anthropological methods recognise that data emerges from social interaction (Prentice, 2010). After the initial in-situ analysis, further observation of data through coding with NVivo (12 Pro) was carried out. Coding of topics enabled themes and the relationships between them to be identified, and special attention was given to exploring topics that contrasted or overlapped across the accounts of multiple respondents.

Ethical procedures

The Research Ethics Committee at The Faculty of Health Sciences, University of Pretoria (137/2019), and the Research Ethics Committee at The University of Sheffield (UK) granted ethical approval for this study. The Tshwane Research Office in Gauteng gave permission for the research to take place in the study location. Researchers ensured potential respondents were fully informed, explaining that interviews were voluntary and confidential, and that no topic need be covered if uncomfortable for the participant. All participants consented, verbally and in writing, before commencing interviews. Additional parental/guardian consent was sought for respondents between 16 and 18 years of age. All data were anonymised immediately after collection, and stored electronically in an encrypted and password-protected computer.

Results

We found that adolescent girls in informal settlements live within a constellation of disadvantages that influence the risk of unintended pregnancy as well as give rise to challenges in coping with motherhood. First, we will look at adolescent accounts of unintended pregnancy: behind their inability to avoid pregnancy they described overlapping barriers that constrained access to contraception. We will then consider

their range of reactions to early motherhood, and how these were dependent on their access to resources and support. Their accounts of the trajectory from unintended pregnancy to motherhood showed how their plans, decision-making and actions were shaped by their socioeconomic circumstances.

Unintended adolescent pregnancy – a constellation of barriers

Our results draw attention to the largely unintended nature of adolescent pregnancy, inviting an exploration of the factors that make it challenging for adolescent girls in informal settlements to act to prevent pregnancy. Almost all described surprise or shock on noting the pregnancy, and anxiety about informing parents – only three had hoped to fall pregnant, and all except for two were secondary school students when they became mothers. Many spoke about it as something that had just happened, whether by accident, or due to lack of knowledge. More than half of the young women had not visited a clinic for contraceptive methods, nor had they used protection, despite being sexually active. However, a closer look at their accounts shows that they were not simply passive actors, as many went on to describe barriers they experienced.

Community stance on adolescent sexual activity

Most adolescent girls felt that discussing sexual activity and contraception was taboo. One 17-year-old mother, who lived with her mother, mentioned, ‘I talked to my mom. She didn’t take it very well. I was just looking for advice, but she wasn’t comfortable with the idea’ (Mother 20). Several mothers with adolescent daughters repeated, ‘20 is for dating, and 31 for marriage’ regarding their expectations for their daughter’s behaviour. However, both mothers and adolescents observed that secret dating was a widespread practice, and that dating was expected to involve sex. Young men interviewed spoke widely on the peer pressure to be sexually active. Some mothers of adolescents

said they attempted to broach the topic, urging daughters to use condoms or visit the clinic. Nevertheless, the environment of judgement and secrecy continues to surround adolescent sexual activity, hampering access to information.

Several adolescents mentioned that the information they received in the sexual education component of their Life Orientation classes was lacking in detail. One mother, in her early twenties, described her past experience, 'Yes, at school we had Life Orientation but I didn't understand anything at that time. My friends were on it [contraception] but it was difficult to talk to them because at that age I was ashamed of it' (Mother 14).

Access to health services

Many young women did not find it easy to visit public clinics. Lack of privacy and fear of judgement were voiced as concerns. Several had experienced verbal abuse from staff, and others described how friends had warned them away from the clinic. The quality of services was reported to vary from clinic to clinic. One mother with a three-year-old remembered when she first tried to get contraception:

> I don't like clinic C[2]. Sometimes they shout. Sometimes you have to go home, they don't even help you, they say return another day. So I went to clinic D with a friend. They were nice, they gave me advice. (Mother 18)

Others had successfully initiated contraception without having encountered problems. Six girls had been using two- or three-monthly contraceptive injections administered by a health clinic. (The intravaginal ring, subdermal implant, intrauterine device and oral contraceptive pills were also available at certain clinics but were not

[2] Clinic names have been removed to protect anonymity.

frequently offered). However, respondents reported forgetting or missing their appointments, or deciding on a temporary break. Several expressed surprise that the pregnancy had happened so quickly after leaving the injection. Doubts about reduced fertility and complaints about weight gain were raised regarding the contraceptive injection.

Most respondents did not consider abortion for fear of both the associated stigma and the procedure itself. A detailed look at abortion is beyond the scope of this study.

Economic precarity

Young women experienced financial constraints that increased their vulnerability to unplanned pregnancy in various ways.

Given the complaints regarding public health services, adolescents felt that private clinics offered a better guarantee of confidentiality and a wider range of higher quality options, including contraceptive pills, but were described as prohibitively expensive. Several adolescents relied on money from partners to purchase pills from the pharmacy. This was not just limited to contraception, as some girls had very little access to cash, making it difficult to buy basic toiletries. For example, one young mother said that her pregnancy at age 16 had been a result of using the cash to buy other items instead of contraceptive pills (Mother 16).

For some, a lack of access to cash undermined access to public facilities. Adolescent migrants living with extended family in informal settlements often relied on money sent from parents to cover school-related expenses and were unable to manage unexpected costs. One young mother who fell pregnant at 15, whose daughter was three years old, said, ‘I didn’t have money to get transport into town, so I missed my injection. My boyfriend didn’t want to give me the money. At that time, I lived on my

own, my mom worked elsewhere' (Mother 19). Financial vulnerability overlapped with gendered expectations in relationships, which was also found to have implications for unintended pregnancy.

Gender and relationships

The nature of adolescent girls' relationships with their partners, the power imbalances involved, and preferences around contraception were linked to the risk of unplanned pregnancy.

Condom use was found to be complicated. Several young men reported that they used condoms, but recognised that men generally think sex is better without and that girls are expected to 'sort out' contraception. Some adolescent girls said partners tried to influence them to leave condoms aside once the relationship was well established. One young mother who became pregnant at 17 with a boy from school remembered: 'I was not thinking straight. I was just thinking, "this boy loves me." Boys say, "why do we have to use protection, don't you trust me?"' (Mother 17). In longer term relationships, insisting on condom use did not fit with girls' feelings of love and the construction of trust and commitment between the couple, as the idea of condom use was in part linked to the risks associated with multiple partners. Various young men mentioned how they resort to the 'pull out' method. One young father whose child lives with his ex-partner explained his own experience, 'When we started having sex we used condoms, but as time went by, we get lazy and I say that I will pull out then I don't.' (Young man 1). Trust also played a role in that sense: several young women explained how partners promised that they would not make them pregnant, insisting they would pull out in time.

It was understood to be easier to negotiate condom use with similar-aged partners and those who were also students. However, half of the female respondents had

partners who were between five and ten years older, and two young women were more than 15 years younger than the father of the baby (Table 1). Girls' lack of decision-making power was associated with transactional relationships. One young man described the general opinion, 'If you pay for drinks or food, you aren't expected to [use a condom]' (Young man 2, not yet a father), though he indicated that this was not his practice. One young mother had become pregnant at 16, with her 40-year-old partner, who often brought groceries for her and her unemployed parents (Mother 3). She had discontinued her contraceptive injections due to uncomfortable side effects, but the couple had not used condoms. She described her despair at having been abandoned by her partner after pregnancy, despite two years of dating.

Own mother's presence

A lack of immediate family support or presence, especially that of the mother, was also raised as a factor related to unintended pregnancy.

Several of the adolescents interviewed pointed to the active disciplinary role of mothers, who had warned them away from dating, to focus on their studies. 'My mother is very strict. She tells us what time we have to be in' (Young woman 2, not yet a mother, age 15). However, in the informal settlements, some adolescents lived with extended family (this may be an uncle, or a brother – a 'mother' figure was not necessarily present), or some parents were absent all day, working in distant neighbourhoods. This did not mean that adolescent girls were not supported – several said they could ask female relatives about contraception. However, those whose mothers were present were more subject to vigilance and warnings. One adolescent who became pregnant at age 15 explained, 'I stayed by myself for four years, cooking, cleaning, going to school, doing the laundry' (Mother 19). Another young mother who had her first child at age 14 said that she lacked guidance as her own mother had died

when she was very young: ‘It is not easy for a father to tell his daughter about such things’ (Mother 11). Young women without parental supervision were seen by adolescents and adults as more likely to lose motivation at school or take risks. A teacher in a township school, interviewed as part of the larger study, felt they could become overwhelmed and suffer from lack of emotional support, saying: ‘We are worried about the ones here on their own, those who don’t live with their parents’ (Female teacher).

In sum, adolescent accounts shed light on the overlapping barriers to avoiding pregnancy. Some did attempt to use contraception for some time, others were discouraged by stories of disrespectful treatment, and others found it difficult to negotiate with their partners. Several pointed to the circumstances of migration, which reduced access to cash and family support. Inability to avoid pregnancy draws attention to the multiple constraints limiting adolescent women’s capacity for action, as will be discussed further below.

Coping with motherhood

Adolescents’ range of descriptions of coping with motherhood shed light on the micro-differences in vulnerabilities within the informal settlements. The way they managed motherhood was mediated by family and partner support and access to resources. Some young mothers gave positive accounts, while others were overwhelmed and despondent. We found that being able to count on resources and support meant adolescents were able to articulate plans and decisions.

Resources and support from family

Support from the family, specifically the adolescents' mother, was found to make an important difference in coping with motherhood. Many were conscious of disappointing their mothers for having fallen pregnant while at school.

Several young mothers lived with their mother or both parents, and received financial support from the baby's father. Returning to school often appeared to be conditional on sharing childcare with the immediate family, usually the mother or grandmother. Half had returned to school, some after a year, while others went right back after birth. One mother, 16 years old at the time, described how she wrote exams only 11 days after giving birth:

> Someone was taking care of him at home, but I had to come back during my breaks to breast feed and give him time, to be there for him… I didn't have any difficulties. My family was there for me. (Mother 14)

Two others had sent their baby to live with grandmothers in rural areas, while continuing their studies in the city.

Others resided at home while making plans for marriage. Having a family base enabled young mothers to negotiate with their partners. One adolescent mother reported that her ex-partner's family had approached her parents, belatedly agreeing to contribute financially, in order to gain permission to see the child.

Parental support was especially crucial for young women whose partners had refused to be involved. One was relieved to find her mother would cover essential costs. Another, age 17, living with unemployed parents and her new-born baby said she had attempted suicide as her relationship fell apart, and her former partner refused to pay childcare costs.

> His [the child's] father doesn't help… we have to fight with him for pampers [diapers] and formula… When I dated his father, he was a nice person. He would show me love… But I became pregnant and everything changed. He even denied the child… How am I going to take care of my child by myself? I'm still young. (Mother 3)

Navigating the challenges, she had managed to return to school, despite having to walk an hour due to lack of money for transport. 'I want to finish school. I want to give my baby that love. I want to buy him what I didn't have… I want to show him that I can do it' (Mother 3).

Another young mother recalled, as tears came to her eyes, 'My baby's dad is in Limpopo. He never gave me money. I said the baby needed clothes. He switched off his phone'. She said her mother, who had been living and working elsewhere, was very angry, but took the baby under her care, insisting her daughter return to school. 'I made a promise [to her]. I am keeping it, studying' (Mother 19). She remained defiant that she would continue her plans, despite a recent conflict with her mother. 'I did training school. I just finished. It was so difficult, but I managed. I applied for a grant. I have to pay for myself… I don't want to rely on a man. I will get a job' (Mother 19). Several expressed this determination to continue their further education, and detailed their career aspirations.

Those who were not living with their parents, and did not have the resources to get by, were overwhelmed by their precarious circumstances. One mother, age 17, said her retired parents living in a rural area had been sending money to cover her school-related costs in the city, where she lived with extended family. Now with a new-born baby, she appeared unmotivated, despondent, and had no further plans after leaving school: 'Now that money goes to helping out with the baby, I moved into a shack with

my boyfriend' (Mother 7). Another, age 18, said she had 'lost interest' in school and didn't know what she would do (Mother 9). Several respondents explained that the opportunity to live with extended family was often conditional on school attendance, and avoiding pregnancy. One adolescent said that her sister had to leave her uncle's house, after pregnancy, 'He wanted nothing to do with it. She's on her own now' (Young woman, not yet a mother, age 19).

Partner support, or lack of it

The partner's recognition and support were also important, and adolescents described responses ranging from denial of paternity to welcoming fatherhood. Even if partners did take responsibility, some young mothers still experienced financial and gender role constraints.

On one extreme, as we saw above, some felt abandoned. Several young women had sought legal financial support from their baby's father, though this was seen as unlikely in informal settlements, as homes are temporary and men migrate for work. A mother living with her invalid father said, 'I tried to go to maintenance court but he disappears. I can't find him, he stays here and there, now he has a new wife' (Mother 11). Another young mother said it would be useless to pursue the issue, as her ex-partner was unemployed and had no money.

However, more than half said that their partner did accept paternity. Some welcomed the baby from the outset. One mother, age 17, now back in school recalled,

> I told the father; he was the one who bought the test and we did it together. He responded positively. He just asked, do I want to keep it or not. He said anything I decide he will stand by me. (Mother 20)

Others had to negotiate – one mother now living with her partner said it took some time to get him on board, 'My boyfriend said bad things – "I'm not the only one" and like that, but in the end, he came through. He's helpful now' (Mother 17).

Even while residing with their own parents, young mothers in partnerships had to negotiate the return to school or work. One mother, who lived with her parents and studied nursing while working part time, commented:

> I explained to my partner, 'We aren't going to be like others. Let me find a job. What if your job ends? We will help each other.' He was resistant, I tried to explain. Now he's happy, he's not working so hard [to cover all the costs] with the baby, I'm also there [earning an income]. (Mother 22)

Others had to negotiate contraceptive use. While one said she managed to convince her partner, another said she preferred to take contraception secretly.

Surviving alone

Mothers living in the most destitute situations described not being able to cover their basic needs. Three relied almost solely on government child support grants. Two could not count on support from family or their child's father, and had other children with new partners. One said that she engaged in a sporadic sexual relationship with her youngest children's father: 'He comes when I say I need money for the children, and says, "I am not going to give you money for nothing"' (Mother 15). In cases without resources, these women turned to sex and reproduction as a strategy in response to a lack of other options.

In sum, the plans that young mothers articulated ranged greatly according to the resources and support on which they could count. Migration is again seen to be a crucial part of the context in informal settlements: young women without a home base were

more vulnerable and had less space to negotiate with their partners. Their capacity to act was limited by external constraints, but so too was their capacity to envision plans. We will return to these observations on agency in the discussion below.

Discussion

Multiple constraints overlap to shape adolescents' and adolescent mothers' decisions, actions and aspirations. We will discuss how agency, as well as a 'sense' of agency, or a notion of what is possible, is context-dependent, shaped by external resources and support, and will argue that the study of less-evident agency remains relevant. We will also contribute to the comprehension of adolescent SRH in informal settlements, by pointing to the ambiguous nature of what migration can represent, in terms of both aspiration and vulnerability.

Agency and context

Our research leads us to a conceptualisation of agency that takes context into account, so that in contexts of disadvantage, less visible acts can too be recognised as agentic. The circumstances within which adolescents and young mothers live limit their potential space for action and decision-making, but this does not imply that they are not attempting to manage within these limitations.

Our findings build on the valuable contributions of authors who have explored agency in situations of disadvantage and vulnerability. In our research, adolescents' limited actions in avoiding pregnancy reflect Turan's (2016) observations on how agency is often conditional on resources or subject to constraints such as patriarchy and poverty. The circumstances of adolescent lives, the barriers or instabilities, are what give agency it's shape (Bay-Cheng, 2019). We have noted how adolescents face these limitations on a practical, everyday level, as parental absence or poverty can mean lack

of available cash, which in turn limits access to contraception, or may further skew the balance of power in dating and relationships. After becoming a mother, young women who cannot rely on family for a home base, childcare, or financial support, face very real barriers to deciding to return to school.

However, this does not mean that adolescents living in poverty or according to their partners gendered expectations are non-agentic. We can observe agency in how they manage their situation within the circumstances of what is possible. Signs of agency can be seen in how constraints are negotiated (Campbell & Mannel, 2016), through small acts of going from clinic to clinic, or attempting to initiate condom use. Furthermore, the notion that agency is distributed over time (Campbell & Mannel, 2016) helps us to view how their agency shifts in their accounts, from pre-pregnancy to motherhood. As in Willan et al.'s (2020) study, agency was less obvious in the first pregnancy, but women appeared more assertive after their first child. We too noted that some mothers' accounts became more vehement, expressing plans, or even defiance, insisting they would not disappoint their mothers, that they would continue to study, or serve as a role model for their children. Their agency is not necessarily observable in actions, but is evident if we take into account Logie and Dugan's (2016) work on intrapersonal agency, exemplified by young mothers' expressions of desire for academic success, and interpersonal agency, as seen in their efforts to convince partners to let them seek employment.

A 'sense' of agency

We suggest that beyond the practical, everyday limitations implied by poverty and parental absence, these contextual factors also play a more subtle role in hindering agency: lack of resources and support do not just limit adolescents' scope of action, but their sense of agency.

Kabeer (2008) discusses how choice is dependent both on a material dimension (access to resources), and a cognitive dimension: conceptions about what is possible, desirable or conceivable in one's life. We suggest that this sense of possibility is highly dependent on support and resources. We saw that those who have access to support and resources, who were aware of their parents' expectations and investment in them, were more likely to voice aspirations. Others appeared despondent, unsure of what could be managed beyond basic survival. For some, awareness of the impossibility of affording further education alongside baby-related costs shifted their vision of the future. Without resources to attend school or the presence of parents for childcare, not only was their capacity to act limited, but also their capacity to envision, or their sense of agency (Kabeer, 1999). Material reality, socioeconomic position, isolation and gendered expectations limit not just what adolescents can do, but their expectations of what is even possible. For this reason, intentions to increase adolescent agency must primarily address structural inequity.

Implications: 'working' on agency

We have seen that agency is indeed distributed, fluid, and evident in smaller acts or internal motivations. Authors note that this enables more realistic goals when supporting women in extreme conditions: Campbell and Mannel (2016) discuss working towards 'small wins', goals that marginalised women themselves see as achievable in light of their daily realities (p. 14). Logie and Dugan describe group approaches to help women develop intrapersonal agency, hope and self-esteem (2016). Others raise questions about the implications of this celebration of less evident forms of agency. Shefer (2016) warns against efforts to portray highly marginalised women as agents, potentially distracting from the multiple inequalities that constrain their lives. Education and empowerment interventions to increase agency and change adolescent

SRH-related behaviour have been critiqued for failing to recognise structural factors (Pot, 2019), and the injustices that make adolescents vulnerable in the first place (Bay-Cheng, 2019). In South Africa, authors have argued against placing the burden on teenagers, without addressing larger gender dynamics and critical reflection on masculinity (Jewkes et al., 2009).

We argue that there is a point to studying agency in its less-visible dimensions: not to promote how to strengthen individual agency, nor to congratulate people for managing under severe constraints, but to shed light on the lived reality of these constraints. Looking at agency makes visible the gap between opportunities that appear to exist, and what adolescent girls can actually do. We aim to draw attention away from agency as something to be 'worked on' and instead use it to elucidate the logic of women's choice in disadvantaged circumstances, as based on real limitations, not on being unempowered. Addressing structural disadvantage to actually improve adolescents' socioeconomic positions will in turn enable agency – making it less urgent to teach 'empowerment' (Pot, 2019) or resilience (Govender, 2020).

Lastly, looking at agency can be revealing because it helps to show micro-differences within populations assumed to be similar. Even within informal settlements, young mothers with support, stable incomes, and expectations of professional achievement did not describe their pregnancy as a definitive set-back. The way in which motherhood interacts with a student's education depends on the underlying socioeconomic precarity within which she lives. Meanwhile, adolescent motherhood widens the already-existing gap in opportunity faced by those without social or material resources.

Aspirations and migration – adolescents in informal settlements

In this research we have emphasised the importance of attention to context, so to better understand adolescent SRH decision-making within the specific setting of informal settlements. We suggest that informal settlements can play an ambiguous dual role for adolescents in how they represent both aspirations for a better future, and a reproduction of vulnerabilities.

SRH challenges for adolescent girls in slums have been documented in a range of countries, including Ethiopia (Erulkar et al., 2006), Bangladesh (Rashid, 2006) and Thailand (Somrongthong et al., 2003). Similar to our findings, research has shown that gender power relations in interaction with poverty are important factors in adolescent pregnancy in informal settlements in South Africa (Willan et al., 2020), Kenya (Mumah et al., 2020), and Nigeria (Adedimeji et al., 2007). Gendered differences in responsibilities and opportunities for young mothers in informal settlements have also been noted in South Africa and further afield (Jayaweera et al., 2018; Kumar et al., 2018), as has the essential role of female family members (Kumar et al., 2018; Lewinsohn et al., 2018), especially in enabling young mothers to return to school (Willan, 2013). Authors in the African context have also noted the importance of community attitudes (Adedimeji et al., 2007, Beguy et al., 2014), a lack of access to quality health services and information (Beguy et al., 2014; Mumah et al., 2020), and the issue of parental presence (Beguy et al., 2014; Renzaho et al., 2017; Wado et al., 2020).

We draw attention to how these already-documented vulnerabilities interact with migration, and what this means for adolescents. We found that adolescent vulnerability to SRH risks and challenges is exacerbated as migration and family dispersion combine with the structural disadvantages of poverty, inequality (Beguy et al., 2014; Wado et al.,

2020) and gender (Adedimeji et al., 2007; Mumah et al., 2020; Willan et al., 2020). Many of the adolescents we met had moved to informal settlements to seek better opportunities. Migration may represent expanded options for adolescent education or family income, but can also create new SRH risks and widen inequalities (Birchall, 2016; Santhya & Jejeebhoy, 2015). In South Africa, neither migration nor reliance on extended family should be assumed to be problematic for child welfare (Hall, 2019b). However, it is important to recognise the extra vulnerability that residing in an informal settlement can represent for adolescent girls, even if families' perception that city dwelling implies better access to education is accurate.

SRH challenges in disadvantaged contexts will not be solved by focusing solely on individual behaviour or increasing health services access (National Population Unit, 2014), and looking at adolescent agency has helped us to further understand why. As well as addressing the challenging conditions for adolescents in informal settlements (Wado et al., 2020), and recognising how these circumstances limit adolescent space for decision and action, we must also seek to address the nature of inequality that gives rise to these settlements in the first place.

This study is limited by the fact that we included adolescent mothers with new-borns, as well as those whose first pregnancy had occurred a number of years ago, so that some difference of experience is likely due to shifts in these issues over time.

In conclusion, recognising that minor actions have agency helps us recognise adolescent girls' everyday struggles and barriers. Neither the existence of informal settlements, nor the prevalence of adolescent pregnancy are the problem per se. Rather, these are markers of underlying disadvantage that must be addressed. Adolescent accounts of

unintended pregnancy and motherhood and the study of agency within their everyday constraints indicate that circumstances of disadvantage limit not just the ability to act, but to envision.

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