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Teenage Pregnancy in Refugee Camps: A Narrative Synthesis

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Abstract

Around 6.6 million adolescents worldwide are displaced by war or political conflicts, and a large proportion of this group is living in Africa. Moreover, the statistics show that 90% of the youth in this group experience conflict, poverty, and a lack of opportunity. Within this displaced group, teenage pregnancy is one of the most significant health issues. This paper aims to synthesize knowledge on teenage pregnancy in refugee camps. Different databases were used, namely Scopus, EMBASE, Web of Science, CINAHL, Medline (Ovid), and ProQuest Dissertations and Theses Global. Among 987 articles retrieved, only 10 were included in this narrative synthesis. The research gaps identified in this synthesis include limited literature on teenage pregnancy in refugee camps, limited articles on intersecting identities that contribute to teenage pregnancy in refugee camps, and the lack of a critical lens to explore teenage pregnancy in refugee camps. Research that adopts critical lenses within an intersectionality framework may help to understand the intersecting factors related to teenage pregnancy in refugee camps and contribute to knowledge to address this multifactorial issue.

Keywords: Teenage Pregnancy, Refugee camps, Narrative Synthesis, Refugees

Introduction

A literature review includes a summary and synthesis of existing knowledge on a specific topic of interest (Grimshaw, Eccles, Lavis, Hill, & Squires, 2012; Whittemore, Chao, Jang, Minges, & Park, 2014). Healthcare systems are currently investing in knowledge synthesis activities that facilitate timely access to evidence. The evidence from a synthesis is used to formulate policies and inform both decision-making and clinical practice (Grimshaw, Eccles, Lavis, Hill, & Squires, 2012; Whittemore, Chao, Jang, Minges, & Park, 2014). This paper aims to synthesize knowledge on teenage pregnancy in refugee camps. The paper starts by a background of teenage pregnancy phenomenon.

Background

Around 6.6 million adolescents worldwide are displaced by war or political conflicts, and a large proportion of this group is living in Africa (Okanlawon, Reeves, & Agbaje, 2010). Moreover, the statistics show that 90 % of the youth in this group experience conflict, poverty, and a lack of opportunity. Within this displaced group, teenage pregnancy is one of the most significant health issues (Maguire, 2012; Okanlawon, Reeves, & Agbaje, 2010).

Teenage pregnancy is considered a widespread issue. Jaafari (2017) reports that teenage pregnancy is common among Syrian refugees. In Pakistan, teenage pregnancy is higher in

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refugee girls than in local teenagers (Redman & Millar, 2016). In Malawi, a research study conducted in the Dzaleka refugee camp shows early pregnancy is a common issue among refugees from different countries, including Ethiopia, Burundi, Rwanda, Somalia, and the Democratic Republic of Congo (Healy, 2012). The United Nations Children's Fund (2016) purports that teenage pregnancy is a serious issue for encamped Burundian refugees in Rwanda. A research study conducted in two Congolese refugee camps in Rwanda-Kiziba and Gihembe, indicates the top four issues among encamped refugees are prostitution, early pregnancy, children out of school, and delinquency; among these, teenage pregnancy is the most prevalent (45%) source of refugees' problems (Prickett, Moya, Muhorakeye, Canavera, & Stark, 2013).

Methodology

A comprehensive literature review was conducted on teenage pregnancy in refugee camps in collaboration with a librarian. The librarian supported the search for literature in the different databases. Different databases were used, namely Scopus, EMBASE, Web of Science, CINAHL, Medline (Ovid), and ProQuest Dissertations and Theses Global. Inclusion criteria used during article screening were clearly defined, as follows: articles must 1) focus on teenage pregnancy in refugee camps, and 2) be published in English.

The process for screening is depicted on a PRISMA diagram (Figure 1). The total article retrieved was 987, and after removing duplicates remained 870. Those 870 were screened based on titles and abstracts, which eliminated 820 articles (including two that were not in English). The full-text screening was applied to the remaining with 50 articles; this process excluded 31 articles, leaving a total of 19 articles that were advanced to the data extraction phase. An additional nine articles were excluded in this phase, leaving a final 10 articles included in this synthesis. A systematized review of the included articles in Table 1.

Article No	Authors, year of publication, and title	Method	Population	Findings	Comments
1	Benner, T. M., Townsend, J., Kaloi, W., Htwe, K., Naranichakul, N., Hunnangkul, S., … Sondorp, E. (2010). Reproductive health and quality of life of young Burmese refugees in	Stratified two-stage random, questionnaire survey used, semi-structured interview, qualitative. No	15-24 years, refugees, Myanmar people	Refugee youth have limited reproductive health knowledge. Existing health services do not target the youth community. Youth or unmarried people have limited access to reproductive health services in the refugee camps. The confinement of refugees in camps gives them a negative view of their future and the quality of live is judged to be poor. Reproductive health services are for married couples and focus on prenatal and postnatal care only.	In Thailand

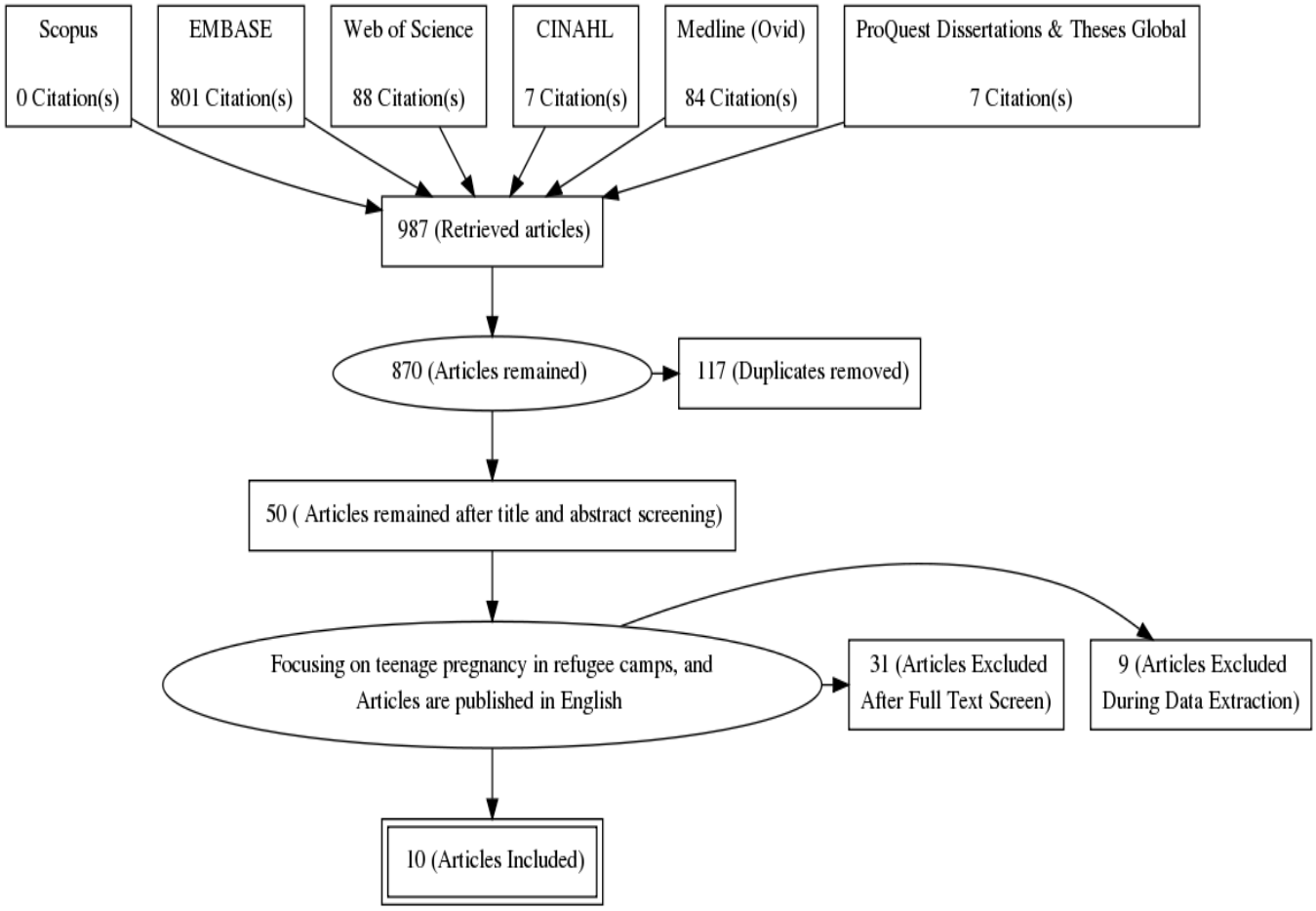
	Thailand.	design mentioned.			
2	Kealy, L. (1999). Women refugees lack access to reproductive health services.	-	-	The decline in teenage pregnancy is linked to the use of contraceptives. Moreover, better jobs and strong economies, delaying sexual activities among youth, and fear of attracting HIV/AIDS or other sexually transmitted infections (STIs) were reasons for the decreasing rate of teenage pregnancies. Female refugees and teenage girls are at risk for STIs and unwanted pregnancies due to inadequate reproductive health programs for encamped refugees. The priorities in refugee camps are shelter and food, which highlights that reproductive health may be considered relatively unimportant.	Suggests some ideas to improve reproductive health in refugee camps
3	Laurie, M., & Petchesky, P. R. (2008). Gender, health, and human rights in sites of political exclusion.	No methodology section; discussion paper	-	25% of reproductive refugee women are at risk of pregnancy at any given time. High-risk pregnancies and unprotected sex are unexceptionally high in teen girls living in refugee camps. The prevalence of teenage girls dying during pregnancy and childbirth is high. Pregnancies occur due to sexual violence as a consequence of war. UN, NGO staff, & UN peacekeepers barter supplies and food in exchange for sex from female refugees.	
4	Mace, E. S. (2016). Global threats to child safety.	Not documented	Not documented	Early marriage or child marriage is a sign of gender inequality in society. Early marriage is accompanied by poverty. Child marriages denote marginalization of women. Young girls often marry older men.	This article deals with several key issues facing global child safety, discusses advocacy, and references some strategies and successful programs for combating the violence

					toward, exploitation of, and abuse of children worldwide
5	Nanette, E. (1998). Where there is no village: Teaching about sexuality in crisis situations.	-	-	Youth refugees are victims of sexual abuse in exchange for protection, food, and habitation. Sexual abuse and rape are considered a transitional rite from childhood to adulthood in some refugee camps. Refugees have sex as a means to ensure their survival or gain another day of life. Sexual behavior and actions may be associated with power and control, e.g., personnel who distribute some commodities may take physical, emotional, and sexual advantage of teenage girls. The view of females as submissive depicts gender inequality and societal stereotypical beliefs; in return, this increases sexual and domestic violence as well as abuse. Youth may experiment with sex and view sex as a rite of passage transition from infant to adulthood. Lack of reproductive health services noted.	-
6	Okanlawon, K., Reeves, M., & Agbaje, F. O. (2010). Contraceptive use: Knowledge, perceptions and attitudes of refugee youths in Oru refugee camp, Nigeria.	Household survey	10-24 years female and male	Many youths with refugee status have reproductive health issues that put their health and lives at risk. The United Nations High Commissioner for Refugees affirms that the foremost reproductive issues in refugee status or crisis situations is unintended pregnancy. Living in a refugee camp increases the vulnerability of youth for unintended pregnancies. Participants were aware that unintended pregnancy occurs with unprotected sex; however, many participated in unprotected sex. Approximately 50% of female refugees were mothers and dropped out of school due to their pregnancies.	
7	Pinehas, N. L., Wyk, C. N., & Leech, R.	Qualitative; phenome	Women in the Osire refugee	Female refugees in the Osire refugee camp in Namibia feel undermined and deprived of authority, specifically	Healthcare needs of

	(2016). Healthcare needs of displaced women: Osire refugee camp, Namibia.	nology used in-depth interview	camp	related to access to contraceptive services for teenage girls. The refugees believe that abstinence is the only way to avoid teenage pregnancy. Their social norms and traditions believe in abstinence before marriage and therefore no need for contraceptive services.	displaced
8	Roxberg, M. (2007). "I am a shame…" A qualitative field study of the prevalence of teenage pregnancy within two Burundian refugee camps in Tanzania.	No design noted; semi-structured interview	A research study that focused on teenage mothers	Teenage mothers in refugee camps face challenges related to discontinuing their education, stigmatization, protection or unsafe environment, and an unclear future. Unwanted pregnancies cause stigma, shame, and feelings of marginalization in teenage girls in the Burundian society as people view pregnant teenagers as prostitutes. This impacts the mental health of pregnant teenagers. Participants did not feel supported by their families when they were pregnant, except in the case of rape when the families tend to accept and integrate a pregnant teenager and try to offer psychological support. A large number of pregnant teenagers discontinued their education because of their pregnancies, household activities, school fees, and long walks to the school. Rape culture is prevalent in refugee camps and often practiced by men from outside the refugee camps. Poverty is a contributing factor as teenage girls may have sex for incentives. With the global refugee crisis, decreasing rations are contributing to the hopelessness of teenage mothers, teenage girls, and refugees in general.	
9	Wayte, K., Zwi, B. A., Belton, Z., Martins, J., Martins, N., Whelan, A., & Kelly, M. P. (2008).	Qualitative; no design mentioned; in-depth interview and	Adolescent health in crisis	Research conducted with internally displaced people (IDP) in refugee camps in Australia found that violence was a main issue among displaced people. Regarding reproductive and maternal health, the Deli initiative developed two strategies to help vulnerable people. They provided	Adolescent health in crisis

	Conflict and development: Challenges in responding to sexual and reproductive health needs in Timor-Leste.	documents analysis		mobile maternal care in IDP camps and instituted a maternity waiting camp at a national hospital. This highlights the initiative of the government to strengthen safe pregnancy but ignore other reproductive components. A dearth of adolescent-specific sexual and reproductive health information coupled with services in crisis exists, contributing to increased vulnerability in this group. This lack of youth-specific services may increase the risk of sexual exploitation, STIs including HIV/AIDs, and unwanted pregnancies. Youth-focused programs should include both females and males in resolving youth reproductive issues. Youth reproductive issues encompass reproductive health concerns and needs, establishing appropriate services as well as policies that promote their wellness.	
10	Zakharia, F. L., & Tabori, S. (1997). Health, work opportunities and attitudes: A review of Palestinian women's situation in Lebanon.	No design noted	1,501 Palestinian refugee women (aged 15-60 years), 80% living in refugee camps in Lebanon	Palestinian refugee women experience early marriages, insufficient contraceptive information, and a high fertility rate. Refugees are in economic crisis and those who are employed occupy low paying positions in unskilled jobs. One-third of women got married at 16 years old and the majority were pregnant at the same age. Early marriage and early pregnancy are major hindrances to personal achievements. The findings from this study show lower levels of education among refugees due to customs and traditions of their community followed by marriage and financial barriers.	

Figure 1: PRISMA



Findings

We provide below a narrative synthesis of available evidence on teenage pregnancy in refugee camps globally. The findings are developed based on nine emerging themes based on the articles included.

Problems and Views of Teenage Pregnancy in Refugee Camps

Living in a refugee camp increases the vulnerability of youth to unintended pregnancies (Okanlawon, Reeves, & Agbaje, 2010). Quality of life in the camps is judged as poor, with the camps often described as a confinement place for refugees, which imparts a negative view of the inhabitants' futures. Different factors contribute to this negative view, including refugees' dependence on donors, poverty, and limited employment opportunities (Benner et al., 2010). These factors affect all encamped refugees, including but not limited to youth, pregnant and not pregnant teenagers, and teenage mothers. Teenage mothers face additional challenges, including lack of education, stigmatization, and inadequate protection that contribute to an unclear future (Roxberg, 2007). Most teenage pregnancies are unwanted and unintended. Teenage mothers describe unwanted pregnancy as stigmatizing, shaming, and marginalizing. For example, the Burundi society views pregnant teenagers as prostitutes, which affects the mental health of pregnant teenagers and isolates them from their community. Support may also be limited; the

first level of support is supposed to come from family and relatives, but one study indicates few teenagers felt supported by their families when they were pregnant (Roxberg, 2007). Teenagers may believe that teenage pregnancy brings shame to their families and communities. Unwanted pregnancy can occur for different reasons, including rape. In the case of rape, families tend to accept and integrate a pregnant teenager and try to offer psychological support (Roxberg, 2007). After giving birth, teenage mothers may go back to school or resume other activities. However, the school environment might not be welcoming as they are often ridiculed. Consequently, teenage mothers may prefer to stay at home and discontinue their education (Roxberg, 2007).

Refugees face several challenges during the migration process, including low income, lack of education opportunities, and lack of social supports. Moreover, they face multiple other negative events including disruption of family ties, violence, forcible displacement, persecution, and loss of social networks (Nanette, 1998). Refugees face an increased likelihood of exploitation. Sexual behavior and actions might be associated to some extent with power and control, e.g. personnel who distribute commodities within the camps might take physical, emotional, and sexual advantage of teenagers (Nanette, 1998). This is related to the power held by camp personnel in senior position; for example, staff representing the United Nations (UN), non-government organizations (NGOs) as well as UN peacekeepers are known to engage in bartering supplies and food in exchange for sex with female refugees (Laurie & Petchesky, 2008).

Knowledge About Teenage Pregnancy in Refugee Camps

Knowledge related to reproductive health among youth refugees tends to be very limited (Benner et al., 2010). Teenage pregnancy is a prominent issue among refugees, and 25% of female refugees in reproductive age are at risk of becoming pregnant at any given time (Laurie & Petchesky, 2008). This underscores the need to pay careful attention to unwanted and unintended pregnancies among teenage refugees. Engaging in unprotected sex is common among teenage girls living in refugee camps (Laurie & Petchesky, 2008) and is often related to their poor living conditions (Benner et al., 2010; Okanlawon, Reeves, & Agbaje, 2010). Adults, as well as teenagers, know that unintended pregnancy can be a consequence of unprotected sex.

Education and School Dropout as a Consequence of Pregnancy in Refugee Camps

Refugees in camps have limited opportunities, including those related to education (Nanette, 1998). A lack of education contributes negatively to the future quality of life and is related to poverty (Benner et al., 2010). A lower level of education among refugees might be attributed to the location of the refugee camp and other factors, including customs and traditions of the community, early marriage, and financial barriers (Roxberg, 2007; Zakharia & Tabori, 1997).

Household duties are activities that hinder teenage girls from continuing their education. Inability to pay high school fees can also contribute to school dropout because in most countries, refugees must pay for their own secondary or high school education. Elementary or primary schools in refugee camps are typically free and may allow teenage girls to complete their primary education (Roxberg, 2007). However, school location is a contributing factor to school dropouts in refugee camps; specifically, refugee girls must often walk long distances in an unsafe environment to reach the school. Some refugee camps offer vocational training opportunities but

not all refugee girls are allowed to study as the priority is boys rather than education for all (Roxberg, 2007).

Pregnant teenagers commonly drop out of school during their pregnancy. Unintended pregnancy in teenage refugee girls is one of the main causes for leaving schools either during primary or elementary studies or at the completion of elementary education (Okanlawon, Reeves, & Agbaje, 2010; Roxberg, 2007). School dropout among teenagers due to pregnancy is associated with social isolation, family tension, and single parenting (Roxberg, 2007). All of the challenges mentioned herein, along with teenage pregnancy, affect individuals, their families, and the community's quality of life (Roxberg, 2007).

The Influence of Culture on Teenage Pregnancy in Refugee Camps

Young female refugees, who flee their home country, arrive in a host country that might have different cultural and gender roles. Some cultures of origin might favor behavior orientation towards early childbearing and motherhood; this might be a factor in why the pregnancy rate among teenage refugees can be higher in comparison to local teenagers (Roxberg, 2007).

In many cultures, youth and single adults must abstain from sex until they get married (Benner et al., 2010). Abstinence from sex for a girl before marriage represents loyalty and respect for her parents in line with cultural values. Abstinence is viewed as the only way to avoid unplanned pregnancies and other sexually transmitted infections, especially in adolescents (Roxberg, 2007). Moreover, cultural views in a society that values virginity and virgin brides can significantly contribute to the burden of teenage pregnancy among refugees, especially in terms of their mental health (Roxberg, 2007). A girl who loses her virginity before marriage can limit her prospects for marriage as some men prefer to marry a virgin bride; however, in some refugee camps sexual abuse, experimenting with sex and rape are considered a transitional rite from childhood to adulthood (Nanette, 1998). Abstinence is linked to religion and societal values and is thought to increase young girls' honour (Benner et al., 2010; Pinehas et al., 2016). Sex is considered an expression of love, and misconceptions of trust can lead to unprotected sex. Consequently, young girls might get pregnant without intention or control (Benner et al., 2010).

In many cultures, some topics are taboo, and this prohibits people from discussing many health issues (Nanette, 1998; Roxberg, 2007). Parents often do not educate their children about reproductive health and refer to teachers or books for information (Benner et al., 2010). This can result in a lack of sexual health education and information in a culture where talking about sexuality is unthinkable (Nanette, 1998; Roxberg, 2007). Consequently, knowledge about reproductive health among youth refugees tends to be very low (Benner et al., 2010).

Early Marriage and Childbearing in Refugee Camps

Early childbearing has many disadvantages for adolescents worldwide, including death. Maternal death is higher in teenagers than other age groups; and a health problem in a refugee camp (Benner et al., 2010; Laurie & Petchesky, 2008). We need to study intersecting factors, such as poor socioeconomic situations and low levels of education to develop a better understanding of early motherhood and pregnancy among teen refugees (Benner et al., 2010; Nanette, 1998). In addition, other intersecting factors such as culture, context, and society in which motherhood occurs may impact motherhood experiences (Wayte et al., 2008). Early pregnancy is a challenge, especially when social support is insufficient. A lack of community

support and protection have been documented in refugees especially those who are separated from their families (Wayte et al., 2008).

Early marriage or child marriage is a sign of gender inequality. Child marriage denotes the marginalization of women, as most female child marriages are with older males and accompanied by poverty (Mace, 2016). Early marriage and early pregnancy are major hindrances to personal achievements (Zakharia & Tabori, 1997). In some countries, girl children are offered for marriage soon after menarche (Nanette, 1998). A large number of girls marry before the age of 18 years; it is also not exceptional for teenagers to engage in sex before marriage and, in some societies, at as young as 14 years of age (7.8%) (Benner et al., 2010). In refugee camps, it is common for a large proportion of youth (78.4%) to initiate sex before their 19th birthday. This early initiation of sex stresses the need for reproductive health education as early as possible for children of all ages (Benner et al., 2010), as refugees in refugee camps often lack information on contraception (Zakharia & Tabori, 1997).

Rape and Violence Against Women in Refugee Camps

Refugees are at considerable risk of gender-based, domestic, and sexual violence (Wayte et al., 2008). Refugee camps are assumed to be a place of protection; however, cases of rape may be high, with the perpetrators being other encamped refugees or often from outside of the camps leading to a high incidence of unintended pregnancies (Roxberg, 2007).

Violence against women refugees is a public health threat among encamped refugees that may expose women and especially teenage girls to unplanned and unintended pregnancies (Wayte et al., 2008). Sexual violence as a consequence of war is common in refugee camps (Laurie & Petchesky, 2008). Females are sometimes depicted as subservient in patriarchal societies, and this view of the female as submissive promotes gender inequality and may contribute to increased sexual and domestic violence as well as abuse (Nanette, 1998).

Socio-economic Issues among Refugees in Camps

Poverty is a factor that contributes to teenage pregnancies as teenage girls may have sex with men as a means to survive or to obtain things they like or need. This is directly related to inadequate provision of health services, food, and shelter for refugees, and contributes to further vulnerability. Moreover, the lack of necessities causes refugees to leave the camps to search for subsistence and exposes them to more unsafe environments (Roxberg, 2007). The future of teenage mothers is challenging due to the conditions and context in which teenage mothers live; they often discontinue their education and have lower work and employment prospects. The global migration crisis has resulted in a decrease of rations in refugee camps, which contributes to the hopelessness of teenage mothers and refugees in general. The prospects of life in a refugee camp are getting worse, and refugees wish to leave the camps as soon as possible. Teenage mothers prefer to be resettled in a new country, believing that they will have a better life than living in refugee camps (Roxberg, 2007).

Refugee youth can be victims of sexual abuse in exchange for protection, food, and habitation (Nanette, 1998). Refugees may have sex as a means to ensure their survival or simply live another day. Even simple gifts can ruin the receiver's life; for example, even the offer of an orange can be enough for a refugee girl to agree to have sex with a man. Besides fruits and other material donations, men might offer money in exchange for sex; when the girl arrives home with

money; her parents may even praise her as a moneymaker instead of questioning where the money came from (Nanette, 1998).

The issues affecting teenagers in refugee camps are myriad and associated with a lack of basic needs and resources for life (Nanette, 1998). Refugees in camps are often in economic crisis, and those who are employed might occupy low paying positions in unskilled jobs (Zakharia & Tabori, 1997). In addition, the host countries may consider refugee youth as a source of labor. The most affected group is unaccompanied youth, as they are cheap labor and consequently, are victims of more harmful activities (Nanette, 1998).

Health and other Services for Refugees in Refugee Camps

Refugees have numerous health needs ranging from basic health needs to poor access to primary care (Wayte et al., 2008). Many youth refugees have reproductive health issues, if not attended to, put their health and lives at risk. The United Nations High Commissioner for Refugees affirms that the foremost reproductive issue in refugee camps or in crisis situations is unintended pregnancy (Okanlawon, Reeves, & Agbaje, 2010). High rates of sexually transmitted infections (STIs) and pregnancies among teenage refugees have been documented (Benner et al., 2010). Often, the health-care system lacks sexual health promotion programs. However, stakeholders must consider both the pre-migration and resettlement contexts to ensure quality reproductive services for young populations in refugee camps (Wayte et al., 2008).

Most services in refugee camps are not designed for or focussed on youth. Reproductive health services in refugee camps mainly focus on the needs of married couples and encompass prenatal and postnatal care as well as family planning services (Benner et al., 2010). Some governments foster reproductive and maternal health for refugees by providing mobile maternal care in camps and instituting maternity waiting camps at the hospital level. This signifies the initiative of governments to strengthen safe pregnancy programs but overlooks other reproductive components. The lack of adolescent-specific sexual and reproductive health information together with unsatisfactory health services in crisis are contributing factors that increase the vulnerability of this group. The lack of youth-specific services further contributes to the risk of sexual exploitation, STIs including HIV/AIDs, and unwanted pregnancies (Wayte et al., 2008). There is a need for programs that consider both females and males to resolve youth reproductive issues, including establishing appropriate services for youth and developing policies that promote their wellness (Wayte et al., 2008). Many programs are in place to help teenagers and early parenting mothers; but few are specific to support teenage refugees in camps, for whom reproductive health programs, including sexuality education, are not consistently provided (Benner et al., 2010).

Some adolescent services that are available in refugee camps are not fully utilized because of myths or beliefs that refugees may hold. In the Osire refugee camps in Namibia, for instance, the family planning program is for both adults and adolescents; however, women refugees in that camp feel undermined and deprived of authority over their young girls if a healthcare provider offers the girls contraceptives. Many refugees believe that abstinence is the only way to avoid teenage pregnancy. When social norms and traditions for refugees promote abstinence, the assumption is that there is no need for contraceptive methods for teenagers (Pinehas et al., 2016).

Information about reproductive health is key to overcoming many health-related issues, including reproductive issues. Youth refugees do not know their reproductive health rights, and

this can be attributed to existing health services that do not target youth (Benner et al., 2010; Nanette, 1998; Roxberg, 2007). Youth, especially unmarried youth, have limited access to reproductive health services in refugee camps. Healthcare delivery in refugee camps should also consider refugees' healthcare expectations (Nanette, 1998). Even though parents refer their children to books or teacher for reproductive health information, youth prefer to learn about reproductive health from a health worker because they feel parents and teachers do not satisfactorily answer their questions (Benner et al., 2010). Other barriers to accessing healthcare are lack of means as well as communication barriers. Language is a powerful tool to transmit health information, but many refugees cannot speak the language of the host country (Roxberg, 2007).

Strategies to Overcome Teenage Pregnancy in Refugee Camps

Women refugees are at risk for infections, including STIs and unwanted pregnancies, due to the inadequacy of reproductive health programs. In addition, the priorities in a refugee camp are shelter and food, with reproductive health services often considered as unimportant (Kealy, 1999). Reproductive health for refugee groups can be a good foundation to address teenage pregnancy. A decline in teenage pregnancy is associated with an increased use of contraceptives. Moreover, better jobs and strong economies, delaying sexual activities among youth, and fear of attracting HIV/AIDS or other STIs are factors that can decrease the rate of teenage pregnancies (Kealy, 1999).

Discussion

During the last three decades, refugee populations have drawn considerable attention as the population in need of study, with the issue of teenage pregnancy, a particular phenomenon that is slowly gaining notice. Our 10 reviewed articles include three published between 1990 and 1999, three from 2000 to 2009, and four from 2010 to 2018. Overall, information on these vulnerable youth is limited, particularly the case we consider herein: teenage pregnancy in refugee camp populations. In terms of methodology, eight of the then studies we consider do not report a study design; five of these do not have a methodology section and the remaining three used qualitative approaches. The final two of the ten studies use phenomenological and survey approaches.

Teenage pregnancy is a prominent issue among refugees as well as among resettled residents with a refugee background (McMichael, 2013; Watts, McMichael, & Liamputtong, 2015). Cultural perceptions about information sharing related to reproductive health may contribute to the occurrence of pregnancy (Benner et al., 2010). Some cultures believe that motherhood and avoiding pregnancy is a female responsibility, and young men place a greater responsibility on the females to protect themselves against unwanted pregnancy (McMichael & Gifford, 2010; Watts, Liamputtong, & McMichael, 2015).

The limited access to shelter, food, sanitation facilities, and water in refugee camps does not meet international standards (Wayte et al., 2008). This lack of supply of the basic necessities of life is often a strategic expedient that countries use to promote self-deportation. Refugees in such camps often only get a single free meal a day. Non-Government Organization (NGO) states that food insecurity is a challenge experienced by approximately two-thirds of refugees (Dhesi, Isakjee, & Davies, 2018). In refugee camps, some refugee girls have no choice but to become

sexually active as a means of survival. This calls for international organizations and those in charge of refugees to revise their policies especially those concerned with supplying food and other articles for survival (Laurie & Petchesky, 2008).

Unplanned pregnancy in youth refugees may result in forced marriage (Benner et al., 2010). The attitudes and perspectives of people who experienced an unplanned pregnancy, including learning about having protected sex for subsequent sexual encounters. This learned experience may be applicable to both married young people and single refugees. Teenage refugee youth who experienced unplanned pregnancies become vigilant and opt to have protected sex (McMichael & Gifford, 2010). In addition, teenage mothers feel no expectation to get married in the future as a consequence of being a teenage mother (Roxberg, 2007).

Reproductive health is a need as well as a human right. The World Health Organization (WHO) posits that there is a high risk of unwanted pregnancies associated with a lack of family planning especially in refugee camps (WHO, 2006). Doocy and colleagues (2016) document a high demand for information and the occurrence of health-seeking behaviour among refugees in refugee camps. Economic issues negatively affect this behavior; for example, most refugees have to pay out of pocket for health services (Doocy, Lyles, Akhu-Zaheya, Burton, & Burnham, 2016). Healthcare delivery in refugee camps can meet refugee health needs by considering refugees' healthcare expectations (Manchikanti, Cheng, Advocat, & Russell, 2017). However, further research is needed to further explore the teenage pregnancy phenomenon from a cultural competency framework (Watts, Mcmichael, & Liamputtong, 2015).

Conclusion and Recommendations

This narrative synthesis revealed nine themes emerging from the literature: problems and views of teenage pregnancy in refugee camps, knowledge about teenage pregnancy in refugee camps, education and school dropout as a consequence of pregnancy in refugee camps, the influence of culture on teenage pregnancy in refugee camps, early marriage and childbearing in refugee camps, rape and violence against women in refugee camps, socio-economic issue among refugees in camps, health and other services for refugees in refugee camps, and strategies to overcome teenage pregnancy in refugee camps. The teenage pregnancy phenomenon in refugee camps is associated with social determinants of health, seeking means for survival, cultural influence, and lack of support. The research gaps identified in this synthesis include limited literature on teenage pregnancy in refugee camps, limited articles on intersecting identities that contribute to teenage pregnancy in refugee camps, and the lack of a critical lens to explore the teenage pregnancy. Research that adopts critical lenses within an intersectionality framework may help to understand the intersecting factors related to teenage pregnancy in refugee camps and contribute to knowledge to address this multifactorial issue.

We are ending this narrative synthesis with recommendations specifically to NGOs. NGOs are taking responsibilities for caring for the refugees, more often than the receiving countries. NGOs provide in basic needs, for example, food, shelter, water, and health services. The role of NGOs is additionally extended to teenagers who are pregnant. Power imbalance between NGOs and teenagers are contributing to teenage pregnancy. It is important to develop policies that govern the employees of an NGO to prevent exchange of donor supply for sex favors. It can be beneficial if the NGOs employ some refugee teenagers instead of external people. We recommend more education sessions on self-deportation. If the causes of becoming a refugee have resolved refugees should be motivated to return to their native land. Specific

recommendations for NGOs working with refugee teenagers is to respect their culture and to work with the parents to maintain their cultural norms. Exploitation of refugee teenagers should be prevented at all cost.

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