Unplanned pregnancies among schoolgirls in three departments of Benin: victim profile, risk factors and consequences

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INTRODUCTION

Teenager pregnancy is a development issue, leading to school dropouts and psychosocial problems. According to the World Health Organization, at least 10 million girls aged 15 to 19 face pregnancies each year in developing countries.

From 2004 to 2020, Benin experienced a decreasing trend in adolescent birth rates, with the rate dropping from 113 to 80 per 1,000 girls, but it still remains double the global rate of 40.

We aimed at identifying the contributing factors and the consequences in order to help setting up effective interventions in Benin.

METHODS

The target population of the study was young girls (aged between 10 and 24) from secondary schools in three departments of Benin, namely Atlantique and Couffo in the South and Borgou in the North, who were victims of pregnancies in 2020 and 2021.

A mix-method research study was conducted in 2022 using individual interviews with teenagers who had experienced a pregnancy. Teachers and parents were also interviewed. We used school pregnancy registration data available from the school authorities to identify secondary schools where pregnancies were recorded. The EMIcOV scale was used to assess socio-economic status, the Beck Depression Inventory (IDB) to assess depression and the Rosenberg Social Self-Esteem Scale (RSE) to assess self-esteem.

Quantitative data were presented with classic descriptive statistics, and thematic content analysis was used for qualitative data.

RESULTS

1. Socio-economic characteristics of girls who become pregnant at school

Profile of victims of unwanted pregnancies at school (N=47)

	%
Age (years) : mean ± SD	18.0±2.0
14 - 17	65.9
18 - 23	33.1
Siblings (numbrer): mean±SD	5.4±2.3
1 - 4	36.2
5 - 13	63.8
Sibling rank	
In the last 3 children	61.7
Other rank	38.3
School level	
First cycle	57.5
2nd cycle	42.5
Socioeconomic level: Med (Min-max)	41(12-76)
Low	70.2%
Medium	29.8%
High	0.0%
Age of first menstruation (years): mean±SD)	14.0±1.6
Age at first sexual intercourse (years): mean±SD)	16.4±1.6
Time from 1st menstruation to 1st sexual intercourse: Med (Min-max)	2(-2-6)
Before 1st menstruation	6.4%
At the age of 1st menstruation	8.5%
One year after the 1st menstruation	14.9%
Two years or more after the 1st mentruation	70.2%

Between 2020 and 2021, 47 schoolgirls experienced a pregnancy while at school .

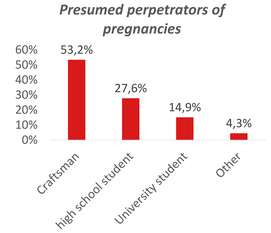
Their average age was 18. They often came from large, impoverished families, and most of the time, they were among the last three children in their families. Their age at the first sexual intercourse was 16.4 years and most often occurring approximately two years after their first menstruation.

The majority of pregnancies occurred in the first degree of secondary school.

Qualitative data confirm poverty as the primary factor and behind these pregnancies, and behind this, the poor educational support provided for some girls by their parents.

"***Most of the girls come from poor families. They engage in relationships with workers, such as glaziers, who provide them with 500 CFA francs each time, which they find sufficient incentive to engage in sexual activity***" (Headmaster of a secondary school)

2. Profession of presumed perpetrators of pregnancies



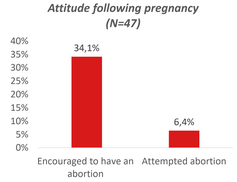
More than half of the alleged perpetrators of the pregnancies were craftsmen, while the other half attributed to peer high schhol or university students. Only a small percentage (4.3%) of pregnancies were attributed to other categories, including teachers.

3. Contraceptive use among schoolgirls experiencing pregnancies

None of the girls were using modern contraceptives at the time they became pregnant.

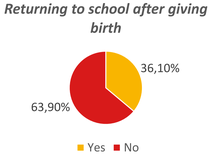
Only 14,9% of their partners were using condoms.

4. Attitude following pregnancies

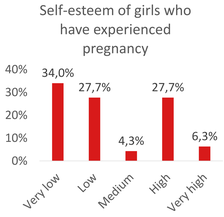


One-third of the girls were encouraged to have an abortion. Six percent (6%) have them have tried it unsuccessfully. This means that one-third of the girls who were encouraged to have an abortion had attempted it.

5. Consequences of pregnancies



Pregnancy has the serious consequence of causing school drop-out. Only one-third of the girls were able to return to school after their pregnancies.



Six girls out of ten girls (61.7%) had low self-esteem, and 53.2% experienced moderate to severe depression.

DISCUSSION

Poverty is a key factor in school pregnancy, as confirmed by other studies such as Manzi et al. in 2018 in Uganda and Krugu et al. in 2017 in Ghana. To reduce teenage pregnancies, sex education should target both girls and boys, as half of all pregnancies are attributed to students of their own age. This study shows that the first sexual intercourse occurs very close to the age of the first menstruation, often about two years later. This critical period underscores the importance of improving access to contraception. Surprisingly, none of the girls interviewed were using contraception, likely due to limited access. Early pregnancies have numerous consequences, including attempted abortions, challenges in returning to school, and significant psychological impacts. It is crucial to establish support systems for these young girls to safegueard their mental health and help them reintegrate into school.

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