Understanding the Lived Experiences of Pregnant and Parenting Adolescents in Burkina Faso’s Central Region

Background
This is a summary of findings from a study conducted in Burkina Faso’s Central region by Institut Supérieur des Sciences de la Population (ISSP) and the African Population and Health Research Center (APHRC) on the lived experiences of pregnant and parenting adolescents in the region. We examined how the social exclusion of adolescents from sexual and reproductive health and rights information and services increases their vulnerability to early and unintended pregnancy and its consequences. We also identified interventions to improve the health and wellbeing of pregnant and parenting adolescents.

Methods
We conducted a quantitative survey of 980 pregnant and parenting adolescents and qualitative interviews with 24 pregnant and parenting girls, eight adolescent fathers, 17 parents/guardians, 18 teachers, three decision-makers, and 14 community leaders.

Key Findings

Circumstances of adolescent pregnancy
More than half of pregnant and parenting adolescent girls described their first pregnancies as unintended (54.5%). While 78.3% of girls who were married at the time of their pregnancy described their pregnancy as wanted, only 15.7% of those who were not married did. Similarly, 86.1% of those out of school at the time of their pregnancy wanted it compared to only 13.9% of those still in school.

Mental health
Depression was prevalent among pregnant and parenting girls, with 18% reporting moderate to severe symptoms and 21.3% mild depression symptoms. The unexpected nature of their pregnancy, the negative reactions of those around them, and the anxieties related to pregnancy contributed to poor mental health.

Antenatal care
Almost all the pregnant and parenting adolescent girls (96%) reported that they visited health facilities for antenatal care during their last pregnancy. Among those who had made antenatal visits, only 55.8% had completed four visits.
KEY RECOMMENDATIONS

Based on the study findings and feedback from stakeholders, including pregnant and parenting adolescent girls, government partners, and civil society organizations, we recommend:

1. The government should update and strengthen the implementation of policies governing the retention and reintegration of pregnant students and adolescent mothers in the country’s educational institutions.

2. The government and civil society should create public awareness about school re-entry of pregnant pupils and mothers.

3. Heads of educational institutions should implement programs to educate students about their sexual and reproductive health and rights.

4. Community leaders should sensitize families on the harmful consequences (for the adolescent, for her child, for the family, and for the community) of ostracizing pregnant and parenting adolescents.

AUTHORS


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