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

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BACKGROUND

BURKINA FASO has a high rate of adolescent fertility, with 132 births per 1000 girls. Early and unintended pregnancies can negatively impact girls' health and socioeconomic wellness. Adolescent girls are more likely to suffer pregnancy- and birth-related complications and mortality than older women. Adolescent girls who get pregnant also face stigma and social exclusion in their homes and communities, which often result in poor mental health.

Early and unintended pregnancy also contributes to school dropouts. In 2021, 4% of primary school dropouts in Burkina Faso were related to pregnancy. In the same year, there were more than 7,000 cases of pregnancy among girls at the post-primary and secondary levels. Burkina Faso's legislative framework has, since 1974, protected girls who fall pregnant from being expelled from school. However, a regional report shows that there is no guiding framework or policy to address the reintegration of pregnant girls and adolescent mothers into schools.

Achieving Sustainable Development Goals 3 and 5 (good health and wellbeing and gender equality) by 2030 will be impossible without focusing on the overall empowerment of pregnant and parenting adolescents, including their return to school and vocational training. However, little is known about these adolescents' experiences and what interventions may be needed to improve their wellbeing and empower them. Against this background, the Institut Supérieur des Sciences de la Population (ISSP), in collaboration with the African Population and Health Research Center (APHRC), conducted a study to understand the lived experiences of pregnant and parenting adolescents in the central region of Burkina Faso.

OBJECTIVES

The study's overall objective was to document the experiences of pregnant and parenting adolescents, including the health, social, and economic challenges they face.

The specific objectives were to

- examine how the social exclusion of adolescents from sexual and reproductive health and rights information and services increases their vulnerability to early unintended pregnancy and its consequences.
- highlight the barriers to and facilitators of school reentry for pregnant and parenting adolescents .
- identify low-cost interventions key stakeholders see as promising for improving adolescent mothers' access to education, livelihood/income-generating opportunities, and appropriate health services.

METHODS

The study was conducted between February and October 2021. The study adopted an equal status mixed-methods cross-section design. Quantitative data were obtained from a survey of 980 pregnant and parenting adolescents. Qualitative interviews were held with 24 pregnant or parenting adolescent girls, eight adolescent fathers, 17 parents/guardians, 18 teachers, three decision-makers, and 14 community leaders.

Quantitative data obtained from

980 Pregnant and parenting adolescents

Qualitative interviews from

24 Pregnant or parenting adolescent girls

8 adolescent fathers

3 decison makers

17 parents and guardians

18 teachers

14 community leaders

FINDINGS

SOCIODEMOGRAPHIC characteristics of pregnant and parenting adolescent girls

Table 1 *summarizes the sociodemographic characteristics of the adolescent girls who participated in the survey.*

The mean age of the girls was 18.2 years. More than a quarter were:

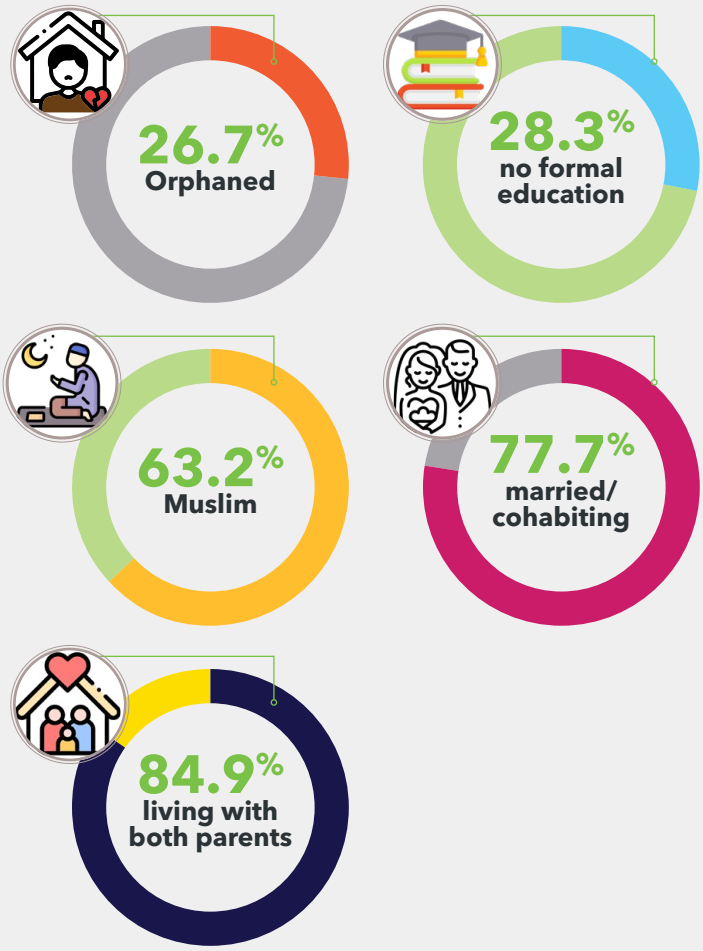


Table 1: *Sociodemographic characteristics of pregnant and parenting adolescent girls (N=980)*

Variables	Number (n=980)	Percentage (%)
Highest level of education		
No formal education	277	28.3
Primary	246	25.1
Lower Secondary	395	40.3
Upper Secondary/ higher education	62	6.3
Age		
12-14	5	0.5
15-17	193	19.7
18-19	782	79.8
Marital Status		
Married	435	44.4
Cohabiting	326	33.3
Separated/ divorced	59	6.0
Single	160	16.3
Orphaned Status		
Lost both mother and father	54	5.5
Lost either father/ mother	208	21.2
Non-orphans	718	73.3
Religion		
Catholic	290	29.6
Protestant	66	6.7
Islam	619	63.2
Others	5	0.5
Ever worked for pay		
Yes	344	35.1
No	636	64.9
Number of births		
Currently pregnant	297	30.3
One	638	64.9
Two or more	47	4.8
Age at first pregnancy		
9-14	33	3.4
15-17	547	55.8
18-19	400	40.8

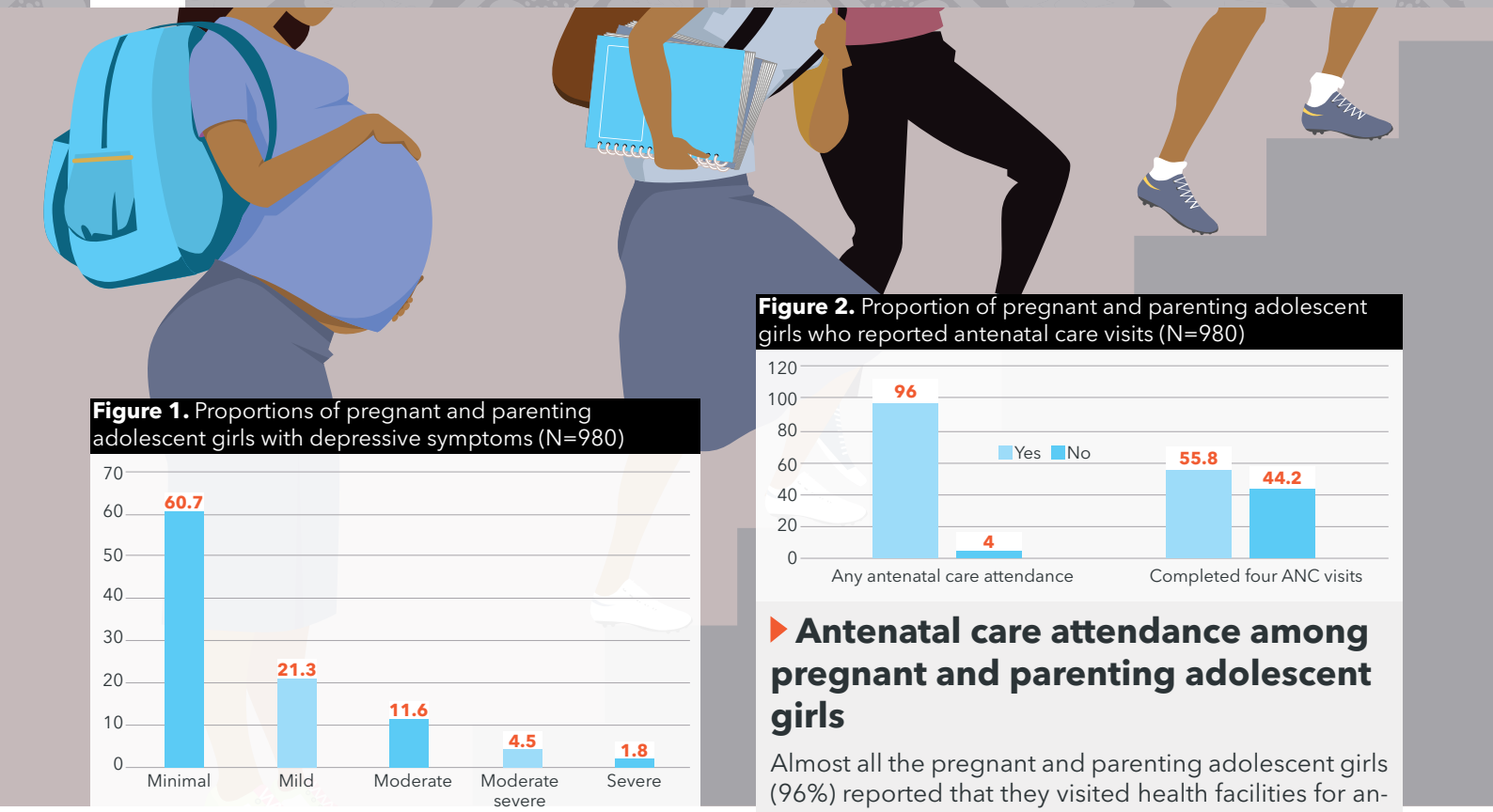


Figure 1. Proportions of pregnant and parenting adolescent girls with depressive symptoms (N=980)

Figure 2. Proportion of pregnant and parenting adolescent girls who reported antenatal care visits (N=980)

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.

In the qualitative interviews, pregnant and parenting girls were asked about the reasons why girls have unintended pregnancies. Reasons highlighted included little or no education on contraceptive methods before their pregnancy, negative rumors about these methods and their side effects such as infertility, naivety about risks inherent in sex, hunger, poverty, and sexual violence.

Mental health

Depression was prevalent among pregnant and parenting girls, with 18% reporting moderate to severe symptoms and 21.3% mild depression symptoms *(Figure 1)*. The unexpected nature of their pregnancy, the negative reactions of those around them, and the anxieties related to pregnancy were stated as contributing to their poor mental health.

Antenatal care attendance among pregnant and parenting adolescent girls

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 antenatal care visits *(Figure 2)*.

In the qualitative interviews, some pregnant and parenting adolescents mentioned that lack of money and unavailability of health facilities hindered them from seeking antenatal care:

> "Since there was no health center nearby, I went to my mother's house. And it was there that I had access to a hospital to start prenatal consultations, that's it...".
>
> "I used to go because I already went for the second month, the third month and the fourth month. I haven't gone for the ninth month yet. (...) In our hospital, they do the weighing at 200 Francs. If I don't have the money, I won't go. If I have the money, I will go...".

Others reported a poor reception and a lack of respect on the part of some health workers during their consultations. One 16-year-old participant said:

> "(...) Often, too, they do not treat me well. (...). Sometimes I go there and [have] to wait for a long period until I get tired, and I start to feel hungry. When they arrive, they scold me. They like to scold me too much. They're yelling at me too much!" **(Teenage mother, 16 years old, out of school, Moaga and living with his parents).**

Social support received by pregnant and parenting adolescent girls

Partner support

Three-quarters of pregnant and parenting adolescent girls described the support from their partner as good. However, partner support was more likely to be described as good by those who were **MARRIED (87.5%)** than those who were **UNMARRIED (33.2%)**. *(Figure 3).*

In the qualitative interviews, some young fathers explained that, even in the face of hostility from the girl's parents in cases of unintended pregnancy, they insisted on taking responsibility. Some manage to do so with the help of their parents. For example, one respondent, who had to drop out of school due to his father's failure to pay for his schooling, used the earnings from his job working in his father's store to support his girlfriend financially:

> "(...) with the support of my parents, I do my best to make her happy. When she goes for weighing and medical visits to the maternity hospital, I give her money, in case there are prescriptions too, I manage with the help of my parents. ... since she lives with me as a family, most of the financial expenses are managed by my parents. Right now, since it's the holidays, I'm helping the old man [my father] sell his hardware store." **(Teenage father, age 19, schooled up to lower secondary, Gurounsi, living with pregnant adolescent).**

Figure 3. *Perceptions of partner support among pregnant and parenting adolescent girls (N=980)*

Family support for pregnant and parenting adolescents

Less than half of girls described the support from their parents as good *(Figure 4)*. Those who were not married (37.4%) were even less likely to be supported by their parents compared to those married (50.1%)

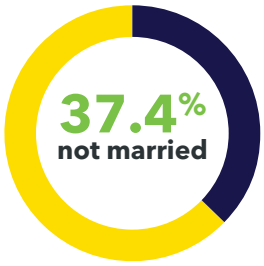
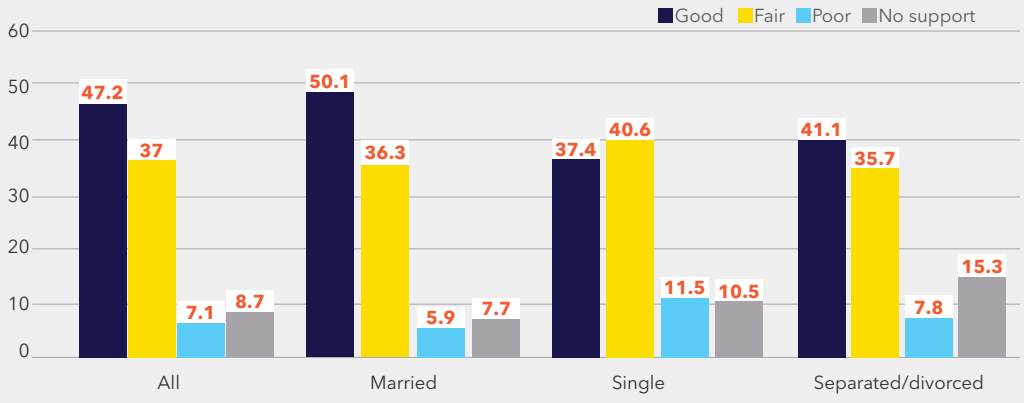


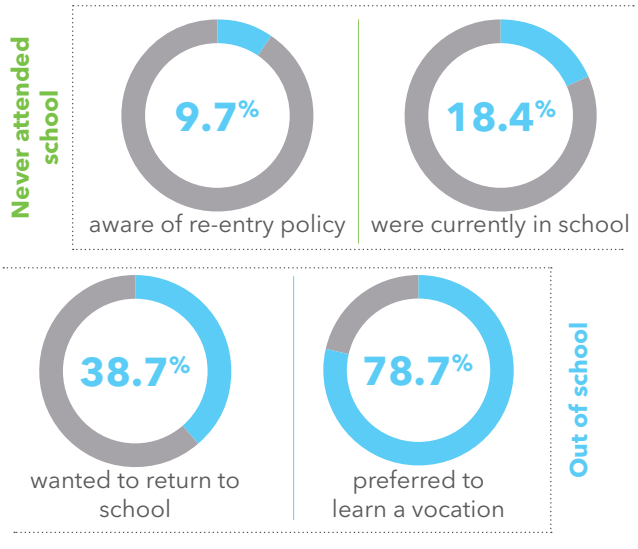
Figure 4. *Perceptions of parental support among pregnant and parenting adolescent girls (N=980)*



Education

Twenty-eight percent of the adolescent girls surveyed (n=277) had never attended school. Of those who had attended school (n=703), 9.7% were aware of the Burkina Faso school re-entry policy, and 18.4% were currently in school. Of those out of school (n=574), only 38.7% wanted to return to school. Most girls (78.7%) preferred to learn a vocation *(Figure 5)*.

Barriers to school reentry included lack of childcare facilities, rigid rules and hostile environment, stigma, inadequate support, physical and psychological health problems, low self-esteem, and lack of awareness of rights. The combination of these difficulties made it very difficult to keep these girls in school.



> "So in the school environment, a girl who becomes pregnant very quickly is stigmatized, she is often mocked by her classmates, both girls and boys. So some of them don't come to school anymore (...)" **(MENAPLN respondent).**
>
> "Well generally, in some families, they are chased away, they are expelled from the family and this side too, [he searches for the right words] in the school generally, these students drop out during the year to avoid the mockery of their peers." **(Senior high school counsellor, male).**

Figure 5. *Schooling and education aspirations among pregnant and parenting adolescent girls (N=980)*

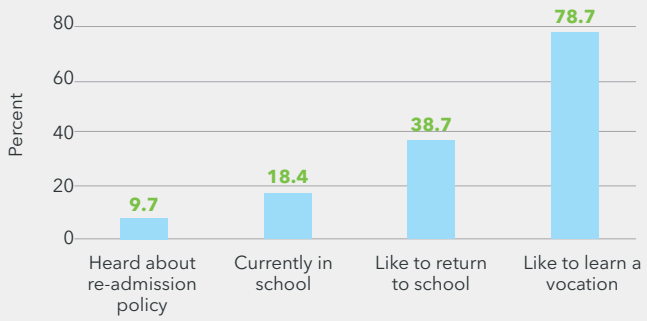
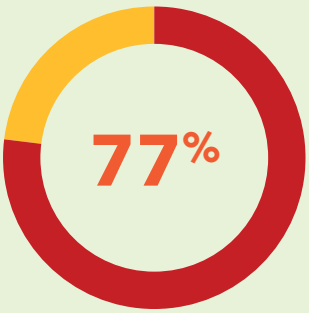
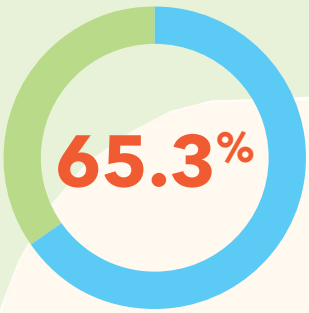


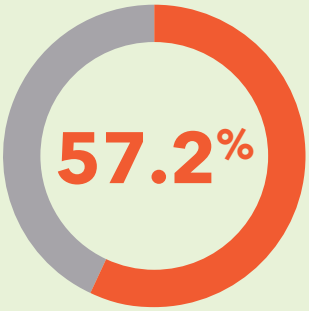
Figure 6. *Proportion of pregnant and parenting girls reporting different forms of support needed to enable them to return to school (N=222)*



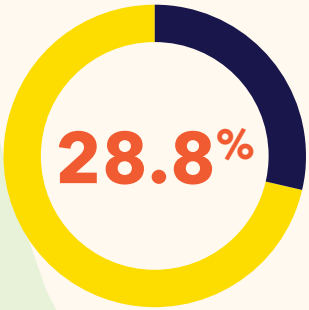
are in need of financial support



are in need of guidance and advice



are in need of childcare support



are in need of uniform and school materials

Support needed for the re-entry of pregnant and parenting adolescents into school

To enable them to return to school, adolescent girls noted the need for financial support to cope with childcare costs (77.0%), coaching and advice to help them succeed in their studies and stay focused on this activity (65.3%), and childcare support (57.2%). Fewer girls stated that they needed material support, such as supplies and uniforms (28.8%) *(Figure 6)*.

CONCLUSION

Unintended pregnancy negatively impacts girls, resulting in school dropout, social exclusion, and poor mental health. Supporting pregnant and parenting adolescent girls is critical for ensuring their and their children's health and wellbeing.

RECOMMENDATIONS

Based on the study findings and feedback from stakeholders, including pregnant and parenting adolescent girls, government partners, and civil society organizations, the following actions are recommended:

1 The state, government structures, and civil society should:

1. Update policies governing the retention and reintegration of pregnant students and adolescent mothers in the country's educational institutions; create public awareness about school reentry of pregnant pupils and mothers; and strengthen the implementation of these policies;
2. Establish crèche and day-care facilities for adolescent mothers to enable them to return to school;
3. Provide holistic support (health, psychosocial, including family mediation, schooling/vocational training, life skills development, development of income-generating activities, etc.) to pregnant and parenting adolescents;

2 Heads of educational institutions should:

1. Implement programs to educate students about their sexual and reproductive health and rights;
2. Promote an inclusive educational space, and ensure that pregnant and parenting adolescents are not stigmatized or marginalized.

3 Community leaders should:

1. 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.
2. Work to deconstruct certain beliefs and social norms that lead to the exclusion of pregnant and parenting adolescents;
3. Strengthen family mediation actions within communities in situations of family rejection of pregnant and parenting adolescents to ensure that these adolescents are well supported;

AUTHORS

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SEE THE FULL REPORT: APHRC and ISSP (2022). Understanding the experiences of pregnant and parenting adolescents in Central Region, Burkina Faso. APHRC, Nairobi, Kenya