Sexual practice of adolescents in Benin

School Related Gender Based Violence at the secondary school in the region Boukombé in the North of Benin and the general situation in West Africa.

'No man chooses evil because it is evil; he only mistakes it for happiness, the good he seeks.'. Vindication of the Rights of Women: Mary Wollstonecraft

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Introduction

In many societies sexuality is still something that is only concerning reproduction and married couples. However the reality is different, societies are changing and we must not underestimate the influence of media during the last 50 years.

In a ideal world adolescents are free to develop their sexual experience at their own time and with someone of their own choice, well informed and with access to contraceptives both against pregnancy, Sexual Transmittable Diseases (STDs) and the Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome(HIV/AIDS). Unfortunately this is not a perfect world and teenagers, especially girls, are forced into sexual practise by their peers or adults like teachers or relatives, abusing their power [1,2]. It is known that School-Related Gender-Based Violence (SRGBV), especially sexual violence or harassment, are responsible for underachievement at school, unintended pregnancies and mental and physical health problems. SRGBV finally pushes about 40% of the female students for leaving school before graduating [2].

Some adolescents are having their first sexual experience on voluntary base and with the opportunity to grow as couple in a secure environment to become well balanced adults. However, often this is not the case in Benin, so as in many other developing countries. Research tells us that sexual intercourse or other sexual experiences under oppression are not limited to the misuse of authority by age and function, but is also common between young people themselves through physical or psychological harassment [1] Due to lack of decision making power, ignorance and inaccessibility to contraceptives, girls often get pregnant. Getting pregnant – especially when still going to school, means fear and facing difficulties like denial of the father, single motherhood, abandons from school or family, having an abortion and condemnation of society.

This is a worldwide problem. When we look at it from a socio-cultural perspective, in Benin in rural areas, being a teen mother is no big problem and for girls not going to school it is fully accepted. The combination of pregnancy and school going is just not done, because often the whole family is suffering to pay the education fees. Pregnancy forfeits not only the changes of the schoolgirl herself but also for the future female students in the community, then parents forbid

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their daughters to continue their education when they're confronted with pregnancy and sexual activity from other school going girls in the village [2].

But things are slightly changing and by starting great campaigns like 'education for girls' in the early nineties, especially primary school now is well advocated throughout the country [2]. Since the last 5 years also condom use is more and more being promoted, although mainly by billboards and hardly accessible for young people. Nevertheless it is contributing to awareness of the risks of ill health and pregnancy in relation with sexuality.

In this paper both sexuality and the School-Related Gender-Based Violence are discussed and the consequences in West-Africa in general and in particular at a secondary school in the region of Boukombé (province Atacora-Donga) in Benin. Although SRGBV is concerning both boys and girls, in this paper the focus is on girls, whom are more likely to be victimized. The aim is to investigate the differences in perception of sexual activities by adolescents and School-Related Gender-Based Violence from a cultural and traditional point of view and within the understanding of religion and present scientific perspectives.

Methods and findings

Information was obtained by published literature and institutional reports through internet search. Publications were cross-referenced. It has to be noticed that not many (scientific) papers are published about facts and features of this subject in Benin. Key-words: West-Africa, Benin, sexuality, sexual behaviour, sex education, contraception, adolescents, school, students.

Reliable numbers of pregnancies, abortions and drop-outs on secondary school are still missing and more research is necessary both qualitative as quantitative, to find trustworthy information of practices, consequences and socio-cultural aspects.

Sexual activity in Benin and the surrounding countries from a social-economic and anthropological point of view.

Concerning sexuality, the primary goal for our ancestors was reproduction, however both population grow and change in health and life expectations has led to another way of perception

and indentifying relationships between sexuality, human-activity and behaviour [3]. Of course the changes in life style, the influence of western thinking and sexual revolution which trickled into African society. This transformation contributed to new sexual orientations and is slowly but most certainly providing another look at relations, family formations, reproduction and patriarchy. Although it is still predominant for male adolescents to have sex before marriage and female adolescent within their marital life [4], the fact that young people tend to marry at a later age then their parents contributes to premarital sex, also for women. Despite the influence of media, the sexual behaviour of adults in the surrounding of the adolescents, their attitudes towards contraceptive and look on adolescent sexuality, is still influencing the way young people will look at their own sex life in order to adopt a healthy lifestyle [5].

In depth interviews with girls in the age of 12-19 years, in different countries and demographics show that "forced sex, money and gifts, flattery or harassment, threatening to have sex with another girl or passive acceptance are the primary types of sexual coercion" [6].

Mostly knowing the consequences of sex without protection, so having the change of pregnancy and STDs, doesn't stop both girls and boys to take the risks. Although we must not forget that looking from gender-based perspective, condom use is hardly not negotiable for women.

For economic reason students do have sex in return for money or gifts, both in developing [7,8], as developed countries [9,10]. However in Africa exchange of sex and money, luxury and goods is more common between adolescents and the so called sugar daddies and sometimes sugar moms. For men, this is a masculine way of showing economic power, then the social status of a man is also depending on the age of the women he is dating. For students this practice is often due to poverty, although there're also girls who start this kind of relationship by themselves just for luxury or even through influence of their elders or brothers, whom then also will profit this kind of prosperity [11].) Boys often spent the earned money on their girlfriend. In Benin, sugar daddies (*French: papa gâteau*) are adopted in the culture [12] however more common in urban area where there are more wealthy people. In practice, also sex and good marks are interchangeable between teachers and both girls directly or boys indirectly [1]. Also in the region of Boukombé (rural area) the practice of teachers willing to give better notes in exchange of sexual favours is known [2].

A demographic survey in Benin between 2001 and 2006 [14] showed no significant change in sexual activities by adolescents. Nevertheless those activities differ per region. In general, adolescents are more sexual active in rural areas (29%) comparing to urban areas (13%). However,

special attention is needed in the provinces of Alibori (51%), Donga (34%) and Borgou (33%) were percentages of sexual activity of young people is quite high comparing to the rest of the country [14]. Interviewing girls learned that many heard about modern contraceptives, but only 12% of the sexual active unmarried girls uses them [15] Reasons can be diverse but is probably influenced by culture, religion and peer behaviour. Taking in account the average budget of a student and their unrecognized sexual needs, the use of contraceptives will also be influenced by affordability, accessibility, availability and acceptability [16,17].

Nevertheless in Benin the number of teen mothers with a child at the age of 19 stayed more or less equal, about 21% during the period from 1996 to 2004 [14,15]. While estimated that 26% of the population in Benin are adolescents, under the age of 19 and 85% of this group reported sexual experience at the age of 16, investigation of institutional donors show 79,4% of the pregnancies in schools end up in abortion, which is illegal in Benin. This illegality drives girls into unsafe abortion with high risks of complications like infection, infertility or death [18,19,20].

In Lome (Togo), during an evaluation of a youth centre in which 1027 adults from 30 year or older where involved, it became clear that women had more conservative ideas towards adolescent sexuality then men. While 58% of the women didn't approve with premarital sex, only 48% of the men shared this opinion. Concerning the use of contraceptives for adolescents, the figures turned out to be 48% of the women against 31% of the men didn't approve [5].

In Cameroon a study showed that traditional attitudes towards premarital intercourse differ amongst the ethnic groups in the country but it became also clear that peer pressure is of great influence to accelerate the first sexual intercourse for adolescents and on the other hand the fact of going to school delays in many cases. Nevertheless the almost worldwide gender based double standard for premarital sexual activities of men and women are also known in Cameroon. The fact is that having multiple partners before the marriage raises the standing of your manhood but isn't accepted for the women. Fidelity of men isn't common, also not in marriage, certainly not when travelling or working out of the region, because it is not valued [21].

In a study concerning coercion at sexual debut, done in 2004 in a survey of girls in the age of 12-19 years old in Sub-Saharan Africa showed that in Malawi 38%, Ghana 30%, Uganda 23% and Burkina Faso 15% of the girls claimed they did not want to have sex already[6]. Also it is known many schoolgirls in developing countries are abused by their teacher [1,8].

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Looking at the neighbour country Nigeria, the most vulnerable group concerning unsafe sexual activities is in the age of 10-24 years and affects 36.7% of the population. We found that 16% of the female teenagers have intercourse by the age of 15 against 8,3% of the boys and 80% of the complications with abortion are with adolescents [3]. As consequence of this adolescent health problem institutionalization of sexually education in Nigeria has become priority. This in order to address the problem and create awareness about sexually based problems in coherence with society and culture, social-economic status, ethics, communication, information, gender and media [3] In Nigeria, the average age for the first sexual experience of girls was 15 years, 23% of those girls ever got pregnant and 88% of these pregnancies ended in abortion [5,22]). Unsafe abortions are one of the three main causes for maternal mortality in the neighbour country Nigeria [23] and it is expected not to differ so much in Benin.

Sexual education in Benin

At primary school there is hardly no information given about sexuality. In secondary school it is more or less part of life sciences but untrained teachers are embarrassed to teach about it. Besides, those who are willing to teach more open about sexuality are afraid of ministerial punishment through parental opposition. However adolescents realise how little information they have and are eager to be informed [24].

In Benin there is still a general fear that sexual education will provoke premarital sex [20], but at some secondary schools in Benin, the biological, scientific way of sexual education is elaborated by Non Governmental Organisations (NGOs) in a more modern way. Still the focus is limited on HIV/AIDS prevention [17] and not on gender related issues. The active United States Mission [25] is promoting Abstinence, Being faithful and using a Condom (ABC). This advocacy is strongly influenced by religion and the economic power through donations for the vertical HIV/AIDS programs, often paid by United States of America (USA) donors [26]. However in America the ABC-program does not work and it is still is a denial of the sexual life of adolescents. In the United States of America 25% of the girls under age of 20 are infected with STIs and the USA is facing the highest rate of teen pregnancies in the developed world [24].

Comprehensive sexual education, with attention on intimacy, respectful and responsible relations and self-esteem tends to less early sexual initiation or activities. Next to these positive effects it will decrease the number of sexual partners and increase use of condoms and contraceptives [27,28,29]. The adolescent can be well prepared for the first sexual experience and be guided towards safe attitudes of sexual pleasure in respect for the partner and in understanding for gender issues. The youth raised with the ABC program are as much sexual active as adolescents who received comprehensive sexual education, but they are taking greater risks by less use of condoms or other contraceptives [24].

Cultural and social aspects in the region of Boukombé

During the last 20 years the enormous gender based gab on educational level between boys and girls in Benin did diminish because of a great reform program that started in 1990. Still this country has one of the largest educational gender gabs in the world. Also it is recognized that girls, once there in the classroom, face many specific gender based problems like sexual violence and teacher-student abuse, which do have negative influences on the performance of those girls, make them drop-outs or even let parents decide and to keep their daughters at home [1,2].

In the region of Boukombé, it is an old tradition girls and boys pass into the adult life through ceremonies which prepare them to survive in difficult circumstances and live a life as man or woman, husband or wife according to the traditional norms and values and in a way which is socially required. Every four year those 'rites of passage' take place and prepare the young people (in the age of 14-18) also for their sexual life. The ceremonies of boys and girls are at different times and older men are sharing their sexual knowledge with the boys and older women with the girls. Girls are if necessary controlled for virginity and taught specifically how to pleasure her future husband and are prepared for the accepting and caretaking role. Boys are circumcised and proving their masculinity with pain and fighting techniques. At the end of all ceremonies, the ones who succeeded have to bring their sacrifices to the Gods and ancestors and after that ceremony boys are allowed to have sex, girls to bear children and get married. Boys do have to get experience before marriage and girls are supposed to stay virgin for their future husband who is, in the villages, often already arranged by their parents. Ones the husband is chosen and accepted by the parents, having sex before marriage is no problem, as a women you have to prove your fertility. So it a normal procedure, especially in the hamlets, that girls deliver at least one baby and raise it until the age of 4-5 years before the man has to pay his dowry.

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It is a common believe that young mothers – of 13,14,15 years old – who didn't do the ceremony already, are not capable of giving birth to living children which will grow up healthy. Unfortunately girls of that age do get pregnant before the ceremony, especially when they are married of at very young ages, and the local people don't link the death from young mothers or their children with the phenomenon immaturity both physical as psychological .

Concerning school going teenagers, the ceremonies are socially accepted and girls and boys are abandoning school during the months of their initiations with knowledge of parents, teachers and director.

When we keep in mind this very important period of transition we can better understand the way young people at secondary schools are on one hand ready and allowed to have sex but on the other hand are tied up in the new development. Boys are supposed to have sex after the ceremony to get experienced. However often they are living in hostels in Boukombé, far away from their village and no other prospects to practise their masculinity then their female schoolmates, whom is forbidden to have sex due to religion, tradition and economic reasons, then families are suffering to pay their school fees. Talking to girls of the secondary school, they are complaining boys are putting pressure on them to have sex, especially penetrating sex [30]. Their boyfriends tell them all beautiful things or tell them they will search for another girlfriend, but when they got their sex, after a time they break up or were already seeing other girls. Also some girls without a boyfriend feel threatened by boys of their school. They walk together to their houses, especially when the sun is down, to avoid sexual harassment, but still a lot of them are complaining they don't get their rest because boys follow them just up to their room. The girls are afraid to speak, afraid their parents will take them home, but on the other hand there are girls who quit school, even without pregnancy, because they are tired of defending themselves all the time and prefer to go home and get married, so they feel more safe [30,31]. However, sexual harassment is not only related to peers, but also to teachers [32,33] and it was only in 2009 when for the first time a teacher officially was accused because he made a schoolgirl pregnant. Nevertheless there was no official punishment, it came to an agreement between the parents and the teacher and he is still giving classes [30].

Consequences of SRGBV on community and national level

The unmet need of teenagers, not only in the region of Boukombé but throughout the whole country is enormous and both boys and girls are facing medical, social and mental problems. Due to School-Related Gender-Based Violence many girls do not participate well at school because they want to avoid attention. SRGBV has consequences for the victim like repeating classes or even finishing their education, which means less changes of a future job and thereby loss of productivity [2]. This has negative impact on the social benefits of the community and on national level by economic losses. Another key problem is the yearly number of female dropouts due to pregnancy [2,30,31,35]. Then when the girl gets pregnant, almost never responsibility is taken by the father and this behaviour is social accepted both in community as on national level.

Sexual violence and harassment, whether from teachers as from peers is institutionalized then the victims don't file a complaint against the perpetrator and national and local government don't act according the law. Until that changes, parents will keep their girls away from school and boys will grow up with the idea they are superior over women and they have the right to abuse, violence and have multiple partners [1].

The commitment of the governments worldwide, including the Republic of Benin to reach the Millennium Goals (MGs) is a good reason to prioritize comprehensive sexual education at school and advocate against SRGBV. As long as adolescents in general are at risk for STIs and HIV and more specific girls risk unwanted pregnancies or unsafe abortions, the victims will unwillingly contribute to higher rates of poverty and hunger (MG1), Child Mortality (MG4), Maternal Mortality (MG5) and combat HIV/ AIDS and other diseases (MG6). Also the Promotion of Equality and Empowerment of women (MG3) will be negatively influenced by the unmet needs of the adolescents.

Suggestions to stop SRGBV and raise awareness for the inequality in sexual relationships.

School-Related Gender-Based Violence influences the changes of the victims in many ways and is not only causing inequality at schools but also in society on social and economic level. There are many challenges, from protecting adolescents of getting involved in unequal sexual relationships, against unsafe sex, STDs and HIV/AIDS, getting pregnant, up to changing both men's and women's expectations and practices towards sexuality, relationship and identity.

Countrywide implementation of comprehensive sexual education which is not only focusing on sexuality but also on empowerment, relationship, mutual respect and self esteem, can improve the life-skills of the teenagers, change the traditional way of thinking, reduce SRGBV and improve gender relations. Training the teachers to teach and medical staff to serve adolescents in their needs in order to create comprehensive mediators would be advisable in this procedure.

Procedures against SRGBV have to be made and followed, then teachers are often not punished and although protection of girls and women against sexual violence is well described in the Beninese law [34], even on ministerial level the tendency shows a "blame the victim" conception [2]. It is necessary to involve men in this procedure otherwise new programs and interventions will have less effect on the sexual reproductive health policies [11].

A solution to acquire adolescents independent from sugar daddies practise, could be to provide more scholarships, not only for university but also for secondary school, although the change of getting a job to pay back the scholarship if needed, would be less likely for those girls who can't continue afterwards for university or professional education.

Involvement of parents, teachers and religious leaders is necessary to gain a more comprehensive attitude towards adolescents. Through broad discussions and with respect of local culture, qualitative and quantitative research can contribute to development and implementation of new strategies.

Conclusion

Sexual behaviour is driven by a complexity of different influences such as age, sex, gender, social and cultural values, religion, subjective norms, self esteem, media, economic status, sexual education, parental behaviour, living in urban or rural area and marital status. We have to look at the challenges and find a way in which school can be a safe place to be for both boys and girls. Eventually school can combat School-Related Gender-Based Violence and promote genderequality by being the example, through punishment for teachers who misuse their power and practise no tolerance policy for any kind of violence or harassment from boys towards girls and vice versa. In the light of sexuality, understanding for the needs of adolescents by religious leaders is also desirable, then advocating abstinence, being against contraceptives and judging adolescents who are sexual active is creating confusion and mixed feelings for both parents and adolescents especially in the light of tradition and ceremonies they have to obey.

In spite of this we must not underestimate the unmet need of adolescents and thereby understand that teenagers are facing a lot of medical, social and mental problems during their grow to maturity. These problems will diminish by taking their needs seriously and teaching adequate lessons to improve life skills concerning the field of sexuality, responsibility and relationship. This will enhance self-esteem for all and empowerment of the women in particular. Reckon with age, comprehensive sexual education with attention on reproductive health and rights, awareness of mutual respect, intimacy and shared responsibility in a relationship has to be completed with guidance through cultural and social issues of gender inequities and this program needs to be wide spread. When comprehensive sexual education will be implemented countrywide, this will result in economic and social benefits for the whole society and government through prevention of teen pregnancy and ill health by youngsters. Not only strategies on reducing risks of pregnancy, STDs an HIV/AIDS infections are needed, but also on empowerment of the youth concerning the freedom of choice whether to have sex, at what moment and with whom, while having access to affordable contraceptives and safe abortions when necessary [35].

Although it would be advisable to start sexual education at young age at home, in practice stress and misunderstanding could raise, caused by cultural aspects and lack of knowledge at family level. This shows the need of governmental support to develop and implement comprehensive sexual education and the need to implement this program in schools as well on community level. A way of conceiving that would be the 'training the trainer' policy. This could be a way to deal with the uncertainty teachers show towards sexual education. Although we must not forget to create at the same time a larger involvement of parents, so they can better understand their children in their development [35].

Besides the reform of knowledge and skills, adolescents need improved access to contraceptives and empathic health providers taking them serious, treating their issues confidential, without discrimination and according to the human rights. Parental involvement, a supportive school staff and empathic health workers working with adolescents would contribute to a greater success [35].

References:

 http://www.kit.nl/exchange/html/2003-4_sexual_violence_in_scho.asp 100118 11:00 Sexual violence in schools: breaking the silence by Fiona Leach and Pamela Machakanja Sexual Health Exchange 2003-4
Making school safe for girls: Combating gender-based violence in Benin, Brent Wible, AED Academy of Educational Development, December 2004,) 3)Sexuality education in Nigeria: evolution, challenges and prospects, Adunale Adepoju PhD, march 24, 2005 African Regional Sexuality Resource Centre)..

4) Gender Differences in the Timing of first intercourse; Data from 14 countries, S. Singh, D. Wulf, R. Samara and Y.P. Cuca, International Family Planning Perspectives, 26(1): 21-28&43

5)-- Gender Differences in Adult Perspectives on Adolescent Reproductive Behaviors: Evidence from Lome, Togo, Journal article by Ilene S. Speizer, Stephanie A. Mullen, Kodjopatapa Amegee; International Perspectives on Sexual and Reproductive Health, Vol. 27, 2001

6)Coerced First Sex among Adolescent Girls in Sub-Saharan Africa: prevalence and context, A.M. Moore, K. Awusabo Asare, N. Madise, J.John-Langba, A. Kuwe-Kyereme, African Reproductive Health 2007; 11[3]:62-82 7) 'Bus fare please': The economics of sex and gifts among young people in south Africa, C.E. Kaufman and S.E. Stavrou, Culture, Health and Sexuality, September-October 2004, vol. 6, no 5, 377-391, 377,

8)-- http://www.modernghana.com/news/162385/1/africa-has-corner-on-teacher-abuse.html 100118 10:53 as developed countries

9)http://www.mijnstudentenleven.nl/nieuws-studenten/24-03-2009-sex-voor-je-studie.html 100118 10:18, def) http://www.bayofplentytimes.co.nz/local/news/students-selling-sex-to-pay-off-study-debt/3673730/ 100118 10:23

10) http://www.timesonline.co.uk/tol/life_and_style/education/student/news/article665019.ece 100118 10:31

11) http://www.kit.nl/exchange/html/2004-3_4_intergenerational_moz.asp 100118 11:57 intergenerational relationships in Mozambique: What is drivingyoung women and older men by Brigitte Bagno and Ernesto Chamo, Sexual Health Exchange 2004-3&4

12) Bokamoso Leadership Forum: The sugar-daddy syndrome and girl's education in Benin: Implications for democracy; by Kristina (Nickie) Séne, a graduate student studying International Development Studies at Ohio University. <u>http://ro-ro.facebook.com/note.php?note_id=185181729724</u> 100127, 16:46

13) http://www.worlded.org/WEIInternet/features/breaking_silence.cfm 270409 20:32 Benin: Braking the silence in schools. HIV and AIDS activities in Benin

14) L'enquête démographique et de santé (edsb-iii), par l'institut national de la statistique et de l'analyse économique (insae) en collaboration avec le programme national de lutte contre le sida (pnls) Réalisée au bénin du 3 août au 18 novembre 2006)

15)Facts about adolescents from the demographic and health survey, statistical tables for program planning; Benin 1996; copyright © 2001 by the population council, inc.

16) http://www.unicef.org/adolescence/index_approach.html100127_14:24

17) http://www.fhi.org/en/RH/Pubs/Network/v20_3/NW20-3clinyouth.htm 100127 14:31

18)Health and Social Services for Adolescent Girls in Benin http://www.unicef.org/adolescence/index_15241.html 220409 22:35

19) Women's economic, social and cultural rights in Benin (cescr); hubert h. Humphrey institute of public affairs university of Minnesota; Benin initial state party report submitted 5 february 2001 (e/1990/5/add.48), april 2002 20)Sing S, Bankole A, Woog V, Guttmacher A, Evaluating the need for sex education in de, social and cultural rights in benin; independent information for the twenty-eight session of the committee developing countries: sexual behaviour, knowledge of preventing sexually transmitted infections/hiv and unplanned pregnancy. Sex education, vol. 5, no. 4, November 2005, pp. 307–331

21) Gender Differentials in Adolescent Sexual Activity and Reproductive Health Risks in Cameroon, Dominique Meekers, Anne-Emmanuèle Calves, African Journal of Reproductive Health 1999;3(2):51-67

22) Sexual activity and contraceptive use among female adolescents, a report from Port Harcourt, Nigeria, AOU Okpani and JU Okpani, African Journal of reproductive health, African Reproductive Health 2000; 4[1]:40-47 23) Ehigieba AE, Ighedosa SU, Emore FO, Onafowokan O. The management challenges of the complications of illegally induced abortions in benin - city, nigeria; department of obstetrics and gynaecology, university of Benin teaching hospital, benin city, nigeria. Usmanu danfodiyo university

24) www.religiousinstitute.org May 03, 2009 19:46 , 15. http://www.rwjf.org/reports/grr/037161.htm Robert Wood Johnson Foundation May 03, 2009 13:36

25) http://cotonou.usembassy.gov/ 100127 16:29

26) USAID/BENIN HIV/AIDS Health profile september 2008

27) Kearney M, Levin PB,, Reducing unplanned pregnancies through medicaid family planning services by center on children and families, july 2008

28) http://www.cdc.gov/hiv/resources/factsheets/youth.htm may 03, 2009 14:02

29) http://www.rwjf.org/reports/grr/037161.htm Robert Wood Johnson Foundation May 03, 2009 13:36

30) information through "confidential students hours by the locale NGO FSAB (Fondation "Stichting Aktie Benin") in Boukombé

31) Director of the CEG Boukombé (College d'Enseignment Generale)

32) Defining quality in education; unicef, june 2000 available from URL: http://www.unicef.org

33) Wible B Gender violence rife in beninese schools from monday developments 2008 From URL:

http://www.interaction.org/library/detail.php?id=3853 April 28, 2009 06:34

34)(Convention of the Elimination of all forms of Discrimination of Women, CEDAW/C/BEN/1-3, 7 november 2002, pok1). State violence in benin, alternative report to the committee on human rights, association des femmes juristes du bénin.

35) Teen pregnancy and the way to prevention: concerning Benin, Kroone M.H. may 2009