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Teen pregnancy and the way to prevention



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Teen pregnancy and the way to prevention

To largely reduce the cost of health care and increase the socioeconomic welfare of Benin, adolescents have to learn how to take responsibilities concerning their own physical and mental health. In this way they shall become well-balanced and healthy people with qualified skills to contribute to society.

*Adolescents become sexual active and therefore, when not well prepared, are at risk for ill health and pregnancy. In Benin, teen pregnancies are common and many school girls opt for abortion(1,7). Beside the great health risks, the socioeconomic consequences are major, for both family and country. **Therefore appropriate comprehensive sexual education for all adolescents is urgently needed!** Meaning starting education at the very latest age of 10, reaching subgroups who don't have access to school, build on self-esteem, enhance decision making power and change sexual behavior, gender based from a human rights perspective.*

*The above mentioned goals can be reached by completing the present sexual education with attention on reproductive health and rights, awareness of mutual respect, intimacy, shared responsibility in a relationship and guidance through cultural and social issues of gender inequities(3). **This consciousness will benefit the adolescents in their development, improve their future family life and career and avoid teen pregnancies .***

*As a condition to succeed, commitment of all parties is necessary because participatory approaches are essential in the program. Next to governmental agencies and nongovernmental organizations (NGOs) which are requisite, **there is also a need to involve the parents and communities.** Legalization of human rights is essential and although not yet perfect, Benin is on the right track considering the constitutional changes over the last six years when human rights started entering the law(1). **By implementing the program, the government benefits through lower health costs and a higher contribution to the economic development from these future families.***

"It takes a whole village to raise a child"

This African proverb particular concerns adolescents mothers whose children often are raised by grandmothers, aunts, siblings and community members

Background and influences

*In Benin the numbers of teen moms with a child at the age of 19 stayed more or less equal, about 21%, during the period from 1996 to 2004 (4,5a). **However more than 70% of the teen pregnancies in schoolgirls end in abortion**(1,2). Main reasons for pregnancy are lack of knowledge or access to contraceptive (5b) Girls face the unwillingness of the father to take responsibility and the fear of becoming a drop-out or abundant. Knowing unsafe abortions are one of the three main causes for maternal mortality in the neighbor country*

Nigeria(6), it is expected not to differ so much in Benin.

*Often teen pregnancies are related to schoolgirls, however we noticed that in Benin and many other developing countries most of the teen pregnancies occur through child marriage. Although against the human rights and in Benin even official forbidden by law(1,7,8) **children, sometimes as early as 7 years, are forced into a marriage(1)** and are expected to have children at a very young age. This practice is cultural accepted and common in rural area, also in the region of Boukombé. Often the*

husband doesn't have to pay the dowry if the girl doesn't preserve a child. Even when she is very young and therefore more likely to find problems in labor with a risk of losing her baby or in later stage her infant, the mother is the one to blame when her child dies.

This kind of marriages do have consequences such as higher risk of ill health or death for both the teen mother and her child(3,12), more marital violence, lack of decision-making power for women, poverty and Vidomegon (1,8). Vidomegon means abuse of young children, often girls, from poor families which are sent to work as domestics in exchange for housing and food and risking sexual harassment and domestic violence).



Fig 1: This girl gave birth to two children, first delivery at age of 12, her baby died within a month, the 2nd born at age 14, died within 9 month, the mother died six weeks later at age 15. Source: Stichting Aktie Benin

In contrast of the cultural acceptance of child marriage, *the society doesn't accept pregnancy from girls at secondary school* because of the debts the family made for her and also her education level anticipates her "To know better". ***This indicates the urgent need to involve the parents,*** who understand the importance of education for their daughters and do need assistance to guide the children healthy through their adolescences.

Besides those cultural and social aspects, there are religious influences strongly advocating abstinence, against

contraceptives and judging adolescents who are sexual active. This creates confusion and mixed feelings for both parents and adolescents.

Understanding for the needs of adolescents, not only from society but also from religious leaders, is desirable.

In the last 7 years *the government of Benin changed several gender issues in the law for the benefit of women and children*, such as penalizing forced marriage and they started awareness raising activities(8). Due to lack of enforcement mechanism (1,8), the process will take more time than desired. However in the long run, these constitutional changes will have a positive effect on the empowerment of the youth in general and women in particular.

An evaluation of 30 Demographic and Health Surveys in 24 countries in Sub-Sahara Africa and six in Latin America and the Caribbean showed the need for comprehensive sexual education based including individual indicators such as behavior and preparing a appropriate method for a first intercourse(3).

The demographic survey in Benin between 2001 and 2006(5a) 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(5a).

Interviewing girls, many heard about modern contraceptive only 12% of the sexual active unmarried girls and 4% of the married girls uses them(4). Reasons can be diverse but is probably influenced by culture, religion and peer behavior. ***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.***

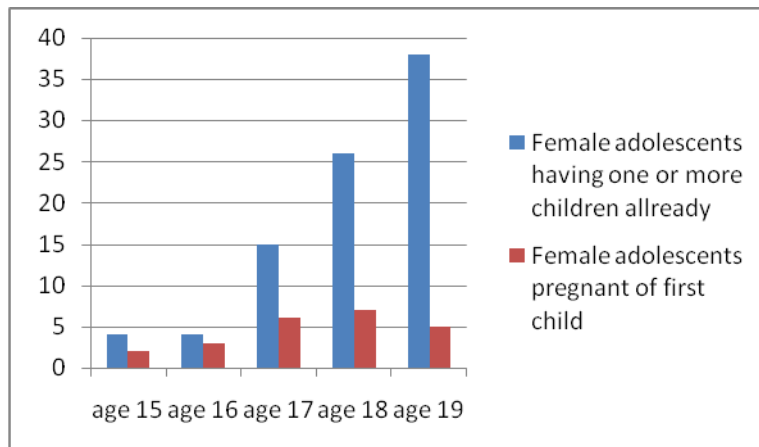


fig 2, 2002

l'Enquête Démographique et de Santé (EDSB-III), réalisée au Bénin du 3 août au 18 novembre 2006, 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).

Region of Boukombé

Countrywide teen moms having one or more children before the age of 20 are very common, but especial in the remote areas. Even though the region of Boukombé is not mentioned in relevant literature we can assume the percentage of sexual active adolescents is high as so the number of teen moms, due to the fact it is a rural region in the province Atacora-Donga. Forced marriages and teen moms are very common in the hamlets. Concerning the adolescents at secondary school, a key problem is the yearly number of female dropouts due to pregnancy or sexual peer pressure(9)!When the girl gets pregnant, almost never responsibility is taken by the fathers and this behavior is social accepted. **Further investigation is recommended to become reliable numbers of pregnancies, abortions and drop-outs for other reasons at the secondary school.**

Consequences

Community and national level

Early pregnancies and ill health of the youth are consequences of insufficient sexual education and do influence the economic situation from family level up to the national society. Practicing unsafe sex at young age is related to early pregnancy, unsafe abortion

and infertility but also to sexual transmitted infections (STIs) and HIV/AIDS which do influence the health of the Benin's youth where girls are at higher risk, especially when married to older and more experienced men(1,2,10).

Teen pregnancies need immediate attention in order to decrease the burden on families and society and to avoid a future shortage of educated women to strengthen the economic development and national budget

Sexual harassment is not only a result of gender inequity, lack of respect for the Benin law and human rights, but also strongly influenced by the impunity of the perpetrator and the fact the victim is mentally not strong enough to charge. Comprehensive sexual education would contribute to the empowerment of the youth so they can stand up for themselves. As far as concerning the girls, this problem is not only related to e.g. peer pressure or teachers(11a, 11b) but also to forced marriage at young age.

Pregnancies at young age bring us more unwanted children, increase of the national rate of infant death, maternal death and orphans. We can predict the needs for medical care but must not forget the unsafe abortions which extend the need for obstetric help. Finally we also have to deal with school drop-outs, social abundance, fatherless families, dependence on men and future poverty which influences the chances of their children, the new future generation. In Benin only 6% of the unmarried teen mothers in the age of 15-19, continue their education and all of them have to work next to their school activities (4).

Global consequences

The commitment of the government of Benin to reach the Millennium Goals (MGs) is a good reason to prioritize the prevention of teen pregnancies. As long as adolescent girls in Benin are at risk of unwanted pregnancies or unsafe abortions they will unwillingly contribute to higher rates of poverty and hunger (MG1), Child Mortality (MG4) and Maternal Mortality (MG5). Also the Empowerment of women (MG3) will be negatively influenced by those teen pregnancies.

Conclusion

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.

The unmet need of adolescents is high and teenagers are facing a lot of medical, social and mental problems. 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.

Results of plain sexual education and advocating Abstinence, Being Faithfull and Condom use.

Only lectures of straight forward sexual education and advocating condom use is proven not to be sufficient (3,13) because there is too much focus on danger of sex and the pleasures and relation skills are underexposed.

The ABC campaign in the USA to promote Abstinence, Being faithful and using a Condom, does not work and still is a denial of the sexual life of adolescents. Still 25% of the girls under age of 20 is infected with STIs and they are facing the highest rate of teen pregnancies in the developed world(13,15). Rates as 9 times the Netherlands and 4-5 times other European Countries are found in the USA(13).

Before the age of 20 one of three USA teens will get pregnant (especial Latin and Afro-American girls), 60% of the teen moms don't finish high school.

“Adolescents who received comprehensive sex education had a lower risk of pregnancy than adolescents who received abstinence-only or no sex education” (14).

Comprehensive sexual education 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(3,10,15). 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(13).

While reflecting age, extension of the present 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.

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. 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.

Recommendations

Prevention of teen pregnancies by implementing comprehensive sexual education ask for a number of actions and the commitment of different partners is necessary to succeed. This means involvement of governmental agencies, local and international nongovernmental organizations (NGOs), the parents and communities. Assistance for comprehensive sexual education through participatory approaches, can be found by emphatic medical service providers, supportive school staff, trained peers, women groups, parents and the community representatives like village chiefs, traditional healers and religious leaders.

The cultural aspect of forced marriages should be tackled but separate studies to explore how to reach the ultra-conservative part of the population might be necessary. Behavioral and cultural changes need time. However through the program of comprehensive sexual education human rights, as secured in the laws of Benin, will become practice.

If implemented country wide, strong support of the ministry of health and education is needed. However, due to the decentralization and the decision making power of the local authorities in Benin, it is highly recommended to start with pilot projects at regional level.

In the region of Boukombé there are very active NGO's and women groups working on the issues of health care, education and women empowerment. Some of them being in close contact with the director of the "Zone Sanitaire Natitingou, Boukombe, Toucountouna" and the director for education in the same district. So this will clear the road to successfully start an united project on comprehensive sexual education in this region. When positive results are obtained at the regional level, the Regional Directors for both Health and Education, could advocate by the ministry of Health and Education to support the actions mentioned below.

This will not only contribute to the development of the youth, but also actively support the government to a better performance of human rights in Benin.

Actions to be taken

Educational level

- Provide adequate training to those people who will participate in the program such as the NGOs, Women groups, teachers, health staff, village representatives, religious - and peer leaders.
- Educate the police force so they can contribute through empathic emergency measures for victims, supervision and good performance of the law of Benin concerning the human rights.
- Expand awareness programs concerning the new law which forbids forced marriages and start these programs in remote areas where this traditional custom is common. Local NGOs and women groups can contribute in this sensitization via integration of recurrence explanations of the new law in their regular meetings with the population.
- Start community based sensitization, offer counseling and raise a voluntary community service with group discussions and reflection. This might also be useful to improve parent to child communication.

Administration

- Start an administration on Secondary schools to know the number of teen pregnancies, the problems those girls are facing and counting drop-outs and their reasons.

Youth Programs

- Design encouraging activities for adolescents to better understand their own influence on their sex life, health and future, like work-shops, sport events, health meetings, quizzes, theatre, training communication skills both at schools as at community level.
- Arrange anonymous helping points by a fixed telephone line or internet so all questions can be asked.

Governmental Initiations

- Start pilots in remote areas where the unmet needs are high
- Subsidize condoms to make them affordable for the youth, concerning the budget of the state, explore the possibility through the existing HIV/AIDS campaign and its donors.
- Assure youth office hours at health facilities with well trained staff and contraceptives available.
- Search for external donors in case the governmental budget is not sufficient, preferable by public private partnership to exchange experience.

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