



Early pregnancy determining and repercussion analysis at schools in Parakou

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Abstract: In order to know the reasons why the pregnancy phenomenon is increasing at schools, this study focused on early pregnancy determining and repercussion analysis at schools in Benin. The principal data have been collected from three public secondary schools in Benin. Descriptive analysis and frequencies using have been used to analyze the data. After the analysis of collected data, results show that having sex without condoms, parents' poverty are the principal causes of early pregnancy. The majority (48.4%) of pregnant girls are 15 or 17 years old and all the pregnancies concern the girls of first cycle (first form to fourth form) based on non-desire pregnancy. The consequences of this phenomenon are on the health, society and schools.

Keywords: *Early pregnancy; Repercussion analysis; School pregnancies*

Introduction

The early pregnancy is a worldly problem that touches not only the developed countries but also poor countries such as Benin. It has a major impact on the youth, particularly the girls. Far from being a new phenomenon, the pregnancy in schools is assimilated today to the increasing epidemic. In Benin, according to the report of Ministry of secondary education, techniques and professional training, (MESTFP, 2018) 2763 out of 301821 girls are pregnant for the academic year 2016-2017. The three districts on the top according to the statistics are: Collines (472 cases/17%), Zou (427 cases/15.45%) and Borgou (400 cases/14.48). The figure 1 bellow shows the distribution of pregnancies cases according to the districts.

Despite the numerous sensibilities in order to prevent the phenomenon, it persists every year. These pregnancies come about the youth which is the transition period between childness and adult age which extend according United States from 10 to 19 years old (OMS, 2014). It is a carelessness period

during which we take certain risks and the most one is the early pregnancies of girls and its consequences notably on their health and schooling. At the level of healthy for example, UNFPA (2015) shows that young girls of 14 or less are more twice exposed to the risks of maternal death and obstetrical fistula than aged women. It is very important to note the voluntary interruption of pregnancy (IVG) and its repercussions. According to OMS, 10% of 50 million abortions provoked in the world every years concern the youth aged from 15 19 (OMS 2012). At the social level, the consequences of pregnant girls are the schooling abandoned or the difficult to continue their studies and they are also rejected by the family and friends. Moreover, according to the UNFPA publication in 2013, it shows that, when a girl is pregnant or gave birth, her education, health, potential income and her future could have trouble and she could be condemned to be in poor life, exclusion and unpower. We should know that early pregnancy is an obstacle to reach many millennium objectives for the development.

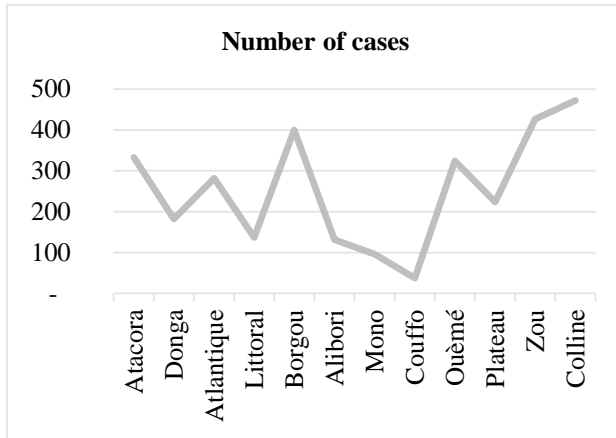


Figure 1. The distribution of pregnancies cases according to the districts (Source: SOSP/DESG 2017)

In fact, it prevents the efforts which are to ensure a primary education for all (OMD 2), to promote woman empowerment (OMD 3), to reduce the infant mortality (OMD 4) in order to improve maternal health. Despite the efforts of government and international organisations, the situation seems not to be improved. The aim of this study is to contribute to the improving of that situation by providing new elements through an analysis of social determinants and early pregnancies percussions at schools.

Scientific Literature on the Phenomenon

The situation of phenomenon in the world and in Africa. According to World Health Organisation (WHO), 2 millions of young girls aged at least 15 years old give birth each year. This number is very important: in the world, one adolescent of five have a child at eighteen years old. Those early pregnancies can be without consequence on the baby mother. It is in the poor countries that we observe more early pregnancies. In 36 of those countries, until 25% of girls who are between 15 and 19 are either pregnant or already mothers, and in 16 poor countries more than 40% of girls get married before 18 (Head & Al., 2014).

Sub-Saharan Africa knows the rate of fertility the highest among 15-19 years old (with 103 births for 1000 girls) (data opened from World Bank).

If certain adolescents plan and desire pregnancy, for other, it is not the same case. Some adolescents don't know how to avoid any pregnancy (sexual educations make default in many countries). They are sometimes ashamed or don't try to go toward contraception services. The young girls are not always able to refuse sexual intercourses non desired and those sexual intercourses are not protected. Some adults are able to give presents in order to make them accept their need. Then, the young girls make the children whose fathers are adults already married and refuse to accept their paternity. It is not sometimes for those girls to take again the schooling after those situations. Then, according to Mamadou K., and Abdoulaye K. (2015) 54.43% of girls who are pregnant in a study based on Senegal abandon their schooling. 39.39% repeat the classes whereas only 15.16 have the chance to continue their studies. It means pregnancies can prevent the schooling of adolescents.

Contraceptive Methods Make Sterile

Fertility Controlling has always been an issue in the life of societies. Since antiquity, infanticide, abortion and contraception have been practical, demonstrating the will of humans to escape from fatality. The methods used to control fertility have evolved over time. Thus, natural methods (coitus-interrupted or periodic abstinence) will succeed, in the twentieth century, modern methods consisting of mechanical (IUD) or medical devices (pill, implant, injection, for example). Medical methods are constituted substances with hormonal activity acting on the functioning of the reproductive organs. The principle is to use these

methods during periods when the woman or the couple does not wish to procreate, and to stop their use once the child desire appeared, considered to be chemicals, many side effects are blamed for these contraceptives, including the risk of infertility, introduced in low-income countries through programs aimed at controlling growth demographic of populations, and subject to various investments (from the part of governments, institutions, contraceptive methods encounter many obstacles. One of them is the belief related to the effects on the risk of infertility.

Prevention and Care

A preoccupying concern. The received idea around the sterilizing effects of contraceptive methods is still very present in populations. It often appears during my abortion surveys with young women in Ouagadougou. The pregnancies that led most of these girls to abortion were contracted because of the lack of contraceptive use despite the absence of child desire. Also, after abortion experiences with complications, some young women still hesitated to accept the contraceptive methods offered to them, or accepted them, but they chose not to use them once at home. Interviews with these young single women on the reasons for their refusal and reluctance revealed the fear of side effects, in particular the risk of infertility. One of them, after three abortions, still thought this: *"We have been informed that it is not good, it makes sterile. It seems to pile up in the womb and it ends up clogging the uterus, and then you can't have any more babies.* This is also the idea of some school girls and they also decide not to use them. Then, early pregnancy appears. From the fallopian tubes to the uterus, the substances contained in contraceptives such as the pill, implants or injectable attack, according to the perceptions of women met in Ouagadougou (Burkina Faso), the

reproductive organs of women for, ultimately, create sterility.

Teenage pregnancy is a fact around the world. Nearly 16 million girls aged 15 to 19 and 2 million girls under the age of 15 give birth each year. About 11% of all births worldwide "(WHO, 2014).

During the last two decades, the phenomenon of early pregnancies has developed and continues to spread in sub-Saharan Africa and particularly in Côte d'Ivoire. The occurrence of a teenage pregnancy is presented as a worrying fact, in particular because about half of these pregnancies end in voluntary abortion, or death in these adolescent girls (UNFPA, 2014).

UNESCO (2017) believes that early and unwanted pregnancies can be prevented by comprehensive and quality sex education, including addressing gender equality issues, in conjunction with services that distribute contraception. Reintegration into school and resumption of schooling policies for pregnant girls and young mothers must be put in place and properly implemented, to enable them to exercise their right to education.

In addition, despite the evolution of mentalities; the availability of contraceptives and the dissemination of information concerning contraception, young people's sexuality still raises many questions. In addition to unprotected sex, there are also psychological, social, cultural and economic factors underlying the adolescent girls' sexual and contraceptive behaviors. This situation has repercussions on all students as well as on the population and the Beninese State in its development process.

The data show that early marriage and early pregnancy from an economic perspective are inversely proportional to the economic level, which is; the higher the level, the lower the prevalence of early marriage. We can therefore say that financial autonomy is a protective factor against early marriage. Early marriage therefore has an economic cause. This same observation has been made in several studies in different regions in Africa and around the world. These studies have shown that child marriage is driven by the need to improve family income and reduce poverty (Nour, 2009). UNFPA has found that more than half (54%) of girls are early married in the poorest (UNFPA, 2012). This is caused by either early pregnancies or the volunteer of parents.

Impact of Early Marriage

Unfortunately, early marriage associated with poverty can reduce the educational level of the population due to the dropout of children and consequently increase the infectious and psychological rate.

Economic impacts. Indeed, an examination of the economic impacts of child marriage has shown that MP has a profound effect on the participation of the female workforce and reduces employment opportunities for girls:

"Child marriage can influence female labor force participation in a certain way, including through a reduction in expected returns, due to participation in a listed job due to low education and an increase in value relative unpaid domestic work from longer lifespan fertility... child marriage can also reduce labor force participation by significantly increasing the employment barriers of fertility and the reproductive roles of women". (Parsons et al, 2015).

This worsening of poverty at both the individual and community levels has a profound effect on the health status of early married girls or early pregnant girls. They are less likely to seek health care, more likely to be disempowered, and possibly more vulnerable to infectious diseases.

Some Solutions to Fight Against Early Pregnancy

- To carry out awareness-raising actions with parents and local authorities in order to inform them of the consequences of forced and early marriage and the risks of early pregnancy
- To carry out awareness-raising actions with children and young people to educate them about sexual and reproductive health, using contraception
- To take care of girls and strengthen maternal and child health services
- Carry out awareness-raising and advocacy actions with governments and local authorities to combat the causes of early pregnancy, and in particular against early marriage and sexual violence
- Distribute preventive contraceptives to young people.

Methodology

Study Area

Parakou (north of Benin) is particularly interesting as the frame of that study, because, despite the institutions which help to have good education and good health, we still continue to register the high rate of school pregnancies. It is one of the town of Borgou region where the big rate of pregnancies have been registered in schools. Parakou is located at the North of Benin with 255478 inhabitants (RGPH 4, 2013), from Cotonou 415km to Parakou. It is the biggest Town of septentrional region and the third Town with particular status after Cotonou and Porto-Novo. It is, at North

latitude 9° 21', at East longitude 2° 36', at a middle altitude of 350m and present a modest relief. The urban area of Parakou is extended on 441 Km² in which 30 km² of Urban domain constitutes of its important economic, a center of social ethnics group development.

Target, Sampling, Data Collection and Analysis

The target population is the students aged from 10 to 18 who have been once pregnant whatever the issue of pregnancy. For that, the eligibility criteria consisted to be student and be at least 10 years olds the moment of investigation. To that principal target group, we add the student parents and the educational authorities (teachers, directors) and the health staff.

The data have been collected in October 2018 in three colleges of Parakou. In order to cover the three roundings of the Town, we have chosen by chance one college in each rounding. CEG Okédama, Banikanni and Zongo have been chosen. The data have been collected two categories, for the students and staff of education have been made in those 3 colleges.

- The girls' questionnaires are about: (1) to the individual characteristics (current age, level of the study, religion, ethnic, etc.) and environmental (parent or guardian status); (2) to their knowledge level on the sexual and reproductive health and early pregnancy; (3) to their sexual activity; (4) to the early pregnancy consequences
- The educational staff (the principal of school/ Biology teachers) have been submitted an individualized talking on: (1) phenomenon growing, (2) consequences mainly schools one; (3) the follow up strategies of students in their schools.

- The victim student parents have participated to individual talking on: (1) their reaction on the phenomenon; (2) preventing pregnancies strategies
- The medical staff: (1) to the preventing and to the picking up of pregnancies cases, (2) to the impact on the victims

Inside of girls investigated category, they have been selected through the snowball techniques in order to get contact with the girls who have lived these three last years the case of pregnancy, this has allowed to investigate 33 girls. For the second category of our sample, the analytic choice has been used to select the educational actors (06 persons). In the third category (students parents) the random simple choice through the girls students investigated list have been realised in order to chose six (06) students parents. Two health professionals have been also investigated and constitutes the fourth category. In total, our sample is constituted of 47 actors of 4 categories.

A semi structured questionnaire has allowed to collect the data to different actor categories. The data collected have been computerised in the EXCEL Software and the word processing has been realised with the Word Software. The different data collected have permit to test hypothesis. The descriptive statistics has been used through the n frequency tables for the analysis and the Software SPSS version 17.0 has been used.

Results and Discussions

Sociodemographic Girls Investigated Profile

Unexpected age of pregnancy cases. The middle age of girls investigated who have been once pregnant is 16. The minimum age is 14 and maximum is 18. We notice that, it is the girls of 15 and 17 years old who have been pregnant (48.4%). It means that the majority of students get pregnant before the major age of 18.

Table 1

Repartition of Investigation According to the Age

Age of girls	workforce	Fréquency (%)
14	4	12.1%
15	8	24.2%
16	7	21.2%
17	8	24.2%
18	6	18.2%

Source: Field investigation data, October 2018

Repartition of Girl According to the Study Level

It results that, practically all the pregnant girls investigated (91%) are almost in the first cycle (from 6^{eme} to 3^{eme}). 9% of pregnancies concern the girls of 2^{nde}. The investigation show that it is in 4^{eme} and 3^{eme} classes that the rate of pregnancies is high.

Persons with Whom Live the Pregnant Girls

The majority (27%) of pregnant girls live with their parents. If the girls are able to get pregnant when they live with their parent, it means that parents do not follow their children and they do not play their role correctly. We should remark that (6%) live alone and (3%) with their parents in low.

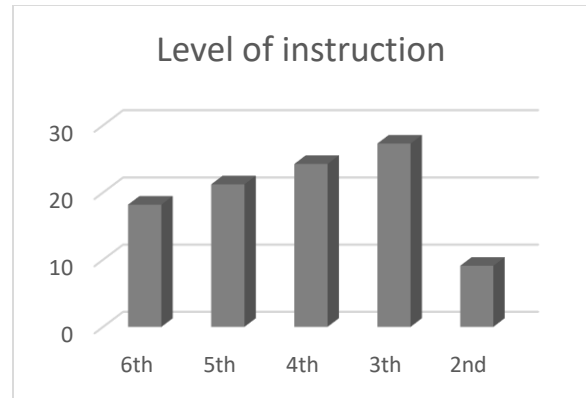


Figure 2. Repartition of girls according to the study level (Source: Field investigation data, October 2018)

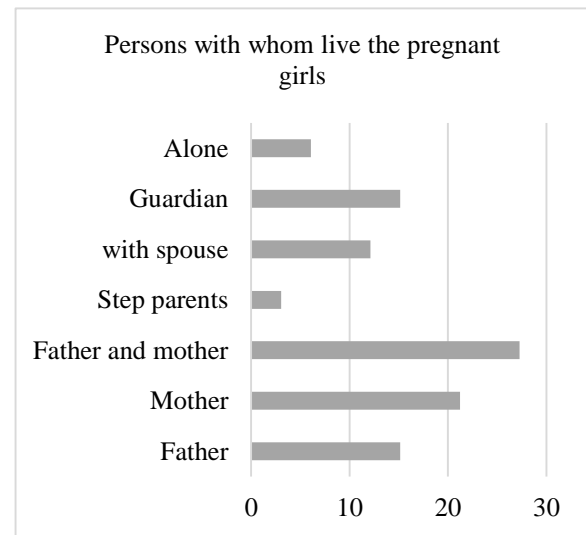


Figure 3. Persons with whom live the pregnant girls (Source: Field investigation data, October 2018)

Consent of the Girls on the First Sexual Act

From the results of our surveys, it appears that the majority (63%) of girls had their first sexual intercourse on a voluntary basis and consented. Nevertheless, nearly 24% were forced. The first sexual intercourse goes back to 3 years on average, so the majority of the girls had the first sexual intercourse between 11 and 14 years old. This demonstrates the precocity of sexual intercourse in schools.

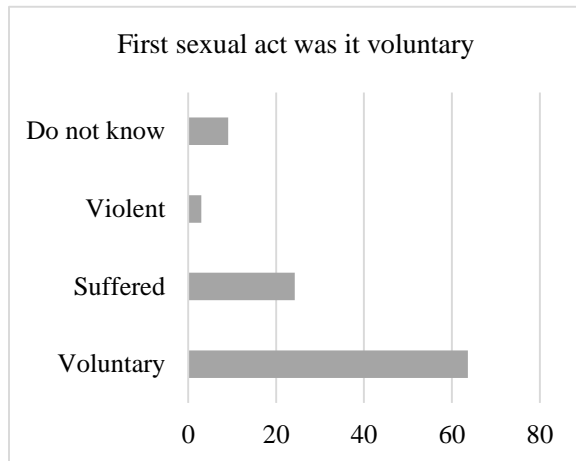


Figure 4. Consent of the girls on the first sexual act (Source: Field investigated data, October 2018)

Social Determinants of Pregnancy

The analysis of the perpetrators of pregnancy shows that most of the risks that girls face come from the school environment. According to our surveys, 43% of pregnancy writers are boys who share the school environment with girls. This shows that girls have not been sufficiently prepared to withstand the pressure and make decisions independently with the consequences of their sexual behavior. 25% of the authors are teachers. According to Dagnongo (2014), sexual harassment by some teachers or school administrative staff towards girls is one of the main causes of school pregnancy. The girl cannot resist this pressure gives in exchange for some favors such as good grades or against money, which sometimes causes pregnancies in the latter. 58% of girls say that spending money does not allow them to meet their needs. Lack of money or parental poverty therefore increases the risk for girls of having unwanted or unprotected sex. Almost half of girls (48%) never use a condom (Figure 5), sometimes their fellow boys require them. Girls are not always able to refuse

unwanted sex or to resist coercion, and these relationships are generally not protected. It must be said that 81.3% of students are ashamed to buy condoms in the presence of someone they know.

According to Grant et al, (2002), poverty is the most discriminating factor of pregnancy during adolescence. What's more, with poverty, these girls are experiencing the most problems in caring for the child. It was noted that girls from the most disadvantaged households are significantly more at risk of early pregnancy and childbearing. The analysis in Figure 6 reveals that the highest pregnancy rates were among girls from rural areas (45%). Girls who are poor, poorly educated or living in rural areas are more likely to become pregnant than girls who are better off, educated or living in the city, "UNFPA confirms.

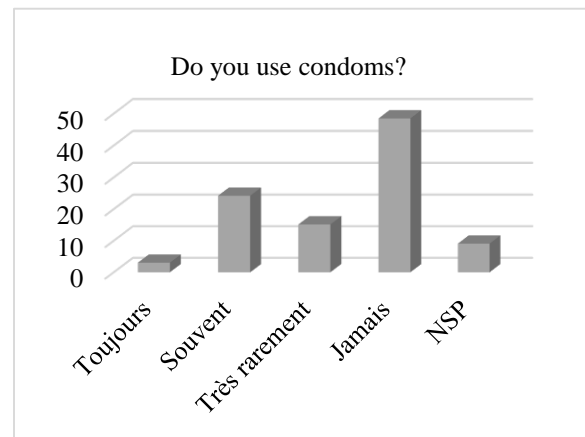


Figure 5. The use of condoms during sexual intercourse (Source: Field investigated data October 2018)

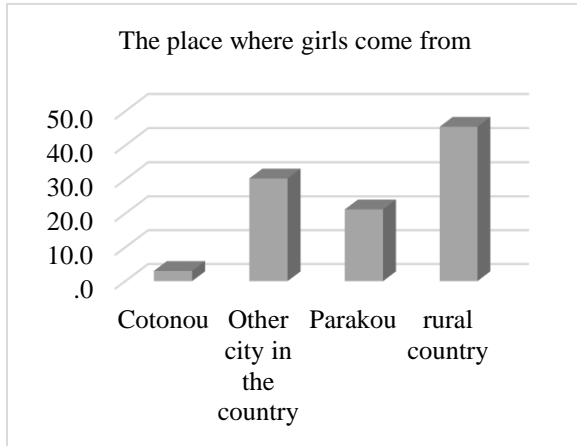


Figure 6. The place where girls come from (Source: Field investigated data, October 2018)

The results of demography and health investigation made by the health ministry are the same with our results. Those results reveal that the sexuality is precece in Benin. Before the age of 15 years old, 13.12% of girls have already sexual intercourse. Moreover, 21% of girls aged from 15 to 19 yearshold have active fecund life, Moreover, 21% of girls aged 15-19 have an active fertile life, to the point where 01 out of 05 pregnancies in Benin is the fact of a teenager. This precociousness of sexual intercourse coupled with the low unmet need for family planning would be the basis for unwanted and early pregnancies, which unfortunately result in clandestine abortions.

We can conclude that unprotected sex, parental poverty or lack of financial means and sexual harassment are the main causes of early pregnancy in schools.

Another cause of school pregnancy is lack of sex education, 61% of girls say they do not receive sex education. Indeed, the majority (81%) of the girls interviewed pregnancy cases encountered in their schools are unwanted. We think this could be related

to girls' ignorance and that, most parents do not discuss reproductive health issues with their children. For Kouakouand al., 2018; the role of parents is essential in the sexual education of children. This is why, for the latter, particular emphasis must be placed on the knowledge of the menstrual cycle by young girls in an open discussion of parents with children, especially girls. If in traditional societies, sex was a taboo subject, it is less so in modern society with the development of the means of communication and information available to all.

For the one who received a sexual education, they mentioned the contexts. It is mainly by order the awareness of health centers, between friends, the media and the family environment.

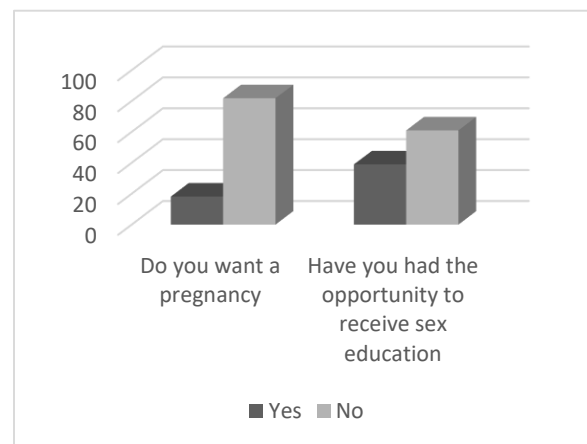


Figure 7. pregnancy desire and sexual education (Source: Field data investigation, October 2018)

For some of the schools' leaders, it is especially the naivety and the ignorance that lead the children into this setting. At home, some parents still consider sex as a taboo subject and do not discuss it with children at all. And that's the biggest mistake we make. What we hide from them is in the city they discover, and welcome to the damage. Each child should be having

the appropriate sexual education, according to his age. Added to this lack of sex education at home, the excessive ambition of some girls and their social life condition. According to teachers, ignorance about not using contraceptive methods favors unwanted pregnancies. BanzaBaya, 2000 reinforces the veracity of this study finding when he argues that contraceptive methods are an important means of preventing pregnancy and other infections.

A situation that disorients parents

The occurrence of early and unwanted pregnancies, usually committed by classmates and sometimes by teachers, is an obstacle to the success of projects that parents have for their children. Below, two paragraphs retracing the comments collected from the girls' parents.

My name is Sandre, I am 14 years old and I am a student in second form class of first cycle. I am pregnant and it is my teacher who is the author of the pregnancy. Then, I met her mother and she told me her state of mind. She said: "I fainted when I heard the news". "I could not stand this news. I was shaking upright. It's a shame for me because I'm in a polygamous family. I stayed at a friend's house for three days. And they asked me not to make noise with her to avoid more damage. What is certain, she will go to school with pregnancy."

As for Mohamed, of Rachida's father who became pregnant in third form of first cycle.

I simply sent Rachida out of the house. "Her little sister work hard at school. I did not want her, as a big sister, to give bad examples to others. I was disappointed. I learned that she went to her mother's house in Cotonou. It was after the birth that I saw her again.

And her luck is that she agreed to resume classes otherwise I would have send her out again.

Impact of Pregnancy in School

When a girl is pregnant, she is a real problem for herself, for her family, a handicap for her studies and her personal development. Thus, the consequences of this phenomenon are several domains: on the sanitary level, the social plan and the school plan. 45% of girls recognize that school drop-out is the first consequence of pregnancy. Then comes the relationship in society (39%) that is manifested by the departure of the family home, the deterioration of living conditions and relations with parents, joined the roof of the author of the pregnancy. Finally, health problems (3%). In the following we will study one by one these problems.

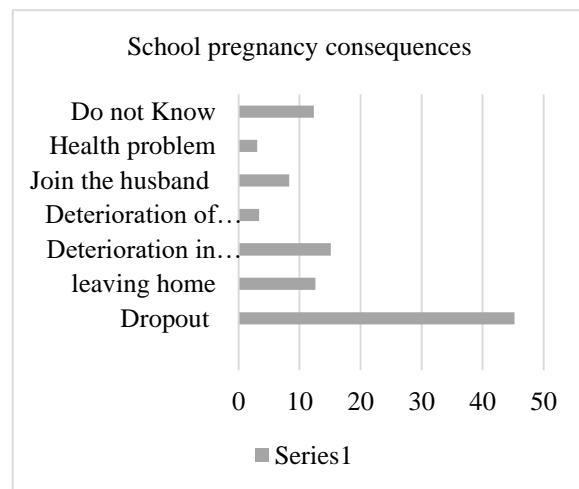


Figure 8. school pregnancies consequences (Source: Field investigated data, October 2018)

At the School Level

The majority of the girls investigated have a child, so they carried the pregnancy to term (88%). Pregnancy is ongoing for others while only one has 2 children. All pregnant girls are forced to stop classes at some point because of physiological changes that affect women.

This negatively compromises their academic success. In the best of cases, she will lose a school year, or miss a test, but if it has not been well followed, the drop-out becomes inevitable. According to the figures obtained from the heads of institutions, the drop-out rate attributed to pregnancies is around 27%. According to Berrewarerts, Noirhomme-Renard (2006), the occurrence of a pregnancy during adolescence is significantly associated with a greater number of school failures. This break is not only academic but also social because early pregnancy is a phenomenon that, if we are not careful, pushes the nail in the social inequalities (Kouakouand al., 2018). Therefore, it is the responsibility of the education sector to ensure that pregnant students can exercise their right to continue their education. This is why UNESCO (2017) says that it is very important to provide girls and boys early on with comprehensive sexuality education, which includes a strong gender and rights component and emphasizes skills development. Sex education classes provide girls with a better understanding of themselves, their bodies, their rights and abilities, including avoiding pregnancy and making reproductive choices.

On the Social Plan

The departure from the family home, the deterioration of the living conditions and relations with the parents, joins him from the roof of the author of the pregnancy are the social consequences affirmed by the girls themselves. Indeed, when a girl student is pregnant, she becomes the laughingstock of the whole community and an object of shame for her family. Early pregnancy leads to social breakdown. According to Kouakou, 2018; a girl who makes a child without having been pubertal or married is unacceptable because it is perceived as a disgrace, even an

abomination. Thus, the precocity of maternity is not governed by biological age but by the practice of the community pubertary rite.

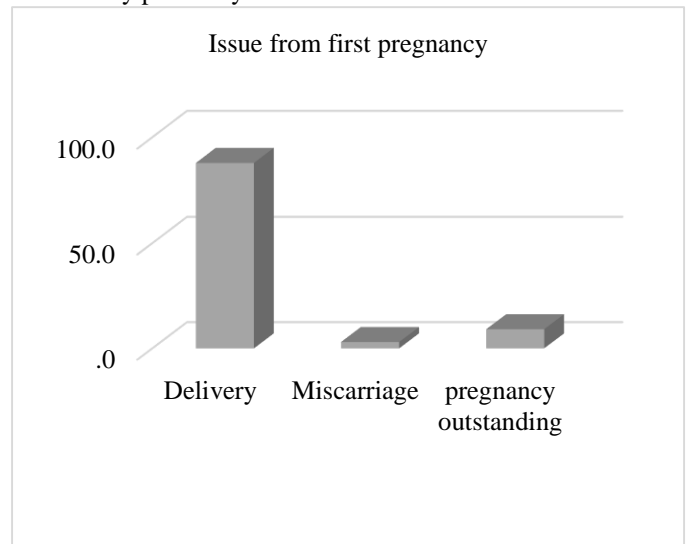


Figure 9. From the first pregnancy (Source: Field investigated data, October 2018)

In Terms of Health

Pregnancy for 9 months is not child's play. The lack of maturity of these mothers 'mothers' genitals exposes them to many health risks such as clandestine abortions, which often result in complications that can lead to death, congenital malformation, internal bleeding during childbirth. But for the respondents the majority (35%) do not know the health risks they incur. However, about 27% recognize that they can catch HIV / AIDS. An amazing result is that 14% of girls claim that there is no health risk of reaching an early pregnancy.

Proposal for a Strategy to Prevent Pregnancy in Schools

Following our results, we propose some strategies to prevent pregnancy in schools. Some of these strategies are linked to those of the World Health Organization.

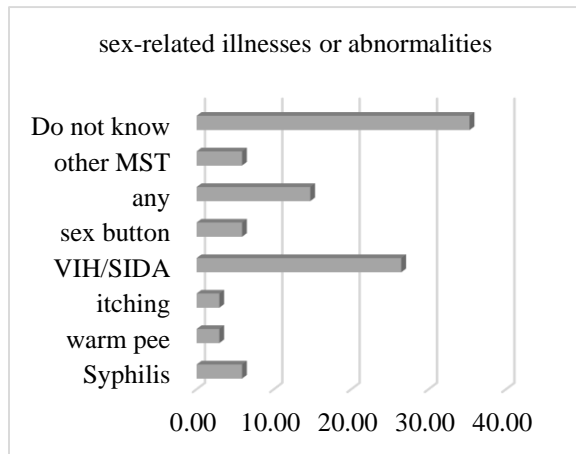


Figure 10. sex-related illnesses or abnormalities (Source: Field investigated data, October 2018)

Inform and educate adolescents about school sexuality. Many teenage girls start having sex before they even know how to avoid unwanted pregnancies or sexually transmitted infections. The group ripple effect and the desire to conform to stereotypes increase the likelihood of early and unprotected sex. In order to prevent early pregnancy, sex education in school curricula needs to be widely implemented. These programs must develop the acquisition of life skills, provide support for the understanding and management of thoughts, feelings and emotions that accompany sexual maturity. These programs will be linked to counseling and delivery structures for contraception. The project "Experimentation of Teaching and Learning Tools for Sexual Health Education (Ess) in Schools" in Benin is already a beginning of solution and must rigorously implemented for a satisfactory result.

Promote the use of contraception. After educating students about sexuality, we think they should be given the opportunity to use contraceptive methods. Adolescents often do not seek contraceptive services because they are afraid of social stigma or to be judged

by medical staff. Adolescents may not know where to get contraceptives and how to use them appropriately. Efforts should be made to provide accurate information on contraceptives and to ensure that the community supports the distribution of contraceptives to adolescents.

Reduce the number of forced teenage sex. Our results show that most pregnancies are unwanted and girls are most often forced because they are under great pressure, especially from teachers. Policies must provide for very harsh penalties for perpetrators and for victims and their families to gain the support of the authorities when seeking justice. Girls may feel unable to refuse sex they do not want. Policies must provide them with the means to protect themselves and to be able to seek and obtain effective help.

Schools must define, with the active participation of parents and pupils, repressive measures and procedures in case of pregnancy on a pupil. Repressive measures will be popularized through mass mobilization campaigns and internal regulations. The campaign of social mobilization and awareness will enable the authors of early pregnancies to become aware of the offenses they comment on, the penalties they incur and that parents and schools are aware of their responsibilities in protecting children.

Conclusion

The present study focused on the analysis of the social determinants and repercussions of early school pregnancy in the city of Parakou. The study revealed the extent of the phenomenon in schools. The results reveal that unprotected sex, parental poverty or lack of financial means, sexual harassment and lack of education are the determinants of early pregnancy in

school settings. Thus, these early pregnancies have repercussions at school, social and health levels. It is urgent to be prepared for the efforts made in the education system not to be destroyed by these unorthodox practices, which hinder the school life of the girl. While it is true that the rigorous application of the texts in this area seems the appropriate solution, the fact remains that the parents must take

responsibility and the learners for their part must be aware. Parent-child dialogue at home about sexuality, sex education in school, abstinence, adoption of a contraceptive method by young people who already have an active sex life can help to significantly reduce early and unwanted pregnancies in schools and thus enable girls to complete their schooling and thus fulfill their dream.

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