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Level and factors associated with entry into motherhood among adolescents in a crisis context: Case of internally displaced adolescent girls in Kaya and Kongoussi communes, Burkina Faso

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Abstract

This study aims to measure the level of entry into motherhood among internally displaced adolescent girls in Kaya and Kongoussi communes, Burkina Faso, and to analyze the factors associated with it. Data were collected from 404 adolescent girls aged 12-19 years in a cross-sectional survey conducted between July and August 2021. The proportion of internally displaced adolescent girls who had started childbearing was 26.5%. Age, marital status and current use of modern contraception were found to be significantly associated with entry into motherhood among internally displaced adolescent girls. Marital status mediates the effect of religion and employment on entry of the adolescents into motherhood. The results suggest that actions aimed at preventing early marriage and improving employment opportunities among adolescent girls could potentially prevent their early entry into motherhood. (*Afr J Reprod Health* 2024; 28 [8s]: 145-154).

Keywords: Entry into motherhood; associated factors; internally displaced adolescent girls; Kaya; Kongoussi, Burkina Faso

Résumé

Cette étude vise à mesurer le niveau de l'entrée en vie féconde chez les adolescentes déplacées internes dans les communes de Kaya et Kongoussi, Burkina Faso, et d'analyser les facteurs qui y sont associés. Les données étaient recueillies auprès de 404 adolescentes âgées de 12-19 ans dans une enquête transversale réalisée entre juillet et août 2021. Le niveau de l'entrée en vie féconde chez les adolescentes déplacées internes était de 26,5%. L'âge, le statut matrimonial et l'utilisation actuelle de la contraception moderne ont été trouvés être significativement associés à l'entrée en vie féconde chez les adolescentes déplacées internes. Nous avons montré que le statut matrimonial médiate l'effet de la religion et de l'emploi sur l'entrée en vie féconde. De tels résultats suggèrent que les actions visant à prévenir le mariage précoce et à améliorer les possibilités d'emploi chez les adolescentes pourrait potentiellement prévenir leur entrée précoce en vie féconde. (*Afr J Reprod Health* 2024; 28 [8s]: 145-154).

Mots-clés: Entrée en vie féconde; facteurs associés; adolescentes déplacées internes; Kaya; Kongoussi Burkina Faso

Introduction

Adolescence is a critical period in the physical, cognitive, social and emotional development of every human being¹. The development of adolescent girls' human and social capital, necessary for quality adult life, depends on the conditions in which they live and the environment in which the transition to adult life takes place². This observation is even more relevant in West and Central Africa (WCA) where, in addition to the already precarious socio-economic situation, there are significant sexual and reproductive health problems that adolescents face².

Since 2016, like other WCA countries, Burkina Faso has faced the challenge of terrorism, which has led to the massive displacement of families within the country from their normal places of residence. These internally displaced persons (IDPs) currently find themselves in temporary reception sites. This population of IDPs is now estimated to be more than two million across the national territory with a large representation of women, adolescents, and children³. The Center-North region of Burkina Faso to which the urban communes of Kaya and Kongoussi belong, is one of the areas most affected by the security crisis. It is the region of Burkina Faso with the

second highest population of IDPs, the vast majority of whom are found in the urban communes of Kaya and Kongoussi³. In addition, the Center-North region is one of the regions of the country with the highest prevalence of gender-based violence⁴. For example, the prevalence of domestic violence in the Center-North region was estimated at 20%, while 63% of women are married before the age of 18 compared to 44% nationally⁵. Poor access to sexual and reproductive health services for women and girls in situations of forced displacement remains one of the main problems which contribute to accentuating their vulnerability and increasing risky pregnancies for them and their offsprings⁶.

Teenage pregnancies and motherhoods remain high in WCA. It is estimated that in West and Central Africa (WCA), more than 4 million adolescent girls aged 15-19 years become pregnant each year, and 2.6 million of them give birth to children⁷. Burkina Faso, in particular, faces high fertility among adolescents. According to the 2021 Burkina Faso's Demographic and Health Survey, the fertility rate is 93 live births per thousand adolescent girls aged 15-19 years.⁸ This high level of fertility among adolescents is largely explained by their early age of entry into motherhood. More precisely, entering into motherhood refers to the fact that the adolescent has already given birth to a child or is carrying a first pregnancy.

The entry of adolescents into childbearing has serious consequences throughout the life cycle on their health and socio-economic well-being. It constitutes an obstacle to their academic achievement and is one of the main causes of gender inequality in education, gender roles, employment, and income⁹⁻¹¹. It is estimated that more than 100 million adolescent girls drop out of school each year, with pregnancy being one of the main reasons¹². The United Nations High Commissioner for Refugees (UNHCR) has identified unwanted pregnancy as one of the main reproductive health challenges in crisis situations. Indeed, living in a situation of forced displacement can increase adolescent girls' vulnerability to unwanted pregnancies and other reproductive health problems, including early sexual intercourse, early marriage, unprotected sex, and sexual exploitation in the absence of traditional socio-cultural constraints¹³. Likewise, poverty, powerlessness, and loss of security, which often result from situations of forced displacement, can force women and girls to adopt harmful behaviors,

such as prostitution and sex trading for food or protection¹³.

Despite the numerical importance of adolescent girls and young women in situations of forced displacement in WCA and particularly in Burkina Faso, few studies have adopted a gender perspective and analyzed the factors which contribute to the entry into motherhood among these vulnerable populations. Consequently, there is a lack of conclusive data to inform the design of policies and programs for improving the sexual and reproductive health and rights (SRHR) of adolescent girls in situations of forced displacement. This study on the entry into motherhood among internally displaced adolescent girls in the urban communes of Kaya and Kongoussi in Burkina Faso was undertaken with a view to providing information to guide decision-making and the design of interventions in favour of adolescents in conflict situations.

The objective of this study is to provide a better understanding of the factors which predispose adolescent girls in situations of forced displacement in Kaya and Kongoussi, Burkina Faso towards childbearing. The specific objectives of the study were twofold: 1) to measure the level of entry into motherhood among internally displaced adolescent girls in the communes of Kaya and Kongoussi, Burkina Faso; and 2) to analyze the factors associated with the entry into motherhood among internally displaced adolescent girls in the communes of Kaya and Kongoussi, Burkina Faso.

Theoretical framework

The literature has consistently documented that in sub-Saharan Africa, indicators of socioeconomic status (including education, income, wealth, occupation) are factors associated with adolescent girls' early entry into childbearing¹⁴⁻¹⁹. Indeed, adolescent girls without formal education are more likely to become pregnant¹⁴. Similarly, many girls drop out of school when they believe that marriage and pregnancy are a better option for their socio-economic conditions, which contributes to teenage pregnancies¹⁴. Furthermore, poverty limits freedom, opportunities and resources and creates conditions of powerlessness, exclusion and vulnerability. Such vulnerabilities can create increased conditions for adolescent pregnancy¹⁴.

Authors in Burkina Faso have identified that the age of adolescents, their marital status, and the

use of modern contraceptive methods were significantly associated with their entry into childbearing²⁰. Adolescents aged 17 or over were 6.2 times more likely to have a child or be pregnant compared to those aged 15-16²⁰. Similarly, adolescent girls in a union were 76.1 times more likely to become fertile than their single counterparts²⁰. In addition, adolescents who do not use modern contraceptive methods were 4 times more likely to become fertile than those who use contraceptives²⁰. It has also been found elsewhere in Africa that certain factors directly or indirectly influence the entry into fertility of adolescent girls, including the use of contraceptive methods, the level of education, marital status, the standard of living of households, religion, place of residence and age²¹.

Studies have shown that some adolescent girls deliberately become pregnant so that the relationship can continue or the partner will marry them²². Additionally, in order to achieve status and acceptance as a woman in a society, some adolescent girls may become pregnant to prove their fertility²³. Therefore, it is possible that adolescents who are considering entering childbearing base their decision on the influence of social norms and practices²⁴. These social norms and practices, which often discriminate against women and girls, affect various subjects such as early marriage and autonomy in matters of sexual and reproductive health.

Early marriage, widespread and persistent, particularly discriminates against girls in WCA countries. In Burkina Faso, in several communities in the Center-North region where customs and traditions still enforce laws and respect, early and forced marriages are still perennial practices⁴. These practices give girls an inferior status within the household, and their involvement in decisions is constrained by their status as “minors”²⁵. The decision-making power of young girls regarding their marriage may be limited due to traditional practices placing them at the center of a transaction, and marriage can be seen as a rapprochement between two families where the hand of the girl is offered in recognition of 'a deep friendship or mutual assistance'²⁵. Early marriage places young girls at high risk of pregnancy because girls married early are generally unlikely to influence decision-making about delaying pregnancy or using contraceptive methods.

Regarding the sexual and reproductive autonomy of women and girls, in many WCA

countries and particularly countries affected by humanitarian crises, it is threatened by social norms excluding them from the process of decision-making relating to family planning, sexuality and fertility. For example, one study found a high percentage of women with unmet demand for family planning in the Center-North region of Burkina Faso⁵. This study also showed that although a majority believe that decisions should be made by both partners jointly, a significant proportion of the population maintains that women and girls should not take part in decisions relating to the use of contraception, birth spacing and number of children, since this is the husband's monopoly⁵. Another study from Niger found that husbands physically and verbally condemned their teenage wives' use of modern contraceptive methods, and the main reasons cited were perceptions of betrayal and misunderstandings about procreation²⁶.

The lack of decision-making power of young girls regarding contraception, as well as social norms and practices restricting their access to family planning and sex education explain a significant proportion of early pregnancies⁵. Furthermore, given the minor status, women and young girls must seek permission from their husbands to go to health services²⁷, which results in low use of contraception, leading to unwanted pregnancies. Furthermore, forced sexual relations suffered by women and young girls within relationships are a form of violation of their rights to bodily autonomy which seems justified by social norms which assume that the role of the woman is to provide to the physical needs of her husband⁵.

Methods

Data source

Data come from a quantitative cross-sectional survey carried out as part of the “SSRD-COVID: Strengthening access to sexual and reproductive health services and related rights for internally displaced adolescent girls and women during the COVID-19 pandemic” in Burkina Faso. The project was funded by the International Development Research Center (IDRC-Canada) and was implemented by the Higher Institute of Population Sciences (ISSP) of Joseph Ki-Zerbo University, Ouagadougou. The survey was carried out between July and August 2021 in 24 temporary reception

sites in Kaya and Kongoussi communes in the Center-North region of Burkina Faso. Since 2016, Burkina Faso has been experiencing serious security crisis, which have led to the forced displacement of populations²⁸. Since crisis began, the Center-North region has been one of the areas with the highest percentage of internally displaced persons.

Survey data were collected using questionnaires administered to households and women aged 12-49 living in temporary reception sites in the communes of Kaya and Kongoussi. Our analysis concerns data collected on 404 internally displaced adolescent girls aged 12-19, from randomly selected internally displaced households.

Variables

The dependent variable

The dependent variable of this study is the entry into motherhood. It is a dichotomous variable which takes the value 1 if the adolescent has already given birth to a child or is currently pregnant, and 0 if otherwise.

Independent variables

The independent variables retained for this analysis are: age, host commune, region of origin, religion, level of education, standard of living of the household, employment, marital status, degree of autonomy in family planning (FP) matters, degree of FP knowledge, and current use of modern contraception.

The degree of autonomy in matters of FP was assessed using the following five items: i) If I use a family planning method, my husband/partner could look for another sexual partner; ii) If I use a family planning method, it will be difficult for me to get pregnant when I want to have children; iii) If I use a family planning method, my children may not be normal at birth; iv) If I use a family planning method, my body may have side effects that may affect my relationship with my husband/partner; v) I will have problems in my relationship/marriage if I use a family planning method. The response options were measured on a Likert scale ranging from 1 (Strongly agree) to 5 (Strongly disagree). The results of the responses were added and divided by the number of questions (5) in order to obtain the degree of autonomy in matters of FP. Thus, the higher the score, the more autonomy the adolescent has.

Subsequently, autonomy was qualified as strong if the score is 4 or 5 and weak if it is three or less.

The degree of knowledge of FP was assessed using both knowledge of contraceptive methods, knowledge of supply locations, and knowledge of the benefits of FP. Each item cited gives 1 point and 0 otherwise. The total possible scores being 17, the respondents obtained scores ranging from 0 to 17. Adolescents who obtained at least half of the points were considered to have a high degree of knowledge of FP.

Data analysis

The analysis used a descriptive approach and an explanatory approach. The descriptive method measured the level of entry into motherhood among internally displaced adolescent girls, but highlighted the bivariate relationships between the independent variables and entry into motherhood using the Chi-square test. At the explanatory level, the logistic regression model was used to identify the net effect of each of the independent variables on the entry of internally displaced adolescent girls into childbearing life.

Ethical considerations

This study received ethical approval from the Ethics Committee for Health Research (CERS) of Burkina Faso in their meeting no. 2021-03-061 of March 10 2021.

Results

Description of the sample

Table 1 presents the characteristics of the internally displaced adolescent girls surveyed. In the sample, more than one in four internally displaced adolescent girls (26.5%) had begun their childbearing life. Nearly three-quarters (74.8%) of the internally displaced adolescent girls surveyed were aged between 12 and 17 years. Over half of the internally displaced adolescent girls (52.5%) came from the Center-North region of Burkina Faso. Nearly 90% of the girls were Muslims. With respect to their level of education, 53.9% of the internally displaced adolescent girls surveyed have never attended school, while 78.2% of them were unemployed.

Nearly one in three of the internally displaced adolescent girls (33.7%) were in a union.

Table 1: Characteristics of internally displaced adolescent girls aged 12-19 in the communes of Kaya and Kongoussi (Burkina Faso), 2021

Variables	n	%
Began her childbearing life		
No	297	73.5
Yes	107	26.5
Age		
12-17 years	302	74.8
18-19 years	102	25.2
Host commune		
Kaya	162	38.7
Kongoussi	242	61.3
Region of origin		
Center-North	212	52.5
Other regions	192	47.5
Religion		
Muslim	361	89.9
Christian	42	10.1
Level of education		
Uneducated	218	53.9
Educated	186	46.1
Household standard of living		
Poor	188	46.6
Average	59	14.6
Rich	157	38.9
Employment		
Does not have an employment	317	78.2
Has an employment	87	21.8
Marital status		
Not in union	268	66.3
In union	136	33.7
Degree of autonomy in matters of FP		
Low	270	66.7
High	134	33.3
Degree of knowledge of FP		
Low	310	76.8
High	94	23.2
Use of modern contraception		
No	357	88.2
Yes	47	11.8
Total	404	100.0

The proportions are weighted. The numbers are not weighted.

More than two out of three (66.7%) internally displaced adolescent girls surveyed were considered to have low autonomy in matters relating to family planning, while 76.8% had low level of knowledge of FP. Among the adolescent girls sampled., their use of modern contraception was low, with only 11.8% of them ever using a modern contraceptive method.

Differential analysis of adolescents' entry into childbearing life. Table 2 presents the bivariate associations of the entry of internally displaced adolescent girls into childbearing life by their sociodemographic characteristics, their degree of autonomy in matters of FP, their degree of knowledge of FP and their use of modern contraception.

Two important pieces of information appear in this analysis. Entry into motherhood among internally displaced adolescent girls mainly concerns those aged 18 to 19 years and those who are in union. The results showed that 8 out of 10 adolescent girls were at least 18 years old, while only 1.5% of adolescent girls became fertile without being in a union. The problem of entry into fertile life by adolescent girls in the two study sites seems raised more the question of early entry into union than a problem of promiscuity. Among adolescent girls in union, 76% had already entered into childbearing life. In addition, among adolescents aged 18 to 19 years, 90% were currently in a union and 18% were currently pregnant (see Tables 3 and 4).

The results show that age, religion, education level, employment, marital status, degree of FP autonomy, degree of FP knowledge and current use of contraception modern were all important differentiating factors in the entry into childbearing life of internally displaced adolescent girls. The proportion of internally displaced adolescent girls having started their fertile life was higher among those belonging to the Muslim religion (28%), those who had no education (32.7%), those without employment (29.8%), those with high autonomy in FP (48.6%), with a high degree of knowledge of FP (65.4%), and those currently using modern contraception (82.9%).

Factors associated with entry into motherhood among internally displaced adolescent girls – results of logistic regression

In model 1 in which the effects of certain sociodemographic characteristics of adolescents (age, host commune, region of origin, religion) were simultaneously evaluated, age and residence in the commune of Kongoussi were associated with an increased probability of entry into childbearing among internally displaced adolescent girls (Model 1, Table 5).

Table 2: Bivariate associations between entry into childbearing life and the characteristics of internally displaced adolescent girls aged 12-19 in the communes of Kaya and Kongoussi (Burkina Faso), 2021

Variables	n	Began her childbearing life		Chi ²
		No (%)	Yes (%)	
Age				189.91
12-17 Years	302	91.0	9.0	$p < 0.001$
18-19 Years	102	21.3	78.7	
Host commune				1.24
Kaya	162	76.5	23.5	$p = 0.287$
Kongoussi	242	71.5	28.5	
Region of origin				0.39
Center-North	212	72.2	27.8	$p = 0.498$
Other regions	192	74.9	25.1	
Religion				4.85
Muslim	361	72.0	28.0	$p = 0.010$
Christian	42	88.0	12.0	
Level of education				9.10
Uneducated	218	67.3	32.7	$p = 0.013$
Educated	186	80.6	19.4	
Household standard of living				2.48
Poor	188	70.2	29.8	$p = 0.318$
Average	59	72.6	27.4	
Rich	157	77.7	22.3	
Job				7.86
Does not have an employment	317	70.2	29.8	$p = 0.020$
Has an employment	87	85.1	14.9	
Marital status				255.36
Not in union	268	98.5	1.5	$p < 0.001$
In union	136	24.2	75.8	
Degree of autonomy in matters of FP				50.03
Low	270	84.4	15.6	$p < 0.001$
High	134	51.4	48.6	
Degree of knowledge of FP				94.28
Low	310	85.2	14.8	$p < 0.001$
High	94	34.6	65.4	
Use of modern contraception				87.74
No	357	81.0	19.0	$p < 0.001$
Yes	47	17.1	82.9	
Total	404	73.5	26.5	

The proportions are weighted. The absolute frequencies (n) are unweighted.

Table 3: Bivariate association between marital status and age of internally displaced adolescent girls aged 12-19 in the communes of Kaya and Kongoussi (Burkina Faso), 2021

Variables	n	Marital status		Chi ²
		Not in union (%)	In union (%)	
Age				194.67
12-17 years	302	85.3	14.7	$p < 0.001$
18-19 years	102	9.7	90.3	
Total	404	66.3	33.7	

The proportions are weighted. The absolute frequencies (n) are unweighted.

Table 4: Bivariate association between current pregnancy and age of internally displaced adolescent girls aged 12-19 in the communes of Kaya and Kongoussi (Burkina Faso), 2021

Variables	n	Is currently pregnant		Chi ²
		No (%)	Yes (%)	
Age				29.23
12-17 years	302	97.3	2.7	<i>p</i> < 0.001
18-19 years	102	82.0	18.0	
Total	404	93.5	6.5	

The proportions are weighted. The absolute frequencies (n) are unweighted.

Table 5: Odds ratios (OR) of logistic regression predicting entry into childbearing life among internally displaced adolescent girls aged 12-19 in the communes of Kaya and Kongoussi (Burkina Faso), 2021

Variables	Raw effects OR (95% IC)	Model 1 OR (95% IC)	Model 2 OR (95% IC)	Model 3 OR (95% IC)
Age				
12-17 years	1.00	1.00	1.00	1.00
18-19 years	37.04 (20.01-68.54)***	50.09 (24.31-103.19)***	7.36 (3.03-7.86)***	4.93 (1.97-12.32)**
Host commune				
Kaya	1.00	1.00	1.00	1.00
Kongoussi	1.30 (0.82-2.06)	2.20 (1.05-4.60)*	1.80 (0.74-4.36)	1.31 (0.51- 3.38)
Region of origin				
Center-North	1.00	1.00	1.00	1.00
Other regions	0.86 (0.55-1.35)	0.93 (0.48-1.79)	0.72 (0.31-1.64)	0.63 (0.26-1.51)
Religion				
Muslim	1.00	1.00	1.00	1.00
Christian	0.35 (0.13-0.91)*	0.25 (0.07-0.94)*	0.64 (0.11-3.63)	0.42 (0.06-2.86)
Level of education				
Uneducated	1.00	1.00	1.00	1.00
Educated	0.50 (0.31-0.79)**	0.67 (0.35-1.29)	1.48 (0.62-3.50)	1.29 (0.51-3.25)
Household standard of living				
Poor	1.00	1.00	1.00	1.00
Average	0.88 (0.46-1.69)	0.94 (0.36-2.46)	1.16 (0.35-3.85)	1.08 (0.32-3.69)
Rich	0.68 (0.41-1.10)	0.48 (0.23-1.00)†	0.41 (0.17-1.03)†	0.43 (0.16-1.11)†
Employment				
Does not have an employment	1.00	1.00	1.00	1.00
Has an employment	0.42 (0.22-0.79)**	0.30 (0.12-0.74)**	0.75 (0.21-2.61)	0.93 (0.25-3.45)
Marital status				
Not in union	1.00		1.00	1.00
In union	206.00 (71.20-596.00)***		88.74 (26.94-292.33)***	71.64 (20.25-253.46)***
Degree of autonomy in matters of FP				
Weak	1.00			1.00
High	5.11 (3.19-8.20)***			1.17 (0.49-2.76)
Degree of knowledge of FP				
Low	1.00			1.00
High	10.61 (6.26-17.96)***			2.27 (0.92-5.59)†

Use of modern contraception				
No	1.00		1.00	
Yes	20.72	(9.26-46.35)***	6.66	(1.84-24.11)**

Raw effects models include only one independent variable at a time.

Model 1: Age + host commune + region of origin + religion + level of education + standard of living of the household + employment

Model 2: Model 1 + marital status

Model 3: Model 2 + degree of autonomy in matters of FP, degree of knowledge of FP, use of modern contraception.

† p < 0.10; * p < 0.05; ** p < 0.01; *** p < 0.001.

On the other hand, belonging to the Christian religion, having an employment and, to a lesser extent, belonging to rich households reduced this probability. After adjusting with other variables, the level of education was no longer associated with entry into motherhood among internally displaced adolescent girls.

An additional adjustment according to marital status led to a great attenuation of the strength of the association between entry into childbearing and age, but also completely eliminated the effect of other variables, notably the host commune, religion, and employment (Model 2, Table 5), suggesting that marital status mediates the effect of these variables. The multivariate analysis taking into account the marital status and age of the adolescents confirms the presumptions of relationships observed at the descriptive analysis level. Adolescent girls in union and those aged 18 to 19 have a greater chance of entering into a fertile life.

Model 3 in which all variables were controlled, the results showed that age, marital status, current use of modern contraception, were associated with entry into childbearing among internally displaced adolescent girls (Model 3, Table 5). Adolescents aged between 18 and 19 were 4.2 times more likely to become fertile than those aged 12 to 17 years. Similarly, adolescent girls in union have 71.6 times more chance of starting a fertile life than those not in a union. Adolescent girls who used modern contraceptive methods at the time of the survey had 6.7 times more chance of enter into fertile life than those who did not use it.

Discussion

The objective of this study was to measure the level of entry into motherhood among internally displaced adolescent girls in Burkina Faso, and to analyze the factors associated with it. Our results showed that 26.5% of internally displaced adolescent girls from

the study sites began their childbearing lives. This level is significantly higher than the average of 20% observed in the 2021 Burkina Faso demographic and health survey⁸. In our sample, the proportion of internally displaced adolescent girls living in a union was high (33.7%), which demonstrates the high prevalence of early marriages in the study sites.

For several years, Burkina Faso, like other WCA countries, has been facing a serious security crisis, which has caused destabilization and massive displacement of populations within the country. As suggested by some studies, the increased vulnerability of families in crisis due to physical and economic insecurity can reinforce or erode existing social norms, including those relating to early marriage^{29,30}. In response to changing circumstances and insecurity, girls themselves may be inclined to marry early.³¹

Therefore, living in a situation of forced displacement could have increased adolescent girls' vulnerability to early marriage which, in turn, may contribute significantly to the high level of their entry into childbearing, observed in this study. Likewise, the level of modern contraceptive use remains low in the study sites, with only 11.8% of internally displaced adolescent girls using modern contraception. This result could be related to the low proportions of internally displaced adolescent girls with high FP autonomy and a high degree of FP knowledge found in this study.

Age, marital status, current use of modern contraception were found to be significantly associated with entry into childbearing among internally displaced adolescent girls. Regarding the age of the adolescent, the result corroborates those of other studies and could be explained by the fact that the oldest have a high chance of being in a union and are therefore much more exposed to sexual intercourse^{20,21}.

Girls who marry early are generally unlikely to influence decision-making about delaying

pregnancy or using contraceptive methods. Our analyses showed that marital status mediates the effect of religion and employment on the entry of internally displaced adolescent girls into childbearing life. This result indicates the mechanism of action of these two factors on the entry into fertility of internally displaced adolescent girls. Similar results were found in other previous work²⁰.

This study has limitations that should be noted. First, although some results of this study are consistent with previous literature, their generalizability may be limited because our sample is not representative of the general population of internally displaced adolescent girls in Burkina Faso. The best test would be to replicate these results with data from more representative samples.

The second major limitation is that the data used in this study are cross-sectional, which does not allow us to match entry into fertile life and arrival in temporary reception sites over time, but also limits our ability to understand the direction of the relationships between the variables, in particular that between entry into a fertile life and the use of modern contraception. Longitudinal data and biographical analysis in a future study could deepen this understanding.

Notwithstanding these limitations, this study fills an important gap by providing an estimate of the level of entry into childbearing among internally displaced adolescent girls in Burkina Faso, and insights into the effect of certain factors such as age, marital status and current use of modern contraception. We showed that marital status mediated the effect of religion and employment on the entry of internally displaced adolescent girls into childbearing life. Such results suggest that actions aimed at preventing early marriage among adolescents could prevent their early entry into childbearing life.

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