

Pregnancy During School Years in Bas-Sassandra: What Approach Should be Taken to Improve Sexual and Reproductive Health?

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Abstract

School girl pregnancies in Côte d'Ivoire are recurrent and pose a public health problem. However, they persist, particularly in the Bas-Sassandra region, despite efforts to curb them. Therefore, this research aims to analyze the methodological foundations of reproductive and sexual health activities in Bas-Sassandra. The goal is to promote a new perspective on approaches to sexual and reproductive health for young people in order to reduce schoolgirl pregnancies. A qualitative approach was used in this study. Semi-structured interviews (formal and informal) and observation were employed. The empirical data collection tools used were the interview guide and the observation grid. Content analysis revealed the need for a holistic approach in the implementation of these activities and in understanding their impact on the target populations. In the field, several activities were undertaken based on the principles of various reproductive health theories. Each of these theories demonstrated its limitations, highlighting the need for a holistic approach and synergistic action in the delivery of these activities. This will ensure that they achieve their objectives and contribute to the health and socioeconomic well-being of the population.

Keywords: Schoolgirl Pregnancy, Sexual and Reproductive Health, Bas-Sassandra, Côte D'ivoire, Holism.

Introduction

Pregnancy among schoolgirls in Côte d'Ivoire is a recurring problem and poses a public health issue. However, they persist mainly in Lower Sassandra despite efforts to curb them.

Thus, this research aims to analyze the methodological basis of reproductive and sexual health activities in Bas-Sassandra. This is in order to promote a new perspective on approaches to young people's sexual and reproductive health with a view to curbing pregnancies during schooling. A qualitative approach was used in this work. As such, semi-structured interviews (formal and informal) and observation were chosen. The empirical data collection tools used were the interview guide and the reading grid. Content analysis has highlighted the need for a holistic approach to the deployment of activities and their impact on target populations. In this way, they will achieve their goal and ensure the health and socioeconomic well-being of the population. In the field, several activities have been undertaken in accordance with the principles of various reproductive health theories. Each of these theories has shown its limitations and calls for a holistic approach and synergy of action in the delivery of activities.

In Côte d'Ivoire, adolescent girls, in particular, lack access to contraceptive methods, even though the majority are sexually active at a young age and have unmet needs for modern contraception [1]. According to DHS data, 23% of girls aged 15-19 have already been pregnant. Every year, hundreds of young girls give birth before the age of 20 [2]. Thus, schoolgirl pregnancies in Côte d'Ivoire pose a public health problem that concerns all stakeholders in human development. However, despite the efforts undertaken, the phenomenon persists. Research into the factors underlying this phenomenon has led to several approaches. First, quantitative research, dominated by the economic theory of the family, has emerged, focusing on the magnitude of the phenomenon through statistics and solutions to address it [3]. Next came mixed-methods studies, and finally, qualitative socio-anthropological research addressing the phenomenon and its socio-anthropological and economic context, all within a holistic perspective [4, 5].

What about actions on the ground?

Since 2010, several projects have been implemented in the Bas Sassandra region (mapping, 2024) to improve the sexual and

reproductive health of adolescents. However, the phenomenon of schoolgirl pregnancies persists. As evidence, according to the National Human Rights Council (CNDH), there were 4,137 cases of schoolgirl pregnancies during the period from September 2023 to May 2024. The Nawa region recorded the highest rate, with 409 cases of pregnancy in 2024 (CNDH, 2024). Thus, WUSC and World University Service of Canada (WUSC) initiated a project in Bas-Sassandra in 2022: the Project to Support Sexual and Reproductive Health for Women in Côte d'Ivoire (PASSERELLE). This project aims to reduce the social, cultural, and structural barriers that limit access to and informed decision-making regarding sexual and reproductive health. The mapping of SRH initiatives in 2024 aimed to identify all existing initiatives in order to provide the region with a comprehensive record, an updated and dynamic archive of projects.

Therefore, this research aims to analyze the methodological foundations of sexual and reproductive health activities in Bas-Sassandra. This is to promote a new perspective on approaches to sexual and reproductive health for young people in order to address schoolgirl pregnancies. What are the different sexual and reproductive health activities implemented in the region? What orientations underpin these activities? What are the strengths of these projects? What are their weaknesses? Although stakeholders strive to respect the recommendations of various research studies on the subject, a more holistic approach to the phenomenon, through activities that respect the cultural capital of the populations concerned, should be promoted. In this way, stakeholders can develop more inclusive strategies and take into account the values, customs, and traditions of the populations.

Methodology

A qualitative approach was used in this study. The aim was to gather the opinions, experiences, and perceptions of the study population regarding the persistence of schoolgirl pregnancies. In these experiences, the focus will be on the various activities undertaken to address this issue, their impact on the populations, the different problems encountered, the lessons learned, etc., in the implementation of these activities. To this end, semi-structured interviews (formal and informal) and observation were used. The empirical data collection tools used were the interview guide and the observation grid. It was necessary to use the mapping carried out in the region by EUMC in 2024. The target population in this research consisted of all stakeholders in the field of reproductive health. The primary target group comprised managers (project managers, field agents) of reproductive health projects. The second target group consisted of managers of organizations working in the field of reproductive health. The third target group was composed of young girls and boys of reproductive age in schools.

Non-probability sampling was used. Access to informants was facilitated through a focal point who acted as an interface between state structures, NGOs, international organizations, schools, etc., working in the field of reproductive health. Thus, access to the target individuals was obtained through the mediation of the focal point. In each organization, the project manager and their field collaborators were identified and selected for the interview. The data collected consisted of approximately twenty semi-structured interviews conducted with managers

of local non-profit organizations (NGOs), state structures, and international organizations working in the field of reproductive health in Bas-Sassandra. Two focus group discussions were also conducted. Observation was also carried out during two coordination meetings of reproductive health platforms in the region. These platforms bring together all organizations involved in reproductive health, education, women's empowerment, and child protection.

In total, 19 individual interviews and two focus group discussions were conducted with managers of organizations such as: DEMOSS, SSSU-SAJ, Departmental Directorate of Health, Regional Directorate for Women, Family and Children, Regional Directorate of Youth, NAMANE Coalition, ORASUR, GIRY, ASAPSU, UNFPA, EUMC, etc. Young people were also interviewed. The interviews made it possible to identify the various reproductive health activities carried out by the different partners involved in combating school-based pregnancies. They also provided information on the socio-demographic characteristics of the beneficiaries and the orientations of the various activities. Furthermore, the theories and practices that underpinned the different actions on the ground were analyzed. The empirical data collection activities addressed the strengths, lessons learned, and weaknesses of these humanitarian actions. The interviews as a whole took place at the interviewees' workplaces in a friendly and appropriate setting that allowed the informants to express themselves freely without fear. Two interviews were conducted via videoconference. Content analysis was used to analyze both the interviews and the gray literature.

Results

The literature related to reproductive health has shown that research has drawn inspiration from a range of theories. These include, among others: the Malthusian theory of demographic regulation, the economic theory of the family, the theory of intergenerational wealth flows, sociological theories, and the diffusion model, etc. In practice, these different theories have supported the delivery of sexual and reproductive health activities. Each of these theories has shown its limitations and calls for a holistic approach and a synergy of action in the delivery of these activities.

Description of Sexual and Reproductive Health Activities Carried Out in Bas-Sassandra

Examination of the collected data revealed that Bas-Sassandra has benefited from approximately forty sexual and reproductive health projects implemented by several organizations (see 2024 mapping) in the region. This was done with the aim of improving the quality of life of the local population, particularly young girls and women. The activities implemented on the ground, in collaboration with non-governmental organizations (NGOs), international institutions, and the Ivorian government, focused on various aspects of reproductive health. The main initiatives carried out have been grouped into the following actions: awareness-raising, information, and education of the population; access to health services; and training of health personnel.

Awareness-Raising, Information, and Education of the Population

Education, information, and awareness-raising are key areas developed in Maputo, on which interventions in the field of sex-

ual and reproductive health for adolescents and women should therefore focus. Thus, awareness campaigns were organized in local communities in Bas-Sassandra to inform residents about the importance of reproductive health. These campaigns covered topics such as family planning, the use of contraceptive methods, the prevention of sexually transmitted infections (STIs), HIV, reproductive rights, gender equality, the benefits of prenatal and postnatal consultations, etc. To this end, UNFPA and its partners (AIBF, ASAPSU, ARSIP, APROSAM, etc.), along with many other state institutions and local NGOs, have conducted awareness campaigns against violence in schools (gender-based violence). Campaigns promoting zero pregnancies in schools, awareness-raising on codes of conduct, and other initiatives have been implemented to improve the knowledge and skills of target populations regarding their rights and sexual and reproductive health.

It is within this framework that UNFPA and its implementing partners have supported comprehensive sexuality education; a training module taught in all schools in Côte d'Ivoire. Ideally, comprehensive sexuality education aims to ensure the healthy development of adolescents by providing them with the knowledge and skills necessary to responsibly adopt healthy behaviors and practices regarding sexuality and human relationships. With this module in schools, young people will now be equipped to reduce risky behaviors such as unprotected sex, multiple partners, gender-based violence, etc. The PASSERELLE project has also intervened in the area of sexual and reproductive health education for young people in Bas-Sassandra by conducting workshops on positive parenting and masculinity, for example.

Furthermore, through the ESC (Education for Sexual and Reproductive Health), adolescents learned about their rights regarding sexual and reproductive health and were informed about the resources available to obtain help and advice when needed. In this sense, their knowledge of rights and resources was strengthened. This contributed to reducing cases of sexual abuse and violence, as well as deconstructing stereotypes and promoting gender equality. In the town of Soubré, for example, a local NGO (GIRY), through its actions (visibility 1 and 2), addressed issues of sexual orientation to foster a better understanding and acceptance of homosexual or transgender people, etc.

In addition, UNFPA, in collaboration with the Ministry of National Education, strengthened young people's knowledge and skills in sexual education and reproductive health through the "Zero Pregnancy" project. This action was supported by the following statement from an interviewee: "The sexual education provided by the campaign was called 'life lessons,' and the topics included, among others, early pregnancies and parent-child communication on young people's sexual and reproductive health." (EI responsible DEMOSS, 2024) In the same vein, workshops and seminars were also organized to train community leaders, teachers, and health workers on various topics related to the subject, so that this information could be disseminated throughout the community.

Similarly, awareness campaigns also used modern technologies to reach a wider audience. Radio programs (Radio Nawa) dedicated to young people broadcast messages on reproductive health, while mobile applications and social networks

(WhatsApp) are used to share information and resources within reproductive health platforms. These digital tools have allowed adolescents to access reliable information discreetly and conveniently. All of these actions have improved their access to quality health care and information. II.1.2) Access to Health Services In order to improve access to care and services, as well as to reproductive and sexual health information, several strategies have been initiated. Education is one of the factors that encourages people, and consequently young people, to seek quality healthcare. Therefore, several initiatives have been launched to promote education and keep young girls in school.

Furthermore, to improve access to reproductive health services, mobile clinics and the provision of contraceptives to health centers have made it possible to serve rural and isolated areas, as well as the Youth-Friendly Health Services (YFHS) in Bas-Sassandra. In this context, we can mention the mobile family planning consultation days and World Family Planning Day, which is held every September. These activities allow young girls and women of childbearing age who wish to avoid unwanted pregnancies to adopt contraceptive methods of their choice without judgment or embarrassment. On this subject, a program manager stated: "We organize mobile consultations that allow women and young girls to learn about the different methods and make informed choices. We have had nearly 80,000 new acceptors among schoolgirls" (EI, Youth Health Manager in Bas-Sassandra).

These activities provided free or low-cost services, including medical consultations, prenatal examinations, STI screenings, and distribution of contraceptives. Furthermore, local health centers were equipped and modernized to offer quality services to local populations.

As a concrete example of improving access to health services, UNFPA supported the Ministry of Health by providing free contraceptives to SSSU-SAJ centers in Lower Sassandra. EUMC also intervened at the level of healthcare providers to strengthen their capacity in SRHR (Strengthening the capacity of health authorities), in order to facilitate the care of victims. With initiatives such as zero unmet need in family planning and zero maternal deaths, and improved coverage of contraceptive products, the technical facilities of health centers have been upgraded to promote geographical and financial accessibility to sexual and reproductive health services for young people.

In addition, the establishment of youth health clubs in primary and secondary schools in several cities aimed not only at raising awareness and educating young people, but also, and above all, at providing individual access to sexual and reproductive health services. These clubs, led by peer educators, offer a safe space where adolescents can discuss their concerns and receive accurate information on reproductive health. The establishment of these health clubs by UNICEF, in partnership with DMOSS, yielded the following results: 32 schools now have a health club for awareness-raising activities; 32 supervisors were trained; 410 peer educators were trained; and 90 "Tatas" (school mothers) were trained (each training 20 girls on 8 topics, with each girl then reaching 8 other girls, creating a snowball effect in knowledge transmission, but with follow-up on the information).

The sessions covered a variety of topics, ranging from prevent-

ing early pregnancies to the importance of consent and healthy relationships. These clubs are also places where young people can develop leadership skills and participate in community activities to combat practices harmful to their social well-being. It is primarily through the integration of a gender perspective into the activities implemented on the ground that the fight against socio-cultural practices hindering adolescents' access to sexual and reproductive health care becomes evident. Consequently, awareness-raising activities on school-related gender-based violence (SRGBV) are initiated by several partners and local NGOs. Specifically, ASAPSU and the Namané Coalition, through the project supporting the prevention of gender-based violence and the care of survivors (including in crisis situations), have conducted prevention activities in the city of Soubré. These activities empower adolescent girls to take control of their sexual lives. They are now equipped to make informed decisions regarding their sexual and reproductive health. They can also refuse or oppose forced and early marriages to avoid pregnancies during their schooling, etc.

The positive parenting and positive masculinity workshops initiated by WUSC were all actions aimed at combating cultural and social practices harmful to the sexual and reproductive health of young people in the Bas-Sassandra region. In short, efforts have been made to combat harmful traditional practices, such as female genital mutilation (FGM), early marriage, gender-based violence, etc. Thus, information and awareness campaigns have been conducted to bring about a change in attitudes in favor of abandoning these practices. Collaboration with all stakeholders (traditional leaders, parents, religious leaders, administrative authorities, etc.) has been crucial in securing their support for the promotion of women's and girls' rights. To achieve tangible results, training sessions, as mentioned above, have been organized for stakeholders, including health personnel.

Training of Health Personnel

The training of health personnel has been at the heart of the activities of several organizations. Continuing education programs have been organized for medical and paramedical staff in the region. These training programs aimed to improve the skills of health professionals in obstetric and gynecological care, management of pregnancy-related complications, and management of STIs, HIV/AIDS, and early pregnancies among adolescents. Thus, EUMC, through the PASSERELLE project, provided training to healthcare providers on topics related to sexual and reproductive health as a means of strengthening the capacities of this target population in Soubré on July 17, 2024. Overall, these training programs aimed to update the skills of the personnel. Furthermore, the goal was to guarantee quality care, reduce maternal and infant mortality rates, and prevent and manage early pregnancies through, for example, the "zero maternal deaths" initiatives launched by UNFPA. It also aimed to provide better services to young people seeking contraceptives at health centers. In practice, the meetings of the reproductive health platforms were also opportunities for learning, sharing experiences, and exchanging information on the issue. However, the implementation of these activities encountered some difficulties, summarized in the following paragraphs.

Strengths and Difficulties Encountered in the Delivery of These Actions

Social, Structural, and Organizational Change and Capacity Building of Communities

The examination of empirical data showed that these initiatives implemented in the region have contributed in one way or another to bringing about changes in the social, environmental, health, professional, personal, etc., lives of the local populations. These transformations were also observed at the structural and organizational levels. The implementation of most of these projects fostered community mobilization among all stakeholders, thereby creating a symbiosis, a rapprochement, and an interrelationship between the different social groups targeted. Informants testified to this correlation in these terms: "...There was strong community engagement in the implementation areas, close collaboration with stakeholders, and parents embraced the dynamics in the clubs and peer education programs"; "...Involvement of institutional actors, successful social mobilization" [1]. The enthusiasm generated by the activities conveyed a powerful message about the benefits that the populations derived from these humanitarian actions.

This social cohesion that emerged from these activities allowed these different social groups to inform each other about the specific problems encountered or experienced by the various social categories. In short, these actions (awareness campaigns, training workshops, discussions, etc.) served as learning opportunities and thus contributed to capacity building and skill acquisition for all participants and stakeholders. This made it possible to better identify the major health issues through a synergy of actions and expertise. On this subject, a partner stated: "We provided extensive training for multiple stakeholders at all levels; the support helped bring the coordinators closer to the service providers to better address healthcare problems." (MOMENTUM Project, 2024).

These knowledge acquisitions also helped break down socio-cultural barriers and deconstruct prejudices or preconceived notions that constitute social resistance to certain new practices within the community. According to this informant: "Since the project was launched, people have become familiar with this disease and understand that the women who suffer from it are not cursed." (Statement gathered from an interview with the project manager: care for women suffering from obstetric fistula). Here, the project improved knowledge of the disease and promoted social acceptance of the victims. In terms of sexual and reproductive health and rights (SRHR), the activities strengthened the knowledge of young people, parents, and health personnel regarding reproductive health. This improved their practices and, above all, minimized risk-taking in matters of sexuality, in order to prevent early pregnancies during schooling and other diseases related to risky sexual practices among young people.

Furthermore, at the institutional level, the implementation of these activities led to a strengthening and improvement of the health and education systems. This was reflected in the training organized for health personnel, from administrative authorities to practitioners, as well as the community. There was also a strengthening of technical capacity in several health districts, the provision of equipment at the regional education directorate level, etc. An interviewee highlighted the institutional support in these terms: "These actions have enabled the integration of SRHR services into the youth-friendly health services through

the provision of modern contraceptive methods," (UNFPA project manager, 2024).

At the socio-health level, the implementation of these activities improved the patient referral system through "the establishment of a community strategy to identify and refer cases of obstetric fistula." Psychological and medical care for patients was also strengthened through "psychological and nutritional support for women with obstetric fistula and their families." An improvement in access to health services by the population has been identified. This has led, for example, to a significant increase in the prevalence of contraceptive use among young people in the region. This is due to the free provision of contraceptive methods for young people in the region's Youth-Friendly Health Services (UNFPA). A slight decrease in cases of pregnancies among schoolgirls is likely the result of this synergy of actions aimed at improving the health of young people.

Overall, it is important to note that the implementation of these actions is multidimensional and interconnected in order to address the problem in its entirety. The following statement, gathered during data collection in 2024 from a partner, summarizes this multifaceted approach on the ground:

"Several actions have been carried out in the field. These include: raising awareness about the use of sexual and reproductive health services; strengthening the capacities of community and health actors in sexual and reproductive health/family planning; revitalizing the distribution and use of modern contraceptive products; improving the technical facilities of health establishments; and training former obstetric fistula patients to conduct awareness campaigns."

These statements reveal the interconnections and the multifaceted nature of the actions necessary to address sexual and reproductive health problems, a sensitive and complex area. Although these actions have produced tangible effects on society as a whole and at the state level, they have had overall limitations, and much remains to be done.

Shortcomings and Difficulties Encountered on the Ground

The data collected revealed a range of problems encountered in the implementation of the various activities. These included insufficient funding, leading to complaints and many other issues. Indeed, insufficient project funding was one of the recurring problems encountered by all stakeholders. Consequently, "the funds made available for women cured of fistulas are too low (insufficient for economic recovery)," an informant stated. Also, in many cases, there were delays in funding the planned activities. Disbursement procedures were delayed, hindering the timely completion of the activities planned for this purpose. One interviewee stated: "We had problems with delayed disbursements, no money for the mobility of professionals. We couldn't go to Buyo because of that." (Statement by the MOMENTUM project manager, 2024)

Furthermore, the end of some projects led to complaints from the population and implementing partners. This was because their expressed needs were not met due to funding issues. As some interviewees mentioned: "...No continuity from the State, and therefore, a lack of implants and materials to meet the demand

created by awareness campaigns." This resulted in "weaknesses in the geographical coverage of activities (remote areas are not reached by the activities)"; "there were problems of equity and equality; difficulties in reaching remote areas."

Another challenge observed is the sustainability of the activities. These two statements illustrate this situation of discontinuity in the actions: "Many problems related to sustainability, no follow-up after the graduation of the young ambassadors"; "There is therefore limited ownership by service providers, which will make it difficult to sustain the achievements. UNFPA is currently advocating for fistula treatment to be included in the minimum technical package (this year, 2024, the Government reportedly issued a decree to institutionalize fistula care). (Statements collected in 2024 from implementing partners).

At the organizational level, difficulties have also been identified; these include, among others, poor coordination of activities, which has led to poor planning of meetings and activities by the management. Information related to holding a meeting, a training session, etc., does not always reach the relevant person. For example, due to a lack of monitoring and supervision, several projects could not continue. Participants in data collection activities highlighted the challenge of ownership and sustainability of projects by the population in these terms: "Supervision and monitoring of post-convalescence activities are not straightforward. Two to three years later, they sell the equipment and disappear"; "After the partner leaves, there is a decline in performance in the activities."

To all these shortcomings identified and mentioned by the stakeholders, we must add the insufficient consideration of the socio-cultural realities of the local populations. In some projects, there was not enough collaboration with all stakeholders. As a result, there is a lack of participation and involvement from a segment of the population that generally holds power (the parents). Consequently, the actions did not gain the support of the entire population, guaranteeing the failure of the activity, as expressed in these words: "We encountered a lot of resistance from community and religious leaders... a lot of energy was spent trying to reconcile customary law practices with legal rights, and reducing out-of-court settlements. Parents were not involved in the project, only the children and their supervisors."

Another major element identified is the failure to respect the free healthcare services established by donors in some facilities to ensure financial accessibility for the target populations: "Another weakness is the failure to respect free healthcare in some facilities; it's not all facilities, only a few, unfortunately."

Discussion

Towards a Holistic Approach to SRHR in Lower Sassandra

Issues related to sexual health are complex and interconnected, which is why it is recommended to understand them from multiple perspectives. Thus, stakeholders in Lower Sassandra are making efforts to address these sexual and reproductive health issues from a multifaceted perspective. For example, Ahuié and his colleagues, in their analysis, identified several factors responsible for pregnancies in schools. These are: lack of communication, the influence of the social group, and the gap between parents' and children's perceptions of sexuality [6]. Furthermore,

according to Sidibé and his colleagues, the occurrence of pregnancies among schoolgirls is explained by a multitude of factors (educational level, place of residence, knowledge of information related to sexual health, etc.) linked to demand. [7].

Indeed, given the complexity of these early pregnancies, research has recommended addressing the issue and its related aspects by taking into account both demand and supply. Taking into account the research findings in the implementation of interventions, field activities strive to adhere to this principle. The framework of these field activities reflects this pluralistic view of the phenomenon. In fact, to combat the phenomenon on the ground, donors and their partners are acting on several fronts by implementing various activities involving all stakeholders in the sexual and reproductive health of adolescents. An informant at the meetings summarized the need to act on several aspects of the phenomenon by identifying the following areas: In our activities, we intervene in several areas: 1) Raising awareness for the use of sexual and reproductive health (SRH) services; strengthening the capacities of community and health actors in SRH/family planning; revitalizing the distribution/use of modern contraceptive products; improving the technical facilities of health establishments; training former obstetric fistula patients to raise awareness. 2) Setting up a community system to identify and refer cases of obstetric fistula; medical examinations; psychological and nutritional support for women with obstetric fistula and their families. 3) Equipping operating rooms; training surgeons and nurses on fistula surgery; transporting women with fistula; performing surgery. 4) Training social workers and local NGOs; economic support and follow-up for women undergoing reintegration (income-generating activities).

Understanding the phenomenon in this way makes it possible to grasp it in its entirety and to act on all the interconnected factors likely to influence the occurrence of early pregnancies. This is how Adjamangbo and Koné, through research, involved several factors related to both demand and supply to explain the trajectory of relationships from an unplanned pregnancy to motherhood. The non-material aspects related to the perceptions and aspirations of young people regarding sexuality and unplanned pregnancies are analyzed. They take into account the individual and collective specificities of managing their fertility or parenthood [8]. According to these authors, young people's use of condoms depends on several factors, including their level of knowledge, their perception of HIV, their knowledge of a point of sale, etc. [9]. These factors are related to both supply and demand. Further, in 2016, Médecins du Monde (MdM) showed that early sexual activity, intergenerational sex, pornography, etc., and programs not adapted to the living conditions of young people in Soubré do not encourage their responsible use of modern contraceptive methods. This study legitimizes the holistic approach recommended in actions related to sexual and reproductive health, particularly regarding schoolgirl pregnancies [10].

This shift in perspective, addressing the phenomenon with an inclusive approach, is an invitation to a paradigm shift for a better approach. These studies, approaches, and methods show that schoolgirl pregnancies in Côte d'Ivoire and the Bas-Sassandra region are influenced by a complex set of social, cultural, and economic factors. Hence the importance of taking into account the realities experienced by young girls while developing inter-

ventions adapted to their socio-cultural, psychological, and other contexts. Following this trend of understanding the phenomenon through a combination of factors, Tantchou synthesized the literature related to adolescent reproductive health in Africa in 2009 using a comprehensive approach. She revealed that several factors influence the sexual behavior of young people [11]. Similarly, Missonnier and Vlachopoulou also address schoolgirl pregnancies in the same vein. [12]. They are the result of a combination of several factors.

In short, the causes of schoolgirl pregnancies are multiple and interconnected. A holistic approach emphasizes the need to understand the phenomenon in its entirety, by integrating the social, cultural, economic, and institutional context in which these young girls live. This involves education, health services, public policies, and community awareness. Beyond improving the health of young girls, this approach also ensures their socio-economic integration.

Improving Sexual and Reproductive Health: Towards Social and Economic Empowerment of Adolescent Girls

The holistic approach to sexual and reproductive health rights is a strategy that goes beyond improving health. It impacts all levels of life and simultaneously improves the social, economic, and psychological well-being of young girls and women. This is because there is a correlation between improved living conditions and improved health outcomes for populations. Implementing strategies that encourage girls to stay in the school system ensures their better socio-professional integration. Also, the higher the level of education girls attain, the better their health awareness, which translates into better access to health services. This explains the correlation between women's level of education and their use of contraception and, consequently, better family planning and good reproductive health. This link is supported by a number of authors. According to N'gondo, women who have become economically independent through education and urbanization are characterized by delaying marriage and a decrease in their desire for children (N'gondo, 1994). Cited by [13]. Here, through education, girls choose to ensure their social and economic integration before starting a family. At this level, unwanted pregnancies are prevented by consistent use of modern methods of contraception. Thus, according to M. Mbacké Leye et al., 2015, p. 107:

“Women of reproductive age who have decision-making power, a secondary or higher level of education, knowledge of modern contraception, an income-generating activity, and satisfaction with the quality of contraceptive services are more likely to use modern contraceptive methods.” Consequently, a link is established between girls' non-use of contraceptive methods and pregnancies in schools. The study by Sedgh et al. demonstrates that adolescent girls often have limited access to contraceptives and insufficient knowledge about their use, leading to high rates of unwanted pregnancies in schools [14].

This link between economics and health is supported by the economic theory of the family. Indeed, according to this theory, a child is considered a qualitative good. Family size is a function of the parents' financial capacity [15]. This choice to invest in the quality of children rather than in quantity is favored by the parents' level of education and income. This explains proj-

ects aimed at enabling young girls to return to school, "Zero pregnancy in school" campaigns, etc., in order to allow them to reach a reasonable level of education and facilitate their socio-professional integration for better health. The vision underlying this long-term strategy is financial autonomy. Indeed, the implementation of educational programs aims to create a link between women's empowerment and the improvement of their well-being. This is because it raises women's awareness of their reproductive rights and the importance of making informed decisions about their health. In other words, it highlights the link between health promotion and socio-economic development, as emphasized by authors such as [16].

Thus, several initiatives have been implemented to strengthen women's empowerment in Lower Sassandra. Microcredit and vocational training projects have been launched to enable women to generate income and improve their economic independence, a guarantee of good health. In carrying out their activities, development partners and others have provided economic support and follow-up to women for their reintegration into the social fabric, through the creation of income-generating activities (IGAs). This empowerment is not only financial. Among adolescent girls, empowerment is measured by their ability to make informed and free choices without constraints regarding sexual and reproductive health. All awareness-raising, training, and education activities for young people contribute to helping them overcome the socio-cultural barriers that limit or hinder their access to sexual and reproductive health services [17]. Studies have shown that socio-cultural barriers are an obstacle to the promotion of adolescent sexual and reproductive health in Africa. On this subject, Lambert and Kahindo Mbeva stated that:

"In the female population, young women face specific obstacles in accessing information and care related to their sexual and reproductive health. The condemnation of premarital sex and the denial of this practice among young single women contribute to these difficulties. It should be noted that, in the collective imagination, talking about sexuality to a girl is equivalent to encouraging her to have sexual relations. There is therefore a real taboo surrounding the issue of sexuality, particularly affecting young people; it is rarely discussed within the family" (H. Lambert, J-B Kahindo Mbeva, 2019 p739) It is important to note that these sexual and reproductive health projects in Lower Sassandra have had a significant impact on the living conditions of local communities [18]. They have improved access to care, strengthened the capacities of health professionals, and promoted gender equality and women's empowerment. Although challenges remain, these initiatives represent important steps towards improved reproductive health and social well-being for the population, particularly for adolescent girls in Bas-Sassandra.

Conclusion

Schoolgirl pregnancies are a complex public health phenomenon with social and economic repercussions for the victims. Its persistence in Bas-Sassandra leads us to closely examine the actions taken in order to understand the methodological foundation underlying the various reproductive health programs implemented. Thus, the phenomenon is increasingly being addressed from a holistic perspective. Several activities affecting both the supply and demand for reproductive and sexual health services are being undertaken in the field by a range of external and local

actors, as recommended by research in this area. These sexual and reproductive health projects in Bas-Sassandra have had a significant impact on the lives of local communities. They have led to improved access to care, better management of cases, and strengthened the capacities of healthcare professionals. Furthermore, they have promoted gender equality, improved knowledge of reproductive rights, and empowered women and adolescent girls in schools. With regard to young adolescents in particular, these sexual and reproductive health initiatives in Bas-Sassandra represent a significant shift in their perception of their sexual health rights and also in the approach to public health in Côte d'Ivoire. By focusing on education and training, accessibility of services, and community involvement, they provide young people with the necessary tools to make informed decisions about their health and future. Many challenges remain, but these efforts should be encouraged to further improve the social, physical, and psychological well-being of young people [19].

Nevertheless, given the persistence of certain scourges (pregnancies during schooling, HIV/AIDS, etc.) and the desire of local and international stakeholders to contribute more to the well-being of populations in general, and young people and adolescents in particular, a change of perspective is necessary. Sufficient consideration of socio-anthropological approaches should be encouraged, as they focus on the "emic" meanings of social realities. These approaches will make it possible to understand social realities from the internal perspective of the cultures studied, allowing researchers to explore local meanings and social dynamics in a deeper and more contextual way. This is essential for guiding new actions on the ground for greater effectiveness and satisfaction.

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