Single adolescent and young mothers in the Couffo department, Benin: a priority target to integrate into sexual and reproductive health and rights policies, plans and interventions

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Abstract

Single adolescent and young mothers form a poorly identified sub-group in West African sexual and reproductive health and rights (SRHR) programmes, which are built around a binary "single / in union" opposition. This study characterizes this sub-group in the Couffo department, Benin. A cross-sectional survey conducted in 2026 among 851 young people aged 18-24 focused on 563 women (single mothers n=29; childless single women n=504; women in union n=30), using Fisher's exact test and adjusted Poisson regressions. Single mothers are older, rural and poorly schooled. Their profile is paradoxical: strongly mobilized in services (HIV testing 62.1% vs 26.4%) yet over-exposed to risks (sexual violence 13.8% vs 1.3%; unprotected intercourse 72.4% vs 26.8%). After adjustment, over-exposure to unprotected intercourse (PR=1.9) and sexual violence (PR=7.9) persists. They constitute a programmatic blind spot deserving recognition as a specific target.

Keywords: *single mothers; youth; vulnerability; sexual and reproductive health; sexual violence; Couffo; Benin.*

Résumé

Les adolescentes et jeunes mères célibataires forment un sous-groupe mal identifié dans les politiques, plans et interventions de santé et de droits sexuels et reproductifs (SDSR) ouest-africains, structurés autour d'une opposition binaire « célibataire / en union ». Cette étude caractérise ce sous-groupe dans le département du Couffo, au Bénin. Une enquête transversale menée en 2026 auprès de 851 jeunes de 18 à 24 ans a porté sur 563 femmes, dont 29 mères célibataires, à l'aide du test exact de Fisher et de régressions de Poisson ajustées. Les mères célibataires sont plus âgées, rurales et peu scolarisées. Leur profil est paradoxal : fortement mobilisées dans les services (test VIH 62,1 % vs 26,4 %) mais surexposées aux risques (violences sexuelles 13,8 % vs 1,3 % ; rapports non protégés 72,4 % vs 26,8 %). Après ajustement, ces surexpositions persistent. Situées entre prévention et soutien maternel, elles constituent un angle mort programmatique à reconnaître comme cible spécifique.

Mots clés : *mères célibataires ; jeunesse ; vulnérabilité ; santé sexuelle et reproductive ; violences sexuelles ; Couffo ; Bénin*.

Introduction

Motherhood outside conjugal union constitutes, in West Africa as elsewhere, a situation with shifting social contours and often unfavorable health and economic consequences (Calvès & Meekers, 1997; Antoine, 2002). In the Beninese context, the birth of a child out of wedlock continues to attract strong community judgement, to the point that the expression “single woman with a child” constitutes a sociological category distinct from the mere status of being single, marked by a trajectory that transgresses the dominant matrimonial norm (Calvès, 1999; Adjamagbo & Antoine, 2009). Yet this social category is only rarely objectified in public-health surveys, which most often confine themselves to a “single / in union” dichotomy, thereby obscuring a sub-group that is potentially very specific in matters of sexual and reproductive health (Locoh, 1995).

This statistical erasure has programmatic consequences. Early-pregnancy prevention policies mainly target childless single women, considered as those "to be protected" from a first unwanted pregnancy. Maternal-support and family-planning arrangements generally address women in union, assumed to have a stable partner and a conjugal negotiation framework. Between these two figures, single mothers constitute a residual category, neither within primary prevention (the pregnancy has already occurred) nor quite within the conjugal model (the union has not been formed). This in-between position makes them particularly vulnerable to an accumulation of economic, health-related and social risks (Kassa et al., 2018; UNFPA, 2013; Glinski et al., 2014; Decker et al., 2015).

The international literature consistently documents the over-exposure of single and adolescent mothers to gender-based violence (Stöckl et al., 2014; Hindin & Fatusi, 2009), to adverse obstetric and perinatal outcomes (Ganchimeg et al., 2014), to disrupted reproductive and educational trajectories (Bongaarts et al., 2017) and to persistent economic precariousness (INSAE & ICF, 2018). Far rarer, by contrast, are the quantitative studies that manage to isolate this sub-group in local surveys in Francophone Africa, precisely because of its low statistical representation, which discourages dedicated analyses. Yet it is precisely this statistical marginality that signals the stake: a sub-group too rare to enter aggregated analyses, but too specific to be assimilated to the rest of the sample, is by construction a programmatic blind spot.

The Couffo department, located in south-western Benin, presents several characteristics that make the analysis of this sub-group particularly relevant: high rurality, low schooling among young girls, the lowest modern contraceptive prevalence in the country and high rates of early pregnancy (UNICEF, 2022; Lloyd, 2005). It is in this context that the present project has been implemented since 2025, funded by an international

development agency, with the aim of promoting the effective exercise of the sexual and reproductive health and rights (SRHR) of the adolescents and young people of the department. The present study pursues three objectives: (i) to characterize the sociodemographic profile of young single mothers in Couffo; (ii) to compare their uptake of SRH services and their exposure to risks with that of other women of the same age; and (iii) to discuss the implications of these differences for the design of targeted interventions within the project.

Materials and methods

Study design, setting and period

A cross-sectional, descriptive and analytical study was conducted in the Couffo department between January and March 2026 as part of the project's baseline study. All communes of the department (Aplahoué, Djakotomey, Dogbo, Klouékanmè, Lalo and Toviklin) were included.

Population and sampling

The target population consisted of adolescents and young people aged 18 to 24 completed years, residing in the department for at least six months and having given written informed consent. The sample size was calculated using the Schwartz formula (Schwartz, 1993) for an expected proportion of 50%, a 95% confidence level and 5% precision, adjusted for cluster effects and non-responses, then allocated in proportion to the communal youth population. The final sample comprises 851 respondents, selected through multi-stage sampling combining the random selection of sites (schools and markets) and the systematic selection of respondents. For the present analysis, the sub-sample of 563 women was retained; the “single woman with a child” marital status was reported by 35 respondents in total, including 29 women and 6 men, the latter being excluded from

the comparative analysis to preserve the coherence of the sub-group under study.

Data-collection tools and fieldwork

The data were collected face to face using a structured questionnaire digitized on the KoboCollect platform and administered on tablets and smartphones. The questionnaire, adapted from validated knowledge-attitudes-practices and SRHR instruments, was pre-tested before deployment and administered in French and in the local languages of the department (Adja, Fon and Kotafon), with particular attention to the comprehension of the most sensitive items. Data were collected by enumerators recruited locally and trained over several days, both on the handling of the digital tools and on the ethical administration of questions relating to sexuality, contraception and violence. Fieldwork was organized across the two health zones of the department (Aplahoué-Djakotomey-Dogbo and Klouékanmè-Toviklin-Lalo), under the supervision of field supervisors who held daily debriefings. Completed questionnaires were synchronized daily to a secured server, which allowed real-time monitoring of coverage and consistency checks; incomplete or inconsistent records were flagged and, where possible, corrected the following day. The database was then cleaned, de-duplicated and anonymized before analysis.

Operational definition of sub-groups

The women in the sample were divided into three sub-groups according to their answer to the question on marital status: “single mothers”, women who reported the “single woman with a child” status (n=29; 5.2% of women); “childless single women”, women who reported the “single” status with no mention of a child (n=504; 89.5%); and “women in union”, women who reported being married or in a stable consensual union (n=30; 5.3%).

Variables of interest

Three sets of variables were retained. The sociodemographic profile covered age, place of residence, educational level, religion, occupation and commune. SRH service uptake covered information-seeking in the past twelve months (Q53), HIV testing (Q54), consultation of a sexual and reproductive health service (Q55), past (Q57) and current (Q59) use of a contraceptive method, knowledge of a legal abortion service (Q41) and knowledge of a place to report violence or forced marriage (Q71). Exposure to risks covered pressure to have sexual intercourse (Q65), history of sexual violence (Q66), forgoing a service for fear of judgement (Q69), unprotected sexual intercourse in the past twelve months (Q72) and delayed consultation despite symptoms (Q74).

Statistical analysis

The data were cleaned and then analyzed with SPSS version 27 (IBM Corp.). Categorical variables are presented as counts and percentages. Comparisons between single mothers and other women were conducted using Fisher's exact test for binary variables, owing to the small numbers in the single-mother cell (n=29). Pearson's chi-square test was used when the validity conditions were met. The three-sub-group comparison was conducted on an exploratory basis without a global test. To estimate the specific effect of single-mother status, log-Poisson regressions with robust (sandwich) variance were adjusted for age, educational level and place of residence, expressed as adjusted prevalence ratios (PR) with 95% confidence intervals. Commune and religion could not be included owing to the small size of the sub-group and to empty cells. The statistical significance threshold was set at $p < 0.05$.

Ethical considerations

The study obtained authorization from the Couffo Departmental Health Directorate. Written informed consent was obtained from each respondent. The sensitivity of the questions addressed to single mothers (potentially stigmatizing social status, history of sexual violence) received specific attention in the training of the enumerators, with a reminder of the possibility of interrupting the interview at any time and referral to the relevant psycho-social services where a need was expressed.

Results

A sub-group with a distinctive sociodemographic profile

The 29 single mothers identified in the sample present a profile that differs markedly from that of other women (Table I and Figure 1). They are first older: the mean age reaches 22.3 years against 19.7 years among other women, and 75.9% of them are aged between 22 and 24 years (against 19.7% among other women). They reside overwhelmingly in rural areas (79.3% against 69.2% among other women). Above all, their educational level is distinctly lower: 65.5% have only primary schooling or none (24.1% no schooling, 41.4% primary), against 24.7% among other women; conversely, only 10.3% of single mothers have reached upper secondary, against 55.2% of other women.

The communal distribution is likewise contrasted. Single mothers are concentrated in three communes: Lalo (31.0%), Aplahoué (27.6%) and Dogbo (20.7%), which together account for 79.3% of the sub-group. Conversely, no single mother was identified in Toviklin and the number remains minimal in Klouékanmè (6.9%). The religious distribution shows a strong overrepresentation of the Vodoun religion (55.2% against 21.5% among other women), while evangelical Christians are underrepresented (17.2% against 35.4%) and no Muslim respondent appears in the sub-group. Finally, the dominant

occupation is that of trader (58.6%), followed by apprentices, artisans and pupils (10.3% each).

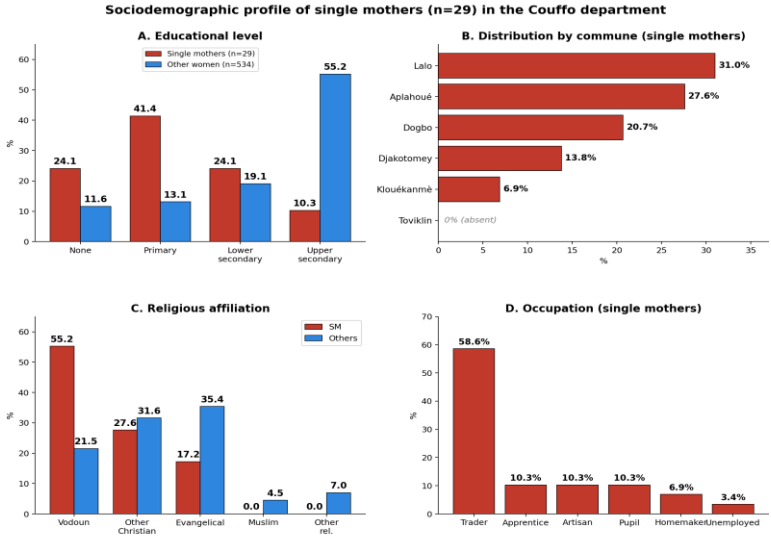

Figure 1. Sociodemographic profile of single mothers in Couffo (n=29) compared with other women (n=534). Source: baseline study, 2026.

Table I. Sociodemographic characteristics of single mothers (n=29) compared with other women (n=534)

Variable	Category	SM (n=29) %	Others (n=534) %
Age group	18-19 years	17.2	57.3
	20-21 years	6.9	23.0
	22-24 years	75.9	19.7
Residence	Rural	79.3	69.2
	Urban	20.7	30.8
Educational level	None	24.1	11.6
	Primary	41.4	13.1
	Lower secondary	24.1	19.1
	Upper secondary	10.3	55.2
	Bachelor's	0.0	1.0

Variable	Category	SM (n=29) %	Others (n=534) %
Religion	Vodoun religion	55.2	21.5
	Other Christian	27.6	31.6
	Evangelical Christian	17.2	35.4
	Muslim	0.0	4.5
	Other religion	0.0	7.0
Commune	Lalo	31.0	13.1
	Aplahoué	27.6	19.3
	Dogbo	20.7	18.9
	Djakotomey	13.8	14.2
	Klouékanmè	6.9	23.2
	Toviklin	0.0	11.2
Occupation	Trader	58.6	20.2
	Pupil/Student	10.3	62.4
	Apprentice	10.3	8.6
	Artisan	10.3	1.9
	Homemaker	6.9	2.8
	Unemployed	3.4	1.9

SM: single mothers. Source: baseline study, 2026.

A paradox: high service mobilization and over-exposure to risks

The comparison on service-uptake and risk-exposure indicators reveals a paradoxical profile (Figure 2 and Table II). On the uptake side, single mothers stand out through a mobilization far higher than that of other women: 69.0% have already used a contraceptive method against 38.8% among other women (Fisher p=0.002), 55.2% currently use one against 31.3% (p=0.013), 62.1% have undergone an HIV test against 26.4% (p<0.001) and 58.6% have consulted an SRH service in the past twelve months against 35.0% (p=0.016). Knowledge of a legal abortion service (86.2% vs 83.1%) and SRHR information-seeking (48.3% vs 52.2%), by contrast, do not differ significantly.

On the risk side, over-exposure is even more marked. Single mothers report having been victims of sexual violence ten times more frequently than other women (13.8% against 1.3%; p=0.002); they are nearly three times more likely to have experienced pressure to have sexual intercourse (20.7% against 9.0%; p=0.049); and nearly three times more likely to report at least one unprotected sexual intercourse in the past twelve months (72.4% against 26.8%; p<0.001).

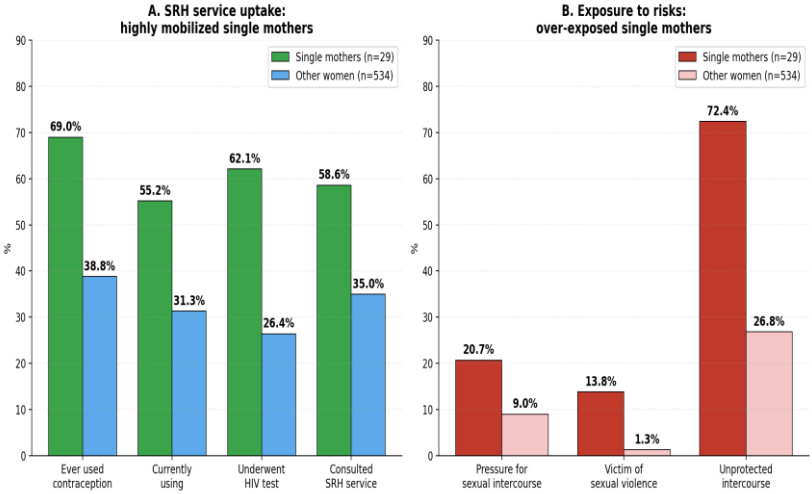

Figure 2. The single-mother paradox: SRH service uptake (panel A) and exposure to risks (panel B), comparison with other women in Couffo. Comparisons by Fisher's exact test; p-values detailed in Table II.

Table II. SRH service uptake and exposure to risks: single mothers (n=29) versus other women (n=534)

Indicator (% Yes)	SM (n=29)	Others (n=534)	Diff. (pts)	p
SRH service uptake				
Has ever used a contraceptive method (Q57)	69.0	38.8	+30.2	0.002
Currently uses a method (Q59)	55.2	31.3	+23.9	0.013
Has undergone an HIV test (Q54)	62.1	26.4	+35.7	<0.001
Has consulted an SRH service (Q55)	58.6	35.0	+23.6	0.016
Has sought SRH information (Q53)	48.3	52.2	-3.9	0.706
Knows where to obtain a legal abortion service (Q41)	86.2	83.1	+3.1	0.803
Exposure to risks				
Has experienced pressure for sexual intercourse (Q65)	20.7	9.0	+11.7	0.049
Has been a victim of sexual violence (Q66)	13.8	1.3	+12.5	0.002
Has forgone a service for fear of judgement (Q69)	10.3	7.9	+2.4	0.498
Has had unprotected sexual intercourse (Q72)	72.4	26.8	+45.6	<0.001
Has delayed a consultation despite symptoms (Q74)	20.7	11.6	+9.1	0.146

SM: single mothers. Fisher's exact tests. Source: baseline study, 2026.

A singular position between childless single women and women in union

The comparison across the three female sub-groups sheds light on the singular position of single mothers (Figure 3). On the current use of a contraceptive method, they stand at 55.2%, halfway between childless single women (29.0%) and women in union (70.0%). The profile is similar for past use (69.0% vs 35.7% vs 90.0%). But on two essential dimensions, single

mothers exceed women in union: HIV testing uptake (62.1% against 43.3%) and consultation of an SRH service (58.6% against 33.3%). These gaps suggest that single mothers are, paradoxically, the female sub-group most connected to the department's SRH services (most likely because pregnancy introduced them to those services), while remaining the one whose exposure to violence is the highest.

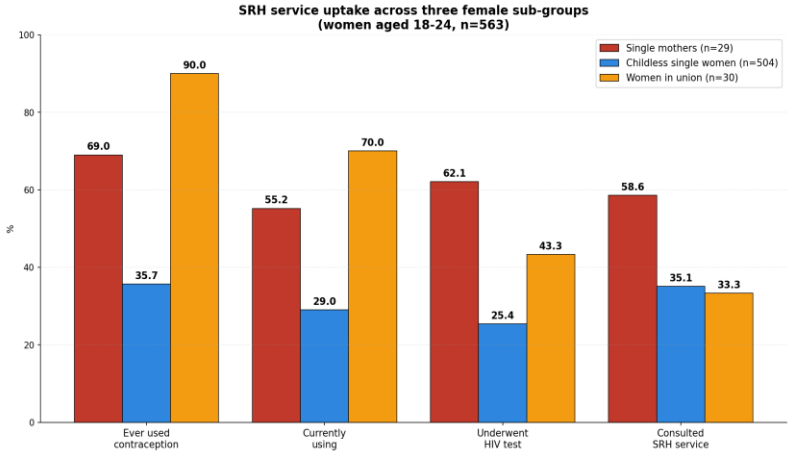

Figure 3. SRH service uptake across three female sub-groups: single mothers, childless single women, women in union. Source: baseline study, 2026.

Multivariate analysis: gaps adjusted for the sociodemographic profile

The very distinctive profile of single mothers (markedly older and less schooled than other women) raises the question of whether their gaps in uptake and exposure stem from single-mother status itself or from that profile. To verify this, log-Poisson regressions with robust variance were adjusted for age (22-24 years vs under 22 years), educational level (upper secondary and above vs lower) and place of residence, with single-mother status as the exposure variable (reference: other

women). Commune and religion could not be included owing to the very small size of the sub-group (n=29) and to empty cells (no single mother in Toviklin, no Muslim). Table III compares the crude and adjusted prevalence ratios; given the sample size, these adjusted estimates are exploratory and their confidence intervals are wide.

Table III. Specific effect of single-mother status: crude and adjusted prevalence ratios for age, education and residence (reference: other women, n=534)

Indicator (% Yes)	Crude PR	Adjusted PR (SM) [95% CI]	Adjusted p
SRH service uptake			
Has ever used a contraceptive method (Q57)	1.78	1.40 [1.05-1.85]	0.021
Currently uses a method (Q59)	1.76	1.40 [0.98-2.00]	0.067
Has undergone an HIV test (Q54)	2.35	2.15 [1.53-3.03]	<0.001
Has consulted an SRH service (Q55)	1.67	1.40 [0.96-2.05]	0.081
Has sought SRH information (Q53)	0.92	0.88 [0.58-1.31]	0.525
Exposure to risks			
Has experienced pressure for sexual intercourse (Q65)	2.30	2.15 [0.79-5.83]	0.132
Has been a victim of sexual violence (Q66)	10.52	7.92 [1.58-39.62]	0.012
Has had unprotected sexual intercourse (Q72)	2.70	1.94 [1.43-2.63]	<0.001

SM: single mothers; PR: prevalence ratio; CI: confidence interval. Source: baseline study, 2026.

On the uptake side, adjustment markedly attenuates the gaps. Once age, education and residence are neutralized, current contraceptive use (adjusted PR=1.40; 95% CI [0.98-2.00]; p=0.067) and SRH service consultation (PR=1.40; 95% CI [0.96-2.05]; p=0.081) are no longer significant; past

contraceptive use retains only a modest advantage (PR=1.40; 95% CI [1.05-1.85]; p=0.021). HIV testing uptake, by contrast, remains strongly and independently associated with single-mother status (adjusted PR=2.15; 95% CI [1.53-3.03]; p<0.001): this gap is not explained by maturity, but rather by the entry point that systematic screening at antenatal consultation constitutes.

On the risk side, over-exposure resists adjustment, which constitutes the most important result of this analysis. The prevalence of unprotected sexual intercourse remains nearly twice as high among single mothers, all else being equal (adjusted PR=1.94; 95% CI [1.43-2.63]; p<0.001), and a history of sexual violence remains very strongly associated with the status (adjusted PR=7.92; 95% CI [1.58-39.62]; p=0.012), even though the very small number of events (4 cases) calls for great caution and explains the width of the confidence interval. Pressure to have sexual intercourse retains a high prevalence ratio but is not significant after adjustment (PR=2.15; 95% CI [0.79-5.83]; p=0.132). In other words, the vulnerability of single mothers is not a mere artefact of their age or their low schooling: it is intrinsically linked to their social position, which supports the idea of a specific programmatic blind spot.

Discussion

This study highlights the existence, among the young people of Couffo, of a sociologically constituted sub-group (single mothers) that presents a differentiated profile on three complementary planes: sociodemographic, service use and risk exposure. Four points of discussion follow from it.

A constituted sociological category, not a mere statistical residue

The sociodemographic profile of the single mothers in the sample (older, rural, poorly schooled, traders, overrepresented

in the Vodoun religion and geographically concentrated in three communes) points to a constituted social category rather than a mere statistical residue. Several elements converge. The marked underrepresentation of pupils and students (10.3% against 62.4% among other women) suggests that motherhood coincided with a break in schooling, of which it is probably both cause and consequence (Marteleto et al., 2008; Ndugwa et al., 2011; Sobngwi-Tambekou et al., 2022). The concentration in the communes of Lalo, Aplahoué and Dogbo and the absence in Toviklin likely reflect differentiated communal configurations of social support and community tolerance toward out-of-wedlock motherhood (Adjamagbo & Antoine, 2009; Falen, 2011). The Vodoun overrepresentation echoes observations made in the Adja-Fon cultural area, where the lineage structures of Vodoun absorb out-of-union motherhood more readily than elsewhere, the child being attached to the maternal lineage without the need for formalized marriage (Tall, 1995; Lasseur & Mayrargue, 2011). This reading is consistent with the broader West African trend of rising premarital and non-marital childbearing, which has become increasingly common and is concentrated among the least-educated and poorest young women (Clark et al., 2017; Nyarko & Potter, 2021); the low schooling and the trading occupation of the single mothers of Couffo place them squarely within that disadvantaged gradient. It also resonates with the intense social disapproval that unmarried mothers face in the sub-region, which they often manage through concealment and avoidance strategies that tend to isolate them further and to distance them from services (Oluseye et al., 2024).

The paradox: an entry point into services through pregnancy

The most salient result is the dissociation between higher mobilization of SRH services and markedly higher exposure to risks. This dissociation can be interpreted as the effect of a “late entry point” into services through pregnancy: single mothers

came into contact with the health system at the time of antenatal consultation and delivery, which familiarized them with services and facilitates their subsequent uptake, hence the high rates of contraceptive use (55.2% current use) and HIV testing (62.1%, screening generally systematic at antenatal care). This interpretation echoes observations made in several African countries where pregnancy, even unwanted, operates as a health entry point (Chandra-Mouli et al., 2013; African Union, 2016); it is also consistent with the evidence that maternal-health contacts (antenatal care, facility delivery and postpartum visits) are the strongest existing platform for reaching young women with reproductive-health services, even though these entry points remain widely under-exploited for family planning in West Africa (Hounton et al., 2015). But this late mobilization does not correct prior vulnerabilities: the over-exposure to sexual violence (13.8%) and to pressure for intercourse (20.7%) marks a trajectory begun well before the pregnancy, and that continues thereafter. The multivariate analysis supports this reading: after adjustment for age, education and residence, the over-exposure to unprotected intercourse (PR=1.94) and to sexual violence (PR=7.92) remains significant, while part of the uptake advantage (current use, consultation) fades, past contraceptive use (PR=1.40) and especially HIV testing (PR=2.15) confirming the specific effect of the obstetric entry point.

The programmatic blind spot

It is at this point that the programmatic blind spot emerges. SRHR policies, plans and interventions, in West Africa as in Benin, are structured around two main figures: the young girl "to be protected" from an early pregnancy (target of primary-prevention programmes in schools and communities) and the woman in union "to be supported" in family planning (target of postpartum FP and birth-spacing programmes). Single mothers, who have already been pregnant but are not in union, fall

between these two figures and fit neither. They are retrospectively a failure of primary prevention, but they do not fall under the conjugal model that structures FP provision either. This in-between position explains why they are rarely named as a specific target in framework documents, sectoral action plans and field interventions (Glinski et al., 2014; Ngom et al., 2003), even though the data presented here suggest that they concentrate the most acute vulnerabilities, particularly on the violence axis. The magnitude of this gap is well documented: among sexually active unmarried adolescents in sub-Saharan Africa, close to six in ten who wish to avoid a pregnancy have an unmet need for modern contraception (Darroch et al., 2016), and the share of demand for family planning that is actually satisfied is markedly lower, and more unequal by wealth, among unmarried than among married young women (Mutua et al., 2021). Single mothers, unmarried yet already exposed to the risk of a further pregnancy, sit precisely where these deficits concentrate.

Programmatic implications

Three operational implications follow from these findings for the present project and related programmes. First, single mothers must be named as a specific intervention target, distinct from childless single women and from women in union. This identification entails introducing a “single woman with a child” category into the project's monitoring tools rather than aggregating it into one of the two usual categories. Second, the services that already receive them (antenatal, postpartum and FP consultations) constitute a privileged entry point for the detection of situations of sexual violence, which largely fly under the radar of usual arrangements. The generalization of brief, confidential questioning on a history of violence in these consultations, accompanied by a referral protocol toward social promotion centres and integrated violence-care centres, deserves consideration. Third, the economic empowerment of single

mothers, nearly six in ten of whom work as traders in often precarious conditions, constitutes an essential complementary lever, without which decision-making autonomy in SRH matters remains fragile (Kabeer, 2005; Buvinic & Furst-Nichols, 2016).

Work with the most affected communes (Lalo, Aplahoué, Dogbo) and with the customary and religious authorities of the Vodoun tradition, who occupy a privileged position in supporting this sub-group, should be prioritized in the project's successive phases.

Strengths and limitations

This study has several strengths. It isolates a sub-group rarely objectified in public-health surveys in Francophone Africa and proposes a comparative reading across three female sub-groups that sheds light on the singular position of single mothers. The exhaustive coverage of the six communes of the department and the diversity of the indicators mobilized allow a multidimensional characterization. Several limitations must nonetheless be noted. The small number of single mothers (n=29) limits the precision of the estimates and the power of the comparisons; the corresponding results are to be considered exploratory and call for replication on larger samples. The cross-sectional nature precludes any causal inference: we cannot say whether the sexual violence preceded the pregnancy, precipitated it or resulted from it; only a retrospective or prospective study would allow this to be settled. The data rely on self-report, and the probable under-reporting of sexual violence by other women (reference figure at 1.3%) would tend rather to understate the gap observed. Finally, the operational definition “single woman with a child” rests on a single question, with no information on the number of children, their age, or the conjugal situation of the father, all dimensions that would warrant complementary qualitative exploration. Likewise, the multivariate models presented, adjusted for age, education and

residence, rest on a very small number of exposed events (as few as four for sexual violence): their adjusted prevalence ratios, with wide confidence intervals, must be read as exploratory, and neither commune nor religion could be included as adjustment variables.

Conclusion and recommendations

The single adolescent and young mothers of Couffo, although they represent only 5.2% of the women in the sample, constitute a sociologically constituted and analytically rich sub-group. Their paradoxical profile (high service mobilization against a backdrop of over-exposure to violence) points to a blind spot in SRHR policies, plans and interventions that ought to be addressed.

Beyond its epidemiological contribution, this study carries a clear social and practical significance. Socially, it gives visibility and a name to a group that community judgement tends to render invisible: naming single mothers as a category is a first act of recognition, a matter of equity and social justice that operationalizes, at departmental scale, the principle of leaving no one behind. Practically, the findings are directly usable: they equip the project and the department's health and social services with a concrete target, with precise entry points (antenatal, postpartum and family-planning consultations) and with priority communes for action; and the comparative method proposed here, which isolates and characterizes a rare but specific sub-group, is transferable to other departments and to other overlooked groups, offering decision-makers a low-cost way of turning routine survey data into targeted, equity-oriented programming. On this basis, the following recommendations can be formulated:

- recognize single mothers as a specific target in departmental policies, sectoral action plans and the field interventions of

the present project, distinct from childless single women and women in union;

- integrate into antenatal, postpartum and FP consultations a brief, confidential questioning on a history of sexual violence, coupled with a referral protocol toward the relevant psycho-social and legal services;
- develop specific economic-empowerment activities aimed at this sub-group, drawing on the productive sectors of the local informal economy (trade, crafts);
- geographically prioritize the communes of Lalo, Aplahoué and Dogbo, where the single mothers in the sample are concentrated;
- involve the customary and religious authorities of the Vodoun tradition in the design and rollout of activities, in recognition of their role in the social support of this sub-group;
- complement the present work with a qualitative study among single mothers themselves, in order to document their biographical trajectories and the resources they mobilize.

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