

## Daily Life of Adolescent Girls who Experienced Early Motherhood in the City of Kinshasa

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### Abstract

The aim of our study was to understand the daily experience of adolescent girls in the Congo district who had experienced early childbearing in order to contribute to improving the sexual reproductive health of adolescent girls. This is a qualitative study approached in a phenomenological approach and it falls within the field of reproductive health. The method used for this study was the phenomenological survey and the free individual interview of 15 to 20 minutes. Our sample was 9 teenagers who had granted their availability to participate in the study. After reading our transcripts of interviews recorded with 9 respondents. Adolescent girls perceive early childbearing as an act of dishonor to family and society. Regarding the consequences of early childbearing, adolescents cited bad reputation in society, abandonment by the family and lack of support for the burden of pregnancy. In their experience as victims of early motherhood, these teenage girls used the following means to overcome difficulties: Courage and advice from people, as well as Resourcefulness and help from parents. As for the methods used by adolescents to prevent a new pregnancy, they resort to abstinence, respect for the menstrual cycle, and the use of condoms and implants. With regard to the expectation of adolescent girls who are victims of early childbearing, they seek moral and financial support from the parents and the hope of a marriage from the sexual partner.

**Keywords:** Daily life, Teenage girl, Early motherhood.

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## 1. INTRODUCTION

The health of young people is now enjoying significant growth around the world both because the importance of this age group for public health in the immediate and long term is more evident; and the new pattern of behaviors that accompanies it have multiplied the health risks for young people, more particularly for sexual behavior and reproduction. Adolescent girls who give birth young have always been exposed to the risks of disease, trauma and death related to early pregnancy or childbirth (Gisèle Guigma / Diass, 2014).

This is a problem which, with regard to the development of science and technology, with regard to

the knowledge acquired about human beings, the processes of their reproduction and the preservation of their health, should no longer, as such, remain on the agenda of our concerns in this 21st century ( EDS-RDC, 2014).

Early childbearing among adolescents is very high in regions disadvantaged by exclusion and unemployment, rural areas and suburbs in difficulty. There are several factors that come into play, such as cultural influence, early childhood experiences, disadvantaged socio-economic conditions, lack of supervision and education in life, as well as certain affective deficiencies at the family level. It also turns

out that there is interdependence between the intention to become pregnant and the management of its care from the socio-cultural point of view and adds in other words, that there is a relationship between the level of instructions and based on her knowledge of the perception of pregnancy (Salles, 2008).

The single-mother phenomenon has taken on worrying proportions, especially since one in four households is affected by it and three-quarters of these single-mothers live with their parents; this situation is amplified by the fact that the youth who live in the under-informed about the misdeeds that irresponsible sexuality can have in the social life of an individual. This under-informed regarding responsible sexuality, which leads to the exacerbation of the phenomenon of street children, school dropouts, sexually transmitted diseases and infections and HIV/AIDS, early pregnancies, etc. which aggravate poverty and social disintegration. the list is not exhaustive (Ikome nda'ombun, 2013; Mafuele Filakembo, 2006).

The WHO considers that chance is not the only cause of early childbearing, of course, for one in three adolescents, the first sexual intercourse is at the origin of the pregnancy. But two out of three young mothers become pregnant not by accident or bad luck resulting from old and unprotected intercourse (WHO, 2014). Early teenage pregnancies occur throughout society, 12.8 million, or more than 90 %, take place in developing countries, especially in the African region (Martin Goyette *et al.*, 2009).

The National Program for Reproductive Health, (2019) (PNSR) points out that adolescent girls who live in the poorest families are more likely to become pregnant and give birth to a child than adolescent girls who live in poorer families comfortable.

In addition, many studies highlight the negative consequences of teenage pregnancy. For these authors, the occurrence of an adolescent pregnancy has serious impacts on the life and health of young women and their children, such as restricted access to studies, more frequent family problems, social isolation for teenage mothers. In children born to adolescent mothers, there are risks of low birth weight, prematurity and more frequent medical complications (WHO, 2012).

Over the past few decades, early teenage motherhood has grown remarkably to the point that it has become a serious public health problem despite the efforts of various development agencies. Indeed, statistics published over the past twenty years show a significant increase in teenage pregnancy rates. At 2 % these pregnancies lead to births in the world. However, being pregnant during adolescence exposes

you to several risks. And sometimes, the consequences are dramatic (Lince - Deroche *et al.*, 2019).

According to the United Nations Population & Fund (2013), there are more than 500 million girls in the developing world today who are shaping the present and the future of humanity, if they have the skills doing and opportunities, they can invest in themselves today and in their families and communities later. Their rights, health, education and potential must be protected and taken into account in the development agenda. Early teenage motherhood is not just a health problem, but also a developmental one. It proceeds in depth from many causes: Poverty, violence, forced marriages of children, imbalance of forces and powers between girls and their partners.

Birth and abortion rates declared among adolescent girls in Belgium are one of the lowest in Europe and the world. According to the data in this report, among adolescent girls aged 15 to 19 in comparison with 21 countries in the world, Belgium is one of the 6 countries with the lowest pregnancy rate. Belgium is, just behind Greece, the Netherlands and Spain, the 4th country in the world where adolescent girls abort the least 5.2 abortions per 1000 adolescent girls (Guillaume & Rossier, 2018).

For UNICEF (2016), the phenomenon exists all over the world, particularly in Africa and Asia, and very often leads to tragedy. According to the same source, with regard to the health of mothers between 15 and 19 years old, die every year during childbirth or as a result of pregnancy complications. Early childbearing is considered the main cause of maternal and child mortality.

The National Program for Reproductive Health, (2019), argues that in Africa, adolescent girls are exposed to early childbearing which leads to consequences such as: rejection of the girl, abandonment of the child, interruption studies, increased family responsibilities and prostitution.

The national survey of adolescent girls conducted in 2014 reveals that in Burkina-Faso, 20.2% of girls aged 15-19 have already had a pregnancy and 18% of them say they have close friends who have tried to terminate a pregnancy. The most visible impact of unwanted pregnancy lies in the psychosocial field because it contributes to a loss of self-esteem, dropping out of school, rejection by the family, destruction of life projects and maintenance of the circle. of poverty (DHS-DRC, 2014).

In Zimbabwe, Senegal, Colombia and Peru, more than a quarter of adolescent girls aged 15-19 from 20 % of the poorest families have already started childbearing. Furthermore, in Peru, teenage pregnancy rates are almost six times higher among adolescents

from the poorest families compared to adolescents from the richest families (United Nations Population Fund, 2017).

The daughter-mother phenomenon does not date from today in our society. It has grown with the social crisis which has hit the Democratic Republic of Congo in general, the city of Kinshasa in particular for more than a decade, as revealed to us by the abundant literature devoted to it. This phenomenon has attracted the attention not only of scientists, but also of policy makers and development workers. Considered as the social consequence of uncontrolled sexual intercourse which, for this author, leads to unwanted births. Children born in such conditions are often unloved and as they grow up they become unbearable for the family in particular and for the community in general due to their misbehavior (Evoloko, 2011).

Aware of this situation and the role of adolescent fertility in the demographic transition, the government of the DRC, in collaboration with UNFPA and USAID, has decided to support family planning and to intensify awareness-raising activities aimed at adolescent girls (EDS-RDC, 2014).

The socio-economic crisis that has pierced many families in the DRC, predisposes parents to a total disengagement and function with regard to the members of their families. This results in the early responsibility of adolescent girls for self-sufficiency in the face of the multiple needs of daily life, the demands of the environment on the social, clothing and technological level (Tshimungu *et al.*, 2018).

The MICS-DRC survey shows that nearly 23 % girls aged 15 to 19 have had a live birth in their lifetime. Contrary to the world situation where the majority of these adolescent girls contract these pregnancies within marriage (MICS-RDC, 2010).

In 2014, the DRC recorded a rate of 138 per thousand teenage births. These births were distributed as follows according to the provinces: Katanga (275 out of 1000); Kasai-Occidental (195 out of 1,000); South Kivu (184 %); Kasai-Oriental (179 out of 1000); Ecuador (154 out of 1000); Maniema (140 out of 1000); North Kivu (132 out of 1000); Orientale province (118 out of 1000); Bandundu (83 out of 1000); Bas-Congo (70 out of 1000) and Kinshasa (64 out of 1000) (National Institute of Statistics, United Nations Children's Fund, 2019).

In our daily life with the population of the Congo district, the teenagers, our observation was very bitter because out of 10 teenagers, 3 or 4 had a so-called early pregnancy with sometimes many obstetrical consequences before during and after childbirth, among other late abortions. , with many infectious

complications, death following postpartum haemorrhages ...

In view of all the above, a few questions come to our minds, we ask the following questions: How do adolescent girls in the Congo district live their situation of early motherhood on a daily basis? What does early motherhood mean to them? How do they perceive early motherhood? What are their expectations vis-à-vis early motherhood?

The aim of our study is to understand the daily life of adolescent girls in the Congo district who have experienced early childbearing in order to contribute to improving the sexual reproductive health of adolescent girls.

## 2. METHODOLOGY

### 2.1. Study quote

It is an exploratory descriptive study, approached in the phenomenological qualitative approach. It is an approach that responds logically to our study to understand the daily experience of adolescent girls who are victims of early childbearing.

Our approach targeted teenage girls who themselves experienced these phenomena in the Congo district. The data is collected in a cross-sectional manner and we used the unstructured interview technique, the interviews being done individually using a face-to-face interview guide. This study took place in the Congo district in the commune of NGALIEMA in the city of Kinshasa, capital of the DRC, from April 23 to June 23/2019.

### 2.2. Description of the research field

We conducted our investigation at Camp-Luka in the commune of Ngaliema, more precisely in the Congo district. The Congo district is one of the districts in the Camp-Luka city, in the commune of Ngaliema in the city of Kinshasa in the Democratic Republic of Congo.

### 2.3. Target population and sample

Our target population for our study is made up of adolescent girls from the Congo district who have experienced early motherhood, in the commune of Ngaliema.

To draw the sample for our study, we opted for the theoretical non-probability sampling technique. The selection is therefore of the primary type and will be made on the basis of the knowledge that the informant has of the subject of our research, thus admitting the advantage such that, while maintaining efficiency, the size of the sample is as small as possible.

The size of the sample is determined by the redundancy, that is to say when it was observed that

there was repetition of the information collected. Hence in this work, our sample is nine adolescent girls.

In order to remain faithful to this principle, to be part of our study, the subjects selected are those who have met the following criteria: being a teenager from the Congo district; having experienced maternity (before the age of 18); be able to speak French or local languages; be present during the survey and voluntarily agree to participate in the survey.

**2.4. Data collection method, technique and instrument**

The method used for this study is that of the phenomenological survey, it allowed us to question the subjects forming part of the object of study. For this, the individual interview was considered for this purpose. Participants were invited to participate in an individual interview of approximately 15 to 20 minutes.

The individual interviews took place, according to the availability of the participants, in a room in the maternity ward reserved for this purpose. Thus, we had envisaged 3 individual interviews to be carried out per day.

With the authorization of the participants, the interviews were recorded on the telephone with a recorder and the investigator recorded field notes which made it possible to document the progress of the data collection.

**2.5 Data Analysis Plan**

The data analysis process was thematic, that is to say that from the themes that emerged, we retained sub-themes supported by verbatim. This analysis was done following the steps below:

1. The perception of the overall meaning of the research interview;
2. The delimitation of the central theme;
3. The analysis of the central themes according to the objectives of the research;
4. The definition of the fundamental structure of the studied phenomenon.

More precisely:

- a) Completely listen to the elements recorded in the audio telephone device and transcribe;
- b) Read the *verbatim*s in order to develop a meaning of these *verbatim*s;
- c) Extract the data under the meaningful statements and expressions that relate to them;
- d) Eliminate redundancies and group the main themes according to their subcategories;
- e) Formulate groups of meanings for each of the elements or expressions selected according to the central themes;
- f) Integrate the results of the analysis into a general description of the research objectives;
- g) Summarize the results collected;
- h) Confront or compare the results with theoretical elements from the literature review;
- i) Submit general descriptions for reading by a few interviewees.

**2.6 ETHICAL CONSIDERATIONS**

From the start of our interviews, we took care to explain to the respondent what we would like to do in our research. Indeed, the approach consisted in seeking free and informed consent from interviewees.

A consent form was made available to them, and in the same vein, we undertook to respect the principle of confidentiality and anonymity of the information collected, to answer any questions that the respondent might have and explain how the data is collected. We also informed the respondent that it was easy to refuse the interview or to interrupt it at any time.

To do this, we had chosen a setting whose environment was calm, sheltered from noise and soliciting looks, and this in collaboration with the respondent.

**3. RESULTS**

**3.1 Sociodemographic profile of the surveys**

**Box 1: Sociodemographic characteristics of respondents**

Features	REP1	REP2	REP3	REP4	REP5	REP6	REP7	REP8	REP9
Age	27 years old	16 years old	23 years	16 years old	16 years old	17 years	15 years old	21 years old	17 years
marital status	Single	Single	Single	Single	Single	Single	Single	Single	Single
Study level	Graduated	Secondary	Secondary	Secondary	Primary	Secondary	Primary	Secondary	Secondary
Sector	Hotel	commercial	Pedagogy	Pedagogy	-	Aesthetic	-	Biochemistry	Biochemistry
Occupation	Unoccupied	Raised	Trade	Unoccupied	Unoccupied	Household	Unoccupied	Household	Unoccupied
Number of pregnancies	1	1	1	1	2	1	1	1	1
Parity	1	1	3	1	1	1	1	1	1
Age of first pregnancy	17 years	15 years old	15 years old	14 years old	15 years old	15 years old	12 years	17 years	16 years old
Age of 1 <sup>st</sup> child	10 years	1 month	5 years	2 years	1 year	1 year	2 years	3 years	10 months

With regard to this first box, we note that the age of the interviewees ranges from 15 to 27 years old, the majority have a secondary education level having followed as a training course: Hospitality, Commercial, Pedagogy, Aesthetics, Biochemistry; having no other occupations apart from the studies they were pursuing; many have had only one pregnancy with a living child whose age varies from 1 month to 10 years; the age of the first pregnancy varies from 12 to 17 years.

### 3.2 Results in relation to the daily experience of adolescent girls who are victims of early childbearing

After reading our transcriptions of interviews recorded with 9 respondents; having used the syntactic analysis unit in a closed encoding of the interviews, according to a four-column data analysis matrix: sub-theme, categories, verbatim and meanings.

The central theme chosen is: "the daily life teenage girls victim of early childbearing".

From this central theme, two sub-themes flow, namely: experience lived during early motherhood and expectation of adolescent girls who are victims of early motherhood.

#### 1) Experience lived during early motherhood

After the categorical analysis of this sub-theme, four categories emerged, which are:

- a) Perception of life during early motherhood
- b) Consequences experienced by adolescent girls on motherhood
- c) Means used to overcome difficulties
- d) Methods used by adolescent girls to prevent another pregnancy

#### 2) Waiting for teenage victims of early childbearing

The analysis of this second sub-theme brought out two categories, namely:

- a) Towards the sexual partner
- b) Towards the parents

The analysis consisted in grouping the verbatim statements with regard to the corresponding category, to which we attributed hidden meanings, inherent in the descriptions that the participants made of the phenomenon studied. The meanings constitute the results of this study.

#### Sub-theme 1: Experience lived during early motherhood

##### • Perception of life during early motherhood

In view of the statements made on this point, adolescents perceive early motherhood as an act of dishonor for the family and society.

More particularly this dishonor is with regard to the parents, a teenager expresses herself on this: **R1**: *It is not easy, first I dishonor my parents, in the family,*

*in the neighborhood at the church and everywhere there is not a good relationship, for them it is like an act of betrayal, but I have to put up with this situation which is not easy.* But it also shames society, as this teenager puts it: **A2**: *It's not good to give birth before the age, because in my case for example, my friends are waiting for the results of the state exams, but I had stopped.*

##### • Consequences experienced by adolescent girls on motherhood

Regarding the consequences of early childbearing, adolescents cited bad reputation in society, abandonment by the family and lack of support for the burden of pregnancy.

Early motherhood leads society to treat the victim of a person who betrayed him, which constitutes for the latter a bad reputation, a teenager notes this in her remarks: **R1**: *... in the family, in the neighborhood, in the church and everywhere there is not a good relationship, for them it is like an act of betrayal... like me, you see that I haven't even finished my studies.* **R2**: *I lived a difficult life made up of insults, I ate with difficulty, which made me stop studying...* The others are victims of abandonment by their family members, say some adolescent girls: ... **R2**: *It's not easy to adapt, you're neglected, abandoned. First there were financial difficulties as in the family we did not have the means.* **A3**: *After conception I was left with the man's family, and when my health deteriorated, the parents took me back. But the dad had decided to stop my studies until today because of the pregnancy.* **A6**: *The situation that happened to me has brought shame in my family to the point that my parents no longer live in harmony, and then I receive insults in society.* **A8**: *My family was not happy, since I was Dad's darling daughter, while the pregnancy had taken me away from him, it was a dishonor for them. Friends were also disappointed, they made fun of me,....*

##### • Means used to overcome difficulties

In their experience as victims of early motherhood, these teenage girls used the following means to overcome difficulties: Courage and advice from people, as well as Resourcefulness and help from parents.

These different means are resorted to by adolescent girls to overcome the difficulties and/or the consequences related to the early motherhood they have experienced. They express themselves in a few terms below: **R1**: *... but I have to put up with this situation which is not easy... People are still talking, but I bury myself because it's my life.* **A7**: *... But with the advice of some people, I pulled myself together.* **R4**: *... except for the mother who never stopped encouraging me to continue my studies despite the state of the pregnancy, in the end I ended up obtaining my diploma in the humanities.* **R2**: *...but little by little with the braiding of*

the hair that I do and the sale of cakes, I try to be self-sufficient. ...I only received advice... **R3**: I stay at home, it's the hair braiding service that helps me feed my child, and sometimes we get help from the parents.

- **Methods used by adolescent girls to prevent another pregnancy**

As for the methods used by adolescents to prevent a new pregnancy, they resort to abstinence, respect for the menstrual cycle, and the use of condoms and implants. Some teenage girls say this: **R1**: Since I had this situation, I abstain so that I no longer. **A2**: Every three months I'm nicked the product so that I no longer fall into early pregnancies. **A3**: With the risks I have taken, I am only abstaining until I have a husband who will marry me. **A4**: I have decided to no longer have premarital sex. **R5**: As this is the first experience, I think I will reserve myself for sexual acts soon. **A6**: To protect myself from another pregnancy, I use condoms. **A8**: I went for the 5 year old implant. **R9**: To protect myself from the next pregnancy, I calculate my menstrual cycle correctly.

- **Sub-theme 2: Expectations of teenage victims of early childbearing**

With regard to the expectation of adolescent girls who are victims of early childbearing, they seek moral and financial support from the parents and the hope of a marriage from the sexual partner. Two teenage girls express themselves respectively on these two wishes: **R3**: I am waiting to have a husband who can honor me and take care of my children, because the author of the pregnancy no longer takes care of the children and he had fled after the birth. **A5**: With my family, I expect them to accept my child, even if I am personally neglected, because the child did not want to come under these circumstances and if not all, that they can return even some of the trust and consideration.

#### 4. DISCUSSION

In view of our results, we note that the age of the interviewees ranges from 15 to 27 years old, the majority have a secondary education level having followed as a training course : Hospitality, Commercial, Pedagogy, Aesthetics, Biochemistry; having no other occupations apart from the studies they were pursuing; many have had only one pregnancy with a living child whose age varies from 1 month to 10 years; the age of the first pregnancy varies from 12 to 17 years.

A study still carried out in DR Congo precisely in the territory of Lomela, on the precocity of pregnancies in rural areas also approves that the average age of the onset of the first pregnancy is 14 years and that in general, after having investigated young girls between the ages of 13 and 19, she estimated that this age could be placed at 16. So most early pregnancies that occur in the DRC are between 12 and 19 years old (Kitoto Ohandjo Onoloke, 2018).

Typically in developing countries, 20,000 girls under the age of 18 become mothers every day, or 7.3 million births a year - a figure that increases even more when considering all pregnancies, not just births. Furthermore, vulnerable girls are more likely to become pregnant. In any region of the world, including high-income countries, girls who are poor, poorly educated or live in rural areas are more likely to get pregnant than girls who are wealthier, well-educated or live in cities. This is also true at the global level: 95% of adolescent births (between the ages of 15 and 19) worldwide take place in low- and middle-income countries. Each year, approximately 3 million girls in this age group resort to clandestine abortion, risking their lives and health (United Nations Population Fund, 2017).

In view of our results, adolescents perceive early motherhood as an act of dishonor for the family and society. We see this in the following statements: **R1**: It is not easy, first I have dishonored my parents, family, neighborhood at church and everywhere there is not a good relationship, for them it's like an act of betrayal, but I have to put up with this situation which is not easy. **A3**: .... For me it is a mistake..... **A8**: Pregnancy is good when you are in marriage with your man, but outside of marriage it is not good.

Regarding the consequences of early childbearing, adolescents cited bad reputation in society, abandonment by the family and lack of support for the burden of pregnancy. This is what they say: **R1**: .... in the family, in the neighborhood, in the church and everywhere there is not a good relationship, for them it is like an act of betrayal... like me, you see that I haven't even finished my studies. ... It's not easy to adapt, you're neglected, abandoned. First there were financial difficulties as in the family we did not have the means. **R2**: I lived a difficult life full of insults, I ate with difficulty, which made me stop studying,... **R3**: after conception, I was left with the man's family, and when my health deteriorate, parents took me back. But the dad had decided to stop my studies until today because of the pregnancy.

To add to these statements, the National Program for Reproductive Health , maintains that in Africa, adolescent girls are exposed to early childbearing which leads to consequences such as: the rejection of the girl, the abandonment of the child, the interrupted studies, increased family responsibilities and prostitution.

In addition, many studies highlight the negative consequences of teenage pregnancy. For these authors, the occurrence of an adolescent pregnancy has serious impacts on the life and health of young women and their children, such as restricted access to studies, more frequent family problems, social isolation for teenage mothers. In children born to teenage mothers,

there are risks of low birth weight, prematurity and more frequent medical complications (Human Rights Watch, 2019). But, although adolescent pregnancy is generally less the result of a deliberate choice than of the absence of choice: it is the consequence of little or no access to education, information and health. UNFPA works to influence this issue by focusing on the protection and fulfillment of girls' rights. It supports a comprehensive sex education program and sexual and reproductive health services to help girls avoid pregnancy. UNFPA also calls for support for young mothers so they can return to school and realize their full potential (UN Population Fund, 2017) .

In their experience as victims of early motherhood, these teenage girls used the following means to overcome difficulties: Courage and advice from people, as well as Resourcefulness and help from parents. Themselves express themselves: **R8**: *they laughed at me, but courage led me to overcome that.* **A7**: *.... But with the advice of some people, I pulled myself together.* **R2**: *...but little by little with the braiding of the hair that I do and the sale of cakes, I try to be self-sufficient. ...I only received advice...* **R3**: *I stay at home, it's the hair braiding service that helps me feed my child, and sometimes we get help from the parents.*

These statements support the state of abandonment in which adolescent victims of early childbearing find themselves, in which they are forced to do the impossible to meet their needs; and in this condition of weakness, have easily pence his ear to listen to the advice of the wise. In the Democratic Republic of the Congo, more than 48% of girls and women aged 15 to 19 are pregnant or already mothers. A report by the Global Coalition to Protect Education from Attack found that girls face many challenges both because of their stigma as survivors of rape or sexual violence, and pregnancy resulting from these criminal acts. Some girls reported that they could not get psychosocial (psychiatric) services or support to return to school. Many face rejection from family and community, especially those who have been members of armed groups in the past (Human Rights Watch, 2019).

As for the methods used by adolescents to prevent a new pregnancy, they resort to abstinence, respect for the menstrual cycle, and the use of condoms and implants. They expressed it in these terms: **R5**: *As it is the first experience, I think that I will reserve myself soon for the sexual acts.* **A6**: *To protect myself from another pregnancy, I use condoms.* **A8**: *I went for the 5 year old implant.* **R9**: *To protect myself from the next pregnancy, I calculate my menstrual cycle correctly.*

These results are the same with those found in rural areas (Lomela) where the adolescent girls

interviewed speak of two contraceptive methods known to them, abstinence and the condom. All of them know about condoms: 2 state that they have never used a condom in their life, because they do not know how to obtain one; 8 use condoms but not always; for some because they are not afraid of a second pregnancy, for others because they now monitor their menstrual cycle, and for still others because they do not enjoy using condoms and 2 say they use condoms to avoid a second pregnancy (Kitoto Ohandjo Onoloke, 2018).

With regard to the expectation of adolescent girls who are victims of early childbearing, they ask the parents for moral and financial support and the hope of a marriage from the sexual partner. That's what they say: **R3**: *I'm waiting for a husband who can honor me and take care of my children, because the author of the pregnancy no longer takes care of the children and he fled after the birth .* **A5**: *With my family, I expect them to accept my child, even if I am personally neglected, because the child did not want to come under these circumstances and if not all, that they can return even some of the trust and consideration.* **R9**: *I would like the family to support me anyway because I will not be able to bear the burden of this child alone and go back to school.*

Support is more than essential in these kinds of circumstances, whether on the family side or on the partner's side. In a study conducted in Haiti among adolescent girls' experience of pregnancy and motherhood, the results first show that the experience of pregnancy and motherhood aroused painful emotions such as fear and discontent. However, the support of the family of these young women as well as that of the family of their partner makes their living conditions less difficult. Secondly, the results show that the pregnancy experience is modulated by the attitude of their partner when becoming aware of the pregnancy and until delivery, as well as by the relationship between the participants of the pregnancy study and health professionals. Finally, data from the field show that the phenomenon of teenage pregnancy can be analyzed from the perspective of the issue of social gender relations (Mathieu, 2014).

## CONCLUSION

To conclude with this study, which focused on "the daily experience of adolescent girls in the Congo district who had experienced early childbearing", let us recall that it all started from an observation in daily life with the population of the Congo district where out of 10 adolescent girls 3 or 4 presented a so-called early pregnancy with sometimes many obstetrical consequences before during and after childbirth, among other late abortions, with many infectious complications, death following postpartum haemorrhages, etc.; something that led us to ask ourselves four main questions: How do adolescent girls

in the Congo district live their situation of early motherhood on a daily basis?

The aim of our study was to understand the daily experience of adolescent girls in the Congo district who had experienced early childbearing in order to contribute to improving the sexual reproductive health of adolescent girls.

This is a qualitative study approached in a phenomenological approach and it falls within the field of reproductive health. The method used for this study was the phenomenological survey and the free individual interview of 15 to 20 minutes. Our sample was 9 teenagers who had granted their availability to participate in the study.

After reading our transcriptions of interviews recorded with 9 respondents; having used the syntactic analysis unit in a closed encoding of the interviews, the central theme retained is: "the daily experience teenage girls victim of early childbearing". From this central theme, two sub-themes flow, namely: Experience lived during early motherhood (with four categories which are: Perception of life during early motherhood, Consequences experienced by adolescents on motherhood, Means used Overcoming Difficulties, Methods Used by Adolescent Girls to Prevent Re-Pregnancy); and the expectation of adolescent victims of early childbearing (with two categories, namely: vis-à-vis the sexual partner and vis-à-vis the parents).

Thus, adolescent girls perceive early motherhood as an act of dishonor for the family and society.

Regarding the consequences of early childbearing, adolescents cited bad reputation in society, abandonment by the family and lack of support for the burden of pregnancy.

In their experience as victims of early motherhood, these teenage girls used the following means to overcome difficulties: Courage and guidance from people, as well as resourcefulness and help from parents.

As for the methods used by adolescents to prevent a new pregnancy, they resort to abstinence, respect for the menstrual cycle, and the use of condoms and implants.

With regard to the expectation of adolescent girls who are victims of early childbearing, they seek moral and financial support from the parents and the hope of a marriage from the sexual partner.

It is important to set up policies aimed at reducing and/or preventing the occurrence of early childbearing among adolescents. This requires the

cooperation of all members of the community, from households to government decision-makers. To carry out this fight against the phenomenon of early pregnancy, the strategy adopted will target two axes: the prevention of new cases of pregnancy among adolescents, and the care of young girls who have already experienced this phenomenon.

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