International Journal of Multidisciplinary and Current Research ISSN: 2321-3124
Research Article Available at: http://ijmcr.com

Perception and experience of early motherhood by female victims in Lualaba province

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Received 02 June 2021, Accepted 30 June 2021, Available online 06 July 2021, **Vol.9 (July/Aug 2021 issue)**

Abstract

Context : *According to the WHO, nearly 16 million adolescent girls between the ages of 15 and 19 give birth to children each year. Of these births, 95% take place in low- and middle-income countries, more specifically among the poor, poorly educated or rural populations. Teenage pregnancy and childbirth carry a high risk of morbidity and mortality. The occurrence of maternity at this age group is considered by many obstetrician gynecologists as not advisable and that it must be prevented. The DRC is not exempt from this phenomenon. The rate of early motherhood in Lualaba remains high among so many others in the DRC. In the DRC, the wealth tax is much higher in rural areas (on average, 7.3 children per woman) than in urban areas (5.4 children). We also observe that at all ages, fertility rates are higher in rural areas than in urban areas. Age-specific fertility rates are high from the age of 15-19 (138 ‰) and increase rapidly to a maximum at 25-29 years (307 ‰) before declining steadily with age.*
Goal : *The objective of this study is to determine the perception and experiences of early motherhood by women victims of early motherhood in the province of Lualaba in 2015.*
Methods : *Our study took place in the Province of Lualaba. This is one of the new provinces resulting from the dismemberment of 2015 and made effective in 2016. It is the fruit of the merger of two former Districts (Lualaba and Kolwezi) of the former province of Katanga. To carry out this research, we conducted a phenomenological qualitative study. We organized 9 FGDs, each including 6-10 mothers. In which we interviewed 62 mothers victims of early motherhood in the province of Lualaba. It was in the eighth focus group that the response was overwhelmed. A semi-structured interview was conducted accompanied by a semi-structured questionnaire.*
Results : *The average age at first maternity of our respondents was 16.35 ± 1.32 years. The factors involved in the occurrence of early motherhood cited by our respondents were: ignorance, curiosity, the search for positioning or support, the search for or desire for a child, confidence in the partner, partners' false promises. Sexual harassment, irresponsibility or carelessness of parents, non-accessibility to means of contraception, degrading habits and customs were also mentioned by the latter.From the social and academic consequences experienced by early motherhood by our interviewees, we noted the following: dropping out or dropping out of school, forced marriage, loss of chances of ideal marriage.*
Conclusion : *Early motherhood in Lualaba province is present there with consequences similar to those of the rest of the world. The causes cited by our interviewees are similar to those of the rest of the world. However, the DRC as a developing country remains dominated by causes strongly linked to precariousness, including the search for positioning and support. Efforts remain to be made in this area with a view to combating and discouraging this scourge, but above all supporting victims to help them get around the related challenge.*

Keywords: *Perception, Lived experience, Early motherhood, Causes and contributing factors, Lualaba DRC*

Introduction

According to the World Health Organization (WHO), nearly 16 million adolescent girls between the ages of 15 and 19 give birth to children each year.

Among these births, 95% of these births take place in low- or middle-income countries, more specifically among the poor, poorly educated or rural populations. About 2% of these births are distributed in China, 18% in Latin America and the Caribbean, and more than 50% are in sub-Saharan Africa [1]. She adds that worldwide, there have

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DOI : https://doi.org/10.14741/ijmcr/v.9.4.4

been 49 births per 1,000 girls aged 15 to 19, according to data from 2010 [2].

Studies on this phenomenon of early pregnancies show that there are several encouraging factors, the consequences of which remain very unfortunate for both the adolescent mother and the child, including for the development of society as a whole.

Early motherhood is the occurrence of pregnancy in a woman whose age is less than 19 years for some and less than 21 years for others at the time of the birth of her baby [3]. According to the results of the various demographic and health surveys carried out in the DRC [4], [5], women of reproductive age are distributed according to the five-year age groups in which the age group comprising women aged 15 to 19 is that considered as a high risk tranche. However, during ANC, women aged 18 and under are considered to be high risk women for whom the reference ANC remains the major indication for them. In our study, only women who gave birth before reaching 19 years of age will be considered victims of early motherhood. Women at risk of early childbearing present many feto-maternal complications and remains a major social and health concern. It entails the physiological risks linked to the immaturity of the adolescent mother's genitals. This exposes him to situations such as perineal tear during childbirth, tendency to cause clandestine abortions following humiliations of his neighbors and relatives, infections due to the failure to master hygiene standards [6].

This is justified by the results of various studies carried out by WHO [1], [2]; Teenage pregnancy and childbirth carry a very high risk of morbidity and mortality. This would be linked to the physiological and sociological characteristics of adolescent girls. They account for 23% of the overall burden of disease (in disability-adjusted life years) due to pregnancy and childbirth [7]. Teenage pregnancies present increased risks to the mother's health such as anemia, hypertension, eclampsia and depressive disorders [8], [9] but also to that of the child, who is at increased risk for the latter to have a low birth weight, to be premature, to be born depressed and, consequently, to be exposed to a higher morbidity and mortality during childhood [10], [11]. In low- and middle-income countries, complications of pregnancy and childbirth are one of the leading causes of death for girls aged 15 to 19. In addition, stillbirths and neonatal deaths are 50% more frequent among children of adolescent mothers than among those of women aged 20 to 29 years [6], [12].

Although not without obvious risks, early motherhood remains a hot topic in developing countries.

WHO and UNFPA add that a married adolescent girl who becomes pregnant has a new status as an expectant mother, but also faces new dangers. Pregnancy and childbirth pose significant risks to adolescent girls, first mothers, who may be neither physically nor psychologically ready to give birth. In the case of very young mothers, becoming pregnant before the body has reached adulthood and is fully mature can pose risks. The young mother knows little about her own body or the warning signs. She lacks money in her new home to have access to prenatal care or qualified help at the time of birth. It is unlikely that there will be a device for her to receive emergency obstetric care. These circumstances lead to the death in childbirth of too many young mothers, while for each young girl who dies, 30 others suffer from illnesses, injuries or disabilities linked to pregnancy. Certain injuries lead to the abandonment of the girl married by her husband and her new family: she is thus left without any help or support [13].

These various observations prompted us to analyze the reasons which push young underage mothers to be more prone to early motherhood.

A phenomenological qualitative study will be approached to help us achieve the objective assigned to us through this research.

The studies prior to these were devoted to the same subject and had as a research framework the province of Lualaba. In these studies, we highlighted 13.8% of births among deliveries that took place from 2013 to 2015 among women under 19 years of age. The findings led us to highlight several favorable factors, the consequences of which were more unfortunate, ranging from perineal tears to maternal death. The factors favoring the occurrence of early maternity were not all given in our previous quantitative studies, which prompted us to conduct a qualitative study to determine the different causes of occurrence of early maternity in the province of Lualaba. This is the purpose of this study. It will therefore outline the reasons for the occurrence of early maternity advanced by victims of early maternity in the province of Lualaba as well as the perception of their occurrence.

Goals

The objective of this study is to determine the perception and experiences of mothers victims of early motherhood (who gave birth before reaching 19 years of age) in the province of Lualaba facing this phenomenon.
To reach our general objective mentioned above, the specific objectives are taken up a little further in the form of emerging terms.

2. Materials and Method

Description of the study environment

Our study took place in the Province of Lualaba. As for sampling, we conducted multi-stage sampling in which five health zones were selected, including the Health Zone of Dilala, Dilolo, Kanzenze, Kasaji and Manika. Our study being complementary to those which were carried out before, this one will be a phenomenological qualitative study for the achievement of the objective we determined here.

Study Population and Sample

The women who gave birth to their firstborn before they turned 19 made up our study population.

Our research target was for underage mothers between the ages of 16 and 21 who were victims of early motherhood one to three years ago. The age group thus judged to bring out easily the risks that the latter have run since they gave birth to their 1st babies instead of taking only those who had just given birth freshly without spending some time since l delivery until the day of the interview.

The qualitative study is a study that evolves in a circular. The size of the sample should therefore depend on the saturation of the responses that the respondents provide to us.

Our sample consisted of people who were early mothers at their first maternity. The latter were gathered in groups of 6 to 12 due to the size of the focus group. The saturation of the responses was noticed from the 8th focus group. This made a total of 62 interviewees gathered in nine (9) focus groups.

Inclusion Criteria

The criteria used to include respondents in the research were the combination of the following criteria:
- Be between 16 and 21 years old,
- Having delivered your firstborn before being 19 years old;
- have passed between 1-3 years since the 1st delivery

Data analysis

The data we present in this study were recorded and then transcribed in full and fictitious first names were assigned to the people who participated in our study. Then, we proceeded to a summary of each of the words collected so that we identify the interviews where the different dimensions of our research question are present, that is to say the most relevant interviews. As Quivy and Campenhoudt (1988) mentioned, "in social research, the interview method is always associated with a content analysis method"[14].

We carried out the thematic content analysis. It consisted, first of all, in bringing together the themes that emerged during the interviews relating to the different dimensions of our research question.

The following emerging themes have been selected to allow us to respond to our study problem, these are:

- assess the knowledge of the risks of early maternity, variable person, place and time;
- determine the perception of mothers who are victims of early motherhood in the face of this phenomenon;
- highlight the reasons and circumstances associated with the occurrence of early motherhood advanced by the victims.

Once this work was done for each of the interviews, we then carried out a transversal analysis by comparing the themes of the various comments collected.

Ethical considerations

This research work is in line with the guiding principles of ethics in social research, namely: respect for human dignity, free and informed consent of the participants, respect for confidentiality and the principle of anonymity.

The Results

3.1. Quantitative results from our interviews with our respondents

Table I: Representation of socio-demographic characteristics

Civil status	frequency	%
Married	17	27,5
Single	45	72,5
Total	62	100
Schooling		
Continued studies after childbirth	14	22,5
Did not continue studies after childbirth	48	77,5
Total	62	100
Address		
Rural	25	40
Urban	37	60
Total	62	100
Profession		
Household	33	52,5
Seamstress	6	10,0
Saleswoman	16	26,3
Study	4	6,2
Other	3	5,0
Total	62	100,0

The majority of our respondents were single in 72.5% of the cases, did not continue their studies after childbirth in 77.5% of the cases, lived in the urban environment in 60% of the cases and were housewives in 52.5 % of cases.

Table II. Distribution of interviewees by age in year

Age in year of interviewees	frequency	%
18-19	26	41,9
20-21	36	58,1
Total	62	100,0
Age of interviewees at the birth of their 1st born.		
13	3	4,6
14	4	5,9
15	6	9,3
16	19	30,2
17	18	29,5
18	13	20,5
Total	62	100,0

Our interviews consisted of people whose age was between 18 and 20 years old in 58.2% of the cases

followed by those aged 20-22 years in 41.8% of the cases. The average age was 19.84 years with a standard deviation of 1.2 years.

The average age in years at the first maternity of our respondents was 16.35 years with a standard deviation of 1.32 years. The median of 16.5 years. At 16 years of age, 25% of our respondents had already given birth for their first time and 75% at 17 years of age. The minimum age was 13 with a maximum of 18.

3.2. Qualitative results from our interviews with respondents according to emerging themes.

Sociodemographic Characteristics

The majority of our respondents were single in 72.5% of the cases. The respondents did not continue their studies after childbirth in 77.5% of the cases. They lived in urban areas in 60% of cases and were housewives in 52.5% of cases.

At the time of the survey, our interviews consisted of people whose age was between 18-20 years in 58.2% of cases, followed by those aged 20-22 years in 41.8% of cases. The average age was 18.84 years with a standard deviation of 1.2 years.

The average age in years to the 1st maternity of our respondents was 16.35 years with a standard deviation of 1.32 years. The median of 16.5 years. At 16 years of age, 25% of our respondents had already given birth for their first time and 75% at 17 years of age. The minimum age was 13 with a maximum of 18.

As for the achievement of our results according to the emerging themes presented above, we noted the following:

Considering the reasons and circumstances for the occurrence of early maternity among our interviewees, this is combined with ignorance among our interviewees; the following factors have been suggested:

Ignorance: our respondents did not have clear ideas about the occurrence of teenage pregnancy. When they start again, for example (I didn't know there were ways to prevent teenage pregnancies; either; I followed his orders to have sex with him to prove that I loved him too; or again; I had offered her my virginity to confirm that I was ready to marry him and he too ready to marry me).

As for the use of contraceptive methods, the young mothers interviewed told us about four contraceptive methods they knew, including abstinence, interrupted coitus or withdrawal, the morning after pill and the condom. They all knew the condom. A minority of them said they had never used a condom in their life. But their use was not effective for various reasons (they did not know how to get it, they trusted their partners, their partners did not want it, their religions did not allow it ...). Curiosity: some practiced intercourse because they belonged to clubs of seductive friends of teachers and other personalities who looked for minors as friends. Still others wanted to appear as having financial means close to the others by hitting on buddies before regularly offering them these few things of value.

Example of a story: I am Braze, “I was 14 years old when I belonged to a club of seductive friends of our teachers and other personalities who needed minors for the satisfaction of their sexual appetite . In this club we used the morning after pill. One weekend I missed it and there was none in our stock. I had no choice but to bear the pregnancy of the teacher I dated that day. Then I was kicked out of this school that year. That’s how I found myself a mother at that age and the delivery went by cesarean section because of the immaturity of my pelvis. Fortunately my parents turned me over to complete my studies. So far I have had no satisfaction because I have missed my marriage and I am without a decent job. Even in the Quartier I do not enjoy the first consideration following this maternity ”.

The search for positioning: for some, parents who had no means of providing for the children pushed their children to go on the street to provide them with some means of survival. This is complemented by the neglect of certain other parents who did not know how to blame their daughters.

Here is an excerpt from Dedisa. From a family of 12 children whose family situation was deplorable. Whenever we girls at least 12 years old were at home, the mother kept asking us to fend for ourselves like the neighbor's daughters who brought food to their parents to support them. My sisters who came before me were all pregnant without being married. I had to offer myself to a boy from my school who belonged to a family with a little financial wealth. He’s the one who paid me juice and LOLY at playtime and something like transport with multiple gifts. I had always judged myself to be loved and kind to him. This habit seduced him and he became my friend with whom I always went out and responded quickly to each request he made me. The grace of God had smiled on me and I had become pregnant with him. My prayer was that the boy would take me in marriage and done. This is how I was left in their family until today and it is this family that takes care of me while waiting for their son to finish his studies to take care of me now. For me I knew how to position myself instead of going out with several friends like my sisters. Studies for me are not a major concern but if the gentleman finishes his studies and he asks me to continue I will do so without problem.
Kikid from a province other than this one. By the effect of displacement, my parents had lost all the valuables they had and it was our turn as children to bring them some subsidies at home for our subsistence. This is how we tried to get by. Our friends could offer us some money in exchange for intimate relationships. The situation clouded the reproaches of the parents who were destitute and could not but expect us children. It was by this way that I became pregnant with a man who is almost 20 years older than me and I am 17 years old. My studies ended

there and the family forced her to take me into marriage (3rd woman), essentially to have something to help the parents.

The search for, or desire for, a child: some others needed to become pregnant with a boy, so that the boy could marry or take care of him before finding any other way to survive.

Let us read the following account: I am Odede: aged 14 I was pregnant with a boy from my neighborhood. I had nothing to do except wait for me to grow up to have the children who can help me someday in my life. I had not studied and I can neither write nor read. I'm barely starting to realize that I had to study, but I think it's too late for me since I already have three children with this expensive life.

Trust in the partner and the false promises of the partners: some who seemed to know how to prevent pregnancies had more confidence in their partners believing that the use of contraceptives would reduce the confidence of their partners and that they would lose marriage than the latter promised.

Example of the following story: Tatuna, she tells the following: I was orphaned by a father from an early age and grew up with my mother who also left me when I was only 13 years old. Right now my grandmother had taken me to live under her roof. Although I led a life of prayer, I was doing well in school and still kept my virginity. It was at the age of 16 that a neighboring neighbor who visited me regularly asked me to go see him to explain a math lesson to me. It started to rain some time after I got home. There were only two of us in his apartment where he had received me. After explaining the lesson to me, he persuaded me to maintain intimate relations with him, as I was counting on his delicacy and he made so many promises to marry me, I had obeyed his orders to confirm that I loved him too. I found myself pregnant with him on this one intercourse. When he knew that I had become pregnant with him, he came to see me and to reassure himself that I was actually pregnant with him, he left me two hundred US dollars ($ 200). He promised me that he would buy some goods in Angola to return in less than a month. So it was the last time I saw the man until I gave birth. Thereafter, I would receive an unknown call which I would discover during the discussions that it was he who wanted to reassure himself that his son is alive and that there is nothing left as contentious in my family. Up to this day I have never seen him again or obtained from him the marriage he promised me. From then on my studies were interrupted because my grandmother will tell me that I had disappointed her. What I regret most is the loss of my virginity which I kept as a precious gift for my husband, the absence of marriage, the interruption of studies. I have just missed marriage three times because the condition that my partners ask me is that of never having given birth to a child out of wedlock, I suffer from it but he is comfortable where he is. Sexual harassment: still others being in a weak position, they could not say no to sex. Such is the case of the young sister of the liquor seller with her sister's husband. Let's follow what she said: Yadada. I was staying with my older sister in an artisanal mining career in the town of Kolwezi. Sometimes my sister asked me to serve customers who came for alcoholic beverages and which we sold at home. My build was like that of a mature woman when I was only 12 years old. So as not to feel diminished, I told clients that I was already of legal age. One day when my sister left for Lubumbashi to get some goods, I stayed at home with her husband (de facto marriage). It is on this occasion that her husband will ask me to sleep with him after telling me that the mass I had was a given for me and that I could not be exposed to any danger linked to sexuality. As I didn't know, my sister's husband continued to use me as his second wife instead of letting him go find other women, and my sister didn't know. Shortly thereafter I will report intense nausea and fatigue. When my sister put more pressure on me to admit what it was all about, her husband stood up for me and decided to take me to Kolwezi himself for proper care. When I got to the hospital, I was diagnosed with pregnancy and it was the occasion for this gentleman to abandon me there, leaving me supposedly 300 US dollars for care. From then on, the gentleman's phone never went through. The family will be informed late while the sister's husband has already fled. I will find myself a mother at 12 with school dropout, hatred towards my older sister, family conflict. So I decided to start my own home in a quarrying industry other than the one where I lived with my sister and ...

Parents' irresponsibility or carelessness (procuring and divorce of parents): parents in a position of neglect to provide for family needs ignore their children's education by letting them go to seek subsidies in any way. This also goes to parents in divorce who do not know how to control the movement of their child and they are abandoned to their sad fate.

This is the case of Tetete when she says: I was 13 years old and I had no prohibitions on sexuality because I already practiced sexuality from the age of 12 years and it is without any problem. We were appreciated. Some people thought we were nice and helpful, my friends and I. My parents knew and none forbade me to do this. It is then that one day I will feel an unusual movement in my belly with tendencies of nausea and vomiting. My sister I lived with will take me to the hospital and it was there that I was diagnosed that I was 4 months pregnant. Myself having been subject to the frequentation of several boys, I did not even know who was exactly the author of this pregnancy, imagine the rest…. Afterwards, I normally gave birth to a girl at 13 years old. There no financial means nor advanced in study except shame and humiliation in the district which I continued to live. This is how my parents decided to change my living environment. The solicitations I get from boys are just for casual sex, not marriage because the boys think I have a lot of sexual experience than they did because I gave birth very early.

Lack of access to contraception: a teenage girl said that she used the morning after pill every time she had occasional sex, unfortunately that day there was none in stock.

Degrading habits and customs: for parents who still continue to impose marriage on their minor children.

Let's follow Betrodode's story. I was only 13 when I had my fiance who promised me marriage and everything was negotiated with my parents. At 14 I was given in marriage and it was there that I was able to embrace marriage life. We had no prohibitions on child marriage. At 15 I had my first baby and there I am the mother of three children at 20. Until now I can neither write nor read and this is how I am evolving. If luck will be able to smile at me, it is my children who will learn because we in the village our wealth is children.

And Rolloollo: I was 13 years old in 6th grade when I married my partner who was only 16 years old also on the initiative of our parents. As the father of my partner had already advanced in age and I was given in marriage to his son as a gift to his son who would risk finding himself orphan of father without someone who could take good care of him. At 14 years old I had my first baby with intense complications of childbirth. It was then that I suffered a torn perineum. Consequence: sometimes excretion of faeces through my vaginal cavity (fistula). As the care in the village was not of high quality, my parents decided to tear me away to bring me to the hospital. Despite these efforts, I remained somewhat disabled without hope of continuing my sex life properly with a level of education that has not changed.

The Consequences of Early Maternity

Regarding the consequences experienced, it should be noted the following consequences that were experienced by our interviewees during our interviews:

Health consequences: they have been linked to the immaturity of the genitals, including the following:

Obstructed labor: Several of them told us that they had experienced enormous difficulties during childbirth, namely caesarean section, tear of the soft parts, lengthy hospital stay, uterine rupture. Other complications such as serious infections have been reported, total hysterectomy, vaginal fistulas, physical disability ... The non-follow-up of PNC during this pregnancy, cases of postpartum hemorrhage have also been reported.

Example of an extract from Kokola: after my parents' divorce, we children remained scattered. Neither mom nor dad, nobody could control well where the children were really. It was because of this situation that I was dating a boy from my neighborhood who had made me fat at 13. I was still in 1st year of high school. I was kicked out of school and the boy went to another school. I will then give birth by cesarean section since I had not attended the ANC during this pregnancy. I almost died. This is where this cesarean section will end up with the findings of the doctors who will decide to remove my uterus (total hysterectomy) to save my life. Then it was a real tug-of-war between the two families. The boy's family was forced to take charge of my schooling, something that had been done. Unfortunately, the boy continued his life with someone else and I without a happy marriage because I can no longer procreate yet in our communities marriage is children.

The psycho-social consequences were also experienced, namely:

School dropout without resumption after childbirth, interruption of studies with return to studies after childbirth, illiteracy ...

Such is the case of Yakoko who says: I was 15 years old when I was courting a friend of my class who kept reassuring me that I was the only girl in the world he liked and on whom he was counting on for a happy marriage. As we were dating, I happened to give in to her requests one day, me, believing that that was the signature of our marriage. It had become almost a habit without using any means of pregnancy prevention because I didn't even know about it. When I became pregnant with him, to the knowledge of my parents, they refused to allow me to continue my studies abroad because I had completely disappointed them adding that I had undermined the reputation of the family. After I gave birth, my parents returned me to school and I graduated. My brothers and sisters had all been sent abroad to complete their university studies except me because I was already a mother. I must have missed going to continue my studies abroad like my brothers and even the partner had never reminded me to take me into marriage as he told me before. He has already married another woman but I am still looking for the husband. Even the job, I don't have a job like those of my brothers and sisters who went to complete their studies abroad.

Early motherhood, forced marriage, secondary sterility (no hope of having children in the future), humiliation and shame in the neighborhood, absence of marriage with the father of the child, loss of chance of a happy marriage, multiparity at a young age (mother of two or three children already at 20), tension between families, lack of control over the real perpetrator of the pregnancy, flight of the partner (single-parent family), decrease in value of the young mother after loss of her physical and economic functions.

This is the example of Katokoko when she said: I had a very good relationship with a friend who frequented me especially since we were all from the same church. The friend counted more on me and me too. At 15, my friend made me fat. Overwhelmed by fear of the consequences of pregnancy in a minor, the friend took me away when he learned that I was pregnant. I stayed under the supervision of his family. When I gave birth, things got complicated and then I had experienced a cervical tear that had complicated into serious infections. These infections had been poorly managed and the situation was really worse for me. These complications eventually

led to the practice of total hysterectomy. There I find myself in the shoes of a victim who does not know how to find a marriage, because no man until this day accepts to marry with this disability and without me having children. Although I had recovered from the schooling side but from the social and health point of view I remained a loser.

According to some, there is an advantage to be gained from this birth, including:

The positioning for the one with preconceived desire for marriage, the competition with her child for those who wanted to have a child and who claimed that the child was an asset. They added that "procreating early is sending at a young age and resting at an old age."

As for the health consequences linked to children, many told us that they gave birth to premature children, of low birth weight and others with fetal suffering at birth… still others told us about their children who had died little by day in hospital…

All in all, regret has been recorded in the large proportion of young mothers who gave birth early by expressing the wish to wait for these deliveries to occur later than when they occurred.

4. Discussion

4.1. Limit of the Study and Bias

The data in our study comes mainly from comments collected during our interviews. Consequently, four biases were used to control us to ensure the quality of the data in this study, namely:

1) The selection bias which allowed us to collect, analyze and verify the selection elements, in particular the inclusion and exclusion criteria with a view to homogeneity of the sample and reliable results.

2) The bias linked to the formulation of the questions: this bias allowed us to respond to the taxonomic levels of the respondents by avoiding verbs with multiple interpretations that could lead to confusion. The questions were clear and relevant and asked in the local language which is Kiswahili.

3) The bias linked to the answers given. At this level, we cannot say with certainty that what the respondents said is really their point of view and that they are really committed to it. The biases will be controlled by guaranteeing the respondents anonymity and by explaining to them the importance of their contributions for achieving the objectives of the study.

4) The bias related to data recording: it was controlled by good recording and intelligent data entry which incorporated a logical translation of the question codes. The recording as well as the entry were carried out a second time to reassure us of the reliability, accuracy and completeness of the data in order to avoid the different types of errors.

4.2. Evaluation of the Achievement of Results

In this part, we have set ourselves the objective of determining the perception and experiences of mothers who gave birth before reaching 19 years of age in Lualaba province faced with the phenomenon of early motherhood. We have conducted a phenomenological qualitative study. The interviewees were put into homogeneous groups of 8 to 12 in the form of focus groups in order to reach the objective we had set for ourselves. It was around the 7th and 8th focus group that we noticed the saturation of the responses. This led us to conclude with our study. The results presented in the previous section allowed us to discuss them in this section.

1. The validity of the study: our study was conducted according to a qualitative approach. These studies cannot explain anything other than what the interviewees told us. We have admitted this study with the aim of completing certain points which the quantitative study carried out on the subject could not address. However, the results of this study are only facts that the interviewees told us. This saved us from the subjectivity of the facts since everything came to us from the interviews with our interviewees.

2. Reliability of the study: in our study, we took care to translate our semi-directed questionnaire into the local language which was Swahili. This is so as to standardize the understanding of our interviewees to whom the questionnaire was administered in the local language. The interviewees had all been put in good conditions and we believe that the answers they have given us are true according to their experiences because everyone expressed themselves freely and openly without any hesitation.

3. As for comparing our results to those of other researchers, the following lines show our results

Our interviewees were mostly single in 72.5% of cases. They did not continue their studies after childbirth in 77.5% of the cases and, lived in the urban environment in 60% of the cases and were housewives in 52.5% of the cases. Their average age was 19.84 years with a standard deviation of 1.2 years with extremes of 16 and 21 years.

The average age at year of first maternity was 16.35 years with a standard deviation of 1.32 years. The median of 16.5 years. At 16 years of age, 25% of our respondents had already given birth for their first time and 75% at 17 years of age. The minimum age was 13 with a maximum of 18.

4.3. Qualitative data discussions

After analyzing the quantitative part, the qualitative data that emerged from this interview were as follows:

The factors involved in the occurrence of early motherhood that we highlighted with our interviewees were: ignorance, curiosity, the search for a positioning, the search for or desire for a child, confidence in the

partner and the false promises of partners, sexual harassment, irresponsibility or carelessness of parents, non-accessibility to means of contraception, degrading habits and customs to name only this. These factors resemble those found by other researchers that we list in the following lines: Most researchers agree that material poverty, precarious living conditions, low income, in short socio-economic status -privileged economy are the main environmental factors that promote early pregnancies. In addition to these main environmental factors, there are other significant socioeconomic and socio-demographic factors, according to the research of Haldre [15], Peirera [16], Roy and Charest D. [17] and Ould et al [18], namely: the influence of the culture of origin (ex: early marriage = cultural trait), ethnic origin (sub-Saharan Africa, Latin America, etc.), the region, the community or the poor neighborhood, the context of neighborhood, poor social integration, school failure: low level of education, low-value schooling; poor prospects for the future, lack of opportunities - social appreciation of motherhood (even in adolescence), acquisition and recognition of social status - religion or religiosity.

For other researchers such as Roy, S. and Charest, D. [17], Uzan [19], Chandra Mouli [20], Arai [21], the occurrence of pregnancy in these unfavorable socio-economic conditions could be considered as an adaptation strategy: project to escape from a low-value schooling, to a disturbed family or institutional environment, project to have a social function, to succeed, to develop, to benefit from family and social support increased social assistance benefits; the only viable project, ultimately to escape unemployment, failure, poverty. For working-class adolescents, early motherhood therefore represents a rational and constructive life option, a real alternative vocation [21].

In other words, according to several scientific observations and studies, it generally appears that the occurrence of teenage pregnancy is observed more frequently in disadvantaged socio-economic circles, in poorer neighborhoods, in which young girls have low expectations regarding their educational and professional prospects. One can read on this subject the very interesting studies of Haldre, Karro, Rahu and Tellmann, [15], Pereira, Canavarro, Cardoso and Endonça [16] and Charest Diane [17], Corcoran, Franklin and Bennett as well as Faucher , Jo Anni Joncas and Bernard Roy [22].

Before the occurrence of early maternity, the majority of our respondents studied in 62% of cases followed by those who sold in 15.0% of cases. After the onset of maternity, the majority of them became saleswomen in 35.0% then those who took care of households and studies in respectively 28.8% and 20.0% of the cases.

In his qualitative study, Arai [21] observes that this explanation in terms of low expectations regarding the academic and professional future of adolescent girls is noted, directly or indirectly, by the 12 young mothers and the 9 coordinators of local centers interviewed. Jewell and colleagues [23] have found the impact of socioeconomic status on contraceptive behaviors. Among other things, they observe that young women from more disadvantaged backgrounds were less likely to use emergency contraception. According to Pereira's group [16], the occurrence of teenage pregnancy is significantly associated with a higher number of school failures. Among the group of pregnant adolescents, only 12.3% were still attending school, 52.6% had already "dropped out" before becoming pregnant.

As for the health consequences linked to children, the majority of them admitted having given birth to premature children, of low birth weight and others with fetal suffering at birth… still others told us about their children who had died a few days in hospital, others still experienced cases of vaginal fistulas…

These results are similar to those of the study carried out in Katanga by Joseph Bulanda Nsambi et al. [23], for which women who gave birth vaginally experienced cases of fistulas including 242 cases of fistulas studied, these cases of fistulas were reported in 42.6% of cases in primiparous women. Tebeu found between 31 to 66.7% of cases of fistulae who were primiparous when they were taken care of [24]. This is confirmed with the literature, for which, for several authors, the majority of fistulas and obstetric complications occur in adolescent primiparous women due to cephalo-pelvic disproportion and prolonged labor. Holme et al. [25], Jokhio AH, Kelly J. and Meyer L. [26], [27]. These results are in line with World Health Organization (WHO) estimates that more than 2 million young women worldwide live with untreated fistula and that 50,000 to 100,000 new women are affected each year. The vast majority of cases are recorded in sub-Saharan Africa and in South-East Asia [28, 29]. In the DRC, the 2007 Demographic and Health Survey (DHS) indicates that 0.3% of women say they have already had symptoms of fistula [4].

All in all, regret was recorded in the large proportion of young mothers who gave birth early by expressing the wish to wait until these deliveries would take place late until their births. This may have shared their perception, including that of desire for a child, that of waiting for the late arrival of this birth, or that of creating loss of earnings for the victims. Without forgetting those who believe that they remain not useful for the future marriage because of the invalidity caused by the problem of tears of the soft parts. This remains applicable in the

DRC and especially in Africa where many series of cases show high rates of divorce or marital separation, absence of sexual intercourse, loss of fertility, amenorrhea and depression in fistulous women. [13], [28]–[31].

Conclusion

We conducted a phenomenological qualitative study in which we interviewed 62 mothers victims of early motherhood in the province of Lualaba. A structured interview was conducted accompanied by a semi-structured questionnaire.

After investigations, we arrived at the following results: The average age at first maternity of our respondents was 16.35 ± 1.32 years. The factors involved in the occurrence of early maternity with our respondents were: ignorance, curiosity, the search for positioning or support, the search for or desire for a child, confidence in the partner, partners' false promises. Sexual harassment, irresponsibility or carelessness of parents, non-accessibility to means of contraception, degrading habits and customs were also mentioned by the latter. Of the consequences of early motherhood experienced by our interviewees, we noted the following: dropping out or dropping out of school, forced marriage, change of role, loss of chances of ideal marriage.

These results have shown that early maternity hospitals in Lualaba province are present with consequences, causes and favorable factors similar to those of the rest of the world. The DRC as a developing country, remains dominated by causes strongly linked to precariousness including the search for positioning and support, curiosity, the maturity test ... Efforts remain to be made in the matter to fight and discourage this scourge but especially the supervision of victims to help them bypass the related challenge.

Suggestions

To the Government
• Legislate the use of contraceptives by adolescent girls;
• Support the education of young people on the use and usefulness of contraceptive methods,
• Support parents to assume their responsibility towards their children,
• Support schools and other educational structures in the vocational training of young mothers;
• Prosecute deserting parents and those who impose marriage on their minor children;
At health structures
• Provide sex education for young girls and boys (adolescents);
• Advocacy for accessibility and availability of means of contraception for adolescents;
To parents
• Become aware of the need for comprehensive care for their families
To Adolescents
• Continue and enjoy studies;
• Give yourself good forms of distraction;
• Avoid early sexual intercourse;
• Use the means of contraception available in the event of occasional sexual intercourse.

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