

Inventory of Early Maternity in Lualaba from 2012 to 2014

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Abstract: *Early motherhood involves risks of all kinds. Pregnancy and childbirth are the leading cause of death for teenage mothers. Our study pursued the objective of highlighting the state of play of early maternity in Lualaba. We conducted the cross-sectional study in Lualaba province in the Democratic Republic of Congo (DRC) in 2015. Random sampling at several stages. We administered a questionnaire to 720 adolescent mothers who gave birth before their 19th birthday. The average age at first maternity (16.55 ± 1.9 years). The respondents had good knowledge in preventing pregnancies, but not put into practice. Few (17.5%) of them used contraception improperly while most (57.5%) wanted to use contraception. Teenage mothers in rural areas were respectively at high risk of having incorrect knowledge about the occurrence of pregnancy (OR = 1.2 and 2.8). Hope for replacement (48.4%), complicity with one's child (46.7%) cited as advantages. The dropout rate after childbirth (67.8%). Early marriages (50.7%). The health consequences (70.0%), 60.5% of perineal tears, vesico and / or vaginal fistulas (8.6%) ... have been experienced. Early motherhood has several consequences and requires multidisciplinary involvement to reduce risks.*

Keywords: Early motherhood, inventory, Lualaba Province

1. Introduction

Early motherhood is defined as 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 [1]. However, the occurrence of maternity during this period and especially in adolescence is considered by many obstetrician gynecologists as not recommendable [1] and to be prevented [2-3]. The authors are based on the results of studies, some of which highlight the increased risk of obstetric complications and others insist on the poor socio-economic prognosis of the mother and pediatric complications [4].

For some young mothers, early motherhood is the fruit of their wish, while for others it happened unplanned [5]. Families from adolescent motherhood are often more prone to child abuse and more likely to threaten personal and social development themselves. They often have characteristics that are considered to be predisposing to these situations, including family disruption in the childhood of young parents, problems of self-esteem, depression and lack of parenting skills, marital pathways and very disturbed professionals, poverty, social isolation... [2-3].

According to international and non-governmental health agencies [6], more than 140 million girls will have married between 2011 and 2020. According to this same source, if? The current trend continues, 14.2 million girls per year, or 39 000 a day will be married too young. In addition, of the 140 million girls who will have married before the age of 18, 50 million will be under the age of 15. [7] According to the WHO worldwide, there have been 49 births per 1,000 girls aged 15 to 19, according to data from 2010 [8].

The approach to this theme is justified by the results of the various studies carried out by the WHO, which prove that

pregnancy and childbirth in adolescents 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 [8]. Adolescent pregnancies present increased risks not only for the mother's health such as anemia, hypertension, eclampsia and depressive disorders [9], but also for that of the child in terms of concerns low birth weight, prematurity, depression at birth and, consequently, exposure to higher morbidity and mortality during childhood [10]. 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, births and neonatal deaths are 50% more prevalent among children of adolescent mothers than among those of women aged 20 to 29 years [10,11]. This clearly shows how the phenomenon of early motherhood is a significant health problem that will have to be addressed in order to deduce possible solutions.

Not only does early motherhood expose to the above-mentioned dangers, it also involves physiological risks linked to the immaturity of the adolescent mother's genitals, which is thus exposed to situations such as perineal tearing during childbirth. Early motherhood also increases the tendency to resort to clandestine abortions, following humiliations on the part of neighbors and relatives and to present infections due to the lack of hygiene standards [10].

Complications of pregnancy and childbirth, however, remain the second leading cause of death for adolescent girls aged 15 to 19, and the risk of death increases as the proportion of young people in the population increases while the leading cause remains suicide [12]. Complications of pregnancy and childbirth, however, remain the second leading cause of death for adolescent girls aged 15 to 19, and the risk of death increases as the proportion of young people in the

population increases (12). Our study was focused on the group under 19 years of age.

The objective of this study is to highlight the state of play of early maternity in the province of Lualaba.

2. Environment, Population and Method

2.1 Study environment

Our study was conducted in the province of Lualaba. It is one of 26 provinces stemming from the dismemberment of Greater Katanga. Lualaba is a province with one city (Kolwezi) and the rest of rural areas. No entity has been recognized as urban-rural to date. This had repercussions on the choice of our sample for which, the two health zones which form the city of Kolwezi were automatically selected by carrying the simple random choice on the other entities to choose three (3). It should be noted that in this province, sexuality is a taboo subject but whose early procreation is a daily experience.

We conducted a cross-sectional study from January to December 2015 with 720 young mothers in the Lualaba province aged 18 to 20 years. Only those who had given birth to a baby at least once before reaching 19 years of age could be chosen. The use of the multistage random sampling technique was appropriate. The health zones of Manika, Dilala, Kanzenze, Kasaji and Dilolo served as a research framework after a random choice of 144 respondents per health zone. The size of our sample was calculated using the

$$\text{following formula: } n = \left[\frac{z^2 \cdot p(1-p)}{e^2} \right] \cdot 1,5 \text{ with } z \alpha \text{ of}$$

95% of precision = 1,96 ; p=the proportion affected by the health problem which is 19,2%, prevalence of early motherhood in the study that was conducted by Mbungu et Nsosa. [14] at the hospital Saint Luc of Kisantu in RD Congo. 1,5 is a coefficient used to take account of non-responses. The calculated size of our study sample was 357.8, a figure which we increased to 360 cases of early motherhood. The study having been carried out before the dismemberment, so we took the 360 that we multiplied by two districts which gave us 720 and that we divided by 5 the number of the health zones. This gave us 144 respondents per health zone.

Our survey was carried out in 2 urban health zones and 3 rural health zones. A survey questionnaire was designed and administered to our respondents. As our survey is of the CAP type, only the responses provided to us by our respondents were analyzed in our study. Informed consent had been obtained from the respondents selected for this work. The data collected were encoded with Excel, corrected and then analyzed with the Epi Info software version 3.5.1 from August 2008. In this study, the degree of precision was reduced to 95% and the error threshold taken to 5%. For the Chi-square test, the significance threshold = p <0.05 to admit the significance of the result. For a single result, we used either IC 0.95 or Khi2 not both.

The variables relating to the occurrence of early motherhood were analyzed, namely: the social environment, knowledge

of the occurrence, prevention, the advantages and disadvantages of early maternity. The practice of methods of preventing early motherhood and the future of mothers after childbirth were also analyzed.

Method of administration of the survey

Before the final data collection, a pre-survey had been initiated in order to test our questionnaire and adjust it.

3. Results

3.1. Distribution of respondents according to socio-demographic characteristics

The majority of our respondents lived in rural areas (60.0%) against 40.0% of those who remained in urban areas at the time of the survey.

Table I: Distribution of respondents by socio-demographic characteristics

Membership of a religious denomination.	ni	%	
Yes with faith in God	680	94,5	
No but with faith in God	40	5,5	
Total	720	100,0	
Age in years at 1st intercourse	ni	%	Statistical parameters
10 -12	96	13,3	
13-15	385	53,5	
16 -18	239	33,2	
Total	720	100,0	
			Means : 14,6 SD : 1,7
Age at birth of her 1st child.	ni	%	Autres Paramètres
13	33	4,6	Means : 16,6 SD : 1,9
14	42	5,9	
15	67	9,3	
16	148	20,5	
17	212	29,5	
18	218	30,2	
Total	720	100,0	

At the time of our survey, the majority (60%) of our respondents were living in rural areas compared to 40.0% in urban areas. However, most (61.7%) of them had spent their infancy in an urban environment compared to 38.3% in the village (rural environment). All of our respondents (100%) had faith in God with a proportion of 94.5 belonging to a religious denomination.

The average age at 1st intercourse was 14.6 ± 1.7 years, the extremes being 10 and 18 years, while the average age at 1st maternity was 16.55 ± 1.9 years with the extremes 13 and 18 years old.

1. Distribution of respondents according to their level of knowledge

Table II : Distribution of respondents according to knowledge of sexuality and fertilization.

Means of preventing early pregnancies mentioned	Expected	observed	%
Abstinence	720	642	89,2
Regular and systematic use of condoms	720	445	61,8
Use of modern contraceptives	720	315	43,7
Coitus interrupted	720	114	15,8
Use of a traditional method	720	99	13,8

Known modern contraceptives	Expected	n	%
Pill	720	304	42,2
Cycle / calendar necklace	720	289	40,1
depo	720	117	16,3
Emergency contraceptive	720	46	6,4
Traditional belt	720	37	5,1

Exchanged easily on sexuality with:	frequency	%
Friend and / or occasional / loyal sexual partner	553	76,8
Church member (effective)	132	18,4
Parents / family members	81	11,3
Personal health	60	8,3
Mastered the period of pregnancy	frequency	%
No	459	63,8
Yes	261	36,2
Total	720	100,0

Among the best known means of preventing early pregnancies we noted: abstinence (89.2%), regular and systematic use of condoms (61.8%) as well as the use of modern contraceptives (43, 7%). The use of other methods was poorly cited (15.8% for incomplete intercourse with interrupted coitus and 13.8% for the use of a traditional method 13.8%).

Concerning known modern contraceptive methods, the following frequencies have been noted: the use of the pill (42.2%), the cycle and calendar collar (40.1%), depoprovera (16.3%), emergency contraception (6.4%) and other methods (9.4%).

The majority (76.8%) of our respondents freely discussed sexuality with their friends and friends, 18.4% of the cases with church members and only 11.3% with their parents or family members. .

Table III : Distribution of respondents according to their knowledge of the advantages and disadvantages of early maternity

Consequences of maternity occurring before the age of 19.	Attendu	ni	%
Instability of parents (Financial difficulty of young parents)	720	512	71,1
Arguing and tugging with family schooling	720	457	48,5
Parental irresponsibility	720	342	47,5
Abortion risk	720	321	44,6
Risk of obstructed labor	720	166	23,1
Risk of imprisonment	720	135	18,7
Risk of disability and social isolation	720	125	17,4
Risk of maternal death	720	78	10,8
Risk of maternal death	720	46	6,2
Known advantages of maternity units which intervene before 19 years of age	Attendu	ni	%
Hope for replacement after death and proof of existence	720	348	48,4
Complicity with her child and Pride in giving life	720	336	46,7
Consideration of the child as an asset	720	229	31,8
Finding the right support	720	188	26,1
Joy of being a mother	720	175	24,3
Independence life	720	88	12,2

The following consequences were cited by our respondents when faced with the occurrence of maternity before 19 years of age: the instability of the parents linked to the lack of

financial means (71.1%), the disputes and tuggings between the families of young spouses (63.5%), dropout (47.5%), parental irresponsibility (44.6%), risk of abortion (23.1%) and risk of maternal death (6.2%) .

The advantages cited were: hope of replacement after death to perpetuate memory (48.4%), complicity with the child and pride in giving birth (46.7%), the consideration of the child as a more precious wealth (31.8%), the search for good support (26.1%), the joy of being a mother (24.3%) and finally, the search for a life of independence (12 , 2%).

Respondents in rural areas were 2.8 times more likely than their urban counterparts to have incorrect knowledge of the occurrence of early pregnancy. They believe that less frequent or occasional sex is one way to prevent teenage pregnancies.

Table IV: Attitude of respondents to the occurrence of pregnancy, sexuality before marriage and the announcement of pregnancy.

Assessment of respondents of the occurrence of pregnancy	n	%
Gift of God / Positive Attitude	408	56,7
Divine punishment / Negative attitude	190	26,4
Life error / Quite positive attitude	122	16,9
Total	720	100
Considerations of sexuality before marriage		
Precious gift to his partner and sign of love	424	58,9
Advocacy, means of conflict resolution and maturity test	143	19,9
Normal like any physiological act	83	11,5
Sin and forbidden	70	9,7
Total	720	100
Reactions of victims of early motherhood to the announcement of pregnancy		
Wish to come late (not ready to welcome)	434	60,3
Timed or come early (ready to host)	286	39,7
Total	720	100,0
Attempted secret abortion with knowledge of pregnancy		
No	641	89,0
Yes	79	11,0
Total	720	100

Upon discovering that they were pregnant, our respondents welcomed the pregnancy as a gift from God with a positive attitude in 56.7% of the cases, while 26.4% had displayed a negative attitude in welcoming it as divine punishment. Only 16.9% of them thought it was a mistake in life.

As for the various considerations concerning sexual intercourse before marriage, they represented either a sign of love or even a precious gift to one's partner for the majority of respondents (58.9%), a plea or means of conflict resolution for 19 , 9%, a physiological and normal act for 11.5% is still a sin or a ban for 9.7% of them. The majority (60.3%) wanted this pregnancy to occur late (that is, they were not ready to accept it) against a minority (39.5%) who had prepared for it . The attempted abortion was experienced (11.0%) with the knowledge of the occurrence of pregnancy.

3. Distribution of respondents according to contraceptive practices and the number of partners

Table V: Distribution of respondents according to contraceptive use and reasons for non-use.

Contraceptive use before conception	n	%
Yes (but occasionally)	126	17,5
No	594	82,5
Total	720	100
Main reason for not using contraceptives	n	%
Ignoring	187	31,5
Negative peer influence (Company / friendship / Boyfriend)	172	29,0
Access limited to young people	103	17,3
Not authorized by the church (religious conviction)	69	11,6
Not allowed by family / custom	63	10,6
Total	594	100
Wish to use modern contraception regularly	n	%
Yes	342	57,5
No	252	42,5
Total	594	57,5

The majority of our respondents (82.5%) declared that they had not used a contraceptive. Among the reasons given, ignorance was ranked first (31.5%), followed by negative peer influence (29.0%), limited access to young people (17.3%), religious beliefs (11.6%) and manners (10.6%). Most (57.5%) of the respondents wanted to use contraception.

Table VI : Number of partners before pregnancy, age difference with partner and group of friends attended

Number of sexual partners before pregnancy	n	%	statistic Parameters Means = 1,8 SD = 0,9 Min = 1 Max = 5
1	277	48,1	
2	178	31,6	
3	94	16,7	
4	13	2,3	
5	2	0,3	
Total	720	100	
Age gap with partner in years	frequency	%	
2-8	494	70,4	
8-14	196	27,9	
14-24	12	1,7	
Total	702	100	
Group of friends	frequency	%	
Pupils	359	49,9	
Housewife, saleswoman, free or engaged woman	287	39,9	
Choral	74	10,2	
Total	720	100	

The majority (51.9%) of respondents had known more than one sexual partner before the onset of pregnancy, the average number of partners being 1.8 (range: 1 and 5).

The age difference with partners was 2-8 years in the majority of cases (70.4%). In 27.9% of the cases, this difference was then 8-14 years, the maximum having been 24 years in favor of male partners.

The victims of early motherhood had as friends: pupils (49.9%), housewives, saleswomen, free or engaged women (39.9%) and friends of a church choir (10.2%) .

Their companies were made up of students (49.9%), Housewives, Saleswoman, free woman or engaged (39.9%).

Table VII : Distribution of respondents according to their history with sexual partners and their different statuses after childbirth.

Main occupation	Before pregnancy n(%)	At the day of survery n (%)
Study	461 (64,0)	148 (20,6)
saleswoman	156 (21,6)	248 (34,4)
Housework	43 (6,0)	208 (28,9)
Nothing	36 (5,0)	109 (15,2)
Other	24 (3,4)	6 (0,9)
Total	720 (100,0)	720 (100)
Was taken in marriage	n	%
Yes	365	50,7
No	355	49,3
Total	720	100
Spouse in this marriage	n	%
Author of pregnancy	254	69,6
Other non-pregnancy partner	111	30,4
Total	720	100,0
Becoming unmarried		
Founded his own household (unmarried)	49	13,8
Stay with her parents (unmarried)	306	86,2
Total	355	100
History with partner	n	%
Friend of the neighborhood or school	469	65,1
Loyal or engaged partner known to us	162	22,5
Occasional meeting	72	10,0
Not well identified	17	2,4
Total	720	100

Before the onset of pregnancy, the majority (64%) of our respondents were studying while 21.6% were saleswomen. After its occurrence, just over a third (34.4%) became saleswomen and 28.9% housewives, while 20.6% continued their studies.

Marriages were contracted in 50.7% of the cases. The spouses were either the authors of the pregnancy (69.6%) or other partners (30.4%). For those who were not married, 86.2% stayed with their parents compared to 13.8% who founded a single-parent household.

The majority of respondents (65.1%) were made mothers by their friends in the neighborhood; loyal sexual partners or their fiancés were in the minority (22.5%) to be cited. Occasional meetings were incriminated in 10% of the cases and the perpetrators not well identified in 2.4% of the cases.

5. Distribution of respondents according to the place and the consequences of childbirth

Table VIII: Place of delivery and consequences

Place of birth	n	%
Health center or hospital	613	85,2
Home	98	13,6
On the road / ambulance	9	1,2
Total	720	100
Consequences experienced at this birth	n	%
Yes	504	70,0
No	216	30,0

Type of consequence experienced	n	%
Soft tissue tear (perineum)	305	60,5
Extended hospital stays (care setting)	128	25,3
Bladder and / or vaginal fistula (disability)	43	8,6
Rejection	28	5,6
Total	504	100

The majority (85.2%) of respondents gave birth in a health institution, 13.6% at home and 1.2% while on the road or in an ambulance.

In the majority of early maternity cases (70.0%) in our series, the following obstetric complications and social consequences were reported: 60.5% of cases of perineal tear, 25.3% of cases of long stays hospital, 8.6% disability and 5.6% rejection.

Section 2. Bivariate analysis

Table IX : Knowledge of Getting Pregnant Versus Socialization Environment

Know if you can get pregnant during a single sexual intercourse versus Social media				Statistic Parameter
Socialization environment	NO	Yes	Total	OR= 1,27
TOWN	206	226	432	
CITY	108	180	288	
Total	314	406	720	

Compared with their urban counterparts, rural respondents had a 1.27-fold higher risk of not knowing that you can get pregnant during one intercourse.

Table X : Comparison of 2 methods of preventing the pregnancies cited versus socialization environment

The 2 Contraceptive Methods estimated to be effective versus the socialization environment.				
Socialization environment.	Occasional and less frequent intercourse	Abstinence and condom use	Total	Statistical parameter
Rural environment	187	245	432	OR= 2,8
Urban	45	243	288	
Total	232	488	720	

Respondents in rural areas were 2.8 times more likely than their urban counterparts to have incorrect knowledge of the occurrence of early pregnancy. They believe that less frequent or occasional sex is one way to prevent teenage pregnancies.

Table XI : Intake of alcoholic drink Versus practices sexual intercourse under his influence.

Had an alcoholic drink	Had sex while under the influence of drugs			Statistical parameters
	Yes	No	Total	
Yes	68	194	170	OR=5,1552 IC 95% [2.78-9.53]
No	29	429	298	
TOTAL	97	623	720	

The consumption of alcoholic drink was at the base of the practice of the sexual intercourse under the influence of any form of drug (OR = 5.13 2.78-9.53) the adolescent girls who take alcohol presented 5 , 13 95% CI [2.78-9.53] times more likely to have sex under the influence of alcoholic drink compared to their counterparts who did not take it.

4. Discussions

Our study, which consisted in highlighting the inventory of early maternity in the province of Lualaba, aimed to describe the socio-demographic profile of early maternity in Lualaba. We also set out to determine the factors (social, psychological, economic, cultural, educational, etc.) that favored the occurrence of early maternity with these mothers.

After investigations, the results found prove the achievement of this objective. However, some discussions are worth raising in comparison to other studies.

Tables I, II and III. Relating to demographic variables (knowledge on sexuality and fertilization, advantages and disadvantages cited of early maternity) have given us results such as: rural socialization environments are associated with precarious conditions. The average age at 1st full sexual intercourse and 1st early maternity (14.6 ± 1.7 years and 16.55 ± 1.9 years). The extremes were 10 and 18 for the first sexual intercourse. That at 1st maternity was 16.55 ± 1.9 years with the extremes of 13 and 18 years.

Our results resemble those of researchers in Belgium, teenage births are also associated with indicators of social insecurity. The phenomenon of teenage pregnancy is a more marked reality in the Walloon Region (and more in Hainaut than in the other provinces) than in the Brussels-Capital Region, and especially in the Flemish Region [15]. However, the study by Hérold Mathieu of the University of Quebec has shown that in precarious times, adolescent girls are more prone to unwanted pregnancies that result in early maternity [16].

As for knowledge, our results are proof of the poor communication between parents and other adults experienced with adolescent girls in terms of sexuality with adolescent girls. Among the determinants mentioned of precarious early motherhood, we note: the deterioration of the living conditions of the populations, the obsolescence of the education system, and the lack of education and information of the adolescent girl on pregnancy and its risks. in case of precocity [17].

However, despite knowledge of the condom and its role (61.8%), this does not mean that it has been used regularly or systematically by our respondents to protect themselves against the occurrence of accidental pregnancies which have led to early motherhood.

This experience of exchange on sexuality known to our respondents remains routine in our African societies in which, the taboo characterizes us about the subject of sexuality by delivering our youth into the hands of people without any precise knowledge of the various dangers relating to sexuality to care for others. Those who had the rural environment as a socialization environment ran 2.8 times the risk of having an erroneous knowledge in the face of the occurrence of early pregnancy. They believed that less frequent intercourse would be a way to prevent teenage pregnancies.

This knowledge is only the prerogative of theory. Our inquiries ended up contracting these pregnancies which were not exempt from the harmful consequences.

A high percentage of adolescent girls welcomed pregnancy as a gift from God (56.7%) is sufficient to demonstrate a search for positioning, especially for those from families from disadvantaged socio-economic conditions. This is in line with the results of other authors such as Stevens-Simon and Lowy 1995 cited by Faucher et al. who consider the occurrence of a pregnancy in these unfavorable socio-economic conditions as an adaptation strategy: plan to escape from a low-value schooling, from a disturbed family or institutional environment; plan to have a social function, to succeed, to develop, to benefit from increased family and social support and social assistance benefits; the only viable project, ultimately to escape unemployment, failure, poverty. For working-class adolescents, early motherhood then represents a rational and constructive life option, a real alternative vocation [21; 3; 23].

This is the case of the results of researchers from Burkina-Faso who noted that the under-education, especially of young girls, the lack of information, which often gives rise to unjustified fears, were added to the cultural blockages accompanying the obstacles of structural, such as insufficient family planning services. They add the high cost [17].

Regarding the average age at first intercourse and early motherhood, our results compare to those of KASONGO KA [18] who identified risky behavior in the population of young students of the University of Lubumbashi surveyed. Youth were sexually active (71.1%), multi-sexual partnership, a common practice (90.5%) for girls and (82.4%) for boys; factor favoring the occurrence of STI symptoms (22.3%). The median (17 years) and average (17 years) age at first intercourse with extremes of 11 and 22 years. Our results support a risky sexual behavior of our respondents with a majority who knew at least two sexual partners before becoming pregnant. This risky sexual behavior is not without danger.

The age difference with partners was 2-8 years in the majority of cases (70.4%). In 27.9% of the cases, this difference was 8-14 years, the maximum having been 24 years in favor of male partners. This difference in age between partners is sufficient proof of the weak decision-making power of female partners over their male partners. This may reflect the sexual violence committed against them by partners twice as old as them.

According to the study by KAYEMBE KALAMBAY and his collaborators on the sexual lifestyle of adolescents, it was noted that the uncontrolled and controlled sexuality of young people is at the root of the high prevalence of STIs in the population of young people living in households in Lubumbashi. It is estimated at 16.2% [14.1% - 18.3%] for both sexes, ie 20.9% and 13.5% respectively for girls compared to 14.4% for boys for the DRC [19].

According to the behavioral surveillance (ESC) and seroprevalence survey conducted in the Democratic

Republic of Congo in 2006, it appears that at the age of 15, one in two young people is sexually active, but slightly more boys (54.1%) than girls (48.1%), The multiplicity of sexual partners; a common practice for both boys (56.7%) and girls (52.4%) [20].

Uzan Michelle also observes the existence of a desire for children among young foreign women in whom early marriage is cultural. This desire generally arises in a very young couple, possibly married. Pregnancy is integrated into a precise scheme, it is a pregnancy project designed around a desire for a child identical to that which we will find later in older couples [3].

UNICEF has advanced the consequences of poorly oriented young people's sexuality, which goes as far as early motherhood, which results in early and sometimes forced marriage. [11] These early or even forced marriages listed by UNICEF support our results, in which the parents of girls who are victims of early motherhood ended up giving their daughters in marriage in 39.3%. And others have imposed them on their daughters.

A particular source of danger to the health and lives of girls and young women is the prevalence of child marriage in countries with a high proportion of young people in the population. Each day, 39,000 girls become child wives, or about 140 million per decade. (The term children here refers to young people under the age of 18, generally considered to be minors.) In addition, this practice tends not to be reduced but to increase, partly for demographic reasons. "The problem threatens to worsen with the growth of the young population in the developing world," notes UNFPA. Child marriage, as it is usually accompanied by early pregnancies, is linked to deaths resulting from complications of pregnancy and childbirth; married girls are also more likely than married women to experience violence and other abuse by their husbands. [7]

The different occupations and marital status acquired by the latter after the delivery of their 1st son sufficiently proves the confirmation of their expectations in terms of vision of their future that they envisaged before becoming pregnant. This agrees with the results of other researchers including Faucher et al. observe several differences in the experience of pregnancy and maternity depending on the ethnic origin of adolescent mothers. They retrospectively analyzed 62 birth records of young girls aged 13 to 17. The majority of patients are aged 16 and 17 (92%) and 46.8% are from sub-Saharan Africa. Compared to other girls, adolescent girls from sub-Saharan Africa are more likely to live with a partner, most often over the age of 25. After leaving the maternity hospital, African adolescent girls frequently live in the father's home and the establishment of specialized monitoring is less often necessary [21].

Compared to the observations of Mafuele FC., 50.9% of the girls no longer maintain relations with the parents of their child (ren) and 49% continue to maintain relations with the parents of their children [24].

Professor Michèle Uzan [3], affirms that certain pregnancies are wanted, for very varied motivations: desire to prove

one's femininity, desire to exist, desire for maternity, desire to reproduce, desire to prove one's independence, finally sometimes alas desire to launch an alarm cry, a distress signal.

Dadoorian [26] also identifies among many accounts of adolescent girls the existence of a desire to have a child.

A number of studies [25-27] have shown that teenage pregnancy is often intentional. Davies et al. Examined the prevalence of desire for pregnancy and the factors correlated with it among a sample of 462 socio-economically disadvantaged African American adolescents aged 14 to 18 years. 23.6% of adolescent girls expressed the desire to be pregnant. A number of these adolescent girls had already had a history of pregnancy. Rosengard and his allies evaluated the intentions of pregnancy among a sample of 354 adolescent girls (14-19 years) sexually active, highlight real intentions of pregnancy in these adolescent girls: 23.5% planned to get pregnant in the next 6 months. But also fuzzy intentions in certain adolescent girls: 66% of pregnancies are unplanned but assessed as probable. These fuzzy intentions should be taken into consideration because they have an impact on contraceptive behavior [28].

Those adolescent girls who report fuzzy pregnancy intentions are more likely to have a positive pregnancy test 6 months later (almost 1/3 have had a positive pregnancy test) than those who clearly indicated that they have no intention to be pregnant (unplanned and unlikely pregnancy). 40% reported that they did not use contraception every time they had sex. And more than 75% of those with a positive pregnancy test say they want to abort or have already had an abortion.

Bailey et al., In their study of the future of pregnant adolescents after one year, observed a significant increase in self-esteem among young mothers. However, they also observed a significant dropout, a deterioration in the relationship with the partner, and a decrease in the perception of the positive impact of pregnancy on life (7) themes were evaluated as being "improved", "unchanged" or "degraded": studies, the ability to earn money, social life, health, friendships, parents, partner). In addition, 20% of mothers with planned pregnancies (n = 96) and 14% of mothers with unplanned pregnancies (n = 176) were or had been pregnant again [28].

Complications of pregnancy and childbirth are the second leading cause of death in the world for girls aged 15 to 19, according to the WHO. She added that 11% of total births in the world are due to young women aged 15 to 19, the vast majority of whom live in low- and middle-income countries. World health statistics for 2014 set the world birth rate for adolescent girls at 49 per 1,000, with the understanding that, depending on the country, the rate ranges from 1 to 229 births per 1,000 young women [13].

Early and forced marriage is one of the consequences of early motherhood in our study compared to statements by UNICEF [11] which adds early and sometimes forced marriage among the risks that accompany adolescent sexuality.

5. Conclusion

Early motherhood is a phenomenon present in everyone. It has consequences that can go as far as death. The authors are based on the results of studies, some of which highlight the increased risk of obstetric complications and others insist on the poor socio-economic prognosis of the mother and on pediatric complications. It can have consequences up to and including death.

In Lualaba, early motherhood is frequent. The mean ages at 1st intercourse (vaginal intercourse) and at 1st early motherhood were 14.6 ± 1.7 years and 16.55 ± 1.9 years. The respondents had good knowledge in preventing pregnancies but the practice was not observed. Few used contraception irregularly (17.5%). Those who did not use contraceptives advanced as reasons: ignorance (31.5%), negative peer influence (29.0%), limited access to young people (17.3%) and religious beliefs and mores in 11.6% and 10.6%. Most of them wanted to use contraception (57.5%).

Erroneous knowledge about the occurrence of pregnancy was recorded. Respondents in rural areas were 1.2 times more likely to believe that you cannot get pregnant during a single sexual encounter and the risk of believing that less frequent sexual intercourse can prevent pregnancy OR = 2, 8.

Hope for replacement after death (48.4%) and complicity with her child (46.7%) cited as advantages. They believed that sex before marriage was a precious gift to their partner (58.9%). A proportion of the respondents were already expecting this pregnancy (39.7%). This explains a positive attitude to the occurrence of these maternities.

Multi-sexual partnership experienced in 51.9% of cases. Very high school dropout rate after childbirth 67.8%. Marriages contracted in 50.7%. Statistics show that 35.3% were married by the authors of their first born 14.0% by other partners, 42.5% stayed with their parents and 8.2% who founded their single-parent household.

The majority of the consequences were experienced (70.0%) including, 60.5% of perineal tears, 25.3% of extended hospital stays, 8.6% of disability and 5.6% of rejection.

Taking alcoholic beverages encouraged the practice of sexual intercourse (OR = 5.13 2.78-9.53).

All in all, early motherhood is inevitable and requires that a specific framework on the sexual level and occupation of young people be oriented to help victims experience the least possible consequences.

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6. Conflict of interest

There are no conflicts of interest to report in the publication of this article.

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