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Causes and consequences of early pregnancy on the social lives of teenage mothers in the Mabanga-Sud neighbourhood, Goma, Democratic Republic of the Congo

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ABSTRACT

The phenomenon of early pregnancy is a major concern for public health and social development. This study aims to

analyse the causes and consequences of early pregnancy, as well as prevention strategies, in the Mabanga-Sud neighbourhood of Goma, in the Democratic Republic of the Congo. The study adopted a quantitative approach and a descriptive cross-sectional design involving 112 teenage

mothers selected through non-probabilistic convenience sampling. Following data analysis, the results revealed that bad company (45.5 per cent) and poverty (30.4 per cent) were the main causes reported by the participants. Maternal and infant mortality was the most frequently cited consequence (34.8 per cent). With regard to prevention strategies, 39.3 per cent of participants prioritised raising awareness of contraceptive methods, followed by socio-economic integration (34.8 per cent) and access to education for all (25.9 per cent). These findings highlight the need to strengthen sex education, the prevention of sexual violence, socio-economic support and the retention of adolescent girls in the education system in order to better prevent early pregnancies and limit their social and health consequences.

Keywords: early pregnancies, causes, consequences, teenage mothers, prevention, social life.

1. Introduction

Pregnancy refers to the physiological state of a woman carrying an embryo and subsequently a foetus in the uterus until childbirth. When it occurs in an adolescent, it is generally referred to as an adolescent pregnancy. The World Health Organisation (WHO, 2024) defines adolescence as the period between the ages of 10 and 19. For the purposes of this study, early pregnancy refers to a pregnancy occurring before the eighteenth birthday. This clarification distinguishes the definition adopted for this research from the age categories used in certain international statistics. Early pregnancies are a major public health and social development concern due to their potential impact on the health, education, economic independence and future prospects of adolescent girls.

Globally, teenage pregnancies remain a significant problem, particularly in low- and middle-income countries. According to the WHO (2024), approximately 21 million girls aged 15 to 19 become pregnant each year in these countries, based on 2019 estimates. Nearly half of these pregnancies are unwanted, and around 12 million result in a birth. Of the unwanted pregnancies in this age group, 55 per cent end in an abortion, often carried out under unsafe conditions. Despite the decline in the global adolescent birth rate – from 64.5 births per 1,000 adolescents in 2000 to 41.3 in 2023 – regional disparities remain significant. In 2023, sub-Saharan Africa recorded a rate of 97.9 births per 1,000 adolescent girls aged 15 to 19, compared with 51.4 in Latin America and the Caribbean (WHO, 2024). These differences show that teenage pregnancy must be analysed taking into account the specific social, economic, educational and health conditions of different regions.

The consequences of early pregnancy extend beyond health considerations alone. Medically speaking, pregnant adolescents face a higher risk of certain complications, including eclampsia, postpartum endometritis and systemic infections. Their newborns are also at greater risk of prematurity, low birth weight and certain neonatal complications (WHO, 2024). However, these risks do not mean that every early pregnancy necessarily leads to a complication. Rather, they highlight the importance of prevention, access to healthcare and support tailored to the needs of adolescent girls.

From a social perspective, early pregnancy can jeopardise the continuation of education, reduce opportunities for entering the labour market and increase economic dependence. The literature review conducted by Ajayi and colleagues (2023), focusing on the experiences of pregnant adolescents and young mothers in Africa, highlights several challenges, including stigmatisation, social exclusion, barriers to continuing or resuming education, and the financial pressures associated with caring for a child. The authors nevertheless show that the experiences of young mothers vary according to social and national contexts. It is therefore important to study the consequences of early pregnancy without assuming that all teenage mothers face the same difficulties.

Several studies have also highlighted the diversity of factors associated with teenage pregnancies. In their systematic review focusing on sub-Saharan Africa, Yakubu and Salisu (2018) analysed 24 original studies published between 2000 and 2017. Their synthesis highlights, in particular, the potential influence of poverty, peer relationships, unequal power dynamics, coercive sexual relations, early marriage, a lack of parental support, inadequate sex education and the non-use of contraceptives. These factors are interdependent and may vary according to family and community contexts.

In another study, Kassa and colleagues (2018) conducted a systematic review and meta-analysis of 52 studies carried out in 24 African countries. They estimated the combined prevalence of teenage pregnancies at 18.8 per cent in Africa and 19.3 per cent in sub-Saharan Africa. Their analysis also highlighted associations between teenage pregnancies and several socio-demographic characteristics, including school attendance, marital status, parents' educational attainment and communication between parents and teenage girls about sexual and reproductive health. These findings must be interpreted whilst taking into account the heterogeneity of the included studies and cannot be directly applied to all communities. Nevertheless, they show that understanding early pregnancies requires a multidimensional approach that

considers individual, family, economic and sociocultural factors.

In Cameroon, Nankia Djoumetio (2010), in her professional thesis entitled *'Poverty and Teenage Pregnancy in Cameroon'*, analysed data from the 2004 Cameroon Demographic and Health Survey to examine the factors associated with teenage pregnancy according to household standard of living. Her findings highlight, in particular, the role of early marriage, early sexual activity and knowledge of or use of contraceptive methods. The author also notes differences according to household standard of living. This research sheds useful light on the relationship between economic conditions and teenage pregnancy, but its context, data and method of analysis differ from those of the present study. Its findings should therefore be regarded as a point of comparison rather than a direct explanation of the situation observed in Goma.

In the Democratic Republic of the Congo (DRC), data from the 2013–2014 Demographic and Health Survey indicated that 27 per cent of girls aged 15 to 19 had already begun their reproductive lives: 21 per cent were already mothers and 6 per cent were pregnant with their first child (Ministry of Planning and Monitoring of the Implementation of the Modernity Revolution et al., 2014). The same source revealed disparities according to households' economic well-being: the proportion of adolescent girls who had begun childbearing reached 42 per cent in the lowest economic quintile, compared with 15 per cent in the highest quintile. These national data, which relate to the survey period, highlight the importance of socio-economic inequalities in the analysis of adolescent fertility. However, they do not constitute a measure of the current situation and, on their own, cannot explain the specific factors at play in each community.

In the city of Goma, any analysis of early pregnancies must take into account the economic, educational and relational realities that characterise the lives of adolescent girls. Material dependence, unequal power relations, insufficient access to reliable information on sexual and reproductive health, and potential exposure to violence can all contribute to situations of vulnerability. However, these factors must be examined on the basis of empirical data rather than assumed to apply to all adolescent girls. It is also important to take into account the social consequences that may follow a pregnancy, in particular difficulties in continuing their education, economic dependence, discrimination and barriers to the social integration of young mothers.

The Mabanga-Sud neighbourhood, located in the city of Goma, forms the geographical setting for this study.

According to administrative data provided by the neighbourhood and the antenatal consultation records of the Mabanga-Sud health centre, 64 adolescent girls aged between 13 and 17 were recorded among 429 consultations between April and December 2020, representing 14.9 per cent. In 2024, 62 adolescent girls were recorded out of 709 consultations, representing 8.7 per cent, whilst in 2025, 69 adolescent girls were recorded out of 655 consultations, representing 10.5 per cent (Mabanga-Sud District Office, 2025; Mabanga-Sud Health Centre, 2025). These figures provide useful administrative indicators for contextualising the issue within the study area. However, they must be interpreted with caution, as they relate to recorded consultations and do not necessarily represent all cases of early pregnancy occurring in the neighbourhood. Nor do they allow us to conclude that there has been a general increase or decrease in the phenomenon without comparable data on the periods, recording criteria and the specific adolescent girls concerned.

In light of these findings, it appears necessary to study the causes and consequences of early pregnancies, taking into account the specific social realities of the Mabanga-Sud neighbourhood. Previous research provides important insights into the factors associated with teenage pregnancies and the difficulties faced by young mothers in Africa. However, findings from other countries or at national level are insufficient to characterise the experiences, perceptions and priorities of teenage mothers living in this neighbourhood of Goma. A local investigation is therefore required to better document the factors reported by the participants, the consequences they associate with early pregnancies and the prevention strategies they consider relevant.

This study therefore seeks to answer the following question: **what are the main causes and consequences of early pregnancy on the social lives of teenage mothers in the Mabanga-Sud neighbourhood of Goma?** Its overall objective is to analyse the causes and consequences of early pregnancy in this setting in order to contribute to the identification of prevention and support strategies tailored to the local context.

2. Review of empirical literature

2.1. Factors associated with early pregnancies

Empirical studies show that teenage pregnancies are generally associated with several factors that interact with one another. In their systematic review focusing on sub-Saharan Africa, Yakubu and Salisu (2018) examined 24 original studies published between 2000 and 2017. Their analysis highlights the role of sociocultural, economic, family and individual

factors in the occurrence of teenage pregnancies. This review supports the view that a prevention policy cannot be limited to informing young people about the biological risks of pregnancy: it must also take into account living conditions, social relationships, access to reproductive health services and the norms that influence behaviour.

From a continental perspective, Kassa and colleagues (2018) conducted a systematic review and meta-analysis of 52 studies carried out in 24 African countries. The results showed that educational attainment, marital status, place of residence and communication between parents and adolescents on sexual and reproductive health were among the factors associated with teenage pregnancies. In particular, the authors noted an association between a lack of parental communication on these issues and a higher risk of teenage pregnancy. However, the combined results of this meta-analysis do not allow us to conclude that all these factors carry the same weight in every community. Their influence must be examined within the specific social contexts of each community.

Pradhan, Wynter and Fisher (2015) also highlighted, in their systematic review focusing on low- and middle-income countries, recurring associations between teenage pregnancy, low levels of education, socio-economic vulnerability and insufficient access to contraceptive methods. Their analysis also emphasises the possible role of early marriage and certain misconceptions regarding contraception. These findings suggest that prevention initiatives must combine education, access to scientifically reliable information, reproductive health services tailored to adolescents, and family and community support.

These publications help to contextualise several factors examined in the present study, notably poverty, peer relationships, lack of information and sexual violence. It is nevertheless important to distinguish between the factors statistically associated with pregnancy in previous research and the causes reported by the participants in Mabanga-Sud. A descriptive survey based on respondents' statements provides insight into their perceptions and experiences; it does not, on its own, demonstrate a causal link.

2.2. Health, educational and social consequences

The health consequences of teenage pregnancies are documented by the World Health Organisation (WHO, 2024). Pregnant teenagers face a higher risk of certain maternal complications than women aged 20 to 24, whilst their newborns are at greater risk of certain adverse outcomes, notably prematurity and low birth weight. These risks highlight the importance of prevention, access to antenatal

care and support tailored to the age and circumstances of adolescent girls. However, they do not imply that every early pregnancy necessarily leads to a complication or death.

In terms of education and social life, Ajayi and colleagues (2023) synthesised 116 studies on the experiences of pregnant adolescents and young mothers in Africa. Their review highlights, in particular, the difficulties of staying in or returning to school, stigmatisation, social exclusion, the responsibilities associated with caring for a child, and economic constraints. The authors point out that experiences vary depending on the countries and settings studied. These findings suggest that teenage mothers should be viewed not only as individuals at risk of health problems, but also as adolescents with educational, psychosocial and economic needs.

The review by Pradhan and colleagues (2015) sheds further light on the links between socio-economic status and teenage pregnancy. It indicates that precarious living conditions and limited opportunities for education or empowerment are linked to reproductive vulnerability. This relationship can be complex: poverty may contribute to certain situations of vulnerability, whilst early pregnancy may, in some circumstances, exacerbate the difficulties in continuing education or accessing employment. It is therefore important to avoid presenting these relationships as a sequence that is identical for all adolescent girls.

In the context of Mabanga-Sud, this research warrants an examination of the consequences reported by the participants in terms of health, education, poverty, discrimination and social relationships. It also calls for a distinction to be made between the consequences actually experienced or observed by teenage mothers and the medical risks described in the scientific literature. For example, when participants cite maternal and infant mortality as a significant consequence, this finding should be presented as their perception of risk rather than as evidence that deaths were observed within the sample.

2.3. Prevention strategies and support for teenage mothers

The studies reviewed suggest that the prevention of teenage pregnancies requires a multi-faceted approach. Yakubu and Salisu (2018) and Kassa and colleagues (2018) emphasise the importance of addressing individual, family, educational and socio-cultural factors. Improving access to reliable information, dialogue between parents and adolescents, the prevention of early marriage and access to reproductive health services are among the key areas to be considered.

The review by Ajayi and colleagues (2023) also shows that prevention must be complemented by support measures for adolescent girls who have already become mothers. Remaining in or returning to school, combating stigma, providing psychosocial support and promoting economic empowerment can help to limit their social exclusion. The authors emphasise, however, that robust evaluations of programmes designed to bring about lasting improvements in the situation of young mothers remain insufficient in several African contexts. It is therefore important not to present a strategy as effective in all contexts without data to assess its effects.

In the present study, the strategies proposed by the participants — notably raising awareness of contraceptive methods, socio-economic integration and access to education — can be discussed in the light of these previous findings. The specific contribution of the Mabanga-Sud survey lies in documenting the priorities expressed by teenage mothers within their own context. Whilst these preferences do not, in themselves, constitute a measure of the effectiveness of interventions, they can guide the design of measures better suited to locally perceived needs.

2.4. Research gap and contribution of the present study

The reviews by Yakubu and Salisu (2018), Kassa et al. (2018), Pradhan et al. (2015) and Ajayi et al. (2023) provide important insights into the factors associated with teenage pregnancies and the experiences of young mothers. However, the studies included in these reviews come from a variety of contexts, and the literature reviewed by Ajayi and colleagues remains geographically unevenly distributed across African countries. Continental-level findings are therefore insufficient to characterise the perceptions, challenges and prevention priorities specific to each neighbourhood in Goma.

This study provides a local perspective by examining the responses of 112 teenage mothers living in the Mabanga-Sud neighbourhood. It describes the factors reported, the perceived consequences and the prevention strategies favoured by the participants. Its value lies in the production of contextualised data that can inform the thinking of community, educational and health stakeholders. Due to its cross-sectional, descriptive design and convenience sampling, the study aims to describe the participants' responses rather than to establish causal relationships or guarantee statistical representativeness of all teenage mothers in the neighbourhood.

3. Methodology

3.1. Type and approach of the study

This study is a cross-sectional descriptive study based on a quantitative approach. It aims to analyse the causes and consequences of early pregnancy on the social lives of teenage mothers in the Mabanga-Sud neighbourhood, located in the city of Goma, in the Democratic Republic of the Congo. This design enabled the collection, at a specific point in time, of information on the participants' socio-demographic characteristics, the factors associated with early pregnancies, their health and social consequences, and possible prevention strategies. The quantitative approach facilitated the presentation of the trends observed and the examination of the statistical relationships between the variables studied.

3.2. Study setting and population

The study was conducted in the Mabanga-Sud neighbourhood of Goma. According to the Mabanga-Sud Neighbourhood Office (2025), based on the census for the third quarter of 2023, this neighbourhood had a population of 63,215, of whom 18,778 were girls. However, the available administrative data did not specify either the total number of teenage mothers who had become pregnant before the age of 18 or their distribution across the neighbourhood's three sub-districts.

The target population consisted of teenage mothers residing in this neighbourhood who had become pregnant before the age of 18. Due to the lack of comprehensive data on this specific population, it was not possible to determine the total number accurately.

3.3. Sample size and data collection

The survey covered 112 teenage mothers who met the inclusion criteria and agreed to take part in the study. In the absence of a comprehensive sampling frame, it was not possible to establish a proportional distribution of the sample across the three sub-areas. The sampling method must be described according to the procedure actually followed when recruiting participants.

Data were collected through individual face-to-face interviews, using a structured, pre-prepared questionnaire. This included questions relating to the participants' socio-demographic characteristics, notably age, educational attainment and occupation. It also addressed the reported causes of early pregnancy, such as poverty, lack of information, sexual violence, peer pressure and early or forced marriage. Other questions focused on the reported health and

social consequences, including anaemia, risks of maternal and infant mortality, poverty, discrimination and dropping out of school, as well as on strategies for the prevention of and support for teenage mothers.

3.4. Data processing and analysis

The data collected were entered and organised in Microsoft Excel 2016, then analysed using the Statistical Package for the Social Sciences (SPSS), version 23. Descriptive analysis utilised frequencies and percentages to present the socio-demographic characteristics of the participants, the main reported causes and consequences of early pregnancies, and the proposed strategies.

In addition, a multiple linear regression analysis was carried out to examine the statistical relationships between the dependent variable, ‘early pregnancies’, and seven explanatory variables: neighbourhood conditions, lack of information, sexual violence, poverty, bad company, early and forced marriage, and low educational attainment. The model’s fit was assessed using the coefficient of determination (R^2), the adjusted coefficient of determination and the overall ANOVA test. The regression coefficients and their levels of significance were also examined to determine the statistical associations between the selected variables.

Given the cross-sectional nature of the study, the regression results were interpreted as statistical associations rather than as evidence of causality. Furthermore, in the absence of documented probabilistic sampling, caution should be exercised when generalising the results to all teenage mothers in the Mabanga-Sud neighbourhood.

4. Results

4.1. Sociodemographic characteristics

Table 1. Breakdown of participants by socio-demographic characteristics (N = 112).

Characteristics	Categories	Numbers (n)	Percentage (%)
Age	12 to 14 years	32	28.6
	15 to 16 years	38	33.9
	17 to 18 years	42	37.5

	Total	112	100.0
Level of education	No formal education	12	10.7
	Primary	22	19.6
	Secondary	60	53.6
	University	18	16.1
	Total	112	100.0
Occupation	Retail worker	28	25.0
	Seamstress	16	14.2
	Pupil	34	30.4
	Not in employment	34	30.4
	Total	112	100.0

Source: field survey

The results show that, of the 112 teenage mothers surveyed, 42 (37.5 per cent) are aged between 17 and 18, making up the largest age group. They are followed by 38 participants (33.9 per cent) aged between 15 and 16 and 32 (28.6 per cent) aged between 12 and 14. In terms of educational level, the majority of participants – 60 (53.6 per cent) – had completed secondary education, compared with 22 (19.6 per cent) who had completed primary education, 18 (16.1 per cent) who were at university and 12 (10.7 per cent) with no formal education. In terms of occupation, 34 participants (30.4 per cent) were students and a further 34 (30.4 per cent) were not in employment, whilst 28 (25.0 per cent) were shopkeepers and 16 (14.2 per cent) were seamstresses. These results highlight the diversity of the participants’ socio-demographic profiles and underscore the importance of educational and socio-economic factors in analysing the situation of teenage mothers in the Mabanga-Sud neighbourhood.

4.2. Early pregnancy: causes, consequences and strategies

Table 2. Causes, consequences and prevention strategies for early pregnancies (N = 112).

Dimensions	Variables	Numbers (n)	Percentage (%)
Causes	Lack of information	10	8.9
	Poverty	34	30.4
	Early and forced marriage	6	5.4
	Sexual violence	11	9.8
	Bad company	51	45.5
	Total	112	100.0
Consequences	Maternal and infant mortality	39	34.8
	Anaemia	27	24.1
	Poverty and discrimination	29	25.9
	School drop-out rates	17	15.2
	Total	112	100.0
Strategies	Access to education for all	29	25.9
	Awareness-raising on contraceptive methods	44	39.3
	Socio-economic integration	39	34.8
	Total	112	100.0

Source: field survey

Bad company was the factor most frequently cited by participants, with 51 responses (45.5 per cent), followed by poverty, mentioned by 34 participants (30.4 per cent). Sexual violence accounted for 9.8 per cent of responses, lack of information for 8.9 per cent, and early or forced marriage for 5.4 per cent. These results highlight the importance of relational and economic factors amongst the perceived causes of early pregnancies in the Mabanga-Sud neighbourhood.

With regard to the consequences, 39 participants (34.8 per cent) cited maternal and infant mortality, 29 (25.9 per cent) cited poverty and discrimination, 27 (24.1 per cent) cited anaemia and 17 (15.2 per cent) cited dropping out of school. These responses highlight the health, social and educational concerns associated with early pregnancies. It should be noted, however, that these proportions reflect the consequences reported by the participants and do not constitute verified mortality figures or medical diagnoses.

With regard to prevention strategies, raising awareness of contraceptive methods ranked highest, cited by 44 participants (39.3 per cent), followed by the socio-economic integration of teenage mothers, suggested by 39 (34.8 per cent), and access to education for all, recommended by 29 (25.9 per cent). These results support a complementary approach combining information on sexual and reproductive health, support for economic independence and continued schooling.

4.3. Relationship between early pregnancies and the socio-economic circumstances of girls in the Mabanga-Sud neighbourhood

Table 3. Summary of the results of the multiple linear regression analysis on factors associated with early pregnancies (N = 112).

Indicators and variables	Value	p
A. Model fit		
Multiple correlation (R)	0.910	—
Coefficient of determination (R ²)	0.828	—
Adjusted R ²	0.817	—
Durbin-Watson	1.938	—

B. Overall ANOVA test		
Sum of squares for the regression	361.185	—
Sum of squares of the residuals	74.779	—
Total sum of squares	435,964	—
Degrees of freedom (regression; residuals)	7; 104	—
F-statistic	71.760	< 0.001
C. Regression coefficients		
Constant	3.143	< 0.001
Neighbourhood characteristics (NC)	0.162	0.527
Lack of information (MAINFO)	0.534	0.005
Sexual violence (VISEX)	1.596	< 0.001
Poverty (PAUVRETE)	2.614	< 0.001
Bad company (MCOMPA)	1.688	< 0.001
Early and forced marriage (MAPREFO)	−0.945	0.006
Low level of education (NIDEBAS)	0.844	< 0.001

Source: Field survey, data analysed using SPSS, version 23. The coefficients presented are the unstandardised B coefficients reported in the original table. p-values displayed as 0.000 in SPSS are presented as $p < 0.001$.

The results of the multiple linear regression indicate that the model is statistically significant overall ($F = 71.760$; $p < 0.001$). The coefficient of determination ($R^2 = 0.828$) shows that the seven explanatory variables account for 82.8 per cent of the observed variability in the dependent variable within the sample, whilst the adjusted R^2 is 0.817. The Durbin-Watson

statistic (1.938), which is close to 2, does not suggest strong autocorrelation in the residuals.

At the individual level, neighbourhood conditions do not show a statistically significant association ($p = 0.527$). By contrast, lack of information, sexual violence, poverty, bad company, early and forced marriage, and low educational attainment show statistically significant associations with the dependent variable, according to the reported significance values. However, inconsistencies between the signs of the unstandardised coefficients, the standardised coefficients and the t-statistics are apparent for certain variables in the original table. It is therefore necessary to verify the SPSS results before definitively interpreting the direction of these associations. Finally, these results highlight statistical relationships but do not establish a causal link between the factors studied and early pregnancies.

5. Discussion of the results

5.1. Discussion of the results relating to the causes of early pregnancies

The results show that ‘bad company’ is the cause most frequently cited by participants (45.5 per cent), followed by poverty (30.4 per cent), sexual violence (9.8 per cent), lack of information (8.9 per cent) and early or forced marriage (5.4 per cent). These results highlight the multidimensional nature of early pregnancies, involving relational, economic and sociocultural factors.

Compared with the findings reported by Nankia (2010), who highlights in particular early or forced marriage (78.1 per cent), a lack of information (75 per cent) and poverty (17.5 per cent), our study reveals that bad company and poverty are the predominant factors. Furthermore, Bennabdallah (2010) and Ndahimana (2011) highlight the significance of sexual violence and abuse in the issue of teenage mothers. Although sexual violence accounts for 9.8 per cent of responses in Mabanga-Sud, it remains a major concern in terms of the protection of adolescent girls. These differences between studies may be explained, in particular, by the contexts and data collection methods. Overall, the results argue in favour of a prevention strategy incorporating sexual and reproductive health education, protection against violence and socio-economic support.

5.2. Discussion of the results relating to the consequences of early pregnancy

The main consequences cited are maternal and infant mortality (34.8 per cent), poverty and discrimination (25.9 per cent), anaemia (24.1 per cent) and dropping out of school

(15.2 per cent). These results show that participants perceive early pregnancies as a health, economic, social and educational problem.

Data from the DRC Demographic and Health Survey (2016), as reported in the study's documentation, also highlight the significance of issues relating to the sexual and reproductive health of adolescent girls in the Democratic Republic of the Congo. However, the percentages obtained in our survey correspond to the consequences cited by the participants and not to mortality rates or the medical prevalence of anaemia. The frequency of responses relating to poverty, discrimination and dropping out of school also highlights the need to strengthen psychosocial support, combat stigma and encourage teenage mothers to remain in or return to school.

5.3. Discussion of the results relating to prevention strategies

Raising awareness of contraceptive methods is the most frequently proposed strategy (39.3 per cent), followed by socio-economic integration (34.8 per cent) and access to education (25.9 per cent). These results indicate that the participants favour an approach combining information, economic independence and education.

Awareness-raising is particularly relevant in light of the work by Nankia (2010), which highlights the importance of a lack of information amongst the factors associated with teenage pregnancies. It should focus not only on contraception, but also on consent, the prevention of sexual violence and access to reproductive health services. Furthermore, socio-economic integration could strengthen adolescent girls' autonomy through vocational training and income-generating activities. Finally, the promotion of education should be accompanied by measures to encourage teenage mothers to remain in school or return to it.

Ultimately, the prevention of early pregnancies in Mabanga-Sud requires an integrated approach combining awareness-raising, protection against violence, socio-economic support and access to education. These interventions should be tailored to the local context and involve families, schools, health facilities and community stakeholders.

Conclusion

The aim of this study was to analyse the causes and consequences of early pregnancies, as well as the prevention strategies proposed by teenage mothers in the Mabanga-Sud neighbourhood of Goma, in the Democratic Republic of the Congo. Conducted using a quantitative approach and a cross-sectional descriptive design involving 112 participants

selected through non-probabilistic convenience sampling, the study highlighted the respondents' main concerns regarding this phenomenon.

The results reveal that bad company (45.5 per cent) and poverty (30.4 per cent) are the main causes reported, followed by sexual violence (9.8 per cent), lack of information (8.9 per cent) and early or forced marriage (5.4 per cent). With regard to the consequences, maternal and infant mortality was the most frequently cited (34.8 per cent), followed by poverty and discrimination (25.9 per cent), anaemia (24.1 per cent) and dropping out of school (15.2 per cent). These results highlight the diversity of health, economic, social and educational dimensions associated with early pregnancies. It should be noted, however, that the proportions relating to causes and consequences reflect the participants' responses and do not, in themselves, constitute direct measures of causality or medical prevalence.

In terms of prevention, the participants prioritised raising awareness of contraceptive methods (39.3 per cent), socio-economic integration (34.8 per cent) and access to education for all (25.9 per cent). These results highlight the value of an integrated strategy that is not limited to information on contraception, but which also takes into account economic vulnerability, the prevention of sexual violence, the protection of adolescent girls and their continued education. Collaboration between families, schools, health facilities, local authorities and community organisations therefore appears essential for designing and implementing interventions tailored to the context of Mabanga-Sud.

The multiple regression analysis indicates that the overall model is statistically significant ($F = 71.760$; $p < 0.001$) and has an adjusted coefficient of determination of 0.817. This result suggests that the estimated model has a high explanatory power. Nevertheless, the interpretation of the individual contributions of the factors must be deferred pending verification of the inconsistencies identified in certain statistical coefficients. Furthermore, given the cross-sectional nature of the study, any statistical associations cannot be equated with causal relationships.

This research has certain limitations. The convenience sampling and sample size do not allow the results to be generalised to all teenage mothers in Goma. Furthermore, the data are based on participants' self-reports and may be influenced by their perceptions or by the sensitivity of the subject matter. Further studies, involving larger and more diverse populations, could explore in greater depth the factors associated with early pregnancy and assess the effectiveness of prevention interventions.

Ultimately, the prevention of early pregnancies in the Mabanga-Sud neighbourhood requires a multi-sectoral response combining sexual and reproductive health education, access to health services tailored to adolescent girls, efforts to combat sexual violence and early or forced marriages, socio-economic empowerment, and the retention or reintegration of teenage mothers into education. The findings of this study provide useful insights into the phenomenon in the area studied and may help to guide community-based prevention initiatives. Their translation into concrete interventions should be accompanied by regular monitoring to assess their relevance and impact on the living conditions and protection of adolescent girls.

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