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The Challenges of Parenthood Among Adolescent Mothers in the City of Kinshasa, Drc

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ABSTRACT : This qualitative study examined four cases of adolescent mothers living in different municipalities of the city of Kinshasa. Through interviews complemented by the Family Drawing Test, the results show that motherhood among adolescent girls generally occurs unexpectedly, in a context marked by insufficient sexual education, emotional vulnerability, family difficulties, and economic dependence. The baby is strongly integrated into the maternal family and may even symbolically occupy the position of the youngest child in the sibling group. The terms "mother," "father," and "yaya" (older sister) illustrate this redistribution of generational roles.

Moreover, although the adolescent mother fulfills the functions associated with biological motherhood, she has not yet reached the level of social and psychological motherhood. Thus, psychologically and socially, the adolescent mother remains a baby—immature—and finds herself in the position of raising another baby.

KEYWORDS : Baby, Parenthood, Adolescent mothers, Generational roles.

INTRODUCTION

Adolescence is a transitional period during which a young girl gradually constructs her identity, develops her autonomy, and prepares to assume the responsibilities of adult life. When this period is interrupted by an early pregnancy and childbirth, the young girl is required to assume two roles that may be difficult to reconcile: that of an adolescent, who is still developing emotionally, psychologically, and socially, and that of a mother, with all the responsibilities this role entails.

According to the World Health Organization (WHO, 2024), approximately 21 million adolescent girls become pregnant every year in low- and middle-income countries, and nearly 12 million of them give birth. Dellion (2002), for his part, states that the current adolescent pregnancy rate is 9 per thousand in France, 6.5 per thousand among the French-speaking community living in Brussels, 13 per thousand in Germany, 30 per thousand in Great Britain, and 54 per thousand in the United States. Bée and Boyd (2011) report that, in 2003, the overall pregnancy rate among Canadian girls under the age of 20 was 27.1 per 1,000 adolescents.

From a psychological perspective, early motherhood is an experience capable of profoundly disrupting an adolescent's life course. The WHO (2024) emphasizes that early pregnancies are more common in settings characterized by poverty, low levels of education, and limited access to sexual and reproductive health services. They may also lead to school dropout or interruption and undermine future educational and professional opportunities. Among unmarried adolescents, pregnancy may additionally be accompanied by stigma, family or social rejection, and sometimes violence.

The situation becomes even more complex when the pregnancy results in the birth of a child and the adolescent must actually assume parenthood. Becoming a mother is not limited to giving birth: parenthood involves a range of emotional, educational, economic, and social responsibilities aimed at ensuring the child's protection, care, and development. However, an adolescent who becomes a mother may herself remain dependent on her parents or other adults to meet her own needs. She may therefore find herself in a paradoxical situation in which she must care for a child while still being dependent on others. It is from this perspective that the expression "the baby raising the baby" takes on its full meaning: it reflects the tension between the relative immaturity or vulnerability of the young mother and the concrete demands of the parental role.

In sub-Saharan African countries, and particularly in the Democratic Republic of the Congo (DRC), the issue of adolescent mothers is especially important because of the social and economic challenges faced by many families. These challenges include continuing education, finding employment, achieving financial independence, and accessing social and health services. In some situations, a lack or insufficiency of support may increase the vulnerability of both the adolescent mother and her child. The present study is situated within this context.

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METHODOLOGY

Study design and setting

A cross-sectional study was conducted in Kinshasa, the capital of the Democratic Republic of the Congo, more specifically in several municipalities of the city.

Study population and participant selection

The study population consisted of adolescent mothers. Their number is large but unknown because of the lack of adequate census data. From this population, we selected a sample of four adolescent mothers. They were contacted one after another until saturation was observed.

The sample size was determined according to the following criteria: being an adolescent mother; residing in one of the municipalities of the city of Kinshasa; being the biological mother of a child no more than five years old; and freely agreeing to participate in the study. Only adolescent mothers who met these criteria were included in the sample.

To guarantee the participants' freedom of choice, we added the requirement that each participant and her guardians provide consent. Since this study adopted a qualitative case-study approach, a sample of four participants was considered appropriate to allow for an in-depth examination of each case.

Data-collection instruments

To obtain data that would enable us to examine the parenthood of adolescent mothers, we used clinical interviews and Louis Corman's Family Drawing Test. The clinical interview was operationalized through an interview guide covering three themes: identity, the adolescent mother's psychosocial maturity, and the family's sociopsychological status.

Data-collection procedure

Armed with our research authorization and data-collection instruments, we approached the adolescent mothers selected for the study. With their consent and that of their guardians, we held two sessions with each participant. The discussions took place in a relaxed atmosphere. It should be noted that the interviews were conducted in Lingala, the language commonly spoken in the community.

Data analysis

The data collected through the instruments were processed using content analysis and in-depth case-study analysis. The content analysis of the interviews was conducted along two dimensions: horizontal thematic analysis and longitudinal analysis.

The horizontal thematic analysis of each interview was based on a comparison between the diagnosis and the participant's lived experience. The analysis followed the themes in the interview guide. It sought thematic coherence across interviews after identifying significant expressions, keywords, salient terms, and thematic groupings. By considering all the interviews, this approach made it possible to examine the main themes predefined in the interview guide, as well as new relevant themes that emerged repeatedly.

The longitudinal analysis of each adolescent made it possible to describe the situation of the adolescent mothers.

RESULTS

Our results consist of clinical case studies of adolescent mothers living in the municipalities of Kinshasa. We identify them by two alphabetical letters in order to preserve the confidentiality of the information collected and to comply with the ethical standards governing the work of psychologists. In presenting each case, we first discuss the information obtained during the individual interviews, then the results of the Family Drawing Test, and finally the individual psychological analyses.

It should also be noted that the results of the Family Drawing Test concern exclusively the following clinical and projective dimensions: type of sensitivity, nature of the family reproduced, the participant's tendencies, identification patterns, relational conflicts with siblings, reactions displayed by the characters, and relational conflicts with parents.

Case of S.K.

Information from the individual interview

The individual interview revealed that S.K. is 16 years old. She is the sixth of eight children, including five girls and three boys. She comes from Bandundu Province and belongs specifically to the Suku ethnic group. She has attended a revival church in her neighborhood since 2005.

S.K. stopped attending school during the second year of secondary education. She had been in a romantic relationship with an 18-year-old boy from her neighborhood. This young man was her first sexual partner. Following their sexual relationship, S.K. did not think that she would ever become pregnant. She was surprised when it happened and was deeply distressed when her boyfriend denied being responsible for the pregnancy. She attempted to terminate the pregnancy clandestinely by taking certain medications, but all her attempts failed. Since then, S.K. has regarded her former boyfriend as a source of misfortune in her life.

When her child was born, her mother paid the maternity expenses and purchased the baby's clothing and supplies. The child was given his grandmother's name. S.K. currently lives with her parents and her child, who is two years old. If the child becomes ill, her parents pay for the medical care. In the family, the child calls his grandmother "mother," his grandfather "father," and his biological mother "yaya" (older sister). S.K.'s parents have plans for the child and intend to send him to school.

Results of the Family Drawing Test

S.K. is sensitive, meaning that she appreciates movement and detail. She drew her real family and added her child, who occupies the position of the youngest member of the sibling group. The maternal image is overwhelming in her family. The children appear united within the sibling group. This indicates that S.K. identifies with reality and has a dominant emotional attachment to her mother, thereby concealing a manifestation of inverted Oedipal dynamics. She asserts herself as a member of her family.

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Partial psychological analysis

S.K. is an adolescent who is immature at the psycho-affective level. She entered into a romantic relationship with a young man who was as immature and inexperienced as she was. Without considering the consequences of their actions, the two partners engaged in sexual experiences together. As a result, she became pregnant and was completely surprised when she learned of her pregnancy.

Her boyfriend, equally surprised and unwilling to assume the status of father, denied responsibility for the pregnancy. This explicitly reflects an avoidance of responsibility arising from his psycho-affective and economic immaturity. Not knowing what else to do, S.K. attempted to terminate the pregnancy using inappropriate means. This behavior is interpreted as infantilism: she acted without imagining the consequences that the risks she took might entail. Ultimately, all her attempts failed.

Her mother then came to her aid, substituting for the boyfriend by paying the maternity expenses and other costs. S.K. was therefore right to give her child her mother's name; it was a good and affectionate way of thanking her.

Case of O.M.

Information from the individual interview

The individual interview revealed that O.M. is an only child, 17 years old, and comes from Bandundu Province, specifically from the Yansi ethnic group. She stopped attending school during the fourth year of the scientific humanities program. She has attended a revival church in her neighborhood since 2008.

O.M. stated that she had always refused advances from young men. Her mother had never explained to her how she should behave toward young men. Under pressure from her friends, she eventually accepted one of the boys her age. In order to please him, she agreed to have sexual intercourse with him. "Unfortunately! It only takes one time to become pregnant," she stated. O.M. was therefore convinced that her pregnancy was an accident because she had not been prepared for it. Unable to do anything about the situation, she was forced to accept it.

Her boyfriend, for his part, acknowledged that he was responsible for the pregnancy. Nevertheless, O.M. regrets becoming a "mother" so early, because she views the situation as an obstacle to her personal development. The boyfriend's family paid the maternity expenses and purchased the child's clothing and supplies. If the child becomes ill, that family continues to provide medical care. O.M. currently lives with her paternal uncle because her father expelled her from the family home. Her child is two years old.

Results of the Family Drawing Test

O.M. is rational, meaning that she prefers isolation and rigidity. She reproduced an imaginary family and was therefore guided by primary processes—the pleasure principle—with an unconscious desire to live in a large family. O.M. displays a desire-based identification accompanied by a highly inhibited aggressive relational conflict. In other words, she experiences anxiety and depression. The paternal image is excessively dominant within the family.

Partial psychological analysis

O.M. is a young adolescent with a nervous temperament. She condemns herself for having abandoned her guiding principle: "Refusing advances from boys." Although her mother had not adequately prepared her for sexual life, she had decided not to give in to boys' advances. This attitude implicitly reflects anxiety concerning the unknown, associated with an excessively dominant paternal image within the family. In other words, by refusing boys, O.M. unconsciously reproaches her father for his authoritarian and overbearing attitude. It is this attitude that drives her to value solitude and rigidity.

After following her friends' advice, she became pregnant and was expelled from her parents' home, moving to her paternal uncle's residence. This situation deeply disturbed her, to the point that she felt hindered or blocked in her personal development. O.M. unconsciously denies her family because of the overwhelming paternal image and prefers to live in a large family where she can receive support and assistance from other family members.

Case of M.M.

Information from the individual interview

The individual interview revealed that M.M. is 17 years old. She is the fourth of six children, including four boys and two girls. She stopped attending school during the second year of secondary education and has attended a revival church in her neighborhood since 2011.

She comes from Bandundu Province, specifically from the Suku ethnic group, and both of her parents are alive. M.M. stated that in her family, everyone looks after themselves. In other words, each family member does what seems best to them without worrying about the others. She does not have time to discuss sexuality with her mother, who spends most of her time at the market selling charcoal. In her mother's absence, M.M. discusses feminine concerns—menstruation, painful periods, and so forth—with her neighborhood friends. These friends encouraged her to become interested in boys so that, as they put it, she could be initiated into adult life. Unfortunately, because she knew very little, she became pregnant. She was reassured, however, when the man responsible for the pregnancy, a 27-year-old, agreed to accept it.

Her parents were very unhappy when they learned the news. When the child was born, the father of the child paid the maternity expenses and purchased the baby's clothing and supplies. M.M. currently lives with her parents. She is convinced that her life is no longer the same because she had to mature prematurely. In the family, her child calls his grandmother "mother," his grandfather "father," and his biological mother "yaya" (older sister).

Results of the Family Drawing Test

M.M. is rational, meaning that she prefers to isolate herself. She reproduced her real family, with an overwhelming maternal image. She displays a partially devaluing tendency toward the members of her family. Within the sibling group, she experiences pathological relational conflicts that are close to highly inhibited aggressiveness; that is, she feels anxious in relation to her brothers and sisters.

Partial psychological analysis

M.M. is an adolescent with a depressive temperament. She comes from a family in which both parents have withdrawn from their respective family responsibilities. Given that the guiding principle of the family is "everyone for themselves," there is a lack of cohesion among its members.

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Abandoned by her mother, M.M. allowed herself to be influenced by the street, particularly through the advice of friends who were as inexperienced as she was. Misled by them, she eventually became pregnant. This situation affected her parents, despite their generally disengaged attitude. M.M. was nevertheless comforted by the fact that her boyfriend, a responsible man, accepted the pregnancy and undertook to pay the maternity expenses and other costs related to their child.

However, M.M. views being an adolescent mother negatively because she believes that her life is no longer as it was before. In other words, the arrival of the child has forced her to perform new tasks and assume responsibilities for which she is not yet prepared.

Case of B.O.

Information from the individual interview

The individual interview revealed that B.O. is a 17-year-old only child who stopped attending school during the fourth year of the scientific humanities program. She attends a revival church in her neighborhood and comes from Bandundu Province, specifically from the Suku ethnic group.

After the death of her parents, B.O. was taken in by her paternal uncle. He did not fully fulfill his role as her guardian, which led her to become involved with a young man from her neighborhood. Five months after beginning the relationship, she discovered that she was pregnant. She therefore considered the pregnancy an accident.

The young man's parents were surprised to learn that B.O. was pregnant with their son's child. B.O. acknowledged that the birth of her child disrupted her affairs because it provided her paternal uncle with an opportunity to abandon her to her fate. She currently lives with her partner's family. If her child becomes ill, her partner's parents pay for the medical care.

Results of the Family Drawing Test

B.O. is rational, meaning that she prefers isolation. In her drawing, she reproduced her real family, indicating that she is guided by secondary processes—the reality principle. She displays a partially devaluing tendency toward the figures in her drawing, suggesting the existence of psychological conflict between her and her parents. The maternal image is dominant within her family. Her drawing reflects depressive reactions among the female figures, indicating clear Oedipal manifestations.

Partial psychological analysis

B.O. appears to be an adolescent traumatized by the death of her parents. As the only child in the sibling group, she experiences the loss of her parents as a disturbing event at the psychosocial level. Her paternal uncle, who served as a paternal substitute, was unable to fulfill his guardianship responsibilities adequately. This led her to seek another paternal substitute—someone who would give her money to buy beauty products and other feminine items.

Once she entered this relationship, B.O. became pregnant. The situation prompted her paternal uncle to withdraw completely from his responsibilities toward her. She consequently felt abandoned by everyone, having first been abandoned by her parents. Nevertheless, despite this abandonment, B.O. maintains her psychosocial equilibrium through the support of her partner's family in general and his parents in particular.

DISCUSSION OF THE RESULTS

The analysis of the four cases highlights an experience of adolescent motherhood that extends far beyond the biological dimensions of pregnancy and childbirth. The birth of the child leads to a profound reorganization of family relationships, responsibilities, and generational positions. For these adolescents, motherhood appears as a transition into an adult role that occurs before emotional, social, and economic processes of autonomy have been sufficiently consolidated.

The data also show that the child does not always occupy a position corresponding to that of the young mother's descendant. In some families, the child symbolically becomes the youngest member of the grandparents' generation, while the young mother retains, in everyday interactions, a position close to that of an older sister.

Adolescent parenthood marked by immaturity and dependence

In all the situations studied, pregnancy occurred while the adolescents were still dependent on their families. S.K., M.M., and B.O. live with members of their own families or with their partner's family, while O.M. was taken in by her paternal uncle after being expelled from her parents' home. This residential dependence is accompanied by significant economic dependence. Maternity expenses, baby clothing, medical care, and sometimes the child's daily needs are mainly covered by parents or in-laws.

These observations make it possible to view adolescent motherhood as an experience of parenthood strongly mediated by the adults in the adolescent's environment. The adolescent becomes a mother biologically, but she does not necessarily possess the resources required to perform independently the functions traditionally associated with parenthood. The parental role is therefore shared with, or partially transferred to, the previous generation.

The case of S.K. is particularly revealing. Her mother pays the maternity expenses, purchases the baby's clothing and supplies, and pays for the child's medical care when he becomes ill. The same phenomenon appears in the case of M.M., whose child is financially supported by his father, and in the case of B.O., whose in-laws provide medical care for the child. In O.M.'s case, the child's paternal family also plays a central role in providing care.

Adolescent motherhood therefore appears less as an immediate transition to autonomy than as a situation of "parenthood under family dependence." This situation may be understood as a gap between the biological status and the social status of mother. The adolescent possesses the status of mother, but simultaneously remains a daughter, a sister, a student whose education has been interrupted, and a person dependent on her own parents or her partner's family. She must therefore reconcile several statuses that may come into conflict.

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Blurred generational boundaries

One of the most significant findings concerns the place assigned to the child within the family. The cases of S.K. and M.M. are particularly illuminating. In both situations, the child calls the grandparents "mother" and "father," while the biological mother is called "yaya," meaning "older sister." This organization reflects a genuine "blurring of generational positions."

Biologically, S.K. and M.M. are the mothers of their children. However, within the family's relational organization, their children appear to be integrated into the generation of children rather than into a separate generation. The child thus becomes, in everyday interactions, both the adolescent's child and a child of the extended family.

This situation is especially visible in S.K.'s case. Her child is represented in the family drawing as occupying the position of the youngest member of the sibling group. This finding is consistent with the interview data: the child is growing up in the grandparents' home, where they provide for his basic needs and are already planning his schooling. S.K.'s motherhood therefore does not create a clear separation between the parents' generation and the children's generation. Instead, it appears to extend the sibling group by incorporating her child as its youngest member.

In M.M.'s case, the same phenomenon appears when the child calls the grandparents "mother" and "father" and the biological mother "yaya." M.M.'s parenthood thus appears to be symbolically diminished by the grandparents' predominance. This configuration may be interpreted as a consequence of the young mother's dependence on her own family: the person who feeds, protects, cares for, and organizes the child's daily life also tends to occupy a parental position in the child's perception.

S.K.'s case allows for a deeper analysis of the child's place. S.K. is the sixth of eight siblings, and her child is represented as the youngest member of the sibling group. This fact is particularly important for understanding how adolescent motherhood transforms the family structure. The child does not appear to be regarded solely as S.K.'s descendant; he is also incorporated into the family's group of children. He becomes a kind of "new child" completing the sibling group.

This integration may serve a protective function: the child benefits from the presence and availability of grandparents, uncles, and aunts, while the young mother remains embedded in the family network that supports her.

However, this arrangement may also contribute to keeping S.K. in an infantile or sibling position. If her child is regarded as the youngest member of the sibling group and S.K. herself is addressed using a sibling term such as "yaya," the distinction between her maternal function and her position as daughter or sister remains poorly differentiated. Motherhood therefore does not necessarily result in the adolescent's immediate advancement to an autonomous adult position.

This is a central feature of the adolescent parenthood observed in these cases: "the birth of a child is not sufficient to automatically transform the young mother's generational position."

Substitution of parental figures and redistribution of functions

The results also show a significant redistribution of parental functions. In several cases, grandparents or in-laws perform functions normally associated with the child's parents. In S.K.'s case, her mother covers the expenses related to childbirth and the child's needs. In M.M.'s case, the child's father pays the maternity expenses and purchases the baby's clothing and supplies, while the grandparents remain involved in daily life. In B.O.'s case, following the death of her parents and the failure of her paternal uncle to provide adequate support, her partner's parents are primarily responsible for the child's medical care.

This redistribution of responsibilities shows that adolescent motherhood is experienced within a system of "extended parenthood," in which responsibility for the child does not rest exclusively on the biological mother. This may be understood as an important family resource, particularly in contexts where the adolescent does not yet have sufficient economic autonomy.

Nevertheless, this family solidarity may also have an ambivalent dimension. It protects the child and the young mother from some of the material consequences of pregnancy, but it may also limit the adolescent's gradual acquisition of parental autonomy if other family members continue to assume most parental functions over the long term.

Another cross-cutting element is the sense of rupture expressed by the adolescents. M.M. states in particular that her life "is no longer as it was before" because of motherhood. O.M. views her status as a mother as an obstacle to her personal development. These statements show that motherhood is experienced as a sudden transformation of their life trajectories.

The pregnancies occurred while the adolescents were still pursuing their education or exploring their affective and social identities. For all four participants, schooling was interrupted before or around the time of pregnancy. Motherhood therefore appears to be an event that accelerates the transition to adult responsibilities without adequate preparation.

The adolescents' accounts reveal tension between two identities: that of the adolescent girl and that of the mother. They remain psychologically and socially rooted in adolescence while simultaneously having to assume a maternal status. This coexistence of two positions may explain the feelings of regret, disruption, loss of freedom, and blocked personal development reported in the interviews.

Paternal figures : absence, rejection, and substitution

The role of male figures is also significant in the four cases, although it takes different forms. In S.K.'s case, the biological father initially refuses to acknowledge the pregnancy, leaving the young girl in a situation of uncertainty and vulnerability. Her mother then intervenes and assumes some of the responsibilities that the partner does not accept.

In M.M.'s case, by contrast, the child's father accepts the pregnancy and contributes materially to the child's care. This attitude is a source of comfort for her.

In O.M.'s case, the paternal figure is particularly conflictual. She reports having been expelled from the family home by her father and subsequently being taken in by her paternal uncle. In B.O.'s case, the death of her parents is followed by what she considers inadequate support from her paternal uncle. In both situations, the paternal or guardian function is weakened, leading the adolescent to seek a protective framework elsewhere.

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These results underscore the fact that adolescent motherhood cannot be separated from the quality of the adolescent's relationships with parental figures. The absence, rejection, authoritarianism, or, conversely, support provided by adult figures appears to influence how the adolescent experiences and assumes motherhood.

The generational role : attaining motherhood while remaining a child

One of the principal lessons of these results ultimately concerns the paradoxical generational role of the adolescent mother. The birth of a child should theoretically move the adolescent into the parents' generation. However, the data show that she remains simultaneously dependent on her own parents and continues, at times, to be positioned as a daughter or sister.

This situation is particularly apparent when the child calls the grandparents "mother" and "father" and the biological mother "yaya." The family system thus produces a form of "overlapping generations": the grandparents perform parental functions, the young mother retains a sibling position, and the child is integrated into the children's generation.

This phenomenon may be understood as a family strategy for adapting to adolescent motherhood. The extended family absorbs part of the responsibilities in order to protect both the child and the adolescent. At the same time, however, this adaptation creates ambiguity in the definition of roles. The young mother may experience difficulty constructing an autonomous parental identity when parental functions are largely assumed by the previous generation.

CONCLUSION

At the end of this study, we conclude that parenthood among adolescent mothers is a complex experience that cannot be understood solely in terms of pregnancy or childbirth. These adolescents become mothers while still dependent on their own parents or other adults. The extended family therefore plays an essential role in caring for the child by covering maternity expenses, medical care, food, and sometimes future schooling.

The baby thus becomes an important element in family dynamics: the child may bring family members closer together, strengthen the grandparents' emotional involvement, and enable the young mother to regain a place within the family group.

Adolescent motherhood is therefore a multidimensional phenomenon involving psychological, familial, economic, and generational dimensions simultaneously. It is not merely the early arrival of a child; it brings about a reorganization of positions, responsibilities, and relationships between generations. Thus, psychologically and socially, the adolescent mother remains a baby—immature—and finds herself in the position of raising another baby.

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