

Explanatory factors of premature marriages of adolescent girls: Study conducted in the Diulu Health Zone, Mbuji-Mayi City, DRC

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ABSTRACT

Introduction

Adolescent marriage is a significant public health problem worldwide, particularly in the Democratic Republic of the Congo (DRC), due to its high prevalence (38%) and its consequences on the lives of young mothers who are unfamiliar with the requirements of sexual and reproductive health.

Purpose

This study aimed to understand the explanatory factors and complications of teenage marriages in the Diulu Health Zone in Mbuji-Mayi City, Democratic Republic of the Congo.

Methods

It is a cross-sectional analytical study, using semi-structured interviews, direct structured interviews, and direct observation, with a sample size of 398 adolescent girls.

Results

The results show that many adolescent girls (41.5%) are married at a mean age of 13.95 ± 2.35 years. This difference in the average age of respondents is statistically significant ($p < 0.05$), with a p-value of 0.000. Married girls have a lower average age than unmarried girls. The educational level of many is primary school (40.5%). The factors that significantly influenced the marriage of the teenage girls surveyed included their parents' lack of financial means (82.4%), abuse in the place of accommodation ($p < 0.05$; OR = 0.28; $p = 0.000$), religion ($p < 0.05$; OR = 1.53; $p = 0.042$), and parental death ($p < 0.05$; OR = 0.571; $p = 0.003$). These factors, dominated by parental poverty, parental death, low level of education, environmental influence, and customs, contribute to adolescent marriage. Divorce, maternal-fetal death, and school drop-out are the most frequent complications.

Conclusion

Adolescent marriage is a common practice in Africa in general, and in the Democratic Republic of the Congo in particular. This study found that the dominant factors explaining adolescent marriages are poverty, parental death, limited access to formal education, large family size, and social influence. Multi-sectoral, multidisciplinary awareness-raising and the education of young girls are crucial assets that can help reduce teenage marriages and prepare them for a brighter future. To reduce the prevalence of teenage marriage, effective multi-sectoral and multidisciplinary awareness efforts are needed.

INTRODUCTION

The United Nations Convention on the Rights of the Child defines early marriage of adolescent girls as a violation of children's essential rights (Yaya et al., 2019). It is thus a global problem, as corroborated by relevant statistics (UNICEF, 2014). The prevalence of early adolescent marriage is a phenomenon that spares no continent, regardless of culture, religion, or community (UNICEF, 2022). Worldwide, 720 million women alive today were married before their 18th birthday. Every two seconds, a girl is married before reaching the physical and emotional maturity required to become a wife or mother.

In both South America and the Caribbean, one-quarter of teenagers marry or enter a union before reaching the age of 18, and many of them become mothers before reaching physical maturity. In North America, including the United States, the practice is also widespread. At the last censuses in 2000 and 2010, it was estimated that 248,000 children and teenagers were married before the age of 18 (UNICEF, 2020).

Africa is the continent most affected by teenage marriage, with an estimated 4 million girls married before the age of 18 in 2017 (UNICEF, 2018). Child marriage exists everywhere in Africa, with a higher prevalence in Central and West Africa, where it is estimated that four out of ten women aged 20 to 24 were married while still under 18. The prevalence is 41%, or nearly 60 million women, married before the age of 18 (Yaya et al., 2019). By way of illustration, Niger has the highest child marriage prevalence rate in the world at 76%, followed by the Central African Republic at 68%, and Chad at 67%.

Adolescent marriage is one of the most harmful traditional practices for young girls. In Africa, this phenomenon can be explained through a non-inclusive three-stage process, namely initiation, negotiation, and final decision-making, which is recognized exclusively to fathers in their capacity as the main reference actors, if not the most important (Dougal et al., 2018; World Health Organization [WHO], 2018).

The marriage of adolescent girls, in other words minors, is not only a violation of the rights enshrined for the girl child, but also disregards efforts made by states and various organizations to improve sexual and reproductive health

indicators, promote education, and reduce poverty (Kamgang Simeu, 2022; Tchiari et al., 2017).

In the Democratic Republic of Congo (DRC), customary beliefs and burdens place less value on the girl child in Luba culture. It should also be noted that poor socio-economic conditions lead some parents to hastily consent to the marriage of their daughters. Additionally, the social and family context of adolescent girls, some of whom are orphans of either or both parents, predisposes them to early marriage (Yaya et al., 2019).

The protection of adolescent girls is also hampered by social and cultural barriers of two kinds:

- From an individual point of view, this refers to a complex set of personal factors motivating the adolescent herself to opt for early marriage rather than education;
- From a collective point of view, family, economic, socio-cultural, and structural factors determine the fate, living conditions, and behaviours of this category (Koski et al., 2017).

In the DRC, a few studies on adolescent marriage, notably by CERED-GL (2014), explain that in the territories of Mwenga and Shabunda in South Kivu Province, child marriages are very frequent due to parental death, illiteracy, and prevailing poverty, which force those in charge to allow girls to marry early in order to lighten the family's economic burden. Legally, however, some progress has been made with the adoption of laws against child marriage, whose application is still hampered by poverty, insecurity, and the burdens on decision-makers or parents (Tebuka, 2015).

In Kasai-Oriental, in Mbuji-Mayi city, more specifically in the Diulu Health Zone, studies on explanatory factors of adolescent marriages remain limited. Thus, investigating these explanatory factors has remained our preoccupation. As illustrated by the above-mentioned studies, pregnancy among underage girls is a worldwide phenomenon, whose origins are well known, and whose health, social, and economic consequences are tragic (Sully et al., 2020).

To improve the situation of teenage marriages, a large-scale transformation of society is needed at several levels: families, customary and religious leaders, local authorities,

and public institutions. Faced with this reality, it is important to raise awareness and consider local or inter-community talks to explain the risks of adolescent marriage (UNICEF, 2020).

The environment leads to significant variation in teenage marriage between families belonging to the same church (Berthaud-Claire, 2018). This type of marriage affects every country in the world, with very high prevalence in developing countries such as the DRC. These marriages disadvantage the future of adolescent girls and expose them to poor health outcomes. Therefore, we felt it important to study the factors that explain teenage marriages in Mbuji-Mayi, where the majority of studies are less specific.

The problem of teenage marriage is today considered an urgent issue, given its high prevalence, estimated at 38% in the DRC (UNICEF, 2014). This phenomenon significantly impacts the health and well-being of adolescent girls, often leading to early pregnancies and exposing them to increased risks of health complications for both themselves and their children. These adolescent girls often face economic and social pressures that prevent them from continuing their education, limiting their future opportunities. Moreover, this situation constitutes a violation of children's rights, such as the right to education and protection from abuse. This type of marriage has repercussions on the emancipation of Congolese women as drivers of social and economic development (United Nations High Commissioner for Refugees [UNHCR], 2020). Early marriage of adolescent girls is an urgent problem requiring immediate action at all levels—local, national, and international. By intervening preventively, protecting girls' rights, and promoting access to education and services, we can improve the lives of millions of girls and contribute to the sustainable development of societies as a whole. Ignoring this issue would have serious and long-lasting consequences for young girls and future generations.

METHODS

Type, scope, and period of study

This study employed a cross-sectional analytical design within the field of child and adolescent health and focused on girls under 18 years of age. Data were collected using semi-structured interviews. The study was conducted over

six months, from 20 June to 20 December 2024. The sample size comprised 398 adolescent girls. Study variables included parents' socio-demographic and economic characteristics, cultural, health, and environmental factors, limited access to formal education, family size, and cultural influences.

Target group

The study population consisted of adolescent girls living in selected health areas of the Diulu Health Zone.

Data collection techniques and instruments

The field survey method was used to gather primary data from the sample. Data were collected through interviews using an interview guide comprising structured, pre-tested questionnaires focused on factors explaining adolescent marriages.

Validity of the data collection tool

The external validity of the questionnaire primarily depended on the representativeness of the sample, while internal validity was assessed by a committee of experts from the dissertation department of the Doctoral School at the Higher Institute of Medical Techniques of Kinshasa. The validity of the results was ensured through data interpretation confirmation, triangulation of data collection methods, and validation of results with respondents. Specifically, the results were returned to participants after analysis to verify interpretations and ensure the descriptions accurately reflected the meaning of questions on explanatory factors and consequences of teenage marriages.

Study variables

The marriage status of adolescent girls was considered the dependent variable with two categories: 1 = **married** and 2 = **unmarried**. Independent variables were grouped into three modules:

- **Module I:** Socio-demographic and socio-cultural factors
Age, education level, marital status, culture, religion, age at first sexual intercourse, and whether sexual intercourse was forced.
- **Module II:** Family situation of adolescent girls
Unequal access to resources such as occupation,

income, living conditions, and parents’ presence or absence.

- **Module III:** Explanatory factors for adolescent marriage

Gender-based violence including early marriage, age at first sexual intercourse, forced sexual intercourse; religious requirements; deceased parents; lack of parental education or opportunities; mistreatment of adolescent girls; and personal decision.

Sampling technique and sample size

Multi-stage probability sampling was used. This approach facilitates data collection when national or large-scale sampling frames are unavailable. Health centres were randomly selected using Microsoft Excel to ensure equal selection probability within the sampling frame. Of the 19 health centres, those with odd numbers were selected (1, 3, 5, 7, 9, 11, 13, 15, 17, and 19), resulting in 10 out of 19 health zones surveyed.

Table 1:
Selected health areas and number of adolescents surveyed

Health areas	Selected teenagers
Benga Nkuna	40
Tshintenta	40
Tshipuka	40
Butoka	40
Mbuwa	40
Mukeba	40
Nkashama	40
Sankayi	40
Tshikila	39
Ciananga II	39
Total	398

Sample size calculation was based on Lwanga's formula, relying on the normal distribution (Gaussian distribution):

$$n = z^2 \times p (1 - p) / m^2:$$

With n: sample size, z: confidence level according to the centered reduced normal distribution (for a 95% confidence level, z = 1.96), p: proportion of the desired estimator (teenage marriage rate in 2022), 1-P = q complement of 1-P = (1-0, 38) = 0, 62, and m = tolerated margin of error (for example, we want to know the true proportion at 5%, i.e. 0.05).

$$n = \frac{(1,96)^2 \times 0,38 \times 0,62}{(0,05)^2} = 362$$

Adding 10% for non-respondents, the total sample size was adjusted to 398 adolescent girls.

Ethical considerations

Before the study commenced, the protocol was submitted to and approved by the ISTM-Kinshasa Ethics Committee under reference number 0100/CBE/ISTM/KIN/RDC/PMBBL/2024 on 8 July 2024. Participants were clearly informed about the study’s nature, objectives, and potential consequences. Information and consent forms were provided prior to interviews, allowing participants to read, ask questions, or seek clarifications. Free and informed consent was obtained before data collection. The research ensured anonymity and confidentiality throughout.

Plan for data analysis

Data were entered into Microsoft Excel (Microsoft Corporation, USA, 2007). After quality checks, data were imported into SPSS version 22 for analysis. Descriptive statistics such as proportions (%), means, and odds ratios (OR) with 95% confidence intervals (95% CI) were calculated. Statistical significance was set at p≤0.05. The study adhered strictly to ethical and deontological principles.

Data analysis comprised two stages:

- The first stage involved univariate descriptive analysis to summarise respondents’ characteristics.
- The second stage involved bivariate analysis to examine associations between adolescent marriage status and explanatory factors, with significance set at p≤0.05.

RESULTS

We present the results for 398 adolescent girls who participated in the research survey carried out in the Diulu Health Zone, Mbuji mayi city.

Univariate Analysis

Socio-demographic characteristics (age range, marital status, and educational level) of the surveyed adolescents are presented below in **Figure 1**.

Figure 1:
Socio-demographic characteristics of surveyed adolescents

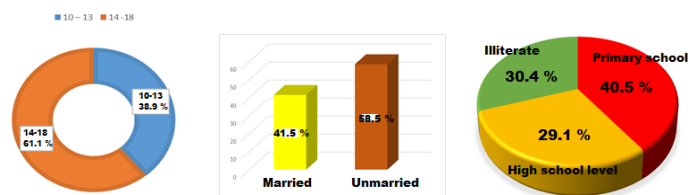


Figure 1 shows that more than half of the adolescent girls (61.1%) were in the 14 to 18 age bracket, with an average age of 14.45 years. The marital status distribution indicated that 41.5% were married, while 58.5% were unmarried. Most respondents had attained primary school education (40.5%), and none had attended university.

Table 2 presents the family situation of the teenagers surveyed.

Table 2:
Family situation of teenagers

Variables	Headcount	Percentage
1. Parents living at the time of marriage (n = 398)		
Yes	251	63.1%
No	147	36.9%
2. If not, orphan of father or mother (n = 147)		
Lost both parents	23	15.6%
Orphan of a parent	124	84.4%
3. Accommodation before the wedding (n = 398)		
Lived away from parents	100	25.1%
Lived with parents	298	74.9%
4. Current location (n = 398)		
Lives with parents	39	9.8%
Lives with husband	359	90.2%
5. Activity prior to marriage (n = 398)		
No activity	124	31.2%
Street water sales	274	68.8%
6. Current occupation (n = 398)		
Housewife	179	45.0%
Farmer	219	55.0%
7. Number of family members (n = 398)		
Less than 6 people	130	32.7%
6 or more people	268	67.3%

Analysis of the results presented in Table 2 shows that the majority of adolescent girls had parents alive at the time of

marriage (63.1%). Among those who were orphans (n = 147), 15.6% had lost both parents. Regarding living arrangements before marriage, 25.1% lived away from their parents, while 74.9% lived with family members, primarily older siblings. In terms of pre-marital activity, 68.8% were street vendors of pure water. Regarding current occupation, 55% of teenage girls were engaged in farming, and household sizes were dominated by families with six or more members (67.3%).

Determining the factors that explain adolescent marriage

Figure 2:
Factors explaining the marriage of surveyed teenage girls

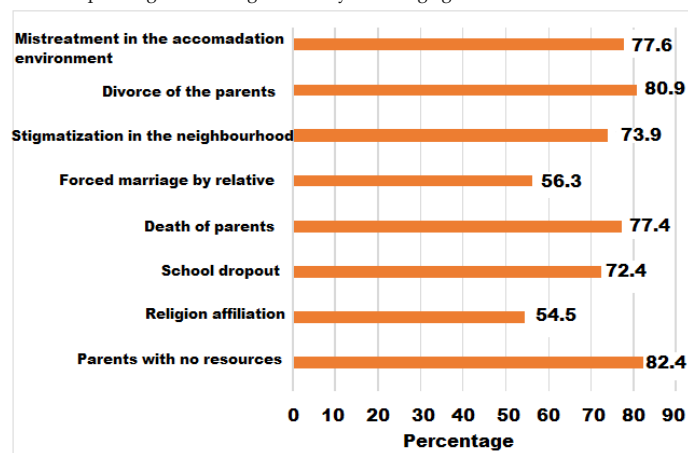


Figure 2 shows that parents without opportunities (82.4%), parental divorce (80.9%), death of parents (77.4%), stigmatization in the neighbourhood (73.9%), and dropping out of school (72.4%) were the most frequently cited factors explaining teenage marriages.

Bivariate Analysis

This section analyses the relationship between teenage marriage and explanatory factors, as well as the consequences experienced by teenage girls in these marriages.

Table 3:
Breakdown of average age by marital status

Variables	Marital Status of Teenage Girls	Test T	p Value
	Headcount (n = 398)		
Age (in years)	14.45 ± 2.46	13.95 ± 2.35	14.82 ± 2.48

Table 3 shows that the overall average age was 14.45 ± 2.46 years. Analysis of average age by marital status reveals that married adolescents had a mean age of 13.95 ± 2.35 years,

while unmarried adolescents had a mean age of 14.82 ± 2.48 years. This difference in average age was statistically significant ($p < 0.05$), with a p value of 0.000, indicating that respondents' ages differ according to marital status. Using the t -test ($t = -3.557$), it was found that married girls had a significantly lower average age than unmarried girls.

Table 4:
Analysis of marital status according to factors explaining adolescent marriage

Variables	Marital Status		OR (95% CI)	p Value
	Married n (%)	Unmarried n (%)		
1. Parents with no financial resources	143 (43.6%)	185 (56.4%)	1.68	(0.09-2.92)
Non	22 (31.4%)	48 (68.6%)		
2. Religious affiliation	100 (46.1%)	117 (53.9%)	1.53	(1.02-2.29)
No	65 (35.9%)	116 (64.1%)		
3. School dropout	116 (40.3%)	172 (59.7%)	0.84	(0.54-1.31)
No	49 (44.5%)	61 (55.5%)		
4. Death of parents	123 (38.7%)	195 (61.3%)	0.57	(0.35-0.94)
No	42 (52.5%)	38 (47.5%)		
5. Forced marriage	91 (40.6%)	133 (59.4%)	0.93	(0.62-1.38)
No	74 (42.5%)	100 (57.5%)		
6. Stigmatization in the neighbourhood	129 (43.9%)	165 (56.1%)	1.48	(0.93-2.35)
No	36 (34.6%)	68 (65.4%)		
7. Divorce of parents	136 (42.2%)	186 (57.8%)	1.19	(0.71-1.98)
No	29 (38.2%)	47 (61.8%)		
8. Mistreatment at home	107 (34.6%)	202 (65.4%)	0.28	(0.17-0.46)
No	58 (65.2%)	31 (34.8%)		

*Note: OR = odds ratio; CI = confidence interval; * $p < .05$.

This **Table** shows that the explanatory factors most frequently cited by adolescent girls were:

- Mistreatment in their place of accommodation: girls who were mistreated were 0.28 times more likely to marry before the age of 18, a statistically significant effect ($p < 0.05$; OR = 0.28, $p = 0.000$).
- Religious affiliation was also significant ($p < 0.05$; OR = 1.53, $p = 0.042$).
- Adolescent girls whose parents had died had 0.57 times the odds of marrying in adolescence, which

was statistically significant ($p < 0.05$; OR = 0.57, $p = 0.031$).

These results were obtained using the Pearson Chi-square test at a 5% significance level.

DISCUSSION

This section discusses the results analysed above. To facilitate the reader's understanding, the results have been divided according to the study objectives.

First objective: Understand the socio-demographic and economic profile of respondents

The results of this study revealed that the age of more than half of the adolescent girls (61.1%) was within the 14–18-year age bracket. The marital status distribution showed that 41.5% of adolescents were married, while 58.5% were unmarried. Most participants had attained primary school education (40.5%). The predominant religion was Catholicism, representing 53.3%. Regarding the number of children in marriage, 47.2% of adolescent girls had one child.

The overall mean age was 14.45 ± 2.46 years. When analysed by marital status, the mean age of married adolescents was 13.95 ± 2.35 years, whereas that of unmarried adolescents was 14.82 ± 2.48 years. This difference was statistically significant ($p < .05$), with a t -test value of $T = -3.557$ ($p = .000$), indicating that married girls were significantly younger than unmarried girls. These findings align with [Mejia et al. \(2021\)](#), who reported a significant correlation between teenage childbirth risk and age between 15 and 19 years (OR = 6.88; 95% CI [2.38, 19.86]; $p < .0001$).

The African continent has the highest prevalence of teenage marriage, with an estimated 4 million girls married before 18 years in 2017. Although child marriage is widespread in Africa, it is more pronounced in Central and West Africa, where approximately four in ten women aged 20 to 24 married before 18 years ([Koski et al., 2017](#)). For instance, Niger holds the highest global child marriage prevalence at 76%, followed by the Central African Republic (68%) and Chad (67%). In some countries, such as Mali and Niger, early marriage is perceived by some as an alternative to out-of-wedlock pregnancies and, at another level, a consequence of school failure, which some parents view as a means of social advancement ([Toufique & Arain, 2020](#)).

In South Asia, 45% of women aged 20 to 24 were married before 18 in countries such as India, Bangladesh, and Nepal. In South America and the Caribbean, one in four young women marry or enter unions before 18, with most giving birth before maturity. Even in North America, particularly the United States, child marriage persists; census data from 2000 and 2010 estimated that 248,000 children and teenagers were married (UNICEF, 2014).

The magnitude of teenage marriage remains a significant concern in the Democratic Republic of Congo (DRC). Data analysis from EDS-I and II (2014) shows that the prevalence of early marriage among women aged 18–49 was relatively stable between 2007 (41.1%) and 2013–2014 (40.7%). In 2007, high child marriage prevalence was concentrated in five provinces: Maniema (54.3%), Province Orientale (54.0%), Equateur (50.7%), Kasai Occidental (50.0%), and Kasai Oriental (49.8%).

Regarding education, most respondents had only primary schooling (40.5%). The dominant religion was Catholicism (53.3%). UNFPA (2015) noted that among adolescent girls aged 12–17 who were victims of child marriage, 74.4% had never attended school. The differences between these findings and other studies may be due to sample size and research setting variations; this study was conducted in one health area, while others covered multiple countries.

Second objective: Identify the family situation of respondents

Analysis of Table 3 indicates that the majority of adolescents (63.1%) had living parents at the time of marriage. Among orphans (n = 147), 15.6% had lost both parents. Regarding accommodation before marriage, 25.1% lived with their parents, while 74.9% lived with other family members, such as older siblings. At present, only 9.8% still lived under their parents' roof, with 90.2% living in marriage. Before marriage, 68.8% were involved in selling pure water, while current occupations showed that 55% of adolescent girls engaged in fieldwork. Household sizes were predominantly six or more persons (67.3%).

These findings are consistent with those of Dougal et al. (2018) and UNICEF (2014), who report that parental loss and divorce are stressors that may contribute to early marriage. Among adolescent marriage victims, 6.5% were paternal orphans and 5.3% maternal orphans. Furthermore,

in households where parents have at least four children, adolescent child marriage victims are more frequent.

Third objective: Determine the explanatory factors of adolescent marriages

Looking at Figure 2, parents without financial opportunities (82.4%), parental divorce (80.9%), death of parents (77.4%), stigma in the neighbourhood (73.9%), and school dropout (72.4%) were the most commonly expressed factors explaining adolescent marriages by respondents. These results align with findings from other researchers who explain that the specific factors of child marriage vary by context, but many reasons are motivated by gender inequalities and discrimination, which help explain the prevalence of early marriage worldwide, varying by country and ethnicity (International Partnership to End Child Marriage [IP], 2018).

One of the primary reasons is poverty. Parents often justify marriage as a means of securing a future for their children, especially their daughters (World Health Organization [WHO], 2020). The loss of a parent and divorce are also considered stressors that may support early marriage (Yaya, 2019). By marrying their daughters, parents aim to avoid pregnancies outside marriage, which are considered disgraceful in some contexts within the family framework. The weight of culture and tradition also motivates child marriage from an early age in sub-Saharan Africa and some Asian countries (Yasmin, 2020).

These results are consistent with studies conducted by the World Bank (2018), Tchiari et al. (2017), Dougal et al. (2018), and Efevbera et al. (2019), who show that the risk of marriage among adolescent girls is lower in wealthy households compared to poor households. In some low-income families, girls are considered a burden, and their marriage thus becomes a relief and means of survival for their parents. In societies where early marriage is practiced, girls and women have lower status than men. Girls are married young because they are seen as burdens to the family and are stigmatized if not married early (United Nations Population Fund [UNFPA], 2015).

Factors favoring early marriage in Africa, especially in rural areas of the Democratic Republic of the Congo (DRC), are interconnected within a complex system. Poverty and lack of education create conditions that favour cultural norms

and gender inequalities, while being reinforced by family and community pressures. Ineffective laws and lack of economic opportunities also contribute to maintaining this vicious cycle. Combating early marriage therefore requires a holistic approach that addresses all these factors in a coordinated and integrated manner.

Gage (2013) showed how girls' education influences age at marriage and fertility in sub-Saharan Africa by analysing data at several levels, demonstrating that access to education reduces the likelihood of early marriage. Toufique and Arain (2020) identified poverty, education, cultural norms, community pressure, and gender inequalities as major factors influencing early marriage in Africa. Yoder and Wang (2014) analysed data from demographic and health surveys in sub-Saharan Africa to understand trends in child marriage, highlighting the socio-economic and cultural factors that promote the practice.

CONCLUSION

Adolescent marriage is a common practice in Africa in general, and in the Democratic Republic of the Congo in particular. This young population faces significant social and health challenges, especially regarding access to information related to sexual and reproductive health. This study found that the dominant factors explaining adolescent marriages are poverty, death of parents, limited access to formal education, large family size, and social influence.

Awareness at all levels remains a crucial asset in reducing adolescent marriage and preparing girls for a better future. Efforts should particularly focus on churches to reach a wider audience with awareness campaigns. Furthermore, raising awareness requires the involvement of all social and political groups.

Combating teenage marriage in Africa requires a holistic approach, involving interventions at multiple levels: legal, educational, social, and economic. A combination of strong laws, community awareness, economic support, access to education, reproductive health and contraception services, as well as the implementation of economic support programmes for families, are among the solutions needed to guarantee a better future for young girls and to break the cycle of early marriage.

Ethical Approval: Ethical approval was obtained from the ISTM-Kinshasa Ethics Committee under reference number 0100/CBE/ISTM/KIN/RDC/PMBBL/2024 on 8 July 2024.

Conflicts of Interest: None declared.

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