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# Stigma, discrimination and educational exclusion among pregnant and parenting adolescent girls in Kinshasa, Democratic Republic of Congo: A qualitative study

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## Abstract

# Background

Adolescent pregnancy is a common driver of school dropout for girls in sub-Saharan Africa. The Democratic Republic of Congo (DRC) has no formal policy excluding pregnant students, yet minimal research has documented how pregnant and/or parenting girls experience schooling, and the barriers to educational continuity they may face. This study explored the educational trajectories of pregnant and parenting adolescent girls in Kinshasa, from pregnancy discovery through dropout, re-entry, and future aspirations.

# Methods

This qualitative study draws on 20 in-depth interviews and one focus group discussion with pregnant and/or parenting adolescent girls in Kinshasa. We collected data in 2025 using school- and community-based recruitment. Interviews and focus groups took place in French and Lingala, and were audio-recorded, transcribed, and analyzed for content and themes. Participation in the study was voluntary, and participants were free to withdraw their consent at any time.

# Results

Although no participant reported being formally expelled, most participants who were enrolled in school when they became pregnant described interrupting their education during pregnancy. Participants attributed this interruption to interconnected experiences and expectations of shame, peer mockery, anticipated rejection, discrimination by teachers, family withdrawal of support, and the practical demands of pregnancy and parenting. However, among most participants, the desire to resume their education was strong. Girls' recommendations for improving inclusivity of schools for pregnant and parenting adolescents included guaranteed readmission, support with school fees and childcare, vocational training centres, and protection from discriminatory treatment by school staff.

# Conclusions

Among participants in this study, pregnancy was associated with educational interruption through interconnected processes of stigma, discrimination, withdrawal of family support, and practical barriers to continuing or returning to school. These findings highlight the need for school- and community-based interventions to improve safety and support systems for pregnant and parenting girls, so that schools can be places of inclusion and safety, rather than discrimination and fear. Interventions that address and sensitize parents and caregivers are also warranted to better protect pregnant and parenting adolescents.

# Introduction

Although girls' educational outcomes have improved considerably in low- and middle-income countries (LMICs) in recent decades, progress has stagnated and their educational attainment continues to lag, particularly at the secondary level (1–3). Across Sub-Saharan Africa, just 43% of girls complete lower secondary school (4). Girls face numerous added barriers to education, one of the most consequential of which is gender-based violence. School-related gender-based violence (SRGBV) refers to any act or threat of physical, sexual, or psychological violence, perpetrated due to gender norms and enforced by unequal power dynamics, which takes place at school, on school grounds, or while traveling to or from school (5). It remains a barrier to educational attainment in many LMICs, disproportionately affecting girls and other vulnerable student populations. SRGBV can also operate alongside subtler forms of discrimination and harm, such as mockery and shame, which further affect girls' schooling (6). Globally, an estimated 115 million children and adolescents experience SRGBV each year (5). Yet a recent systematic review identified SRGBV as one of the least studied gender-related barriers to girls' education in LMICs, with few rigorously evaluated interventions published to date (2).

Among the research that has explored SRGBV in Africa, evidence has primarily been concentrated in Southern and Eastern Africa. A systematic review found that the prevalence of GBV among female students in the region ranged from 42% to 68% (7). In Kenya, students reported that experiencing violence negatively affected their learning, health, and well-being (8). Research in Nigeria found that corporal punishment was common, and girls faced physical violence from male students as well as sexual coercion by teachers (9). Evidence from Ghana has highlighted the implications of SRGBV for educational attainment, with students experiencing this type of violence more likely to dropout (10). These findings underscore the pervasiveness and consequences of SRGBV, yet leave significant gaps, particularly regarding the experiences of students in Francophone and Central Africa. They also highlight a gap in research focused on populations facing heightened vulnerabilities to violence, discrimination, and exclusion within school settings, including pregnant and parenting adolescents.

Adolescent pregnancy is often marked by intense stigma, with repercussions for girls’ social standing, education, and livelihoods (11–14). In Sub-Saharan Africa, the adolescent birth rate remains well above the global average at 95 births per 1,000 girls 15–19 years old in 2024 (15). In the DRC, the adolescent birth rate is estimated at approximately 105 births per 1,000 girls, and an estimated one in five adolescents has begun childbearing (15–17). For girls who become pregnant while still enrolled in school, schools can become sites of vulnerability, exposing them to stigma, social ostracization, and harassment from peers and school staff alike (18, 19). Pregnancy during adolescence is often viewed as morally transgressive, and pregnant adolescents may be seen as socially undesirable, and a bad influence on their peers (14). The resulting stigma operates across multiple levels, including individual internalized shame and rejection, punishments inflicted by family, discrimination from peers, unsupportive school and community environments, and limited protective policies (12, 14). The consequences for girls’ educational trajectories are significant. Research consistently shows that when girls leave school, they rarely return and often face lasting academic setbacks, losing progress made and

facing major obstacles to reenrollment (20, 21). Even when girls do return to school after giving birth, they often lack the structural support needed to continue their studies while parenting. Interrupted schooling can affect their long-term academic performance, economic opportunities, and health outcomes, limiting their potential at a key developmental stage (22).

Access to education is a fundamental human right, and violence and discrimination that drive vulnerable students out of school represent a violation of that right. In numerous settings, policies have tried to address this issue. In the DRC, a 2015 act established that the government is responsible for ensuring teenage mothers and pregnant girls can continue their education (23). Similar policies exist across the region, reflecting a growing consensus that pregnancy-based exclusion constitutes a form of discrimination and a violation of the right to education (24). However, these protections are often poorly enforced, leading to some pregnant teenagers being unjustly forced out of school and without institutional support (24). Educational administrators, teachers and staff may be unaware of these obligations, indifferent to them, or actively pushing students out (19).

While existing research has explored the association between adolescent pregnancy and school dropout, less attention has been paid to the social processes through which educational exclusion unfolds. In particular, little is known about how stigma, discrimination, family decision-making, economic constraints, and institutional responses interact across the educational trajectories of pregnant and parenting adolescents in Francophone central Africa in general, and in the DRC in particular. Drawing on adolescents' own accounts, this study sought to explore how pregnancy shapes the educational trajectories of adolescent girls in Kinshasa. Specifically, we examined (1) girls' experiences of schooling during and after pregnancy; (2) how families, peers, teachers, and communities support or constrain educational continuity; (3) experiences of stigma, discrimination, harassment, and other forms of school-related gender-based violence and how these experiences affect their ability to remain in, leave, or return to school; and (4) girls' recommendations for making schools more inclusive and supportive of pregnant and parenting adolescents

## Methodology

# Study design

We employed an exploratory qualitative design to gain an in-depth understanding of the educational experiences of pregnant and parenting adolescent girls in Kinshasa, Democratic Republic of Congo (DRC). We considered a qualitative approach the most appropriate design as we sought to explore participants lived experiences, perceptions, meanings, and social interactions surrounding pregnancy, schooling, stigma, and educational continuity.

The study was part of a larger mixed-methods, multi-country research project examining SRGBV and discrimination among adolescents in Francophone Africa. While the broader project included a quantitative survey conducted in secondary schools, in the present paper we report solely on the

qualitative interviews and focus group with pregnant and parenting adolescents. We report the qualitative findings in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).

## Study setting

The study was conducted in Kinshasa, the capital city of the DRC, between February and April 2025. Kinshasa is home to more than 17 million inhabitants and experiences high levels of adolescent fertility, educational inequalities, and socioeconomic disparities. Although national legislation guarantees pregnant adolescents' right to continue their education, implementation remains inconsistent across schools, and evidence on their lived experiences is scarce. Conducting the study in this setting provided an opportunity to examine how national policies intersect with everyday social and institutional realities influencing girls' educational trajectories.

## Conceptual framework

Our study was guided by USAID's Conceptual Framework for Measuring SRGBV (Fig. 1) (25). The framework uses a child-centered socioecological model to identify the types and extent of GBV experienced by children and adolescents in school settings. The framework guided our research by providing a typology of SRGBV and facilitating the study of factors at individual, family and school/community levels that shape GBV against children in schools. The framework describes three types of SRGBV: bullying, corporal punishment and sexual violence. It also incorporates individual risk factors (e.g. age, sex, socioeconomic status), which motivates the use of an intersectional lens to consider factors that contribute to vulnerabilities to violence among different groups of students. The framework includes family drivers, such as gender attitudes and beliefs and tolerance of violence. Finally, it identifies school and community drivers, which further include disciplinary norms and school climate. The domains of the framework helped support our development of research questions and study instruments, including the types of violence to explore and the associated contextual factors that may be of relevance.

Figure 1. USAID's Conceptual Framework for Measuring SRGBV

## Participant selection and recruitment

We used purposive sampling to recruit participants with lived experience of pregnancy during adolescence. Eligible participants were adolescent girls (up to age 19) in Kinshasa who were currently pregnant and/or had given birth, were comfortable communicating in French or Lingala, and were willing to discuss their pregnancy and schooling experiences. Participants were recruited through two complementary pathways to maximize variation in educational experiences. First, girls who participated in the quantitative school survey were invited to indicate their willingness to participate in follow-up

qualitative interviews. Second, community-based organizations supporting adolescent girls assisted in identifying young mothers who were no longer attending school, thereby ensuring the inclusion of adolescents who might otherwise have been missed through school-based recruitment alone. This dual recruitment strategy was intended to capture heterogeneity in educational trajectories, including adolescents who remained connected to school as well as those who had discontinued their education. Recruitment therefore sought variation rather than representativeness, consistent with the exploratory qualitative design. Participant selection was designed to achieve variation with respect to age, pregnancy status, schooling status, and living arrangements to capture a range of experiences. Recruitment continued until the research team judged that additional interviews were no longer generating substantially new concepts or themes relevant to the study objectives. For focus groups, due to the larger study design and sample, we were only able to host one discussion with this population.

## Data collection

Data were collected using semi-structured in-depth interviews (IDIs) and one focus group discussion (FGD). Semi-structured interviews were selected because they allowed participants to narrate sensitive personal experiences while providing sufficient flexibility to explore emerging issues in greater depth. The focus group discussion complemented individual interviews by capturing shared social norms, collective perceptions, and interactions regarding pregnancy, stigma, and educational participation.

# In-depth interviews

Interview guides were developed collaboratively by the multidisciplinary research team for the purposes of this study, informed by the study objectives and existing literature (Supplementary File 1). Open-ended questions encouraged participants to describe their experiences from pregnancy discovery through school interruption, family responses, interactions with peers and teachers, and aspirations for returning to school.

A total of 20 IDIs were conducted with pregnant and/or parenting adolescents, with 4 recruited from schools that participated in the broader study, and 16 recruited from the community through local community organizations. All IDIs were conducted by five trained interviewers in a private location of the participant's choosing. All interviews were held off school premises to ensure privacy, either at the École de Santé Publique de Kinshasa or at a nearby location agreed upon with the participant. The research team provided transportation funds to facilitate travel when needed. Interviews were scheduled at the end of the school day where possible and lasted for an average of 20 minutes. All IDIs were conducted in French or Lingala and were audio-recorded with participants' consent.

## Focus group discussions

One focus group discussion (FGD) was held with seven pregnant and/or parenting adolescent girls. The FGD was designed to surface shared norms, practices, and perceptions around schooling experiences for pregnant and parenting girls, and to generate participant-driven solutions for making schools safer and more inclusive for pregnant adolescents and adolescent mothers. The discussion was conducted in French and Lingala and facilitated by a trained moderator. The moderator used a semi-structured discussion guide developed for the purposes of this study (Supplementary File 2), and audio-recorded with participants' consent. The FGD concluded with a participatory mapping exercise, where participants were asked to draw and discuss their school environment, particularly identifying areas of insecurity and opportunities for strengthening safety and security for pregnant and parenting girls.

# Data analysis

All interviews and the FGD were transcribed verbatim and translated into French when conducted in Lingala. Selected quotations were subsequently translated into English for reporting. Transcript accuracy was verified through comparison with audio recordings. We used thematic analysis informed by the six-phase approach described by Braun and Clarke (2006), combining deductive coding informed by the study objectives and conceptual framework with inductive coding of concepts emerging from participants' accounts. The coding framework was iteratively refined as analysis progressed. Analysis began with immersion in the data: all transcripts were read word by word to develop an overall understanding, then re-read with annotations linked to the study objectives and research questions. Data were then represented visually through diagrams to map initial categories, before being segmented into units of meaning and assigned codes. Codes were developed in close fidelity to the text, through regular consultation among project team members. Spreadsheets were used to group coded text into higher-level categories, from which key themes and sub-themes were developed. Data were continuously compared to triangulate and validate findings, and the coding framework was updated following initial coding to reflect emergent themes. Analytical saturation was the criterion for concluding the coding process.

To strengthen the validity of the coding, two researchers independently coded a subset of interviews and compared their codes until a shared coding framework was agreed upon. The broader research team, which holds expertise in qualitative research, child development, and physical and mental health, met regularly to organize and discuss emergent themes and conduct mutual verification. Two trained qualitative analysts led the analysis, using Atlas.ti software.

# Trustworthiness

Several strategies were implemented to enhance the trustworthiness of the findings. Credibility was strengthened through prolonged engagement with the data, triangulation across interviews and focus group discussions, independent coding by two experienced qualitative researchers, and regular peer debriefing within the multidisciplinary research team. Dependability was supported through detailed documentation of coding decisions and iterative refinement of the analytical framework. Confirmability was enhanced by maintaining an audit trail documenting analytical decisions and by discussing

alternative interpretations throughout the coding process. Transferability was facilitated through detailed description of the study context, participant characteristics, and data collection procedures, allowing readers to judge the applicability of findings to similar settings.

# Reflexivity

The research team engaged in continuous reflexive practice throughout the study. The multidisciplinary team comprised Congolese and Canadian researchers with complementary expertise in adolescent health, qualitative research, public health, gender-based violence, and education. Team members regularly reflected on how their disciplinary backgrounds, cultural perspectives, and professional experiences might influence data collection, interpretation, and analysis. Data collection was led by female Kinshasa-based researchers fluent in French and Lingala, which supported rapport-building and facilitated open discussion of sensitive topics. Reflexive discussions were integrated into analytical meetings to challenge assumptions, explore alternative interpretations, and strengthen analytical rigor.

# Ethical considerations

The study received approval from the Ethics Committee of the Kinshasa School of Public Health and adhered to international standards for research on violence involving young people, including the WHO ethical guidelines for research on violence against women and the UNICEF Ethical Research Principles for research involving children (26, 27). Given the sensitive subject matter, particular care was taken to protect participants' well-being and safety. A standard operating procedure detailed how the team should respond to distress or incidents during data collection, and interviews followed a trauma-informed approach emphasizing empathy, respect, and participant autonomy. All data collection was facilitated by a female researcher who was unaffiliated with the school, to foster trust. Interviewers and facilitators were trained in rapport-building, in referring participants to psychosocial, legal, or community support services when needed, and in research ethics. Data collectors were also equipped with referrals and local resource lists for any participants seeking support. FGD participants were compensated for their time and travel and provided with refreshments.

All participants provided written informed consent to participate. The decision to obtain adolescents' own informed consent was based on the ethical and regulatory framework applicable to research with adolescents in the DRC, aligned with similar past research, and was approved by the institutional ethics committee. School- and community-level permissions were obtained separately and were not considered substitutes for individual informed consent. Parental involvement was facilitated through the schools' parents' committees, which provided the collective parental approval authorized under the approved ethical arrangements. The procedure was intended to facilitate appropriate parental involvement while minimizing the risk of additional stigma or harm to vulnerable adolescents. Participants were reminded that they could decline any question or withdraw at any point without consequence. Data collectors read consent forms aloud, explained the study's objectives and participants' rights, and allowed adequate time for questions. Forms were available in French or Lingala, with translations certified by an external reviewer. Approval from school administrations and districts was obtained prior to data collection.

All data collection took place in settings designed to preserve confidentiality. Smartphones and computers used by the team were password-protected, with access restricted to staff directly involved in the study. No identifying information will be included in reports or publications and potentially identifying elements such as precise location data have been anonymized or omitted.

## Results

# Participant characteristics

Twenty-seven pregnant and/or parenting adolescents participated in the study, including 20 individual in-depth interviews (Table 1a) and one focus group discussion involving seven participants (Table 1b).

Participants were at varying stages in their pregnancy/parenting journeys. Among interview participants, 9 were currently pregnant (including 2 who already had at least one child) and 11 were parenting and not currently pregnant. Participants represented diverse educational trajectories, including girls who remained in school throughout pregnancy, those who interrupted their education during pregnancy, and adolescent mothers who had permanently discontinued schooling; 5 participants were in school at the time of the interview, while 15 were out of school.

Among focus group participants, ages range from 16–19 years. All were out of school at the time of data collection, three were currently living with their parents and the remaining four were living with extended family, primarily aunts.

Table 1
a. Characteristics of in-depth interview participants (n = 20)

| **Characteristic** | **N** |
|---|---|
| **Age (years)** | |
| 14 | 1 |
| 15 | 0 |
| 16 | 3 |
| 17 | 6 |
| 18 | 6 |
| 19 | 0 |
| *Not stated* | 4 |
| **Pregnancy/ parenting status** | |
| Pregnant | 7 |
| Parenting | 11 |
| Both pregnant *and* parenting | 2 |
| **Number of children** | |
| 0 | 7 |
| 1 | 11 |
| 2 | 1 |
| 3 | 1 |
| **Current living arrangement** | |
| With parent(s) | 11 |
| With grandparents or other family | 4 |
| With siblings or friends | 2 |
| With partner | 1 |
| With guardian/ tutor | 1 |
| Not specified | 1 |
| **Schooling status** | |
| In school | 5 |

| Characteristic | N |
|---|---|
| **Age (years)** | |
| Out of school | 15 |

Table 1
b. Characteristics of focus group participants (n = 7)

| Participant | Age | Schooling status | Living arrangements |
|---|---|---|---|
| 1 | 16 | Left school after becoming pregnant | With parents |
| 2 | 17 | Left school after becoming pregnant | With extended family |
| 3 | 17 | Left school after becoming pregnant | With parents |
| 4 | 18 | Left school after becoming pregnant | With extended family |
| 5 | 18 | Left school after becoming pregnant | With extended family |
| 6 | 19 | Left school after becoming pregnant | With parents |
| 7 | 19 | Left school after becoming pregnant | With extended family |

# Theme 1. Pregnancy as the beginning of social exclusion

For the girls in our study, pregnancy marked the beginning of a progressive process of social exclusion that unfolded across multiple spheres of their lives. Participants described pregnancy as a turning point that transformed their family relationships, disrupted intimate partnerships and friendships, generated fear and uncertainty, and threatened their educational future. Before leaving school, many girls experienced psychological distress, concealment, and social isolation that foreshadowed subsequent educational disengagement.

Most adolescents described pregnancy as a period of confusion in which they experienced symptoms such as fatigue, nausea, missed periods, or weight loss, which they often misinterpreted as other illnesses. Several participants self-medicated for malaria, typhoid, or other perceived conditions before seeking care or being urged by relatives to test for pregnancy. One participant described taking medication for multiple illnesses while experiencing persistent vomiting, only later learning that she was pregnant through a hospital visit.

Some girls only discovered their pregnancy after their condition was noticed by others, including neighbors, classmates, or family members. In several cases, mothers or other female relatives insisted on testing, sometimes under pressure or threat of disclosure to fathers. This delayed recognition reflected both limited knowledge of reproduction and a reluctance to confirm a pregnancy. As one young mother described: "I didn't want to go [to the hospital] because I was starting to tell myself that maybe I really was pregnant."

Fear and distress were nearly universally the first emotions participants felt upon discovering they were pregnant; as one participant expressed, she felt overwhelmed to the point of thinking “it would be better to die”. For most girls, their greatest fear was telling their parents. "I was afraid they would beat me or chase me out of the house," explained one young mother of a 20-month old. Several girls fled home upon finding out they were pregnant, for fear of how their parents would react. This fear drove many girls to conceal their pregnancies, several hiding them for weeks or months, waiting for their families to discover them on their own. These fears were largely well-founded and confirmed by their families’ reactions. Disclosure was typically met with shouting, crying, blame, shame, and in several cases, physical violence. One 16-year-old participant who was 4 months pregnant stated that when her family learned she was pregnant, "they beat me." One 17-year-old participant who was 6 months pregnant packed her belongings and left in the night after her father hit her after finding out about the pregnancy. Multiple girls were expelled from the household and brought to stay with the family of the boy responsible for the pregnancy, a practice some described alongside the payment of a customary fine known as “mikongo”. One 18-year-old participant with a small child recalled being taken there by her mother when she shared she was pregnant several years prior: "She left me there, she abandoned me there without even a change of clothes." Fathers in particular often withdrew support, with several refusing to speak to their daughters or declaring they would no longer pay their school fees.

However, family responses were not uniformly negative, and a minority of participants had family members who continued supporting them throughout and after their pregnancy. Mothers in particular often played an ambivalent but central role, combining anger or discipline with efforts to protect their daughters, mediate with other family members, or ensure they had somewhere to stay. The only participant who remained in school throughout her pregnancy, an 18-year-old who was 8 months pregnant, credited her family directly: "Despite my condition, they accepted that I could continue with school."

# Lack of support from partners

Most of the partners of participants offered minimal, if any, support during or after the pregnancy. Many of them denied their paternity or disappeared during the pregnancy or after the birth. One participant’s boyfriend insisted the pregnancy must have been caused by another man; the partner of another participant, who was 16 years old and pregnant, had promised to present himself to her parents, "fled, and since he left I have never seen him again." The father of her second child moved away without telling her, leaving her to find out from their neighbors. Most girls were left without any financial support from their partners, which also affected their schooling – one participant had entered into a relationship with a man who financially supported her, including paying her school fees. Once she became pregnant, he abandoned her, leaving her without financial means to support her child, or to continue her education.

Some partners stayed through the pregnancy, only to abandon the girl when she gave birth; as described by one 16-year-old participant with a one-year-old child, her partner “remained at my side until I gave birth, but once I gave birth he left. Since the birth I no longer see him." One participant’s partner initially

stuck around due to fear of repercussions he might face for abandoning her, only to eventually leave when he found out she was having triplets.

A minority of accounts diverged from this pattern of rejection. One participant, an 18-year-old who was currently pregnant, had a partner who accepted responsibility and decided to quit school to support her, assuming she would also have to drop out – however, she managed to continue her schooling. One participant's partner involved his mother in their discussions, which led to open conversation between the families. One participant separated from her partner but said he continues to provide for their son. However, even some partners who expressed a desire to support their child were unable to do so due to financial constraints and their young age.

# Limited contraceptive knowledge and use

No participant reported using contraception at the time she became pregnant. Some participants said they were completely unfamiliar with available contraceptive methods, while others had fears or disliked the methods they were aware of. The youngest participant, who was a 14-year-old mother stated, "I don't know these methods," and confirmed her partner had never discussed them with her, while one 16-year-old mother said, "I've heard of them, but I don't even know them, I don't use them." Another participant, a pregnant 17-year-old, reported not knowing any contraceptive methods. Meanwhile, one 16-year-old participant with two children was aware various contraceptive methods existed but did not want to use them – as she explained: "injections scare me," and of condoms, "I don't like them." Participants had virtually no communication with their partners about contraception; for instance, when asked why her partner did not use condoms, one participant, a pregnant 16-year-old, said she had never asked him.

Participants also had minimal understanding of fertility, often underestimating their likelihood of becoming pregnant – as the 14-year-old participant said, "I didn't think I could get pregnant, it just happened to me suddenly." Participants shared that they had received minimal sex education at home beyond vague warnings, leading some to rely on their boyfriends for information – one participant shared that her boyfriend reassured her that it was no big deal to have sex; she became pregnant shortly thereafter. Another's boyfriend actively misled her, informing her that he had received an injection so that he could not impregnate her.

Just one participant mentioned seeing a school-based sex education initiative, which involved visitors coming to her school at the start of the year "to give us advice on how to avoid pregnancies, not to abort, all that."

# Fear-based abortion considerations and decision-making

Many participants had discussions about abortion after finding out they were pregnant but were deterred for various reasons. One participant shared that she had attempted to end her pregnancy, but that the method she used had failed: "we fought to remove it, but the child didn't want to." In several cases, girls had peers who suggested that they consider ending the pregnancy since they were still a student and having a child could compromise their studies. One participant described how she and her friends

initially planned to end the pregnancy before being persuaded otherwise by older family members. Family members and elders strongly discouraged girls from considering an abortion, primarily due to safety and legal concerns. One 18-year-old's grandparents warned her that she would be risking her life if she had an abortion and her family would have to live with the loss. Another 17-year-old participant's grandmother told her "if you abort you will die." Abortion was often perceived as illegal or forbidden. One participant had a classmate who offered to take her to a doctor she knew that provided abortion care, but the girl could not raise enough money for the procedure and was worried about the dire warnings she had received from her family.

Ultimately, for participants, fear of disclosure, anticipated stigma, family relationships, and uncertainty about reactions of those around them all shaped girls' decision-making about their education, prior to any formal action taking place on the part of the school.

# Theme 2. School as a space of stigma and exclusion

Schools were expected to provide protection and educational continuity. Instead, participants overwhelmingly described schools as spaces where pregnancy became publicly exposed, morally judged, and socially sanctioned. Although no participant reported being formally expelled, nearly all experienced school environments that communicated either explicitly or implicitly that pregnancy was incompatible with the pursuit of education.

# Withdrawal from school in response to anticipated exclusion

For most participants, the educational consequences were almost immediate after finding out they were pregnant. With just one exception, every participant who was enrolled in school at the time of her pregnancy stopped attending school, usually on the instruction of a parent rather than due to her own choice. While nearly every girl in our study left schooling due to her pregnancy, their departure was driven primarily by shame, fear of exposure, or bullying, rather than formal expulsion. Many tried to conceal their pregnancy for as long as possible, wearing loose clothing or trying to hide their bodies to avoid detection. Some girls never informed their teachers or administrators that they were pregnant, choosing to drop out rather than deal with the reactions from educational authority figures.

For many, anticipated discrimination was as powerful a factor as experienced discrimination; one 16-year-old fled school when rumors of her pregnancy began to circulate: "I did it because of the shame." An 18-year-old stopped attending for similar reasons: "first because I was ashamed, but also I don't think the school would have accepted me like that." Many girls believed that a pregnant student would be forced out of school, and at least one had been told this by a teacher – specifically that a pregnant girl would be a bad influence on her peers, and "would lead the others to fall pregnant too." Several focus group participants described how girls above a certain grade level (6ieme, akin to 12th grade in North America) were permitted to finish their schooling while pregnant, while younger girls who became pregnant were not:

*For [pregnant girls], only 6ieme [12th-grade] humanities students were allowed to continue their studies while pregnant; 5ieme [11th-grade students] were not. That's why I dropped out of school when I found out I was pregnant during the December break. – Young mother of one child*

One 18-year-old mother similarly found out she was pregnant during school holidays and decided not to return to school as she was certain her Catholic school would bar her from class once they found out. Some teachers reinforced this messaging, perhaps unintentionally, through efforts to support the girls. For instance, one pregnant 18-year-old's pedagogical advisor (a school mentor/ teacher) advised her and another pregnant student to stay home and return to school only for state examinations, to protect themselves from further mocking and harassment from classmates and teachers. This experience was echoed by a focus group participant, whose school administrators recommended she stay home to rest, while also stating her pregnancy was disruptive to the school:

*When word reached the school administration, they summoned me several times, and this only made things worse until I dropped out of school. They told me that I wasn't setting a good example for the other students, that I should rest, and that if I had enough strength, I could return after giving birth instead of coming to school in this condition. They added that some parents had come to complain about this—how they could let a pregnant girl come to class—even though my pregnancy wasn't visible. And since the news had spread, I felt uncomfortable, and that's what made me drop out. – 18-year-old focus group participant*

# Discrimination and abuse from teachers and peers

Mockery from classmates and peers was nearly universal among participants and frequently mentioned as the trigger for leaving school. Many girls spoke of being laughed at, gossiped about, and hearing people talk about them behind their backs, while others reported more subtle forms of stigma, such as social distancing, silence, or discomfort rather than overt harassment. Many responded by isolating themselves or leaving school entirely. One participant, a 17-year-old with a three-year-old child described how she left school because of this: "There was mockery. I felt really wronged. They looked at me strangely. I couldn't hold on." This was echoed by several focus group participants:

*When I myself became pregnant, people talked a lot about it; I stopped going to school altogether and stayed home. Since news travels fast, my friends found out and talked about it a lot; that's why I stopped going to school. – 18-year-old focus group participant*

*I could have kept going to school if it hadn't been for the teasing from my classmates, because I had become an outcast; I knew my condition, and my friends were discouraging me. – 18-year-old focus group participant*

*Personally, if they had accepted me while I was pregnant, I would have continued my studies throughout my pregnancy and given birth. I wasn't going to give up. But they didn't accept me at all. – 17-year-old focus group participant*

Rather than looking out for the needs of pregnant students, teachers were sometimes the source of harm themselves. One participant, a pregnant 18-year-old, described how female teachers mocked and disparaged her, telling her that getting pregnant was "all you could find to do" instead of studying. Another participant, a 17-year-old who was 6 months pregnant, had a teacher tell her entire class that she was pregnant while she was absent from school; she returned to school only once more after that. The same participant reported that male teachers had sought sexual relationships with her and punished her refusals, and that once pregnant she was subjected to degrading and exclusionary punishments, made to fetch water all day while others studied, removed from class for no stated reason, and ordered to redo tests she had already completed. "It was as if they hated me," she said. "I no longer saw the point of being at school."

While a few participants benefitted from supportive teachers, they were the exception and their support was often individual rather than institutional. For instance, one young woman's teachers encouraged her to continue with her schooling, and another had a teacher visit her at home to show her support and bring her gifts once she left school. However, none of the participants' schools had dedicated programs or initiatives to support educational continuity for pregnant/ parenting students, nor did any provide structured social or emotional support.

## Difficulties maintaining educational continuity due to demands of pregnancy and parenting

For many participants, the physical demands of pregnancy and motherhood made continuing to participate in school nearly impossible, despite their motivation to do so. Several girls described vomiting and falling asleep at school while they were pregnant and being unable to concentrate on their lessons. As one pregnant 17-year-old girl described: "everything they taught us was like noise to me". For many, the fatigue they experienced during pregnancy made it feel impossible to continue attending and participating in school. In some cases, these physical challenges were compounded by illness or complications arising from delayed recognition of pregnancy and inadequate prenatal care.

After birth, these challenges did not improve for most participants, who struggled to balance childcare with schoolwork, often with minimal support. One participant, who was pregnant for the second time at 16 years old, described how her grades fell after she had her first baby because she could no longer study, while another 17-year-old girl explained how she felt "blocked" from continuing her education by the need to watch her child. No participant described receiving any formal accommodations from her school; one pregnant 17-year-old explained how she was treated "like all the other students", despite her challenging circumstances. Participants primarily received support informally from their peers – one described how a friend brought class notes home for her. Two participants who were able to continue or return to schooling described how childcare support from their family members was essential.

## Family withdrawal of support due to pregnancy

Most girls wanted to continue their schooling after the baby arrived, however they rarely were able to make this decision for themselves. Family was often the primary barrier to girls' ability to continue their education once they were pregnant. This was primarily enforced by the refusal to continue paying school fees, which was often framed as a punishment for the pregnancy. This withdrawal of support was often closely tied to household economic constraints, with some families already struggling to pay school fees prior to the pregnancy.

One 16-year-old participant's father told her that "since I didn't want to study but wanted to give birth, I should give birth." This was echoed by a 17-year-old participant, who explained that her father "refused to keep paying for my schooling since I had not listened to his advice and had had a child." In one 18-year-old participant's household, her older brother was the authority figure in her father's absence, and he ordered her to stay home until she had given birth. After delivery he maintained his decision-making authority, enrolling her at a new school while instructing her to conceal the fact that she had a baby.

Some parents went even further, not only withdrawing financial support for schooling but also forcing their daughters out of the home while pregnant; as described by one 18-year-old participant "Papa said he would no longer pay for my schooling and that I had to leave his house." For another participant, a pregnant 17-year-old, poverty was compounded by family neglect, both of which were exacerbated by her pregnancy: before becoming pregnant, she was already regularly sent home from school due to unpaid tuition fees, and she received little care or support from her family, ultimately leading her to conclude that there was no point trying to stay in school throughout her pregnancy.

However, some participants were able to eventually get financial support from their families again: one participant's grandfather "finally decided" to fund her return a year after she gave birth, and another's mother promised to "see if she can find the means."

# Aspirations for the future

Among participants, the desire to continue their education was nearly universal. As one 17-year-old participant described: "to become a great person, it is by studying … without having studied, without knowing how to write, I can't wake up one fine morning and become a leader." Several girls described not being deterred by their pregnancy – as one said, "I am still young and life goes on." Support from their family was instrumental for those who maintained their educational ambitions, such as one 18-year-old participant: "since grandpa and grandma encourage me and help with my baby, I believe I will get there." A few girls felt even more motivated to achieve their ambitions because of being a mother:

*In my opinion, I can achieve this goal because I'm still young and life goes on … So my hope is that if I go to school and achieve my goals, then my baby will have a bright future." Adolescent mother of one; age not provided*

However, the same obstacles were consistently described as keeping their education out of reach: unaffordable school fees and lack of childcare. Several girls felt concerned about their ability to provide

for and raise their children. Numerous participants explained that they now had to prioritize making money in the short term in order to support their family; these girls often turned to vocational training and focused on jobs like being a seamstress.

*"Right now, returning to school is not my priority. What I need is to be able to work to have something that lets me take care of my child." 16-year-old mother of one*

*“I look at the children, how to feed them, so I'm looking for whatever work will let me keep my children alive." 16-year-old mother of two*

# Recommendations for improving educational inclusivity

When asked what they would recommend to educational authorities and decision-makers in order to support pregnant and parenting girls in schools, nearly all participants recommended that they be supported to continue their schooling. Participants suggested that girls should be allowed to remain in school throughout their pregnancy and permitted re-entry after delivery without losing the school year. They emphasized the need for flexible arrangements for those with childcare responsibilities and recommended that pregnant/ parenting girls receive help catching up on missed materials through home-based or online learning options. Numerous girls said that pregnancy should not be treated as an illness or a disease that precludes them from being in school.

Participants emphasized the serious impacts being mocked, insulted, and ostracized by teachers and peers had on their ability to stay in school. They recommended more empathy, acceptance and understanding, and requested that teachers stop singling out and mocking pregnant students, even suggesting that national authorities intervene to ensure girls can return to school without issue. Participants also highlighted the economic implications of being impeded from continuing their schooling, barring them from future employment opportunities that require a diploma, and impeding their ability to contribute to society in the ways they hope to. Some girls suggested assistance be provided in paying for school or childcare. Others suggested alternative education or vocational training programs specifically tailored toward adolescent mothers to build practical skills.

Participants also made recommendations to other girls in similar situations – that they stay in school as long as possible before anyone finds out that they are pregnant and persist in achieving their educational ambitions. Several focus group participants emphasized that leaving school makes it much harder to return later, but that it is better to return late than never. Finally, some participants encouraged parents to talk to their children more:

*"I advise people to talk. That parents talk to their children and children talk to their parents. Real advice comes from parents, not from friends." – 17-year-old mother*

# Discussion

Our study provides important evidence on adolescent girls' experiences of schooling during and after pregnancy in Kinshasa, and the processes through which pregnancy disrupts their educational trajectories. We find that, upon becoming pregnant, most girls were pushed out of school due to a combination of stigma, mocking and exclusion from peers and teachers, a refusal of family members to continue supporting their schooling, and the physical demands of pregnancy and childbearing. While the DRC does not have national policies that restrict pregnant girls from continuing their schooling, and in fact, the government has made recent efforts to encourage pregnant girls to stay in school (28), our findings make evident that myriad social, cultural and economic factors converge to impede their educational continuity. Despite all of this, girls' educational aspirations were strong and consistent: they wanted to return to school and saw education as key to securing their own and their children's futures.

Consistent with past research across the region, pregnancy marked the end of schooling for most girls in our study, and returning to school after childbirth was challenging, if not impossible (29). Despite re-entry protections now in place in nearly thirty countries across sub-Saharan Africa, retention and return rates remain low (30). While schools may technically permit girls to remain or return after pregnancy, daily interactions within the school system can send a strong message that pregnant or parenting girls are unwelcome. We found that girls rarely left school due to formal expulsion; this echoes evidence from settings such as Ghana, Zambia and Malawi - even where re-entry policies exist on paper, girls often leave school due to stigma, shame and anticipated rejection rather than due to a school-invoked disciplinary act (18, 19, 31). As in studies from these countries, the girls in our sample described mockery from peers and discouragement from staff as central factors leading to their departure, and several withdrew pre-emptively to avoid having to face it. Our findings suggest that stigma operates in multiple forms: anticipated stigma prompted girls to conceal their pregnancies and withdraw before discrimination occurred; enacted stigma manifested through mocking, insults, and exclusion by peers and teachers; and internalized stigma emerged as girls determined they no longer belonged in school settings. Together, these mechanisms contributed to a process of isolation and self-expulsion.

The violence described by our participants aligns closely to school-related gender-based violence as described in USAID measurement framework, which defines SRGBV as acts or threats of physical, sexual or psychological violence based on gendered stereotypes, or targeting students on the basis of their sex, sexuality or gender identity, and which serve to reinforce gender roles and perpetuate gender inequalities (25). Our data contain instances of each of the three categories of violence described in the framework: bullying, corporal punishment and sexual violence. The most frequently reported form of violence among participants was bullying, which included mockery, shaming, and exclusion; research from Ghana and Uganda has similarly documented the pervasive nature of this form of violence against pregnant students, as well as students from other marginalized identity groups (14, 18). The shaming and humiliation of pregnant students by teachers falls within the SRGBV framework's description of corporal punishment, as does the exclusion of students from classes and forced completion of menial tasks. The authors of the framework note that this form of punishment is often inflicted differently according to gender (25). For instance, girls may be less likely to be physically assaulted but more likely to be publicly humiliated by teachers. The treatment our participants described also mirrors findings from Kenya and

Zambia, where school staff treated pregnancy as a moral failing rather than a circumstance requiring support (19, 32). The sexual coercion reported by one participant is a form of sexual violence, and is consistent with research from Tanzania and Nigeria that has documented transactional and coercive demands by male teachers (9, 33). This violence and harassment serve as a form of gendered policing, punishing those who depart from gendered expectations, who are often already vulnerable and lacking institutional support. As this violence is often shrouded in secrecy, shame and fear of reprisal, it is likely also underreported (34). While the SRGBV framework identifies numerous characteristics that may heighten vulnerability to SRGBV (poverty, disability, gender non-conformity), pregnancy and parenting status are not described among them; our findings support the importance of considering pregnancy and parenting as vulnerabilities to SRGBV.

While schools and policies are often seen as the central obstacles or facilitators to girls' ability to continue their schooling, our study finds that families may play an even more influential role. Decisions to discontinue payment of school fees, withdraw support, or expel daughters from the house often shaped whether girls could continue their education. This aligns with research from Cameroon, which identified the primary drivers of girls' dropout as household decisions and schooling costs (29). In Nairobi, girls' family members had extremely negative and even abusive reactions after finding out about their pregnancy, and some refused to allow them to continue school as punishment (32). Particularly in low-resource settings characterized by poverty, where financial resources for schooling may be scarce, adolescent pregnancy may shift the perceived value of investing in a girl's education, prematurely pushing her into an adult, caregiving role. Most of the girls in our study had to assume sole childcare responsibilities without any support from their partners or family, which made returning to school impossible. Research in South Africa similarly found that young women who were primary caregivers were more likely to drop out of school than those who shared childcare responsibilities with partners or family members (35). Similar to research in Kenya, we found that grandparents often played important support roles for pregnant girls, especially those who had to leave their parents' home (36).

The absence of contraceptive and abortion knowledge among participants had significant consequences for their reproductive outcomes, and mirrors findings from across the region (37). No participant had used contraception prior to becoming pregnant, and abortion was primarily understood as a dangerous transgression rather than a regulated health service. In the DRC, where abortion is legally available on several grounds following domestication of the Maputo Protocol, this points to an important gap between the legal framework and awareness of and access to safe services – both among adolescents and the adults in their lives. This is especially critical given the high rates of adolescent pregnancy in the DRC; past research from Kinshasa has documented low use of contraceptives among adolescents (38), as well as a higher proportion of unintended pregnancies ending in abortion (39).

Despite repeated experiences of exclusion, participants consistently expressed strong aspirations to continue their education. For some, motherhood reinforced their determination to continue their schooling, in the hopes of securing a better future for their children. Rather than a lack of motivation, it

was structural and social factors that kept girls from returning to school and achieving their educational ambitions.

# Implications for policy and practice

Our findings have implications for policy, schools and programming; many of these are based on the recommendations girls themselves shared for decision-makers and educational authorities. Importantly, our study highlights that a legal right to education alone will not guarantee access; thus interventions designed to improve educational continuity among pregnant and parenting adolescents must extend beyond legislative reform. Few participants were aware of legal protections in the DRC, and many assumed school expulsion was likely even if they did not directly experience it themselves. This was reinforced by some teachers and family members who did not believe girls deserved to continue their schooling once they were pregnant. At the policy level, governments should strengthen implementation and monitoring of school re-entry protections while ensuring that students, families, and educators are aware of existing rights. Financial and familial pressures were some of the greatest impediments to girls' continued schooling. Fee relief, bursaries, or cash transfers could be explored as means of keeping girls in school during and after pregnancy, particularly those who lose financial support from their families. Interventions should actively engage families and communities, recognizing their key influence on educational decision-making, and prioritize childcare support for young mothers.

School-based interventions should attempt to build safer, more inclusive school environments for all students, including but not limited to those who are pregnant and parenting. Girls received little if any support to continue their schooling, with some teachers even encouraging them to leave out of a desire to protect them from further harassment. Despite this lack of support and repeated experiences of exclusion, participants expressed strong aspirations to continue their education. Training of teachers and school staff should emphasize non-discriminatory practices, psychosocial support, and approaches for addressing violence and harassment against students. Practical accommodations, such as flexible policies around illness, lateness, or catching up missed work, could all help girls better maintain their schooling. Online or home-based learning programs could further support girls who cannot physically attend or return to school. Vocational training can also offer an alternate path toward financial independence for girls balancing childcare responsibilities. Finally, comprehensive sexuality education and adolescent-friendly sexual and reproductive health services must be made accessible to girls both in and out of school, so they can achieve their educational ambitions while deciding if, when and how to have children.

Violence and discrimination are not individual, isolated acts – they are social behaviors and must be understood in relation to the contexts in which they take place. Interventions to address these behaviors must take this into account; supporting girls' education is a societal imperative, and requires evidence-based, holistic approaches to achieve.

# Strengths and limitations

Our study has a number of strengths. To our knowledge, it is among the first to document the schooling experiences of pregnant and parenting adolescents in the Democratic Republic of Congo, and one of few qualitative accounts of school-related gender-based violence and pregnancy-related exclusion from Francophone Central Africa. By centering the voices of pregnant and parenting girls, we were able to highlight their experiences, preferences, and recommendations in their own words, rather than having adults speak on their behalf. We were also able to capture the experiences of girls both in and out of school, capturing a wider range of experiences and identifying key factors that supported or hindered their continued schooling, including the anticipatory, family-driven, and economic dimensions of exclusion that formal records or quantitative research may miss. Our study also has limitations. Participants were recruited in a single urban setting, and several had migrated from other provinces, so the experiences described may not transfer to rural areas or to other regions of the country. Because the study relied primarily on adolescents' accounts, the findings do not establish the frequency or intent of reported discriminatory practices by teachers, peers, family members, or partners. Rather, they characterize how these experiences were perceived and experienced by participants. Participation required that girls were willing to discuss their experiences, which may have excluded those facing the most acute distress, isolation or constraint, and whose experiences may differ from those represented here. All interviews were conducted in French or Lingala and the quotations presented here were translated into English, a process in which some nuance may have been lost.

# Conclusion

For the adolescent girls in this study, pregnancy impeded their continued schooling through an accumulation of stigma, harassment, and family decisions to withdraw support, rather than formal expulsion. The legal guarantee of continued education offered little protection. Despite this, nearly all wished to return to school and recommended concrete measures to make that possible, including readmission, financial support, and protection from stigmatizing treatment. Ensuring the right to education for pregnant and parenting girls will require interventions that extend beyond school policy to address the stigma, family pressures, and economic barriers that drive their exclusion. Creating safe and inclusive school environments is essential to safeguarding the rights and well-being of all students.

# Declarations

### Ethical approval and consent to participate

The study received approval from the Ethics Committee of the Kinshasa School of Public Health (reference number ESP/CE/121B/2024, 11/04/2024). This research was conducted in accordance with the Declaration of Helsinki. All participants provided written informed consent to participate. The decision to obtain adolescents' own informed consent was based on the ethical and regulatory framework applicable to research with adolescents in the DRC and was approved by the institutional ethics committee. School- and community-level permissions were obtained separately and were not considered substitutes for individual informed consent. Parental involvement was facilitated through the

schools' parents' committees, which provided the collective parental approval authorized under the approved ethical arrangements. The procedure was intended to facilitate appropriate parental involvement while minimizing the risk of additional stigma or harm to vulnerable adolescents. Participants were reminded that they could decline any question or withdraw at any point without consequence. Data collectors read consent forms aloud, explained the study's objectives and participants' rights, and allowed adequate time for questions. Forms were available in French or Lingala, with translations certified by an external reviewer. Approval from school administrations and districts was also obtained prior to data collection.

**Consent for publication**

Not applicable

# Competing interests

The authors declare that they have no competing interests.

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# Author Contribution

NLJ, GS and PA conceptualized the study. NLJ, PA, GS, LE and BK conducted the data analysis. GS, NLJ, LE and BK wrote the main manuscript text. All authors (NLJ, GS, PA, LE, BK, MM, AMK and JCM) reviewed and edited the manuscript. All authors read and approved the final manuscript.

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# Data Availability

The data generated and analysed during the current study are not publicly available because they contain sensitive information that could compromise participant confidentiality if shared openly. To

protect participants' privacy, de-identified data excerpts are available from the corresponding author on reasonable request, subject to appropriate ethics approval.

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# Figures

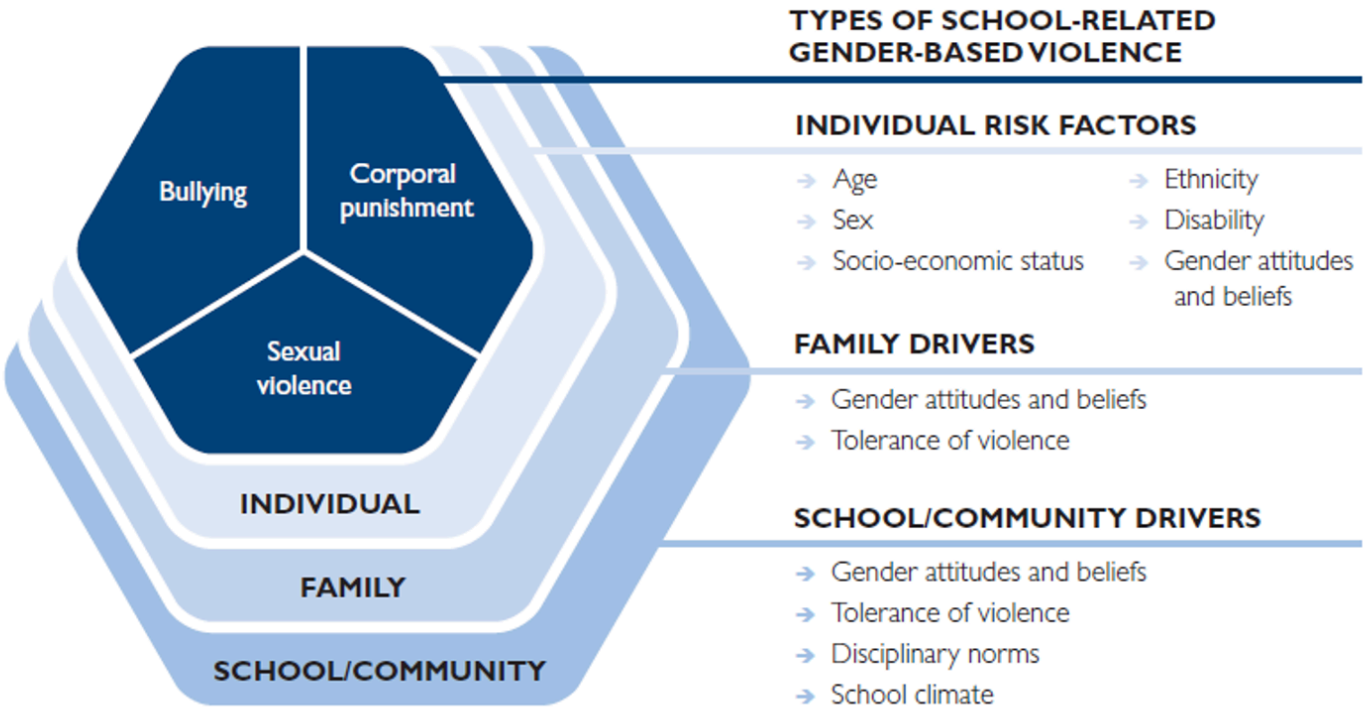



**Figure 1**

USAID's Conceptual Framework for Measuring SRGBV

# Supplementary Files

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