

Life Experience of First Sexual Intercourse during Adolescence among Female Students at the Higher Institute of Medical Technical of Kisangani (DR Congo)

ABSTRACT

Introduction: The entry into active sexual life of adolescents and young people represents an important but also very difficult stage for most young people and adolescents. Focusing on the life experience of first sexual intercourse during adolescence among female students at the Higher Institute of Medical Technical of Kisangani (DR Congo), the present study aims specifically to discover the individual experience of first sexual intercourse among female students during adolescence and to identify problems related to the individual experience of first sexual intercourse.

Methodology: We opted for the descriptive design based on the direct interview technique, in the qualitative approach of the phenomenological type to study the experience of first sexual intercourse among adolescent female students at the Institut Supérieur des Techniques Médicales of Kisangani.

Results: Regarding the circumstances of the first sexual intercourse, the respondents unanimously indicated that they had had their first sexual intercourse while regularly dating boys. With regard to the problems experienced during the first sexual intercourse, it was shown that the adolescents had experienced fear, pain and vaginal bleeding despite the pleasure of it. Finally, in terms of reaction and/or behaviour after first sex, respondents reported that they refused to have sex 2-3 years after first sex, there was a strong family reaction maintaining conflict with the boy and loss of sexual pleasure.

Conclusion: Young people are becoming sexually active at an increasingly early age. They may not be aware of the risks involved due to lack of information or immaturity, or both.

Key words: Life experience, Sexual intercourse, Adolescence.

1. INTRODUCTION

Adolescent sexuality has become a matter of public health concern, with the spread of AIDS in recent years, particularly in urban areas.

In every society, adolescents and young people represent the future. With increased education and public health measures, their health and development can be greatly improved [1]. For most adolescents and young people, this period of their lives is marked by great vitality, a desire to discover and innovate.

Prolonged absence from the family environment reduces the physical and psychological control of parents over their offspring. At the same time, the age at first sexual intercourse decreases, resulting in a substantial increase in the period of exposure to the risk of engaging in sexual intercourse [2].

Young people are becoming sexually active at an increasingly earlier age. Without necessarily being aware of the risks they are running due to lack of information or immaturity, or both. One of the major consequences of early sexuality is unwanted pregnancy in young people who are unable to assume this responsibility.

Adolescence is also the period of puberty, when many young people experience their first romantic and sexual relationships, when risk-taking is increased and when it becomes very important to fit into their peer group. This can also be a difficult time for young people. They become aware of their sexual and reproductive rights and needs, and depend on their families, peers, schools and health service providers for answers, advice and information that will help them develop the skills they need to move into adulthood, which is not always easy [3].

This transition can be a catalyst for a range of problems, including the onset of HIV, other sexually transmitted infections (STIs), unwanted pregnancies, low educational attainment or dropping out of school or other training. These physical health and other non-health related problems may also be associated with a range of psychosocial problems that can negatively affect the development and well-being of young people, especially young women [4].

Sociological studies show that the social recognition of young women's sexuality has a determining influence on their perception of the "risk" of pregnancy, on their access to information and contraception, and on their contraceptive practice [5].

Thus, in countries where access to contraception for adolescents is the most widely authorised by law, young people protect themselves more against unplanned pregnancy [6].

A comparative analysis of the situations in France, the United States, Great Britain, Canada and Sweden shows that it is in countries where social tolerance of young people's sexuality is greatest (Sweden and France) that contraception rates are highest and abortion rates lowest. Conversely, countries that seek to implement policies aimed at delaying the age of first sexual intercourse run the risk of turning sexually active young people away from contraceptive use [6, 7].

Adolescent girls aged 14 and 15 can consent to sexual activity with a partner who is more than five years older, provided that they are legally married under the laws of their province or territory [8].

Norms regarding the age of sexual debut have a legal basis (the legal age of consent for sex) that may differ widely from cultural representations [9].

In Europe, for example, the legal age ranges from 14 (Estonia, Bulgaria, Hungary, Austria, Germany and Portugal) to 16 (Finland, Great Britain, Russia, Ukraine, etc.). It is 15 in France. Everywhere, however, young people consider that this age is too young (on average) to have sexual relations and believe that it is normal to have experiences later [10]. Different perceptions

of this threshold can be observed in different countries, reflecting the cultural dimension of the construction of sexuality.

Pupils who use social networks on a daily basis to be in contact with their friends think that it is rare to have a first experience after the age of 17, but do not consider young people to be very precocious. Boys who think that most young people have their first sexual experience before the age of 15 are more likely than others to report sexual experience in this age group, while this is not the case for girls. For their first sexual experience, adolescent girls may be less subject to a general requirement of "normality" in terms of age than adolescent boys. Indeed, when asked about the context of their first intercourse, girls mainly mention the importance of "feeling ready" to act, a decision that involves not only the choice of the right moment, but also and above all the choice of the right partner [11].

In Yaoundé, Cameroon, violence is often present in young girls' first sexual encounter. It takes place in a space in which the young adolescent girl has already been isolated by the boy, which helps to destabilise her physically and psychologically. The violence thus serves the mechanisms of incorporation of male domination, and leads the young girl to conform to social stereotypes [12].

In the Democratic Republic of Congo, despite Information, Education and Communication (IEC) programmes promoting abstinence, fidelity and condom use, and supported in recent years by various national and international organisations, the data on sexual and reproductive health remain very worrying. In 2007, the Demographic and Health Survey conducted in DR Congo revealed that among adolescent girls, an identical proportion (18%) of young girls and boys of the same age had sexual intercourse before the age of 15 (median age at first sexual intercourse is 16.8 years for girls and 18.1 years for boys) [13].

Adolescence is rich in exploration and discovery in many areas of life, including romantic and sexual relationships. In this regard, we believe that the sexual and reproductive health of adolescents is at risk. With this in mind, we asked ourselves the following question in light of the above issues: How do female university students experience their first sexual encounter as adolescents?

The purpose of this study is to understand the experience of university students during their first sexual intercourse as teenagers. To achieve this goal, the study set specific objectives to uncover the individual experience of first intercourse among female university students in adolescence and to identify issues related to the individual experience of first intercourse in adolescence.

2. METHODOLOGY

2.1 Location of the research

The study was conducted at the Higher Institute of Medical Technical of Kisangani, which is one of the higher education and university establishments in the city of Kisangani in DR Congo.

2.2 Study population and sampling

The study population consisted of female students at the Higher Institute of Medical Technical of Kisangani who had their first sexual intercourse in adolescence.

For this study, we chose the non-probability sampling method. This was a purposive sample, with participants selected according to the needs of the study. Thus, we recruited 14 informants with general knowledge of the subject or those who had undergone the first sexual intercourse experience, whose experience was considered typical.

2.3 Type of study

In this study, we opted for the descriptive design, in the qualitative phenomenological approach to study the experience of first intercourse during the adolescent period.

One methodological application of phenomenology is to try to reveal the meaning of certain human experiences through an analysis of the descriptions given by the people who have lived them.

2.4 Data collection technique and instrument

For our purposes, we used interviews in the data collection process. The interview technique is carried out by means of a "grid" of questions - also called "interview guide" - which the interviewer administers, adapting it more or less, depending on the freedom given to him by the survey.

The interview guide was constructed according to the objectives of the research. A number of parameters must be taken into account. In particular, the language must be accessible and as close as possible to that usually used by the subjects of the study.

The only way we could obtain the entirety of the speech was by tape recording. The interviewer's attention was entirely focused on what was being said. It is important to explain to reluctant people the advantages of this method of data collection.

2.5 Data analysis plan

Content analysis is the most common technique for studying qualitative interviews or observations.

The analysis was done as the data was collected. We proceeded by floating reading the materials (interviews) and then applying codes called in vivo codes. The in vivo codes are named using the respondent's language, so that they are as close as possible to the raw data.

This analysis consists of transcribing the qualitative data, developing an analysis grid, coding the information collected and processing it. The analysis describes the survey material and examines its meaning. This section goes into more detail on the main steps of content analysis, which consist of transcribing the data, coding the information and processing the data.

The analysis of the data collected in this study is also carried out in a systematic way, known as phenomenological reduction, which aims to bring out the hidden meanings inherent in the

descriptions that the subjects of the study make of the phenomena studied, i.e. the experience of adolescent girls' first sexual intercourse.

From the theme selected, we identified the sub-theme, then the categories and supported them with verbatim.

The truth must be put in inverted commas, as the understanding of a phenomenon is only valid in the context in which it took place.

2.6 Ethical considerations

The ethical approach was to seek free and informed consent from the adolescent students. In this regard, the consent form was read to them. At the time of collection, we took the option of explaining the aims and objectives of the study, defining what was expected of the respondent. We tried to answer any questions the respondent might have while explaining the data collection procedures and choosing a quiet place, away from noise, in collaboration with the respondent.

To ensure the confidentiality of the information obtained and to guarantee the anonymity of the subjects, each one was identified without her name being mentioned in the recorder containing the survey information, and after the data had been analysed, we erased the data for security reasons.

Finally, the respondent had the right to refuse to answer any question deemed sensitive and to interrupt our interview at any time.

3. RESULTS

3.1 Identification of respondents

Table 1 .Age of first sexual intercourse

<i>N°</i>	<i>Identification code</i>	<i>Age des sujets</i>	<i>Age of first sexual intercourse</i>	<i>Audience</i>
1	2716L	27 years old	16 years	L2 Obstetrics
2	3017G	30 years old	17 years	G3 Hospitalist
3	2516L	25 years old	16 years	L1 Paediatrics
4	2217G	22 years old	17 years	G3 Hospital
5	1919G	19 years old	19 years	G2 Paediatrics
6	2018G	20 years old	18 years	G3 Laboratory
7	2416G	24 years old	16 years	G1 General Care
8	2616G	26 years old	16 years	G2 Hospitalist
9	2017G	20 years old	17 years	G2 Hospitalist
10	3217G	32 years old	17 years	G3 Midwife
11	2213L	22 years old	13 years	L1 Obstetrics
12	3415L	34 years old	15 years	L1 Obstetrics
13	3617L	36 years old	17 years	L1 Obstetrics
14	2214G	22 years old	14 years	G2 Midwife

Legend: G = Graduate Degree ; L = Undergraduate

Identification Code Explanation:

- **3617L:** means 36 years (age of respondent), 17 years (age of first sexual intercourse) and L for the undergraduate student.
- **2214G:** means 22 years (age of respondent), 14 years (age of first sexual intercourse) and G for the graduate degree student.

This table shows that the age of the subjects of the study is between 19 and 36 years and the age of first sexual intercourse varies between 13 and 19 years, with a high frequency at 17 years, with 6 out of 14 respondents, i.e. 42.8%.

3.2 Theme, sub-theme and category development

3.2.1 Main theme: Experiences of first sexual intercourse during the adolescent period among female students.

3.2.2 Sub-theme and categories

Thematic analysis of this central theme revealed the following sub-theme and categories:

- Sub-theme: Experience of the first sexual intercourse

- Category 1: Circumstance of first sexual intercourse
- Category 2: Problems experienced at first sex
- Category 3: Reaction and/or behaviour displayed after first sexual intercourse.

Box 1: Experience of the first sexual intercourse

In this box, we present the different categories included in the sub-theme: Experience of first sex. These are the following categories:

- Category 1: Circumstances of first sexual intercourse
- Category 2: Problems experienced at first sex
- Category 3: Reaction and/or behaviour displayed after the first sexual intercourse.

Table 2 . Experience of the first sexual intercourse

Subtopics	Categories	Verbatim
Experience of first sexual intercourse	Circumstances of the first sexual intercourse	2214G: "It all started on a certain December 20, a friend introduced me to a boy. The next day, the boy and my friend came to visit me at home, after a meeting, we made an appointment for the 22nd of December ... We went into the room, the boy had undressed me and caressed me. So we went ahead and did it..." 3617L: "One day, a brother from the

		<p>church invited me to his friend's house, as soon as I came back from school, I went to the meeting place, when I arrived, he started to close the door of the room,..."</p> <p>2213L: "... I think this man had bewitched me, he liked too much fetish at any time we met with him, he tended to chew leaves of traditional plants, that to divert my attention from the real, so that I could consider myself as an adult; I was leaving for the market, when he had not called, we entered his room, he started by touching me by sensitive parties and undressed me,..."</p> <p>2017G: "..., It was a master trainee who invited me to his house, he offered me a glass of raffia drink for the 1st time I was afraid because I thought he could do something to me. But the second time, he invited me to his house to get my homework notebook, that time he took me by force and managed to have sex. I bled, he didn't force himself..."</p> <p>2416G: "I went to see a friend, he had offered me a sweet drink that contained,... I don't know what. Then he started to caress me (Pause)..."</p> <p>2217G: "A boy had asked me to go and watch TV at our neighbours' house at night, he started touching me everywhere. At first I tended to refuse but then we went ahead and did it..."</p> <p>3017G: "Well ... (pause), I didn't know that this could happen, I went to visit a friend I liked very much, he told me that we are going to have sex today, I was afraid but after a lot of negotiation, he was touching me all over my body, I finally gave in but I didn't feel anything but only fear.</p>
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	<p>Problems experienced during the first sexual intercourse</p>	<p>3017G: "... I was afraid but after a lot of negotiation, he was touching me all over my body, so I finally gave in but I didn't feel anything but only fear,..."</p> <p>2516L: "... the boy had caressed me and finally we had sex, but after this first sexual intercourse I had strong pain and bleeding..."</p> <p>1919G: "That day I could hardly bear the pain while the boy tried to penetrate his penis. First of all I had asked the boy to wear a condom to avoid pregnancy, because according to my friends, the first sexual intercourse can also sometimes result in pregnancy,...".</p> <p>2416G: "Then he started to caress me (Pause) and then he inserted his penis and I felt good, I had felt a good pleasure, that's good, but I had pain afterwards and I saw blood on the bed sheet".</p> <p>2616G: "... I loved him very much, he was a big man, he forced me and I had a lot of pain, I bled with tears in my vagina but I kept it a secret because I love him..."</p> <p>3217G: "... After a while the boy started to undress me but it was not easy at all, after approaching me, I ended up accepting sexual intercourse, but I had not felt any pleasure, I had sores in my vagina, went to the hospital for treatment, after this bad experience for me, I stayed three years without having sexual intercourse,...".</p> <p>3415L: "... the man had cheated on me, he told me not to be afraid, sexual intercourse gives good pleasure, it is very good. When he spread my legs, he introduced his penis, it was the opposite, I felt a strong pain, he stopped for a moment and then he didn't stop anymore when he had excessive</p>
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		feeling, despite the pain,..."
	Reaction and/or behaviour displayed after the first sexual intercourse	<p>2516L: "... I had refused to have sex, the second time I had sex after 2 years".</p> <p>2214G: "..., I had felt strong pain and since that day, I never had another sexual intercourse, 8 years ago..., I had denied the whole thing, but in the evening I was nauseated and I was afraid, I went to my mother to explain the situation and my mother wanted to see the boy at all costs,... my mother kept the secret and my father is ignorant until today.</p> <p>2213L : " After the sexual act, which for me was violence, he threatened me with death if the situation was known at home. When I arrived home, my mother had beaten me up and I was forced to tell her the truth and the matter went to the police station. The conflict has remained until today".</p> <p>3217G: "... After this bad experience, I stayed three years without having sex. When I got married, I felt nothing, no pleasure during sex and this was even the basis of my divorce. I went to see a doctor after all the biological tests, no abnormality was found on me.</p> <p>2217G: "... I became sick and my parents knew about the situation and the boy was arrested".</p>

It is revealed in this box that men often deceive teenage girls by telling them not to be afraid, that sex gives good pleasure, however the pain felt during the first intercourse is sometimes unbearable for the teenage girl and boys sometimes wear condoms to avoid unwanted pregnancy. Some adolescent girls react negatively after the first sexual intercourse and prefer to confide in their mothers who keep it a secret for the sake of their dignity.

4. DISCUSSION

4.1 Circumstance of first sexual intercourse

Some people become sexually active in adolescence, often before they reach 15 years of age. Several factors were listed by adolescents as the determining cause of this early sexual activity. Among the testimonies collected, many stated that the influence of friends was the main reason for early sexual behaviour among adolescents. In this regard, an interviewee 2214G states:

"It all started on a certain December 20th when a friend introduced me to a boy. The next day, the boy and my friend came to visit me at home, at our place, after a talk, we made an appointment for the 22nd of December... We went into the room, the boy had undressed me and caressed me. So we went ahead and did it.

Young people are more likely to have sex if they believe their peers are sexually active. Young women with friends who have been pregnant are more likely to become pregnant. Young people are also more likely to adopt healthy behaviours, including abstinence and condom use, if they believe this to be the norm among their peers. In addition, group membership can often reduce girls' isolation and increase their resilience when faced with other risk factors.

We can also add the influence of sexual images on social networks, in newspapers and on television as the main reason for early sexual behaviour among adolescent girls.

According to Alexandra Hervish and Donna Clifton [14], in social representations, the "first time" is generally associated with a specific act (most often vaginal penetration) and a specific moment that marks a before and after. In practice, it is part of a more or less long process of affective socialisation. The sexual initiation of adolescents seems to proceed in successive stages during secondary education. Feelings of love generally precede physical exchanges and may concern the youngest children as early as primary school.

In most cases, violence is the main element: "..., it was a trainee teacher who invited me to his house,... that time he took me by force and managed to have sex. I bled, he forced me".

According to Abega S.C and Kouakam Magne E. [12], as we have said, the initiative for girls' first sexual intercourse is often male. As the space is masculinised, the girl offers little resistance and, even if she did resist, her opposition would be futile and socially prejudicial as she would be repressed.

Most young boys have negative motivations. Sexual intercourse is unlikely to be a fulfilling experience, and more often for girls than for boys. Despite these 'unfavourable' conditions, lack of pleasure or pain during sex is still a concern for adolescent girls. It is important to make them aware that the emotional conditions in which these relationships took place did not allow them to experience them in any way other than negatively.

For girls, sexuality is a privileged area for acting out: early relationships, repeated adventures, etc. It is in these situations that the risks of pregnancy and STIs are highest. However, it can be assumed that sexual acts are not always the most negative, even if they carry risks. Through their sexual behaviour, these girls express a great need for love and recognition. Under these conditions, they often do not find what they are looking for. However, by chance they may meet

a nice boy (or girl), who will be of infinite help in dramatic situations, help them to survive and make them want to get out of it [15].

This is confirmed by one respondent's statement that: "That day I could hardly bear the pain while the boy was trying to penetrate his penis. First of all I had asked the boy to wear the condom to avoid pregnancy, because according to my friends, the first sexual intercourse can also sometimes result in pregnancy,...".

But the risk of getting an unwanted pregnancy is permanent, which is why condom use is a must, also to prevent sexually transmitted infections.

According to the study by Fatoumata Camara [16], only 16.5% of sexually active adolescents (11 boys and one girl) used condoms at first and last sex. Among the sexually active adolescents, 10 adolescents (13.7%) reported visiting sex workers and 19 adolescents (26%) reported having sex in exchange for money, gifts or other services.

Girls are not the only ones who engage in this type of sexual activity to satisfy their material or financial needs. Boys are also more or less involved in this practice. They are engaged in sexual relations with older women, most of whom live in couples with modest living conditions.

Sometimes those who are not in financial need engage in premarital sex either to satisfy their curiosity or to join the older class or to imitate their peers. Some feel that it is a fashionable phenomenon, a lifestyle to be embraced [17].

In general, all respondents seem to have a broad knowledge of the factors that motivate early and premarital sex, and irregular contraceptive use among adolescents, as well as the health risks faced by those who do not use condoms. But the main issue that remains is the taboo that surrounds this subject in families, because for many parents, talking about sex predisposes adolescents to commit a crime. Awareness-raising among adolescents, parental involvement in their children's sex education, the provision of courses on sexuality at the secondary school level and free condoms were the main solutions proposed by the respondents during the qualitative interviews.

4.2 Problems experienced at first sexual intercourse

According to the respondents, the first sexual intercourse was experienced with fear and pain. One respondent said: "..., I was afraid but after a lot of negotiation, ..., I finally gave in but I didn't feel anything ...".

Notwithstanding the fear, the resentment of pain is evident in adolescent girls at first intercourse, as one respondent states: "That day I could hardly bear the pain while the boy tried to penetrate his penis. First of all I had asked the boy to wear a condom to avoid pregnancy, because according to my friends, the first sexual intercourse can also sometimes result in pregnancy,...".

According to Rwenge M. [18], premarital sex is not without risk for adolescents. Beyond the risk of infection by sexually transmitted diseases, including HIV/AIDS, it has serious repercussions

on the physical and mental health of adolescents. These include increasing cases of unwanted pregnancies resulting in clandestine abortions, childbirth complications, infant mortality, and social rejection. In addition, premarital sexuality has consequences for the well-being of families and the community.

Boys may exploit their girlfriends' feelings of love to have sex with them, but the reality is most certainly different and more complex, especially as it is often the girls who break up quickly after the first sexual encounter.

Moreover, the earlier they have sex, the greater the danger of having multiple partners and thus exposing young people to HIV, especially as it has become more juvenile. It is most often a desired sexual relationship, with 82% of boys and 63% of girls agreeing [15].

There is a very general tendency for girls to paradoxically place themselves in the position of victims of boys' sexuality. For them, this position is a way of minimising their responsibility afterwards, as the influence and norms of their girlfriends probably played an important role in their "decision" to have their first sexual relationship without their knowledge.

Boys are often rather satisfied with their first sexual relations, as long as they were able to "ensure": they have indeed a real apprehension of "not being able". The fact that they were able to achieve penetration gives them a much-needed relief and confidence at this time.

Sexual intercourse for the sake of others, to please the other, to be like others, to not feel marginalised.

According to Abega and Kouakam [12], for the boy, adolescence is 'synonymous with an increase in sexual and social power'; the girl during the same period has an imperative to reserve. Thus, representations of the feminine are inscribed in the unconscious and worked on ideologically to enslave it.

The adolescent girl, therefore, has difficulty in dissociating the permitted from the forbidden. The example of the healer is revealing in this respect. The young patient cannot be cured and the treatment she receives will be ineffective as long as she remains a virgin.

4.3 Reaction and/or behaviour after the first sexual intercourse

Some girls react negatively after the first sexual intercourse and prefer to confide in the mothers who keep the secret for the sake of their daughters' dignity.

In this vein one respondent said "...I had felt strong pain and since that day I never had another sexual intercourse, 8 years ago..., and my mother kept it a secret and my father is ignorant till today."

An adolescent girl is raped because she is afraid of being blamed by her mother in case she finds out that the boy, whom she has forbidden to see, has come to the house once again [19].

The most poignant case is that of respondent 2213L, whose account appears to be a kind of staging of the tragedy she is experiencing: '... After the sexual act, which for me was violence, he threatened me with death if the situation was known at home. When I arrived home, my mother had beaten me up and I was forced to tell her the truth and the matter went to the police station. The conflict has remained until today.

It is not only her loneliness that is at the heart of the drama here, it is also the cut that is organised, the fact of having to cross a border, a demarcation line. In her case, there is also an absence of privacy, which adds to her humiliation, since, in a way, several people witness her deflowering [20].

This is confirmed by the statement of respondent 3217G: "... After this bad experience, I stayed three years without having sex. When I got married, I felt nothing, no pleasure during sex and this was even the basis for my divorce. I went to see a doctor after all the biological tests, no abnormality was found on me.

The disconnection is not only between the girl and the people around her, but also between her and her partner, because they are not actually experiencing this moment together. In the cases we have just described, there is no sharing or complicity. One of the girls speaks of a struggle, another of crying or screaming. Only one of the partners, the boy, knew what was going to happen and, consequently, he would also be the only one to take pleasure and pride in it. We can therefore speak of a situation of domination, even abuse.

For his part, Guiella [17] sees the sexual act primarily as a game of superiority and inferiority: penetration places the two partners in a relationship of domination and submission; it is victory on one side, defeat on the other; it is a right that is exercised for one of the partners, a necessity that is imposed on the other; it is a status that is asserted or a condition that is undergone; it is an advantage that is taken advantage of, or the acceptance of a situation that is left to the benefit of the others".

Few studies address the perspective of adolescents themselves and their satisfaction with the context in which their first experience takes place. Rather, it is "regrets" that are considered among adolescent girls.

Once again, the sexual act is presented as an act far removed from any sentimental approach, from a quest for the other. For the boy, it is a question of satisfying his senses and establishing his domination over the person he is seeking; for the girl, it is a question of freeing herself from the pressure she is under and of fitting into a mould despite herself [20].

In its report published in 2015, UNESCO indicates that the first sexual encounter thus conditions relationships between boys and girls according to a model in which the boy appears to be "the only captain in the boat", with the beginning and end of the relationship generally being his initiative [21].

Limitations of the study

Despite its important contributions to the advancement of knowledge in the area of risky sexual behavior among adolescent girls in Kisangani, DR Congo, this study has limitations that should be noted.

First, it is important to note that our results are not generalizable to other adolescent girls in the city of Kisangani because our sample size is non-probabilistic and small, which did not allow us to achieve the statistical power necessary to confirm some of the results showing a trend. It is questionable what contribution the other adolescent students would have made to the various explanatory models of risky sexual behaviour. In addition, we limited our research to the geographical area of the Institut Supérieur des Techniques Médicales in Kisangani. Kisangani is a cosmopolitan city, so research conducted in this city ensures access to the ethnic diversity of Tshopo Province. This quality could considerably alleviate the difficulties of generalising our results to the whole country.

Secondly, the study was unable to address other important aspects such as the expectation of sex education, the counselling of girls who have not yet had their first sexual intercourse, the window of opportunity for first sexual intercourse and the risks associated with early sex and its consequences, etc. These aspects will certainly be the subject of further research. These aspects will certainly be the subject of further studies.

CONCLUSION

The study examined the experience of first sexual intercourse during adolescence among female students at the Institut Supérieur des Techniques Médicales in Kisangani, Democratic Republic of Congo.

This study is not new to the field of adolescent sexuality, and will help us to understand the structure of the individual experience of first intercourse, so that this experience will protect the adolescent from the consequences of unprepared sexuality through good sexual education.

Improving the sexual and reproductive health of adolescents in the context of protection against sexually transmitted infections helps to avoid unwanted pregnancies and their consequences.

In order to achieve our goal, we set the following specific objectives: to find out about the individual experience of first sexual intercourse of female students in adolescence and to identify problems related to the individual experience of first sexual intercourse of female students in adolescence.

In order to achieve this goal, we opted for the descriptive design, in the qualitative approach of the phenomenological type to understand the experience of first sexual intercourse in adolescence.

After data collection, we reached data saturation with 14 students, thus constituting our sample size.

At the end of our analyses, we found the following:

Regarding the circumstance of the occurrence of the first sexual intercourse, the respondents had unanimously reported that they had had their first sexual intercourse while regularly dating boys. With regard to the problems experienced during first sex, it was shown that the adolescent girls had experienced fear, pain and vaginal bleeding despite the pleasure of it. Finally, with regard to the reaction and/or behaviour after the first sexual intercourse, the respondents indicated that they had refused to have sex 2-3 years after the first sexual intercourse, there was a strong reaction from the family maintaining a conflict towards the boy and the loss of sexual pleasure.

Implications and suggestions

We dare to prove our contribution in this study on a theoretical, practical and social level.

On the theoretical level, this study will help in the constitution of a reference document to better discover the experience lived individually at the time of the first sexual intercourse, thus this experience will protect the teenager against the occurrence of the consequences of the not prepared sexuality, by a good sexual education.

On a practical level, we will avoid young adolescents in their "decision" to have their first sexual encounter. For they learn incomplete, distorted, sometimes perverse things about sexuality. The word "love" loses its true meaning: for most young people it means "sexual relations" outside any emotional context.

Finally, on a social level, adolescence is a key period for experimenting and learning about social interactions between individuals, particularly feelings of love and sexual relationships. It is therefore necessary to take into account the socio-cultural dimension of sexuality to enable adolescents to structure their sexual identity without being limited to social models of sexuality that are often idealistic, normalising and generate anxiety and frustration.

In view of the results recorded in this study, we suggest:

- To the Congolese government: to improve the social and economic conditions of the Congolese population in general and of young adolescents in particular and to give everyone the chance to attend school without discrimination.
- Parents: to be involved in the education of their children, whatever their age, and to educate adolescents properly on issues related to sexuality without considering it a taboo subject.
- Adolescent girls: to refrain from any form of early sexuality, and to wait until the age of consent to sexuality "18 years" according to the law of the Democratic Republic of Congo while denouncing all cases of sexual violence in order to fight against this scourge.

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