

DECREASING THE RATE OF UNPLANNED PREGNANCIES AND SEXUALLY TRANSMITTED
DISEASES IN KINSHASA, CONGO

Presented in Partial Fulfillment of the Requirements for the Degree Master of Arts in International Community
Development to the College of Social and Behavioral Sciences of Northwest University

Master of Arts in International Community Development

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Integrative Project II

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Essay 1: Contextualization

Introduction to contextualization

Contextualization is an essential tool that helps community developers, researchers, students, and people make sure the ideas, projects, or programs they bring into a community are appropriate or make sense to that community. Through my International Community Development program journey, I have learned how contextualization has helped people during interviews, data collection, and community work with different communities. Von Allmen defines contextualization as “New terminology developed to express the fact that the situation of theology is a process of self-adaptation to a new or changing context is the same in Europe as in Asia or in Africa” (4). Through my research, I understood that applying contextualization to create sex education programs in the Congolese culture and community is not accepted and does not make sense because many cultural norms prevent sex education topics. But with creativity and innovation, sex education can be taught to the community.

Creativity and innovation

Before choosing the issue of unplanned pregnancies, STD, and HIV rates increase in Congo, I reached out to organizations that are working with the youth and providing sex education programs. When speaking to a few organizations, I learned that many youths could not access the resources they are providing. With feedback I got from a few organizations, I decided to improve Wedrc/ Women Empowerment Project DRC. As Tom Kelley and David Kelley describe creativity in *Creative Confidence*.

Creative mindset can be a powerful force for looking beyond the status quo. People who use the creative techniques we outline are better able to apply their imagination to painting a picture of the future. They believe they have the ability to improve on existing ideas and positively impact the world around them, whether at work or in their personal lives. (18)

During my research of the organization's work on the ground, I learned about many international and local organizations working to end the issues affecting my community, and some are bringing change. But when speaking with friends and family, they tell me there is no change; things are still the same. I took the initiative to focus and strengthen WEDRC, which helps educate students about women's reproductive health and rights by adding activities with students, parents, and community members.

It was challenging to incorporate this new idea, mainly due to the cultural barrier. But as Tom and David Kelley mentioned, “Don’t wait for the proverbial apple to fall on your head. Go out in the world and proactively seek experiences that will spark creative thinking. Interact with experts, immerse yourself in unfamiliar environments, and role-play customer scenarios. Inspiration is fueled by a deliberate, planned course of action” (22). Through my fieldwork, I interacted with people and organizations to learn how to work with communities with different kinds of cultural barriers and how to implement ideas.

Why is contextualization important in community development?

Contextualization is vital in community development because it creates a way for a practitioners’ work to be successful when working with people from a different culture. As Vogl mentions in *The Art of Community*, “By understanding how a group develops and expresses values, a leader can help a community mature and grow” (19). When working with a diverse group of people, it is challenging to provide ideas when there is not a relationship with them. With the time spent with the community, trust will occur when

a practitioner can understand how different communities live, and the practitioner will provide ideas. Without contextualization, so many ideas are unsuccessful, and it harms the community. In his book about rural development, Myers explains how Some ideas were unsuccessful because “The idea of development and the possibility of eradication of poverty became the norm in the West ... as the moral duty of western industrialized countries to take active steps to help those who are more backward technically and culturally” (1172). When bringing a project to a community, it is essential to understand that the mission is not to change the community's way of doing things but getting an idea that can add and work together with the culture. Additionally, “Their goal of modernization was that the traditional culture and values of poor societies needed to change” (1181). This quote shows how crucial it is to understand people’s values; without it, people are forced to change the way they live, which does not result in a successful outcome on the project. During my interviews in Congo, even though I was born there and left about ten years ago, I was not considered Congolese, mainly because of bringing sex education to rural communities. But during the interviews, I spoke to the students and explained to them the importance of sex education and how it will be beneficial for them. In one interview, Sita, a student from Lycee Boyokani, mentioned, “We are growing up, they have to teach us well. If they explain us at home, it can prevent a lot of things” (Sita). Explaining to the community the importance of the project by using contextualization also helps determine or provide the student’s viewpoints or contribution toward this idea of sex-ed programs. When using contextualization, practitioners can understand other issues affecting the community. For example, high rates of STDs and maternal mortality are also caused by poverty, not only the lack of sex education. Communities can have access to sex education, but if they do not have resources, it can be another challenge. Some communities that cannot afford food or clothes might not have the capacity to buy condoms or birth control. This factor would increase more high cases

of unplanned pregnancies, so local and international organizations need to provide free condoms in the schools or clinics to break this barrier people in poverty are facing.

Additionally, in “Removing Barriers to Adolescents Access to Contraceptive Information” Akinrinola states,

In all four countries, feeling afraid, embarrassed, or shy was the most common barrier mentioned among sexually active adolescents aged 12-19. This factor was mentioned by 42-64 percent sexually active females and 38-59 percent of sexually active males. Typically, more females than males reported feeling afraid, embarrassed, or shy about obtaining contraceptive services. The cost of services was important barrier to obtaining contraceptive. (120)

When bringing a sex education program, contextualization will be used here by showing the data about how the factors of being ashamed or being afraid prevent adolescents from accessing condoms and how this connects to unplanned pregnancy and STDs.

Contextualization in my project

Last summer, I conducted my fieldwork in Congo, Kinshasa. My focus was on qualitative research to find out how to decrease the rate of unplanned pregnancy and STDs in the lives of Congolese youth. When doing interviews, observations, and literature research, I found out that there is a high rate of unplanned pregnancies and STDs rates because there are no preventable programs such as sex education in Kinshasa due to cultural norms leading to this challenge. One of the main factors found through my data collection process was that teachers, parents, and community members in Congo disagreed on sex education. If they agree on it, they reinforce abstinence.

While working in my data collection and focus group on Congo, I also faced many challenges to get the information I needed. It was first challenging to speak about gender inequality with male doctors. Yet, I needed information from them because they are the ones who have access to pregnancy and abortion rates reports. During one interview, I asked a doctor, “What can be done to improve the rate of unsafe abortion” The doctor replied, “Abortion, in the law of Congo, is illegal...no for abortion, abstinence, yes” (Dr. Don). Additionally, when asked if girls were interested in learning about sex education, Linda, a student from Lycée Boyokani, stated, “It’s a taboo topic for the parents and everyone; yes, we want to learn about it, but we are scared parents will think negatively about us, and we are scared of pills” (Linda). I used contextualization here to explain to the doctor the death rate related to abortion. I will use contextualization to explain to the parents and community that sex education in this context will only be here to educate and not to encourage sex. Research has been done and it shows that when students do not know anything, they will learn from other people who might give them wrong information. It is safer to learn about this topic from home. In “Sexuality and Social Justice in Africa: Rethinking Homophobia and Forging Resistance”, Marc Epprecht states, “Without access to sex ed, fertility rates will remain dangerously high, and the continent can expect a doubling or even tripling of the population in the next decades” (36). If the fertility rate increases and girls are not educated on protecting themselves against pregnancy, they will be at elevated risk of infections. If the pregnancy is unplanned, they will face more challenges too.

Another way of using contextualization is by providing a safe space for women to speak about their trauma, domestic violence, rape, and many issues women face due to gender inequality. Using contextualization will bring an open conversation to the partners of Congolese women. Because “Previous studies have found majorities of both men and women, but particularly men, in the DRC to

agree with gender inequitable beliefs, such as those that a man should have the final say in family matters and the woman's primary role is caring for her home" (9-11). The cultural norms influence the patriarchal system, prevent women from making decisions on their reproductive health, and prevent them from being independent. Many women are also comfortable with the patriarchal system because it has been happening for generations; some women are pushing back and trying to break the cycle of the system. In the Luba culture, patriarchy is accepted and reinforced, so many women are voiceless in their relationships. In "Luba folklore and women's ethno-gendered discourse of wifhood in Cintu Wa Bujitu" Nshindi-Germain Mulamba states, "The story itself is presented in a particular way: seemingly speaking of the husband's food needs, the wife is setting the rules that a wife has to apply to please her husband. ... Therefore, a fully-fledged wife must meet these expectations in order both to please the husband and to avoid a beating" (52). Women face inequalities in their households when advocating for their reproductive rights and health; they also face domestic violence. They have also been taught to be housewives and take care of their future husbands at a younger age. This example also prevents women from getting a degree when education is not a priority when living with parents.

Gender Inequality is still one of the major factors contributing to illiteracy in the Congo. Men have more opportunities than women when it comes to education and jobs. Boys in school have better grades than girls in reading and math. Many girls are not able to pass the tests and may have to retake classes. There are also more male teachers than female teachers. If a woman chooses to become a teacher, she doesn't get the support needed from her family to study that major. Sharon Wolf, who is an assistant professor, wrote an article called "Preliminary impacts of the Learning to Read in a Healing Classroom Intervention on teacher's well-being in the Democratic Republic of the Congo", The article talked about low-income households in the Congo and youth's education (360-

372). The traditional roles that are respected in many African countries are that women should take care of household duties, and men should strive to have professional careers. During the activities when teaching sex education, there will be three-day activities where we will have small groups discussion about sex education, the trauma, and the way girls want to be assisted. To break the barriers that make these conversations uncomfortable, we will be reading books about women's empowerment and ways to empower each other; we will have dance time where girls can practice folklores dance.

The older generations are already not supportive of this project because they want to keep things the same way as it was in the past. They want women to stay at home and to not go for more extended studies. Some elders are open to sex education prevention if they can see what content is being shared. Speaking about abortion is very challenging conversation to have. Some people are negative about this, including women because it is considered a sin. These activities might be seen as risky for some women because other women will become empowered. This is why, in the context of my project, I will start by explaining to their partners and the parents about the role and importance of these activities and spaces.

Additionally, I will encourage abstinence; I will not reinforce it because the Congolese culture believes in abstinence. It is best to educate about abstinence and give the students the option of protecting themselves. Providing activities such as dance, storytelling, and other cultural activities will be necessary during sex education conversations. It will help give a smooth start in this conversation between the community, teachers, and parents.

The importance of legalizing abortion

During my fieldwork, abortion has been the most challenging conversation because it is illegal, plus the religion also prohibits abortion. Because women do not have access to these services, they end up having unsafe abortions. In “Improving Abortion Care in Zambia Author Jan Bradley” states, “Zambia has one of the most liberal abortion laws in sub-Saharan Africa; abortion has been legal for health and socioeconomic reasons since 1972. Complications of unsafe abortion continue to be a major health problem for Zambian women, however, reflecting limited knowledge of the law and inadequate access to legal abortion services” (1). During my fieldwork, Beatrice from Pathfinder shared how many women died from abortion and the government is not doing anything to improve this situation and prevent it from happening. The World Health Organization also speaks about how the restriction of abortion affects women. “Whether abortion is legally restricted or not, the likelihood that a woman will have an abortion for an unintended pregnancy is about the same. Legal restrictions on abortion do not result in fewer abortions, nor do they result in significant increases in birth rates” (2). Making it illegal creates more challenges for women, including young women, because they can end up having an abortion with someone who does not have the skills.

Contextualization in my future work

As a community developer, I will continue using contextualization by being open-minded when working with the community. It is crucial to be open-minded to ideas and inputs from the community. By being open-minded, I will listen to the community and how they want to do things. Additionally, it is important to be aware of how much space I am taking especially since different culture has their way of doing things. It is very disrespectful when taking too much space in the conversation, in my culture so being aware of those cultural norms and educating myself about them will be beneficial. Finally, when using contextualization in my future work, I

will not force a project that does not make sense to the community; sharing it with them and finding ways to navigate the project while respecting the culture.

Conclusion

Contextualization is an essential tool that helps community developers, researchers, students, and people make sure the ideas, projects, or programs they bring to a community are appropriate and make sense to that community. For contextualization to bring a positive impact, practitioners must bring ideas that make sense to the community according to their culture. Bringing a project to a community is challenging because of the community's cultures; working closely with the community and giving the community space to contribute to the work being brought will bring a successful outcome.

Works Cited

- *Bankole, Akinrinola, and Shawn Malarcher. "Removing Barriers to Adolescents' Access to Contraceptive Information and Services." *Studies in Family Planning*, vol. 41, no. 2, 2010, pp. 117–24. *Crossref*, <https://doi.org/10.1111/j.1728-4465.2010.00232.x>
- *Bradley, Jan, et al. "Improving Abortion Care in Zambia." *Studies in Family Planning*, vol. 22, no. 6, 1991, p. 391. *Crossref*, <https://doi.org/10.2307/1966453>.
- *Boyakani Lycee interview. By Florette Ebengho May 2021
- *Costenbader, Elizabeth, et al. "Getting to Intent: Are Social Norms Influencing Intentions to Use Modern Contraception in the DRC?" *PLOS ONE*, vol. 14, no. 7, 2019, <https://doi.org/10.1371/journal.pone.0219617>.
- *Epprecht, Marc. *Sexuality and Social Justice in Africa*. Van Haren Publishing, 2013.
- *Katie, Willis. *Theories and Practices of Development*. Routledge, 2011.
- *Kelly, Tom, and David Kelley. *Creative Confidence: Unleashing the Creative Potential within Us All*. Crown, 2013.
- *Mulamba, Nshindi-Germain. "Luba Folklore and Women's Ethno-Gendered Discourse of Wifehood in 'Cintu Wa Bujitu.'" *Afrika Focus*, vol. 26, no. 2, 2013. *Crossref*, <https://doi.org/10.21825/af.v26i2.4911>.
- *Myers, Bryant L. *Walking with the Poor: Principles and Practices of Transformational Development*. Orbis Books, 2014.
- *Panchaud, Christine, et al. "Towards Comprehensive Sexuality Education: A Comparative Analysis of the Policy Environment Surrounding School-Based Sexuality Education in Ghana, Peru, Kenya, and Guatemala." *Sex Education*, vol. 19, no. 3, 2018, pp. 277–296., <https://doi.org/10.1080/14681811.2018.1533460>.

*Volg, Charles. *The Art of Community: Seven Principles for Belonging* , Kindle edition, 2016.

*Wolf, Sharon, et al. “Preliminary Impacts of the ‘Learning to Read in a Healing Classroom’ Intervention on Teacher Well-Being in the Democratic Republic of the Congo.” *Teaching and Teacher Education*, vol. 52, 2015, pp. 24–36. *Crossref*,
<https://doi.org/10.1016/j.tate.2015.08.00>

Essay 2: Qualitative Inquiry

Introduction to qualitative inquiry

Through my fieldwork in Congo, Kinshasa, I used qualitative inquiry to gather data on maternal mortality and sexually transmitted disease rates in Congo, Kinshasa. As Moria Mayan explains qualitative inquiry “Many people come to qualitative inquiry in this way, wanting to know the stories behind the numbers. The best way to do this, as suggested by Agar and Kozel is to go out and listen to the people to whom the numbers referred, listen to their words and learn from their actions” (10). I learned about the issues my community was facing back home, but I wanted to hear from them to better understand the gaps. Furthermore, Tisdell and Merriam explains in *Qualitative Research*: “Having an interest in knowing more about one’s practice, and indeed in improving one practice leads to asking researchable questions some of which are best approached through a qualitative research design” (1). With this tool, researchers can gain first-hand experience or stories from the community they’re interested in serving. According to Tisdell, Merriam, “The point of critical research is generally to do research with people, not on people” (64). Through my research journey, I reminded myself that I will work with the community to learn about the issues affecting them and not do research on them. While I was doing my research in Congo, I focused on “How people interpret their experiences, how they construct their words, and what meaning they attribute to their experiences” (Tisdelle and Merriam 15). Learning from the community perspective helps differentiate existing data vs. the reality the community is facing. And it helps determine the gaps in the community, what is improving and what is not.

Through my qualitative research, I was able to find the issues leading to high rates of maternal mortality and sexually transmitted diseases rate in Congo Kinshasa. The main problems that the youth are facing are the lack of good resources lead to these challenges. The youth in Congo, especially girls, face many challenges when it comes to their reproductive health and rights. In Congo, men make the decision in the household, including women's reproductive health. This is due to the limitation of women freedom, many women have unplanned pregnancies, STDs, and unsafe abortions. Aventin, Áine, author says,

Much research has attempted to uncover determinants of condom use among adolescents that might be targeted by sexual and reproductive health (SRH) program. A complex array of individual, interpersonal and structural-level influences are at play including the lack of desire to use condoms, lack of local access to condoms, gender inequalities, and social norms restricting condom use, and age-disparate and transactional sexual relationships. (6)

This study explains why it is essential to increase access to contraceptive methods in the life of young people to prevent HIV/ STDs, and unplanned pregnancy rates. It also adds to gender inequality plays a role in preventing girls from accessing those methods. In my research in Kinshasa, I went to a pharmacy, and I learned that many women do not come to buy condoms because they are embarrassed; they will be shamed. So, they rely on men to buy condoms. Having this harassment as a barrier increases the chances of higher STD rates and unplanned pregnancy and affects most often the people who are living in poverty. Compared to the United States, condoms are sold in Walmart and other stores. In Kinshasa it is not accessible it is mostly accessible in pharmacies and hospitals.

During my interview in Lycee Boyokani school I had a conversation with students about contraceptive usage. One of the students, Sita, the student, states, “I do not use anything. I think men should bring condoms, not girls” (Sita). Sita's interview brought out another barrier to contraceptives being purchased, men with a lower income would not be able to purchase contraceptives. I used this interview to show how it’s a barrier for women to access contraceptives.

Qualitative inquiry’s methods

During my two weeks in Kinshasa, I used many different methods of research, observation, interviews, secondary research, and ethnography. These tools helped me find gaps affecting my community back home, especially with women and young girls. Through my observation during the interview, I was able to identify how gender plays a key role when teaching sex education to girls/students. During my first day of the interviews, I interviewed girls on sex education courses in the College Mosengo, which is a catholic school, and the students were girls aged 13-16. Once the school director, a male priest, left, the students felt more comfortable and started responding to my interview questions.

Kali states,” Yes, we have sex education called *education a la vie*. We speak about life, and we learn about virginity. Even though the professor did not tell us about sex, we know about it. Everything we have been taught; we knew about. Sometimes, when the professor teaches, sometimes we have to add more info” (Kali). As previously noted, the student’s attitude changed because the male priest left. This observation reveals the shame associated with sex and periods between men and women. Another student commenting about *Education a la vie* says, "I know about contraceptive and pregnancy, my female teacher teaches us sex ed and I feel more comfortable with her” (Loba). During my school years in Congo, I felt more comfortable

when a female teacher was teaching sex education because male teachers focused more on shaming girls. I was afraid of being bullied if asked about my period.

Richard Beck speaks about purity and sexuality in the church and how it impacts the way people are treated. He explains, “Beyond this general metaphor for sin and salvation, we will also examine how particular sin domains are uniquely regulated by purity. For sins of this nature, once purity is lost, there is no going back. Pastorally speaking, this may be why sexual sins, which are often uniquely structured by the purity metaphor in many churches” (8). This quote connects to the stories I heard in Congo regarding some Congolese churches that negatively influence women and young girls. Women and young girls are educated by the church that they have to stay pure. Women who are raped due to gender inequality/violence that is accepted in some traditions in Congo are isolated and shamed. Due to the lack of sex education programs and resources, those who are also pregnant receive the same treatment.

Furthermore, it was challenging for the students in Mosengo College to open up on sex education topics because I did not have time to build a relationship with the students before my interview. When speaking about a taboo topic and there is no connection, it prevents interviewees from speaking. When interviewing the doctor, Don, Ob-gyn in Camp Kokolo hospital in Kinshasa, it was challenging to get all the details because the doctor already saw that I did not believe in the Congolese culture that prevents sex education and abortion.

Secondary research about menstruation

Before my interview at school, I used the secondary research approach and found data on how educating about menstruation can prevent unplanned pregnancies. In “Missed Opportunities: Menstruation Matters for Family Planning,” Julie Hennegan et al. state Menstruation is not a single reproductive event for a female, but instead one that recurs frequently over two -three decades and is intimately tied to the exposure of the risk and experience of pregnancy and childbirth...myths about menstrual bleeding and restrictions placed on menstruating individuals are prevalent across contexts... in some settings, females experience restrictions on participation in religious activities and cooking. (55)

During my interviews in Congo, even as a woman myself, I felt extremely uncomfortable bringing the menstruation conversation with girls younger than me in Kinshasa. Because it is all due to the environment, traditions, and culture that I grew up in that encourage taboo topics.

Ethnography

Ethnography during my fieldwork allowed me to relive the experience in which many women live. I lived and spoke with family members, friends, and strangers who faced domestic violence, lacked access to reproductive health resources, and faced maternal mortality. Like Seth Holmes in his book, I realized that I would need to understand firsthand what it was like to live and work in the community I was conducting my field work (8). Living with the community and seeing their daily challenges motivated me to put myself out there to help more.

Berdith Mbulu, a student in Medicine spoke about the challenges women are facing while at the clinic where she is an intern. She shared, “I was doing my internship in this poor clinic. Women are affected; they have fibroids and do not have good access to

health care. Some of them cannot even decide if they should get pregnant or not. They do not have access to contraceptives. We use phone lights during childbirth” (Berdith). Not only are women facing injustice, but poverty is another injustice women and young girls have been facing, which prevents them from accessing proper treatment. Additionally, David, a medical student explains “Poverty leads to prostitution. Girls do not have money but want big things, and they end up sleeping with men to get food” (David). With Poverty, young girls are more exposed to a high risk for pregnancy and STDs. They lack food, clothes, and access to basic needs that influence them to become prostitutes.

Abortion and maternal mortality and the values learned

The most challenging part of my interview was speaking about abortion and maternal mortality. In this topic, women are blamed the most for everything, and it was tough for me to listen to the true stories that women were facing. I learned about three central values through the interview process on this topic. The first value is giving voice to the voiceless, the second is being open-minded to learning diverse experiences, and the last is appreciation. Without those values, I would not be able to finish my fieldwork because I was becoming defensive many times because of the injustice I was hearing. Many girls and women in Congo advocate for themselves to gain resources, but their voices are not being heard because of gender inequality. Their voices do not matter. According to “The Status of Women in Indigenous African Societies”, Most writers compared a lot of women and men in Africa, they ascribed to men a better situation a higher status. Women were depicted as saddled with home and domesticity; men were portrayed as enjoying exhilaration of life in the outside world” (99). Some African norms influence gender inequality. For example, the standard influences men being the chef of the house and the women taking care of the house and having children. This rule goes deeper into the society,

influencing gender inequality, women not having access to education compared to men, and women not having access to jobs compared to men. This factor also negatively encourages unplanned pregnancies, including women's rights.

In “How Gender Roles Influence Sexual and Reproductive Health among South African Adolescents”, Christine A. Varg mentions, “The cultural importance of female fertility has also been cited as a primary reason for nonuse of contraceptive and unprotected sex and for persistent high pregnancy rate among south African adolescent” (161). This quote explains how some African countries' ancestral and cultural rules lead to unplanned pregnancies. Men having power over women’s health prevents women from having a voice. Furthermore, in “Pregnancy-Related School Dropout and Prior School Performance in KwaZulu-Natal, South Africa,” Monica J. Grant states, “Although the prevalence of adolescent childbearing is declining throughout sub-Saharan Africa, in South Africa national data show that one in five 18 years women has given birth... two thirds of teenage pregnancies are unplanned and unwanted” (369). When births are unplanned, women are affected physically and mentally, and their health are at risk. If women cannot decide when to have children, young girls face more challenges because they are young, and the culture prohibits more access to them. In this process of learning about the struggle women and young women face, qualitative inquiry opens the door for the students to voice their concerns. Writing this thesis will educate not only people who read it but will also help women advocate for themselves instead of shaming each other. Thanks to this type of research, I learned from the students who want to learn about sex education. In my interview in Mosengo, Boun, a student state, “We do have education a la vie, how to protect ourselves. They tell us to stay away from guys. To be clean when having a period. When having a period, we should not have sex with guys. I do not know contraceptives but condoms” (Boun). The Congolese culture influences more on teaching girls to stay away from men to prevent

pregnancy instead of providing tools needed to avoid it; this goes back to gender inequality occurring there. Despite the training the teachers received to be able to teach, they still cannot teach accurate information on sex education. The culture plays a negative role in educating proper sex education. Teachers also do not go to good schools to access sex education programs to teach students. The lack of funding in the countries also prevents teachers from getting paid and motivated to train correctly. They also lack courage because this topic is not as crucial as teaching biology.

The roots of gender inequality in Congo

Religion also influences gender inequality in Congo. For example, “The argument has often been advanced that both religious law and cultural practices severely restrict women's nonreproductive options and their freedom of movement at the same time that they encourage and reward motherhood” (329). Many religious leaders preach about women being inferior and being housewives. This takes women's freedom away, especially if religion is a huge influence on the culture. Secondly, some even use the bible to interpret it to influence gender inequality; for example, “It is true that the image of God is imprinted on all, but still woman is inferior to man” (Calvins 727). Many women have been taught this way, which contributed to gender inequality.

Value of diverse experience

Through the research, both the students and the community developer learn from each other. As Merriam and Tisdell states, “Decades before what we now call ‘qualitative research’ or ‘qualitative inquiry’ become popular, anthropologists and sociologists were asking questions about people’s lives, the social and cultural context in which they lived... (6). This phase of qualitative research

opens the door for researchers to learn stories that can be both harmful and positive. When I went to Congo, I learned how communities survive while facing those challenges. I learned about students being interested, courageous, and motivated to learn about sex education and advocating for each other.

Value of appreciation

During my fieldwork, I practiced appreciation. Even when seeing the challenges, I focused on minor changes and acknowledged how many things have been modified since I left. Women who are not educated are interested in going to school, so it is a significant improvement. Organizations like Pathfinder did not help all girls, but their advocacy work positively influenced girls. One of the tools I learned from the appreciative inquiry is “We look for what works in an organization that we appreciate” (Hammon 1). While interviewing, I enjoyed the work international and local organizations have been doing to help prevent all those challenges while facing cultural barriers. Many local organizations are doing fantastic work, such as Pathfinder, where I did my fieldwork. Beatrice shared about the number of girls they were able to assist in educating about gender inequality, empowering communities to create safe space for students.

(Beatrice). I also communicated with Dr. Amos Makelele a young male doctor who created a nonprofit to fight against this injustice. His organization wants the government to make abortion legal.

Qualitative inquiry in community development

In community development, qualitative inquiry is living the experience. When reading from secondary research about the rate of abortions in Congo, I was not impacted as much as I was when I heard from Beatrice at Pathfinder about the death of many young women that she knew. This story shocked me and motivated me to bring different ideas in educating people in Congo and bring change right away. Qualitative research will help me work with the community when collecting data to find solutions to the problems. It helps determine what data would help create interview questions. It provided many tools for me to better approach elders in my community before asking taboo questions.

Qualitative work in my future

I will be practicing qualitative inquiry in my future work, especially since I am working with my community to fight many social issues. There are different ways I will be using qualitative inquiry in my future career. The first one is, collecting data and surveys in the program I will be implementing to see if there is an improvement or not before adding more change and resources. This survey could be anonymous to the students to ask what resources they received in terms of reproductive health, how it is being taught. Secondly, read secondary data that speaks about the same patterns of the issues I will be focusing on and compare the work being done on the ground to find the gaps. Finally, going to the location where the problems are happening, stay with the people facing the issues to understand the problems better.

Copowerment and Contextualization

I learned about the importance of copowerment, collaboration, and contextualization through qualitative research. I practiced copowerment in my fieldwork by being open-minded to gain skills from organizations and individuals here in America and teaching them ways to also work with the community, especially immigrants and refugees, by understanding the cultural barriers that prevent so many changes. I also learned that one of the tools to break the obstacles is not destroying the culture but working with the community to find a solution. With contextualization, it was challenging to practice it because the idea of speaking about sex or bringing sex education to the community was taboo. Finally, with collaboration, I was able to join forces with an international and local organization to obtain advice on how to work with the community.

Conclusion

Qualitative inquiry is a vital technique used for research in order to find the gaps affecting the community. In this research, practitioners work closely with the community to better understand where the issues started before initiating a solution. During my fieldwork, I captured the elements contributing to high rates of maternal mortality and STDs rates in Congo. To prevent that from happening, sex education programs and reproductive health, and the right resources need to be accessible to anyone in Congo.

Works Cited

- *Aventin Gordon et al. “Adolescent Condom Use in Southern Africa: Narrative Systematic Review and Conceptual Model of Multilevel Barriers and Facilitators.” *BMC Public Health*, U.S. National Library of Medicine, <https://pubmed.ncbi.nlm.nih.gov/34172027/>.
- *Beck, Richard. *Unclean: Meditations on Purity, Hospitality, and Mortality*. Lutterworth Press, 2012.
- *Browne, Jacquelyn. “Creative Possibilities and Responsibilities: A Review of Maria J. Mayan’s Essentials of Qualitative Inquiry.” *The Qualitative Report*, 2014. *Crossref*, <https://doi.org/10.46743/2160-3715/2010.1177>.
- *Govindasamy, Pavalavalli, and Anju Malhotra. “Women’s Position and Family Planning in Egypt.” *Studies in Family Planning*, vol. 27, no. 6, 1996, p. 328. *Crossref*, <https://doi.org/10.2307/2138028>.
- *Hammond, Sue Annis. *The Thin Book of Appreciative Inquiry*. 3rd ed., Thin Book Publishing, 2013.
- *Holmes, Seth. *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. University of California Press, 2013.
- *Mbulu, Beritha. Interview. By Florette Ebengho, May 2021
- *Merriam, Sharan B., Elizabeth J. Tisdell. *Qualitative Research: A Guide to Design and Implementation*. John Wiley & Sons, Incorporated, 2016.
- *Monzembela, David. Interview. By Florette Ebengho, May 2021
- *Mosengo interview. By Florette Ebengho, May 2021

*Potter, Mary. "Gender Equality and Gender Hierarchy in Calvin's Theology." *Signs: Journal of Women in Culture and Society*, vol. 11, no. 4, 1986, pp. 725–39. *Crossref*, <https://doi.org/10.1086/494274>.

*Varga, Christine A. "How Gender Roles Influence Sexual and Reproductive Health Among South African Adolescents." *Studies in Family Planning*, vol. 34, no. 3, 2003, pp. 160–72. *Crossref*, <https://doi.org/10.1111/j.1728-4465.2003.00160.x>

Essay 3: ICD Values

Introduction

In my International Community Development (ICD) program journey, I have gained different skills and values to empower myself and grow before empowering the community I hope to serve. Before starting the ICD program, I was already involved in community work but did not know what I needed to improve myself and the best approach to serve the community in need. I first learned about contextualization in this program, taking lessons, skills, and values that make sense to my culture. Secondly, in copowerment, learning to be open-minded to learn from peers and community and share exchange knowledge. Finally, social justice to act during a crisis. While learning this, personal transformation occurred and helped me see my vocation to help people in need. Furthermore, I was able to gain values of being patient, listening/open-minded, social entrepreneurship, and leadership and innovation.

My personal transformation /listening and open-minded

Personal transformation for me means being opened to learning and facing challenges. Without being open-minded to understanding and facing challenges, I would not have been able to gain the skills of listening/being open-minded. My personal transformation was challenging, especially since coming from a culture that dictates what skills or values matter the most for women. I had to choose what values would align with my vocation. While reading and listening to many stories of what the community needs and seeing the work practitioners are doing worldwide, I was influenced to become a better advocate for people living in poverty who have so many needs. As Bryant Myers States in *Walking with the Poor*, “First poverty is reduced to a merely material condition

having to do with the absence of things like money, water, food, housing, and the lack of just social system” (740). With these issues people in poverty are facing it was important for me to learn to have empathy while working with this community. This community is already facing many challenges, and empathy helps understand their needs. As Palmer Walker states in *Let Your Life Speak*: “Vocation does not come from willfulness. It comes from listening. I must listen to my life and try to understand what is truly about quit apart from what I would like to be about-or my life will never represent anything real in the world, no matter how earnest my intentions” (75). Listening helped me understand my vocation, and it was not easy because I was not sure where this vocation will take me. Parker states, “Today I understand vocation quite differently- not as a goal to be achieved but as a gift to be received” (10). I remember meeting my mentor to speak about my career journey and how I could focus on one field. Deep inside, I knew my occupation was to help people in need. I was able to accept the gift that I have been blessed to serve the community in need. My vocation followed me in every job position I decided to choose. For example, just two months ago, I stopped working for a nonprofit, I decided to switch gear and work with Amazon in recruiting. Even though I am not working in a nonprofit, I am still helping in interview coordination and making sure people are treated equally and served at the right time. With this job, the long-term goal is to work as a Sourcing Recruiter to make sure Amazon has more Africans in the company. In African culture, listening is a significant factor of respect regardless of being right or wrong. It is more reinforced to women and young girls because the culture encourages women to be more respectful toward men, elders, and even their young siblings. In my transformation journey, I learned that I could capture and gain a lot of knowledge and wisdom by listening. I learned to listen in class when speaking about racism and discrimination affecting people of color, poverty, and the use of natural resources in African countries. When I practiced listening, I

was able to overcome the fear and continued with my degree; as Tom and David Kelley mention in *Creative Confidence Unleashing the Creative Potential Within Us All*, “Fear of failure holds us back from learning all sorts of new skills, from taking on risks, and from tackling new challenges” (44). Listening encouraged me to pursue my nonprofit journey regardless of my challenges. I learned about the challenging journey that many people faced and how they continued their journey. Gaining feedback and criticism encouraged me to continue this journey.

Value of patience

The Covid-19 pandemic has taught me how to be patient and be patient with myself first before practicing in community development. Being patient in the learning process and writing because English is my third language, I had to read sometimes three times to understand it better. I taught myself how to be patient, but patience was a thing that never worked with me until about six months ago. I prayed about patience in myself first, my education, career, and things around me, but it was challenging to be patient. I became anxious about school, work, and personal life which affected my health even more. Patience started kicking in when I learned that nothing else would change if I did not practice patience; I would still be affected. In my career journey, I am learning to give the community time to process things, work along with them on the project, and wait for the outcomes. Sometimes, the result might be harmful or positive; learning to be patient will be a great tool to help me navigate positive or negative feedback. Failure taught me to be patient. As Tom and David Kelly state, “Fact, early failure can be crucial to success in innovation. Because the faster you find the weakness during innovation cycle, the faster you can improve what needs fixing” (41). It was challenging for me to accept that it can

take more hours to better understand the reading before writing an ALA. It was frustrating, but I taught myself to give it time. There has been a meaningful change from my first semester to now. My writing has grown so much, including my public speaking skills.

Value of innovation

During my ICD Journey, I was able to develop many projects. During the pandemic, so many crises occurred in my community in Washington and back home in Congo. The pandemic affected my home country, and many people lost their businesses and jobs. Mbandaka, Congo, is not like here in the US, where people received Covid relief, so the poor faced more challenges. I took the initiative to work on a couple of projects because the needs kept increasing. As Tom and David Kelley state, “To embrace that level of experimentation, don’t get stuck in the planning stage. Innovation is all about quickly turning ideas into actions” (114). I wrote this project of creating a nonprofit here in Washington, States, to get funding and later expand it to my nonprofit that I will open in Congo so that I could assist the people in need. I have already applied for a 501(c)3 and will soon start applying for funding and launching my project here. Furthermore, “Creativity can flow more easily and be more fun when you have others to collaborate with and bounce ideas off“(Tom and David Kelly 75). I needed the support to push myself and create something. I was able to work with a community member that was able to motivate me to apply for it.

Social entrepreneurship and leadership

Leadership was never a part of my life until I developed so many skills in my ICD program. I love creating projects, but I like to work in the background and not be a leader. In this program, I grew so many wings and decided to act and become a leader while

pursuing a social entrepreneurship journey. I remember when reading Bornstein, David, Davis, Susan. *Social Entrepreneurship* I did not understand what social entrepreneurship meant. To me, it meant just being a businessman. Yet, it means, “Social entrepreneurship is a process by which citizens build or transform institutions to advance solutions to social problems, such as poverty, illness, illiteracy, environmental destruction, human rights abuses, and corruption, in order to make life better for many” (1) This separates me from being a businessperson because it focuses more on helping the people in need and people facing social injustice. This field is a vocation and passion, not just a job. With this value, I combined many of my business ideas with social entrepreneurship's goal because the end goal was to target the most vulnerable ones. For example, I just created a business called Elikya International Education Agency. Its LLC register aims to create a smooth transition where students from African countries can come to study and have access to different learning experiences. But the goal is for students to come to empower themselves and go back home to create businesses to empower their community. The money I will get will go toward women's empowerment activities in Congo. Additionally, social entrepreneurs “Are surrounded by good ideas and effective models: we know how to teach disadvantaged kids to read, reduce energy consumption, and improve health care while reducing its cost. We even know how to eliminate much of the bullying” (20-21). The goal has always been to decrease and break the barriers affecting the people in need, especially women and children since they are the most vulnerable. With this skill, I can also continue to create more projects even without resources. Because “Social entrepreneurs attack big problems with limited resources” (57). Even when creating my nonprofit, I do not have any funding or other resources secure, but I am motivated to go ahead and create something to help the people in need.

Copowerment

Copowerment has been my main important lesson in this journey because it taught me the importance of sharing /mutual exchanging ideas and resources. Through this journey, my peers provided me with thoughts about my education, assignment, and project, and I also did the same. One of the ways I practiced copowerment was by getting feedback on my project. “In Exploring the role of empowerment in urban humanitarian responses in Freetown” Joseph Mustapha Macarthy states, “Definition of empowerment brings together these three assumptions, by defining it as the expansion these three assumptions, by defining it as the expansion of assets and capabilities of poor people to participate in, negotiation with influence, control and hold accountable institution that affect their lives” (11). By empowering myself, I could advocate for myself to have equal access to the resources I need for myself first and for my community. When working for a nonprofit, I learned from my clients’ different ways to access resources. One way was to not always to show that you know everything, asking other community members if they have resources. I was able to teach my clients how to push back when getting bullied at work because of their skin color. I provided feedback on my peers' projects during my classes, and they did the same. Such as focusing on educating men and women on how to prevent teen pregnancy since it takes two people to get pregnant. Providing a sex education program to females and males helps both parties learn and access resources simultaneously. It helps break barriers for men because men also have their challenges.

Additional feedback I got was working with women who gave birth, too; it is important to also work with them because just because they gave birth does not mean they do not need help or no longer face inequality. I was able to provide feedback to peers working with refugees and immigrants to advocate for those nonprofits to hire people who look like refugees, so there is representation. Sometimes

refugees, when they arrive, do not open up to everyone; they open to people who speak the same language as them, so breaking that barrier will make a lot of work successful. The feedback I got from my professor in social justice class was that I would not be able to save everyone. I also felt like I had to be involved in many injustices fight but I had to learn that I would not save the world. Furthermore, in “Women Empowerment and Economic Development, Esther Duflo states”, There is a bidirectional relationship between economic development and women empowerment defined as improving the ability of women to access the constituents of development in particular health, education, earning opportunities, rights, and political participation” (1053). I learned to empower myself to access health care resources and gained those knowledge and skills thanks to students from different backgrounds. They helped me to learn how to navigate the system.

Social justice

Social justice means advocating for people in need and bringing reconciliation. In the fight for social justice, I have developed many skills. Learning to step back, meditate before acting, and learn to live justly. For example, I love my community, my neighbor, do things that will not harm people around me, learn to forgive, allow people space to talk, not judge, and lead to reconciliation. During my Social Justice program, I learned different keys to ending social injustice, and the main one was reconciliation. As Dr. McNeil, Brenda Salter states in *Roadmap to Reconciliation*, “Reconciliation is about how to relate even after forgiveness and justice have occurred. It’s about how to delve even deeper into relationship with one another. An absence of hostility is possible without a spiritual dimension, but reconciliation is not. Reconciliation is possible only if we approach it primarily as a spiritual process that requires a posture of hope “(25). When I listened to reconciliation, I thought it had to do with just individuals forgiving each other and

moving on. Yet, it has to do with spirituality, going back to our faith, praying, meditating, listening to God's voice, and asking for guidance on which actions to take. Salter states, "They saw themselves as biologically superior to other races and therefore called to create a new segregated society that would allow them to civilize other people while not tainting themselves with the 'darkness and barbarism' of those inferior groups. These doctrines gave the white South Africans religious justification for horrific crimes against their countrymen and women". (26-27) Racism is one of the primary fights of social justice issues affecting people of color having access to basic needs, leading to segregation in the past. Yet God creates everyone equally in his image. Because "Cultural difference and diversity was always a part of God's original plan for human beings" (28). Pausing is critical because it leads to a better solution, as Katangole and Rice state, "But stepping back from the dominant firefighting approach is neither irrelevant nor inappropriate. Quite the opposite. For Christians, the ability to step back from how we see and act in the world is a crucial dimension of practicing our faith. This is exactly because we believe that the world did not begin with us but with God" (40). I have always struggled to step back, it makes me feel like I am slow and wasting time, but I am learning to practice that because when I jump without stepping back, it does not help. In this fight for justice, it is essential to also live justly. In *Everyday Justice*: Clawson, Julie states, "Drive less. This may sound like a no-brainer, but it is the most effective way to reduce gas consumption. If the weather permits, walk or ride bikes for local errands" (87). The example provided sounds very challenging to do because we drive for a purpose. Some people drive to school, work, and walking or using other transportation will make them late but trying something small can lead to change. When trying to change, we need to stay in meditation. As John Paul Lederach states, " We don't carefully attend and listen to our own inner voices. Second, we don't take time for renewal and self-care, envisioning these at best as sporadic and with a sense that they are

selfish. Third, we seek external validation and acknowledgment ...” (51). When calmed, so many positive things can occur. We can listen to ourselves and find the best decision to take.

Conclusion

With copowerment, contextualization and learning about social justice issues helped me develop so many skills that I will apply in my future work. With copowerment, I learned to be open minded and exchange resources with friends and family members. The resources can be feedback or advice. In contextualization, I learned to take the values that makes sense to my culture and apply them into my life. In social justice, I have learned to pause before taking action.

Works Cited

- *Bornstein, David, and Susan Davis. *Social Entrepreneurship: What Everyone Needs to Know*®. 1st ed., Oxford University Press, 2010.
- *Duflo, Esther. “Women Empowerment and Economic Development.” *Journal of Economic Literature*, vol. 50, no. 4, 2012, pp. 1051–79. *Crossref*, <https://doi.org/10.1257/jel.50.4.1051>
- *Joseph Mustapha Macarthy et al. “Exploring the role of empowerment in urban humanitarian responses in Freetown.” December 2017.
- *Katongole, Emmanuel and Rice, Chris, *Reconciling All Things: A Christian Vision for Justice. Peace and Healing*, InterVarsity Press, 2008.
- *Kelly, Tom, and David Kelley. *Creative Confidence: Unleashing the Creative Potential within Us All*. Crown, 2013.
- *Lederach, John Paul. *Reconcile: Conflict Transformation for Ordinary Christians*. Herald Press, 2014
- *Myers, Bryant L. *Walking with the Poor: Principles and Practices of Transformational Development*. Orbis Books, 2014.
- *Mosengo interview. By Florette Ebengho, May 2021
- *Palmer, Parker. *Let Your Life Speak: Listening for the Voice of Vocation*. 1st ed., Jossey-Bass, 1999.
- *Salter McNeil, Brenda. *Roadmap to Reconciliation 2.0: Moving Communities into Unity. Wholeness and Justice*. Revised and expanded, InterVarsity Press, 16 June 2020.

Project Proposal

Introduction

Women Empowerment DRC is a project founded by me in 2019. Our mission is to help advocate for women's health, education and equity, and the approach to maternal and child health in the city of Mbandaka. We strive to promote health by educating and empowering young women from disadvantaged communities, between the ages of 13-and 20, and serving as a bridge connecting them with the available resources provided by NGOs and governmental services to assist their needs. Our goal is to support a group of young women throughout our program by providing a safe place with educational seminars, which will cover female reproductive health and rights, safer sex guidelines and sexually transmitted infections, contraceptive methods, gender-based violence with an emphasis on mental health, finding a voice through empowerment, and the idea of learning as a lifestyle.

The lack of reproductive health services

When a country does not offer a center that can provide resources on women's reproductive health and rights, it leads to unplanned pregnancies and sexually transmitted diseases. When no pharmacies can provide birth control without partner or parents' approval, it contributes to this challenge. According to "International Human Rights and Women's Reproductive Health/*Studies in Family Planning*," Rebecca J. Cook states, "The World Health Organization has estimated that each year, 500,000 women die from pregnancy-related causes and then unsafe abortion cause some 20 to 50 percent of maternal death simply because women do not have

access to family planning service” (73). In Kinshasa, for example, centers are not accessible to everyone, and people from the middle and upper classes can afford them, yet the poor are unable to access them. Therefore, Wedrc hopes to provide open access to services regardless of people's social class.

Additionally, in ICTs for HEALTH in Africa, Meera Shekar states, “World Bank states Shortages of drugs, equipment, and supplies, without medical equipment and supplies it is difficult for health workers to provide the care they have been trained to provide. Sometimes, supply shortages even lead to health center shutdowns. In 2010 in Uganda, for example, eight rural health centers closed because of lack of supplies” (4). The lack of supplies also affected women’s health. If women need a blood transfusion and the clinic does not have it can lead to death. For example, during my interview, Berdith, an intern in medical school, shared how women could not afford medication and the clinics were in bad conditions, with no medical supplies.

The issue and the challenges of the lack of women’s center

Furthermore In “Improving the Fit: Adolescents’ Needs and Future Programs for Sexual and Reproductive Health in Developing Countries,” Jane Hughes states, “Although clinics might seem a logical source for information and services, they are not always helpful to adolescents. Case studies from Senegal and South Africa, for example, indicate that when adolescents approach clinics for help, they are often scolded, refused information, or turned away” (235). The youth are interested to learn to protect themselves against pregnancies and STDs, but the community and the government did not create a safe space for the youth to access learning. Thirdly, in the United States, more centers offer services to the youth, for example, in “Planned Parenthood Services for the Young Teenager Author Elizabeth A states, “A number of states have passed affirmative laws permitting minors to consent to their

own medical care connected with or for the prevention of pregnancy. In our view, public support of the provision of contraceptive services to sexually active young teenagers is strengthened when venereal disease detection and treatment are included among the services offered to this age group”(28). Compared to the pharmacies that I saw in Congo; the youth do not have access to these services. And these centers in the United States are providing birth control not only for sexual purposes but also for other diseases.

Finally,

Planned Parenthood has conducted extensive research over the last year to better understand how people are relating to issues of safe and legal abortion so that we can move the conversation forward in an effort to build and strengthen public support

Nearly two-thirds of voters under thirty believe that abortion should be legal in most or all cases, according to a recent Pew Research Center poll. (Dawn Laguens 189)

I will be using some of the approaches planned parenthood is using. The first one is doing research to better understand what the youth is facing and what they need, then share it with the community and provide resources.

Challenges of providing women’s health services

The main challenge of creating this center is the lack of support from many elders. As many sources have mentioned, sex education is a taboo conversation in many African countries; for example, “In the studies reviewed, reproductive health education in some form took place in the early preteen years, starting at about age 10. Parental factors that influenced communication included: education level, lack of knowledge about menstruation and pregnancy prevention, religiosity, previous reproductive health communication with their own parent, and cultural norms” (4). This research was done by the immigrant community coming from

African countries, and they found the gap that is happening in the community. Even the mothers are unable to educate their daughters about women's rights. During my interview in Congo, I learned about those barriers. One of the doctors in Congo stated, “He was against abortion, and it should stay illegal”. And in my interview with Pathfinder, Beatrice explained the gap, too, where women are not aware of their own reproductive health and where to find resources.

1.1. Objectives of the women’s empowerment

The development objective of the project is to evaluate the use of interventions targeting adolescents and young people between 13 and 20 years old in order to contribute to the improvement of the sexual health of young people and adolescents, to the reduction of inequalities between gender, and the empowerment of girls and women in Equateur Province and DRC. Working with the community and parents to break cultural barriers prevents the youths to learn about sex education.

1.2. Program components

- Creation of a more favorable environment for adolescents and young people within communities to access WEDRC resources.
- Provision of quality, user-friendly family planning services for adolescents and young people.
- Promotion of equality and equity between the sexes.
- Programs Support parents, family, school, and community in their role of mentoring young people and adolescents.

1.3. Activities (or processes), outputs, and deliverables

A. Creation of a more favorable environment for adolescents and young people within communities to access

WEDRC programs. Our plan to create a safe and favorable environment for the Congolese youth is first to have a safe space in Elikya school. The room will be used for a one-on-one meeting with the WEDRC instructor for presentations and activities such as movies and dances. We are also hoping to use the space for counseling; girls who face a trauma from rape and other issues will have a support system. The second space will be in churches; we will encourage churches to have a safe space for the youths and adolescents for activities and bring our team to communicate with the Congolese adolescents. The third place will be in the community because some girls do not go to school and some girls do not go to church so that space will be specific for the youth to have their own space to share ideas and thoughts and have access to WEDRC information and workshop.

B. Creating the activities

- Carry out a community analysis on the perception and practices of early pregnancies and abortions (adolescents, parents, and community leaders).
- Organize a multi-actor dialogue / listening to young people by young people.
- Train peer educators on the prevention of unwanted pregnancies and abortions.
- Organize a workshop of 30 adolescents and young people and train them on sexual health through trained peer educators.
- Dissemination of information on sexual health through the media (radios, social networks, etc.)

- Provide peer educators with awareness-raising materials.

C. Support for parents, families, schools, and the community in their role of supervising young people and adolescents

- Strengthen the technical and material capacities of teachers on sexual health.

- Training for teachers only on sex education.

- Workshop for parents and community leaders on the importance of their involvement in the supervision of young people in matters of sexual responsibility; teaching them about the importance of sex education and showing the rate of unplanned pregnancies and deaths.

- Organize a day of parents and youth talking about sex.

D. Provision of quality, user-friendly family planning services for adolescents and youth.

- Create community-based distributors of contraceptives geared towards adolescents and young people.

- Mobilize contraceptive commodities and inputs from donors.

- Provide community-based distributors with contraceptive commodities and inputs.

- Offer contraceptive methods to adolescents and young people in the province of Equateur (educated and non-educated).

E. Promotion of gender equality and equity

- Create Youth in Leadership, Peer Education, Rights, Equality, and Gender Equity.

- Encourage the sponsorship of girls' education (schooling has a protective effect).

- Develop the technical and professional skills of girls, necessary for employment, obtaining decent work, and entrepreneurship.

Project Framework

Objective: Increase the use of interventions targeting adolescents and young people aged 13-24 years to help improve the sexual health of young people and adolescents, reduce gender inequalities and empower girls and women in Equateur province and DRC.

Working with the community and parents to break cultural barriers preventing the youths to learn about sex education.

Strategy 1. Creation of a more favorable environment for adolescents and young people within communities to access WEDRC programs.

Strategy 2: Support parents, family, school, and community in their role of caring for young people and adolescents

Activities	Responsibility	Timeline	Target	Budget	Indicators
Strategy 1: Organize collection of data on the rate of Sexually transmitted diseases, pregnancy, and abortion.	Wedrc Team in Congo and USA	06/16/-06/26/2022	20 people. 5 adolescents in school, 5 parents, 5 teachers, and 5	\$500	The report of the survey on perception and practices in sexual health is available

			community leaders		
Organize a dialogue listening to young people by young people	Wedrc Congo team	06/16/-06/26/2022	5 youth group leaders	\$80	multi-stakeholder dialogue reports are available
Strategy 2: Organize sharing day between parents on sexual health, organize workshop training teachers and community leaders.	Wedrc Congo team	07/5/-07/30 2022	10 couples, 5 pastors/commu nity members	\$300	Reports of exchange day

1.5 Project strategies

May 05 - May 15, 2022

Developing plans for 2022

- Meet Washington, State Wedrc team to update them on the project for 2022
- Meet fundraising team to discuss leftover money from fundraising in 2020
- Work with the Congolese team on restructuring the timeline to meet the students and the community
- Discuss challenges and barriers faced last year and ways to improve

May 15-May 30, 2022

Divide tasks & work closely with both team

- Group A will work on the marketing portion to help increase funds for 2022 fundraising
- Group B will focus on data collection and focus group plans on Congo. Work closely with the schools and the team
- Group C will be meeting the board members to discuss the supplies needed

June 1- June 15, 2022

Fundraising

- Organize fundraising activities
- Have a fundraising event
- Collect funds
- Meet the board and divide money according to the project

June 16-September 16, 2022

Data Collection and Activities

- Go to Elikya speak to the school regarding data collection
- Work closely with the school to prepare for the data collection and execute the project
- Meet a pastor and community leaders and share the project of data collection and executive the project.

Importance of this strategy

This program is essential because we are working closely with the community, parents, and teachers before teaching their children any information related to sex education. Parents, teachers, and community leaders play an essential role in the life of youth and adolescents. If we can train them on sex education and its importance while understanding their cultural norms, we will have permission to teach the importance of sex ed. Cultural barriers prevent girls from going to school, becoming independent, and becoming financially stable. It prevents women from owning their bodies and choosing when to have birth. It influences sexual violence and victim-blaming; it influences early marriage and abuse.

Community leaders live in the neighborhood, on the street, in churches, and everywhere. They are the ones who see the youth when they go to school, church, and the challenges the children face. When they learn about sex education being a tool to prevent sexually transmitted diseases and all the issues covered by the WEDRC support team, they will guide the youth. In Congo, community leaders are the ones that tell girls to not have an abortion so that this role will be reversed; community leaders will have access to different resources and will refer pregnant girls to WEDRC or any other supportive programs.

Community leaders will also be a support system, especially when children are facing sexual violence since its acceptable in other traditions. Instead of blaming victims, they will protect them. Community leaders will not only help students in school but everyone.

Parents live with their children until they are married. They have the right to kick their children out of the house when pregnant. The Congolese culture influence "hitting children," meaning they can also hit their children and deny access to contraceptives because they do not believe in them due to cultural norms. When we train parents, they will have the power to educate the children to seek help if pregnant or if they sexually transmitted diseases. Parents will also support their children's pregnancy leading to safe delivery and a decreased rate of malnutrition and health and other health issues

Teachers play an essential role in the life of everyone of student who goes to school. Teachers in Congo can punish students, and it is acceptable to many parents. So, teachers have so much power when educating them about the right sex education. While doing my interview in Congo, many students told me that their teachers did not know what they were teaching them, and the students were correcting the teachers. So, the teachers must learn about all the vital components that WEDRC will be teaching.

Curriculum for WEDRC

Issues related to menstrual hygiene management

Discussions will be focused on the following points:

- Introduction
- Definitions of some concepts: menstrual cycle, menstruation, Adolescence, puberty
- Link between menstrual hygiene and infections.
- Family planning
- Contraception

- Link between menstruation and unintended teenage pregnancies.
- Link between prejudices about rules and sexual violence.
- Consequences of mistaken knowledge and lack of knowledge about menstruation.

Anatomy and physiology of genital organs

- Explain the anatomy and physiology of reproductive organs
- Describe the different parts of the male and female external and internal genitalia and their functions.
- Define the menstrual cycle
- Calculate the length of the menstrual cycle
- Describe the two phases of the menstrual cycle

Contraceptive methods

The fight against STIs / HIV / AIDS

The fight against unplanned pregnancies

- General information on contraceptive methods.
- Identify types of contraceptive methods
- Describe the different methods
- Cycle necklace
- Pills
- Implants

- Male and female condoms

Basics of family planning

The discussions will be about the following points:

Definition of some concepts: Family planning, reproductive health.

Components of Family planning and its importance

- Benefits of family planning for the mother:
 - Health: Reduction of maternal mortality
 - Economic: Continuity of professional and economic activities
 - Socio-affective: Sexual development and general well-being
- Benefits of Family planning for the child:
 - Health: Reduction of infant mortality
 - Economic: Favorable supervision (medical care, schooling, food, etc.)
 - Socio-affective: Benefits from maternal affection
- Advantages of Family planning for the father:
 - Health: Mental development/no stress
 - Economic: Reduction of social spending / Possibility of carrying out other projects
 - Socio-emotional: General well-being, Possibility of making social commitments
- Benefits of FP for the community/country/society

- Sanitary facilities
- Reduction of maternal and infant mortality rates
- Reduction of complications due to pregnancy and childbirth
- Prevention of high-risk pregnancies
- Reduction of induced abortions

Sexually transmitted diseases

The discussions will be around:

- Definition of an STI
- The names of the main classic STIs
- The main symptoms of classic STIs
- What to do with an STI
- The consequences of STIs
- Means of prevention

Sexual violence

The discussions will be focused on the following points:

- Definitions of concepts: sexual violence, rape, etc.
- Types of violence:
- Context and form of sexual violence

- The causes and factors
- The consequences: physical, health, social, economic, and psychological.

Works cited

Cook, Rebecca J. "International Human Rights and Women's Reproductive Health." *Studies in Family Planning*, vol. 24, no. 2, 1993.

Crossref, <https://doi.org/10.2307/2939201>.

Hughes, Jane, and Ann P. McCauley. "Improving the Fit: Adolescents' Needs and Future Programs for Sexual and Reproductive

Health in Developing Countries." *Studies in Family Planning*, vol. 29, no. 2, 1998, p. 233. *Crossref*,

<https://doi.org/10.2307/172161>.

House, Elizabeth A., and Sadjia Goldsmith. "Planned Parenthood Services for the Young Teenager." *Family Planning Perspectives*,

vol. 4, no. 2, 1972, p. 27. *Crossref*, <https://doi.org/10.2307/2133780>.

Meera Shekar and., Kate Otto. "ICT for Health in Africa". World Bank, 1,2014. P.28. <https://www.jstor.org/stable/resrep26245>.

Laguens, Dawn. "Planned Parenthood and the Next Generation of Feminist Activists." *Feminist Studies*, vol. 39, no. 1, 2013, pp. 187–

91. *Crossref*, <https://doi.org/10.1353/fem.2013.0000>.

Agbemenu, Kafuli, et al. "'Sex Will Make Your Fingers Grow Thin and Then You Die': The Interplay of Culture, Myths, and Taboos

on African Immigrant Mothers' Perceptions of Reproductive Health Education with Their Daughters Aged 10–14 Years."

Journal of Immigrant and Minority Health, vol. 20, no. 3, 2017, pp. 697–704. *Crossref*, <https://doi.org/10.1007/s10903-017->

0675-4.

Amos Makelele. Interview. By Florette Ebengho, May 2021

Beatrice, at Pathfinder. Interview. By Florette Ebengho, May 2021

Camp kokolo. Interview. By Florette Ebengho, May 2021