

## Background

Worldwide, an estimated 16 million women aged 15 to 19 give birth each year. Ninety-five percent of these births occur in Low and Middle Income Countries (LMICs). Adolescent pregnancy has negative effects at the individual, community, and societal level especially in LMICs. Teenage birth increases the socioeconomic burden faced by struggling societies and can have detrimental health impacts on affected women and their families.

Despite the best efforts of Rwanda's government and of many community organizations to promote increased teenage sexual and reproductive health, there are still many sociocultural barriers that may be hindering advancements in adolescent sexual and reproductive health. Limited sexual health discussion and education may be one barrier that could directly influence sexual health behaviors and negatively impact sexual health.

## Objectives

To gain a better understanding of individual and cultural factors that affect individuals' sexual health and how the interplay of these factors may contribute to unintended teen pregnancy, the objectives of this research study are threefold:

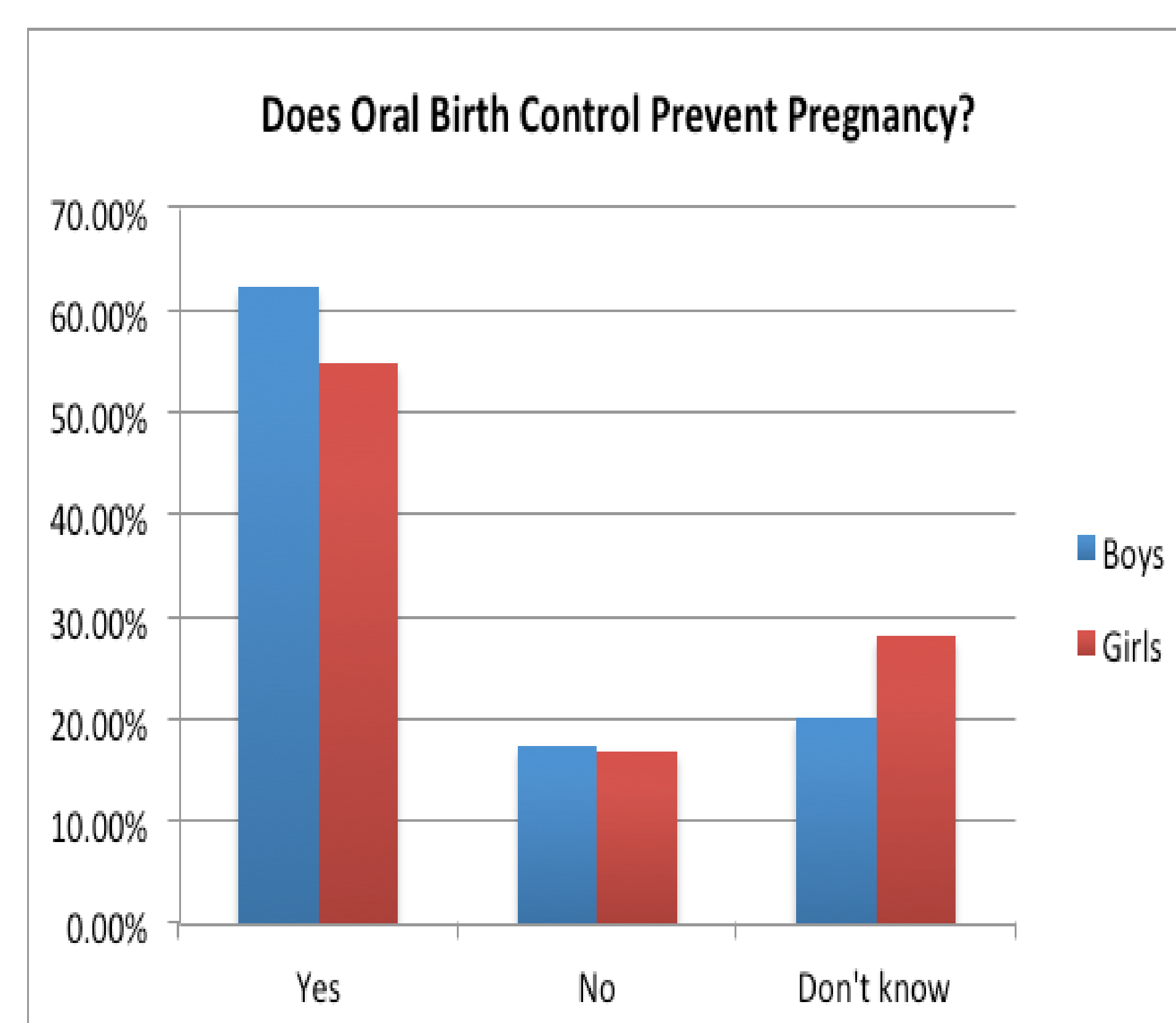
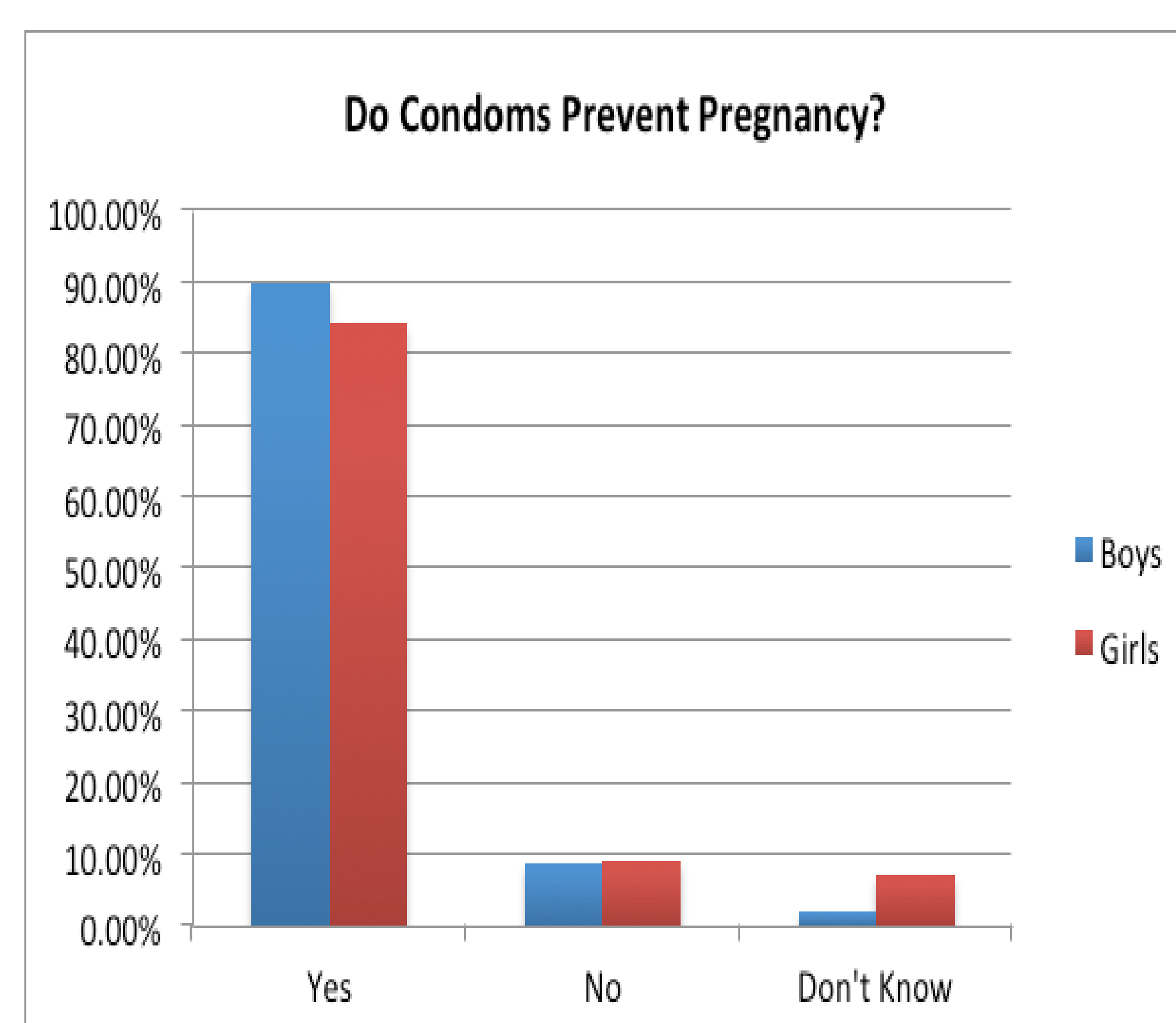
1. To assess the attitudes, knowledge, and beliefs of adolescents in the Huye District of Rwanda regarding sexual health and teen pregnancy and the effects they have on sexual health and behavior
2. To explore how gender and cultural norms may lead to differing beliefs among male and female adolescents, and
3. To identify sexual health and pregnancy educational topics that may be implemented into RVCP's programming to better serve this community.

## Methods

This study recruited men and women aged 15-25 from secondary schools in the Huye District in Rwanda. 270 students completed a survey adapted from Kaiser Family Foundation on adolescent sexual health, and a total of 26 students participated in four gender specific focus groups. The study was conducted by medical students from Thomas Jefferson University partnering with the Rwanda Village Community Promoters, a student run health organization involving students from the University of Rwanda. Survey data analysis was conducted in excel using pivot tables to determine frequencies and percentages of responses according to gender. Thematic analysis was utilized to interpret the focus group data.

## Results

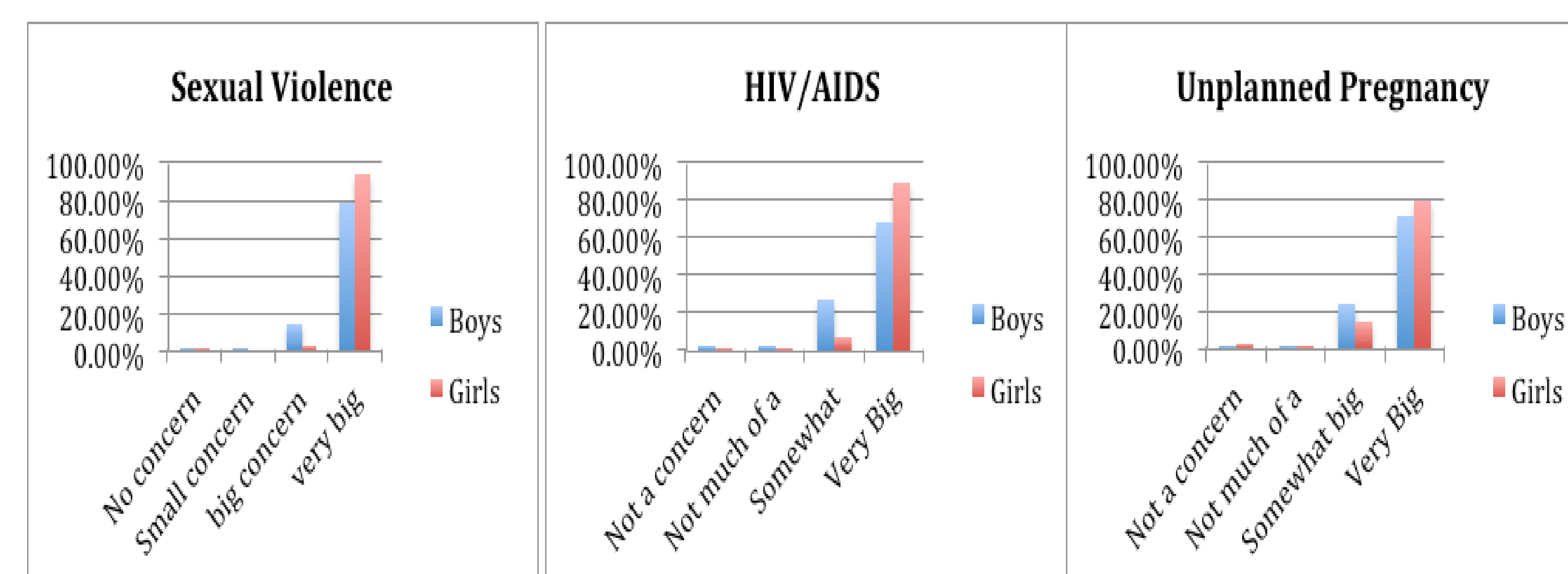
What do teens know about pregnancy prevention methods?



Where do teens get the majority of their information about sexual health and behavior?

	Boys	Girls	Total
Family	35%	44%	40%
Friends	12%	26%	20%
School	65%	52%	57%
TV	12%	15%	14%
Internet	11%	8%	9%
Radio	16%	19%	17.5%

How do concerns about sexual behavior differ between genders?



## Conclusion

Low rates of condom use did not seem to be connected to knowledge; it instead seemed related to personal attitudes. For example, around 80% of both males and females agreed that it was embarrassing to purchase condoms. This data reveals a potential opportunity for intervention, specifically in the form of effective dissemination of information about available services. For example, Kasha in Rwanda is a discreet delivery service for a variety of items, such as feminine hygiene products and over the counter medications.

Furthermore, less than half of men and women considered oral contraception to constitute a method of "safe sex", compared to the 78% of men and 70% of women who consider condoms to be safe. Focus group data also revealed students have an unclear idea of oral contraceptives. Considering the combination of the misinformation regarding oral contraceptive pills and that 70% of males and females indicated that they would like to learn more about different forms of protection against unwanted pregnancy, targeted sexual health education seems to be warranted in this population.

In general, the females were consistently more concerned than males about various sexual health considerations, including sexual violence, HIV/AIDS, and unplanned pregnancy. Women seem to bear the brunt of reproductive responsibility and suffer more severe consequences for early sexual intercourse. RVCP can use this data to expand their gender empowerment program promote effective support and education of young women.

Perceptions of prevalence of sexual activity are skewed and misinformation is common, which demonstrates the possibility for intervention. It appears that honest and educational conversations surrounding sexual behavior are lacking. Focus group data revealed that the students are eager to discuss sex. The students were open, conversational, and inquisitive during discussions with focus group facilitators. Providing spaces in school for students to learn and have open conversations about sex can be beneficial. Knowing that teenagers get a significant amount of sexual health information from parents yet also feel limited in the amount they can share with their parents, this intervention can also be expanded to provide a guide for teens and parents to discuss sex at home.

To address gaps in sexual health knowledge and consequences of sexual health decisions based on expected gender roles, Jefferson students and RVCP students can work to implement targeted sexual health education programming in secondary schools in Huye, Rwanda.

## Lessons Learned

This project had several limitations. Data was only collected in the Huye region of Rwanda, which could limit the generalizability to different populations across Rwanda. Furthermore, the discussion of such sensitive topics may have influenced what or how much focus group participants revealed. In addition, all students filling out the survey were encouraged to work alone; nonetheless, we know some students may have copied or altered answers due to being around their peers during the process. Also of note is that the translation process of both the surveys and focus groups was a limitation. Some questions or answers may not have translated accurately between Kinyarwanda and English, and some unintentional miscommunication may influence the results.

This project could have been improved with a more organized approach at each school, for the logistics of administering a survey and facilitating focus groups were complicated. In addition, we would have narrowed the scope of the data we tried to obtain. The information gathered in the focus groups and surveys did not overlap effectively, causing varied and numerous findings.

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