# Adolescent perspectives on sexual and reproductive health and services

## Adolescents in Rwanda share their experiences

sharp
Solutions for Supporting Healthy Adolescents

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**June 2024**

*"You really know how adolescents engage in sexual activities, yet they are not allowed to access contraceptives, including condoms. Once we try to reach the health facility, they ask for identification to be sure of age. Once they find that we don't have age for adulthood, they don't provide condoms, pushing most of us to engage in unprotected sex. This might be the common cause of STIs, HIV and unwanted pregnancy among adolescents."* - **Boy**

RWANDA NGOs FORUM ON HIV/AIDS & HEALTH PROMOTION

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# Background

The Government of Rwanda has made efforts to improve the sexual and reproductive health (SRH) of adolescents and youths through the adoption of various policies and strategies. Nevertheless, adolescents still face many SRH-related challenges, and there is still a long way to go to ensure access to affordable and equitable services for adolescents. Adolescents (15-19 years old) in Rwanda have long been excluded from conversations about their own health. They are also given limited decision making power on the type of services and ways in which they are offered through the health system. This has disastrous consequences on the uptake of services and on the health of our young populations, which ultimately affects all domains of life in our society, including school, work, family and community.

# Activity Description

This activity was undertaken by Rwanda NGOs Forum on AIDS & Health Promotion (RNGOF) and Health Action International (HAI) as part of the Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) programme, funded by the European Union. Twelve discussion leads (six men and six women) that were youths of between 18-19 years of age, received training on how to moderate and conduct focus group discussions. During the training the leads developed a list of questions to be asked in the focus group discussions.

In total, 12 focus group discussions of a maximum of one hour were held in Gatsibo, Nyagatare and Nyarugenge districts in Rwanda. Due to the sensitivity of speaking up about SRH topics, gender-specific focus groups were held. The participants were a diverse group of six adolescent girls or boys of 18-19 years of age. The discussion leads worked in pairs: A focus group discussion with only boys was moderated by two male discussion leads, and a focus group discussion with only girls by two female discussion leads. The focus group discussions were audio recorded and anonymised. Consent was sought from the participants before the activity.

This report covers the focus group discussions of all three districts. The purpose of the discussions with the adolescents from these districts was to find out:

- The knowledge of adolescents on SRH.
- The SRH services and commodities of which they know.
- The misconceptions adolescents have about family planning methods and matters related to SRH services.
- If adolescents have access to or have sought SRH services.
- The barriers to accessing SRH services.
- Their opinions on the influence of the religious and political leaders on access to SRH.
- If there are adolescent-friendly health centres that offer SRH services.
- The countermeasures against the barriers to accessing SRH services.

# Findings

## 1. Understanding of SRH

All of the adolescents had heard about the term "sexual and reproductive health". They had heard about it from multiple sources, including at school, from their peers or parents, at the health centre, at youth clubs, and through media, such as radio broadcasts or magazines. When asked what they understand by SRH, most of the adolescents described the physical changes that occur to boys and girls when they reach puberty. Changes they referred to included growth of body hair, menstruation, development of breasts in girls, changes in the voice of boys, and boys experiencing 'wet dreams'.

*"I think SRH is when physical appearances start changing in adolescents' bodies where a boy turns 12 years and starts to get hairy in the armpits and private parts and develops 'wet dreams' while the girl starts menstruating and growing breasts."* - **Boy**

Girls in one of the groups also mentioned emotional changes, such as that you start to develop different feelings, you start to feel differently, and you start becoming interested in sex. One boy also referred to the development of sexual 'needs'. Further, in two of the groups with boys, boys thought SRH referred to a specific body organ that is used during sex when people come of age. In one group, the boys believed SRH referred to the act of reproducing and giving birth.

*"Some people here don't want to say it, you even start craving sex, that is what your body is urging you to do."* - **Girl**

*"In my understanding, it is a particular body part of an individual used in sexual intercourse when she/he is of the age of majority."* - **Boy**

## 2. Information and Opinions on SRH Services

All the boys and girls said they knew of SRH services and commodities. When asked about specific commodities, almost all boys mentioned condoms to prevent pregnancy, sexually transmitted infections (STIs) and HIV, while some also mentioned the contraceptive pill for girls. Interestingly, in all of the groups with boys, the boys mentioned menstrual pads and education on menstrual hygiene for girls. Pre- and post-exposure prophylaxis was also mentioned as an SRH service in all boy groups. One of the boys also shared about counselling services that are available in case of sexual- or gender-based violence (SGBV).

*"Yes, we know about SRH services and commodities given to adolescent boys and girls. For example, the family planning services like giving them condoms and contraceptives and post-exposure prophylaxis medication to help them protect themselves from STIs and HIV-related diseases, as well as unplanned pregnancies."* - **Boy**

In the groups of girls, a more diverse range of contraceptive methods was mentioned. Next to condoms and the contraceptive pill, the girls also talked about the implant, the injectable and the emergency contraceptive.

*"I know arm implants for young people who want family planning methods, and for mothers they give them both implants and oral contraception. They are safe because I was told by a nurse when I went to request them."* - **Girl**

One girl talked specifically about SGBV, and the use of the emergency contraceptive afterwards:

*"Girls that are in the age of 17 to 18 years, they have good body shape nowadays, that has been triggering men to sleep with them. But if you don't want to and he used force and rapes you, you can go to the hospital and they give you emergency contraceptives, to prevent you from getting pregnant."* - **Girl**

When the boys and girls were asked about rumours they had heard about SRH commodities, a few different beliefs were mentioned. One boy had heard that a girl cannot become pregnant when she is on her period. He, however, now knew this to be untrue. Other untrue rumours about SRH commodities and pregnancy were that the use of contraceptives will make you infertile, if you have sex while standing the girl cannot become pregnant, taking two paracetamols after sex will prevent a pregnancy, and that you will constantly menstruate if you use an injectable contraceptive.

*"The rumours that I have heard are that if you use contraception while still an adolescent without a child, you might never have one."* - **Girl**

In one of the boy groups, two boys talked about rumours they had heard about male circumcision. Namely, one had heard about the reuse of equipment for multiple procedures (unclear if true or not), while the other had heard that using alcohol on the circumcised area would hinder a full recovery. Some participants were aware of the effects of contraception which can be true, namely that condoms have the potential to reduce sexual pleasure.

*"One of the misconceptions around sexual reproductive health services is that in public health facilities they use the same materials during circumcision for multiple persons."* - **Boy**

Almost all boys and girls said they believed contraceptives are safe, as they had been told so by healthcare workers, in health centres, youth corners, clubs or in school. Some of the girls also shared some positive opinions they had around contraceptives:

*"Instead of being ashamed and stigmatised due to unwanted pregnancy, I can go to the health facility to ask for condoms, contraceptive pills or even contraceptive injections to prevent the consequences of unprotected sex. The services are safe."* - **Girl**

Boys and girls would seek SRH services to protect themselves against STIs, HIV and unwanted pregnancies, and to learn more about their SRH and their bodies, and have trustworthy information on the topic.

## 3. Experiences with Accessing SRH Services

Many of the boys and girls had accessed SRH services, and were using, or would use contraceptives to prevent pregnancies, STIs and HIV. The services were accessed at the local health centres or health posts, district hospitals, polyclinics, pharmacies, private health facilities, youth corners, youth clubs, school, through community health care workers, their parents and peer educators.

Among the boys and girls, both positive and negative experiences were shared with regards to accessing SRH services. Positive experiences mentioned by boys from, for example, Gatsibo were that they received detailed information about SRH services and commodities at the health centre, that they received free condoms, that they witnessed girls receiving education on menstruation, SRH and pregnancy prevention, and that they received information on how to use condoms.

*"I was satisfied with the services because I saw girls being educated about menstruation and SRH and how to prevent unplanned pregnancies by using contraceptives and the boys were educated on how to use condoms in case abstinence fails."* - **Boy**

Girls also shared some positive experiences. In Nyagatare, some girls shared that they had a positive experience at their school, which provided SRH services. One girl had received support when she had her first period at school, and another girl had received voluntary HIV testing. Other girls shared that they had talked with their parents about SRH and felt supported by them, and one girl shared she had been trained as a peer educator.

*"Yes, I accessed them [menstrual pads] at the school where it was my first time to have my period, and they took me to the girls room, I took a shower, changed my skirt and underwear and a pad. I was satisfied by the service, because I got all I needed."* - **Girl**

However, many of the boys and girls shared negative experiences when they tried accessing SRH services. Boys shared that they were not satisfied with the SRH services provided to them in the past because the health centre does not have an operational youth corner and does not provide regular counselling to adolescents, healthcare workers were rude to them or denied them services because of their age. The boys were furthermore worried about whether the healthcare worker would keep their information confidential, and free condoms were often unavailable, yet buying them was too expensive.

*"Most times, the health care workers at the health centres are rude when we ask them about these SRH services and commodities, and we do not get the information or services we were seeking."* - **Boy**

Similarly, the girls in all three districts also shared negative experiences they had lived through, such as that (community) healthcare workers were not friendly, they intimidated and discriminated against them, or they ignored them. Girls also feared the healthcare workers did not keep their confidentiality, they were denied the requested SRH services, services could not be received because there was no healthcare worker available in the youth corner to assist them, and there were long waiting times in the health centre. Lastly, girls also mentioned the unavailability of commodities, including contraceptives, menstrual pads, and kits to remove implants as a problem.

*"I was at school and I didn't get a pad because they were not available at the girls room, and this led to having blood on my skirt so that most of the students knew that I was in my period."* - **Girl**

*"I don't exactly know if it's a challenge, but I wanted an emergency contraceptive but when I went to the health centre the service provider*

*in the room was a friend to my family who is always at home, I couldn't access the service but instead sent a friend of mine because for me I didn't have money to buy them from the pharmacy because they are expensive."* - **Girl**

## 4. Key Challenges to Accessing SRH Services

The adolescent boys and girls in the three districts also shared the key challenges to accessing SRH services. Key challenges raised by boys and girls included:

- Long distances to health centres, especially in some rural areas where there are only a limited number to be found.
- Irregular hours at youth corners in some health centres.
- Adolescents feel uncomfortable seeking SRH services because oftentimes healthcare workers are older or from the opposite sex.
- Lack of confidentiality because the healthcare worker is known to them and/or their parents.
- Inadequate number of workers, SRH counsellors and community health workers to provide services.
- Available healthcare workers have limited time to provide services.
- Unaffordability of services and commodities (in private health facilities).

*"It is not easy because we have limited health posts and centres in our district, and service providers do not apply confidentiality."* - **Boy**

*"There is an issue of going into the youth corner, but you find healthcare providers that you are not comfortable talking to, because they are much older than you or you go to the same church with them, and this prevents you from talking freely."* - **Girl**

Unaffordability of services and commodities in (private) health facilities was raised as an issue across all groups of both boys and girls. While condoms were provided for free, other commodities, such as menstrual pads and STI medication, were expensive. For example, almost all girls, and even some boys, shared that menstrual pads are too expensive. Some of the adolescents also shared that even though the commodities are sometimes free, at other times they do have to pay a (service) fee, also in public health facilities. Further, even when services might be free, the health centre is often far away and consequently the travel costs are unaffordable.

*"[Menstrual] pads are too expensive for everyone to afford them."* - **Girl**

In the girl groups, some additional challenges were raised. These included that health centres only provide limited services, there are long waiting times at health facilities, there is a lack of information provided on SRH and therefore a lack of knowledge among adolescents exists, and stigma continues to be an issue when it comes to accessing SRH services. Another major challenge that was raised was that adolescents under 18 years of age are not allowed to access SRH services, such as contraceptives. Hence, many adolescents are denied services.

*"It is easy to get condoms or pads but like for rape care it is not easy in rural areas, due to limited services they provide there, like if you have been raped and they just provide you emergency contraceptives but not PrEP or other STI medication."* - **Girl**

*"Some adolescents are even faced with limited information on body changes with no knowledge of where they could get services."* - **Girl**

## 5. Accessing Youth-friendly SRH Services

When the adolescents were asked specifically about whether services are youth-friendly, most of the responses were negative. Not many of the health centres had operational youth corners, for example. Where there were specifically assigned youth corners, some issues with accessing services persisted. A girl from Nyagatare and a boy from Gatsibo mentioned the opening hours of the youth corner were too limited. Another boy from Gatsibo shared that the healthcare workers at the youth corner were unfriendly and unapproachable, making him uncomfortable to ask about SRH. On the other hand, two girls from Nyagatare shared that they had very positive experiences at the youth corner because they had received very comprehensive information on SRH.

Two boys from Gatsibo and one from Nyarugenge shared similar experiences. One boy from Gatsibo also shared that the presence of peer educators in the youth clubs helped a lot.

*"I have visited a youth corner located in a health centre, where we asked different questions and were provided with all that I wanted, they even gave me condoms without requesting them. They even taught us that even older men can give you money to have sex with them or for adolescent boys, older women can give them cars to have sex with them, and asked us to prevent that from happening to us. And they really met my needs."* - **Girl**

*"The presence of peer educators in the club makes it easier to talk about sensitive issues about SRH because they understand our perspective."* - **Boy**

## 6. The Role of Healthcare Workers

Boys and girls in all three districts were also asked to further elaborate on the role and impact healthcare workers have on their experience with accessing SRH services and commodities. The adolescents highlighted quite a few negative experiences. While supportive and friendly healthcare workers do exist, issues of confidentiality, judgement, lack of training, and availability were commonly raised. Many healthcare workers were perceived as rude, judging adolescents for seeking services, and sometimes refusing to provide services because they think the adolescents are too young. Some providers shamed adolescents for seeking SRH services, particularly if they were unmarried. There were also concerns about confidentiality, with providers often sharing private information with others, causing adolescents to hesitate in seeking help. In all of the groups, adolescents raised the issue of the low-quality services provided by some healthcare workers because they lack adequate education and training, leading to the dissemination of inaccurate information.

*"Some of the community health workers who are responsible for educating us about SRH are also not well educated about it themselves, so we end up not being given accurate information."* - **Boy**

A girl from Nyarugenge, and boys from Nyagatare and Gatsibo mentioned the limited time healthcare workers had available to help them, or that there were no healthcare workers available at all. Further, some also mentioned that healthcare workers only showed up when they wanted to. In the boy groups from Gatsibo and Nyagatare some boys believed girls received better or more comprehensive SRH services and education.

*"I also have the concern of these SRH service providers not being available whenever we need them. Most of them do not take their work seriously so they meet us whenever they want yet we can't find them when we need them."* - **Boy**

*"Some service providers demonstrate inequalities while providing services, where they provide girls with good service but not us because we are boys."* - **Boy**

Boys from Gatsibo also shared that while SRH services should be provided for free, some healthcare workers asked fees for services or commodities:

*"I also know that some of the SRH service providers are not trustworthy because sometimes they want to sell SRH commodities to us yet they are supposed to be free."* - **Boy**

Two girls from Nyagatare described how a male healthcare worker misused his power to sexually intimidate a girl seeking services:

*"What I can say about them is that there is a scenario where one of my friends had some vaginal infection, and when she went to the health facility the service provider treated her and asked her for her number that in case she has more abdominal pain she should tell him. He asked her if she is still a virgin, and the girl said yes and he told her that she has the infections because she is still a virgin. So, after some time, the service provider asked the girl to meet him because he also treated her and she has healed, so these are some of the challenges that service providers make us pass through."* - **Girl**

*"Like for male service providers, depending on the service you asked, like that friend of mine who had some vaginal infection, he will be telling others that it is easy to have sex with her."* - **Girl**

There were also a few girls and boys who had good experiences with healthcare workers that were professional, nice and well-educated.

*"I don't have an issue with them, they talk to you in a friendly way."* - **Girl**

## 7. Influence of Religious and Local Leaders

Almost all boys and girls in the three districts shared that religious leaders only preach to adolescents and unmarried couples about abstaining from sexual intercourse and that having sex while being unmarried is a sin, and do not share information on SRH. A few boys and girls from Gatsibo and Nyarugenge said that their local religious leaders did share some information on SRH, but did not specify what type of information they shared.

*"Using the holy bible, faith leaders restrict access to SRHR services, abstaining from sexual intercourse because it is a sin if you do so before marriage."* - **Boy**

Local leaders, on the other hand, were much more supportive with regards to providing SRH information or services to adolescents. The adolescent boys and girls shared that they held awareness raising activities, provided education on SRH and services, handed out free condoms and menstrual pads, and set up local clubs and youth corners. Their message is often that adolescents should abstain from sex, but if they cannot, that they should use protection to prevent unwanted pregnancies and STIs.

*"Many training and awareness campaigns are being done in our communities to educate us about accessibility of SRH services and also teach us on how we can use the available commodities to avoid unplanned pregnancies and STIs."* - **Boy**

*"Local leaders talk to us about not engaging ourselves in sexual intercourse, promoting abstinence, but instead of having unwanted pregnancies, we should use available services."* - **Girl**

However, even though they are provided with information on SRH, the adolescents explained that policies restrict them from accessing SRH services, as they have to be 18 years or older to make use of services such as family planning.

*"Local leaders teach this [during organised] family evenings but, because the law doesn't allow adolescents under the age of 18, this limits them to access the services."* - **Girl**

## 8. Sexual- and Gender-based Violence

In the group discussions with girls from Nyagatare, while no questions specifically referred to SGBV, rape was mentioned in five different parts of the conversations. They referred to seeking the emergency contraceptive if you have been raped, that the care after being raped is provided for free, that the distance to the health facility that provides rape care is far away and hence too expensive, and that you need to seek services to prevent an unwanted pregnancy or contracting HIV or STIs. Collectively, this would suggest that SGBV, and specifically rape, are relevant issues girls face in the district.

*"If I was to be raped, from home to the health centre, it takes me 1 hour on a moto which I have to pay 3000 frw for, even if the services might be affordable but the facilities are far from us."* - **Girl**

## 9. Recommendations to Improve Access to SRH Services

The adolescents gave many recommendations that could improve their access to SRH services, which were focused on awareness and education, healthcare workers, peer educators, and accessibility of services.

**Awareness and Education:** The boys and girls recommended that more awareness campaigns should be conducted through various media channels, including

radio and television, to reach more people. In line with this, another recommendation was that SRH information should be more directly accessible, without relying on third parties. Thus, provide written materials and digital platforms for self-education, or put information on often-viewed services or often-visited places. They also recommended capacity-building workshops for adolescents to increase their knowledge on SRH. One boy stated that boys and girls should be given the same education on SRH. Another boy thought parents should be educated on SRH so they can pass correct information on to their children.

*"As we have umugoroba w'Umuryango (family evening) where family members, especially moms and dads, in the community gather to discuss family issues. I would request for akagoroba k'ingimbi n'abangavu (adolescents' evening) where we will be shared with ASRH information."* - **Boy**

*"Personally, I think we should be given the same education on SRH as the one that is given to adolescent girls since we are both responsible for our sexual reproductive rights."* - **Boy**

**Accessibility of Services:** The boys and girls recommended bringing SRH services and commodities closer to the communities (especially in rural areas), to create more youth corners, to have specific days and times in health centres that are allocated to providing adolescent SRH information and services, and that commodities should be made more affordable in case they have to buy them. One girl recommended that more focus should be given to STI and HIV prevention services.

*"I suggest that more youth gatherings or youth clubs and 'youth corners' should be introduced in every community to ensure that all the adolescent boys and girls acquire knowledge about SRHR."* - **Boy**

*"I recommend that they also put much effort in raising awareness to provide services for STIs and HIV, because they don't pay much attention to this, but on teenage pregnancy as well as family planning."* - **Girl**

**Healthcare Workers:** One of the main challenges for the boys and girls in accessing SRH services is related to healthcare workers. They therefore recommended that healthcare workers should be given more training on SRH so they can provide accurate information to clients, and they should also be taught how to specifically provide adolescent-friendly SRH information and services. The adolescents also recommended that healthcare workers should be trained on the importance of keeping adolescents' confidentiality when they visit the health centre.

*"I suggest that the community health workers be given enough training to educate adolescents on SRH issues and pass the accurate information."* - **Boy**

*"They should be providing these service providers with training about confidentiality, not talking to others about your issue, or asking you publicly if the service he or she provided with you, was useful."* - **Girl**

They also recommended the setting up of a reporting system so they could report any negative experiences with accessing SRH services from a healthcare worker.

*"Service providers should be given training and guidelines for their work, and those who do different with what the guidelines say, should be punished."* - **Girl**

Some adolescents also recommended that there should be more healthcare workers at the health centres to provide SRH services.

**Peer Educators:** One recommendation made across the boy and girl groups was that the government should invest in training and deploying peer educators or healthcare workers, of the same sex, who are close in age to the adolescents they serve. This would make the adolescents much more comfortable when accessing SRH services.

*"Including our peers in community healthcare workers or service providers at the facilities, not our parents or our parents' agemates, so that we would feel comfortable accessing ASRH services without the fear of how confidential your information will be kept."* - **Boy**

*"Me too I can't go far from what my peers were saying, because I can't be more comfortable talking to older people than my peers, because we have a lot in common so she is the right person to talk to. Because if I don't feel comfortable asking an older person about the service, it brings more health issues to me."*
- **Girl**

# Conclusions

The group discussions laid bare serious challenges that adolescents face in realising their SRH. Adolescents seemed to have general knowledge about SRH, gained through various sources. They understand SRH in the context of puberty-related changes and have awareness of SRH services and commodities including condoms and contraceptives, as well as STI and HIV prevention. However, misconceptions exist, and access to services is hindered by challenges, such as distance, cost, and discomfort with healthcare workers. Negative experiences with unfriendly healthcare workers and service unavailability are also common. Views on youth-friendly services are mostly negative, with concerns about limited access and unfriendly staff. While healthcare workers play a crucial role, issues like rudeness, judgement, and confidentiality breaches persist, making adolescents hesitant to access SRH services. Religious leaders primarily emphasise abstinence, while local leaders are more involved in SRH education and services, yet challenges remain in ensuring comprehensive access to SRH services for adolescents.

## Girls' Perceptions of Rape

A particularly concerning theme, particularly among girls in the district of Nyagatare, was that of SGBV. The consistent referral to rape as part of these conversations suggests that it is an issue that plays a major part in the lives of girls in the district and beyond. More research is needed on this subject, from which recommendations for measures and actions to counter SGBV can be developed.

In conclusion, open discussions on SRH are pivotal in reshaping misconceptions and barriers surrounding access to services. The current scenario, where adolescents possess knowledge about contraceptives and SRH but face restricted access to SRH services due to the lack of SRH service provision and societal, cultural, and religious stigmas, underscores the urgent need for upscaling of SRH services, inclusive dialogues and widespread awareness creation. Ultimately, having open discussions on SRH is not just about knowledge dissemination; it is about creating an inclusive, supportive environment that empowers adolescents to make informed choices and access essential services, ultimately leading to better health outcomes and overall well-being for young people and their communities.

## Key Takeaways

Most adolescents have at least a certain level of knowledge on SRH. They also know about different types of contraceptives, and STI and HIV prevention. However, due to social and normative barriers, unprofessional healthcare workers and lack of service provision, adolescents face challenges accessing SRH services. Therefore:

1. Awareness and educational campaigns on SRH should be more wide-spread, targeting adolescents as well as the wider community.
2. Policy changes are needed so adolescents younger than 18 years are also allowed to access SRH services, particularly contraceptive commodities.
3. A change is needed in the attitudes of some healthcare workers: their rudeness, unfriendliness and lack of keeping confidentiality significantly hinder access to SRH services for adolescents. Better training, guidelines and reporting systems in case they do not deliver quality services are recommended.
4. Addressing the limited number of health facilities in rural areas, and the effective functioning of youth corners in general, is crucial in facilitating the use of SRH services by adolescents. In these centres or corners, professional and youth-friendly healthcare workers should be employed so adolescents can seek information and services without fear or shame. A model of peer-to-peer service provision is recommended.
5. Further research and action is needed to gain more insight into the extent of SGBV experienced by girls.

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