



"Together As one For A Healthy Society"

-REPORT-

*Fact-Finding Analysis on the Correlation
Between Teenage Pregnancy and Inadequate
Access to SRHR Services.*

March 2024

TABLE OF CONTENTS

TABLE OF CONTENTS	2
ABBREVIATIONS.....	4
EXECUTIVE SUMMARY.....	5
KEY FINDINGS	5
1. Rationale of the study.....	7
2. Purpose of the assessment.....	8
3. Methodology.....	8
4. Findings and discussion	9
4.1. Situation of adolescents SRHR in Rwanda: Overview.....	9
4.2. Facts on linkages between teenage pregnancies and inadequate access to SRHR services.....	11
4.3. Restrictive policies and laws governing human reproductive health.....	12
4.4. Poverty among communities and households	14
4.5. Peer pressure, Drug and alcohol use among adolescents.....	15
4.6. The place of child sexual abuse	17
4.7. Negative media influence over teenage behaviour	18
5. Leading effects and consequences of teenage pregnancy.....	21
5.1. School abandonment resulting from early pregnancy among adolescent girls.....	21
5.2. Unsafe Abortions and maternal deaths among young women	22
5.3. Increase of vulnerability of adolescents to HIV/AIDS.....	24
5.4. Family conflicts resulting from teenage pregnancy	25
6. Other effects/Consequences	26
6.1. Social stigma, fatherless children and increased dependency burden and economic hardship	

CONCLUSION & RECOMMENDATIONS.....28

REFERENCES31

ABBREVIATIONS

CLADHO	: Collectif des Ligues et Associations de Défense des Droits de l’Homme
CSE	: Comprehensive Sexuality Education
ESA	: East and Southern Africa
FVA	: Faith Victory Association
GBV	: Gender-Based Violence
ICPD	: International Conference on Population and Development
IMRO	: Association des Jeunes pour la Promotion des Droits de l’homme
LACSF	: Legal Aid Forum through the Legal Aid Civil Society Fund
PALAY	: Promoting Access to Legal Aid for Youth
RBC	: Rwanda Biomedical Center
RDHS	: Rwanda Demographic and Health Survey
RPHIA	: Rwanda Population-based HIV Impact Assessment
RPHIA	: Rwanda Population-based HIV Impact Assessment
RWAMREC	: Rwanda Men’s Resource Center
SRH	: Sexual Reproductive Health
SRHR	: Sexual Reproductive Health and Rights
UNCRC	: United Nations Committee on the Rights of Child
UNICEF	: United Nations Fund for Children
WHO	: World Health Organization

EXECUTIVE SUMMARY

Commissioned by Ihorere Munyarwanda Organization in partnership with AmplifyChange, this assessment investigated the relationship between teenage pregnancies and the accessibility of SRHR services in Rwanda. The assessment coverage comprises five districts including Ruhango, Gicumbi, Rusizi, Gatsibo, and Nyarugenge. IMRO Rwanda recognizes that teenage pregnancies stand as a significant global public health challenge, exerting profound impacts on the health, educational attainment, and socio-economic status of adolescents and from this perspective IMRO Rwanda and its stakeholders need evidence-based information to improve the interventions and approaches. Recognizing the imperative to comprehend the relationship between teenage pregnancies and access to SRHR services, the assessment aims to provide empirically-grounded insights essential for fashioning effective interventions. Its primary objective was to deliver evidence-based analysis, clarifying the correlation between teenage pregnancies and the insufficiency of accessible SRHR services. This report consists of three main sections: (i) introduction and methodology used to gather data, (ii) findings and discussions, (iii) conclusion and recommendations. The report will guide IMRO Rwanda and its stakeholders in strategic interventions to effectively address reproductive health related issues including teenage pregnancies.

KEY FINDINGS

- ✓ *The analysis highlights the significant correlation between teenage pregnancies and the lack of access to comprehensive sexual and reproductive health and rights (SRHR) services and information among adolescents. Part of highlighted issues include limited knowledge about contraception and reproductive health, as well as inadequate access to youth-friendly service points;*
- ✓ *Despite legal and policy reforms, teenage pregnancy remains prevalent among girls under 18 years old. Adolescents, especially girls, are at a higher risk of sexual abuse, contributing to the prevalence of teenage pregnancies outside wedlock. Victims of teenage pregnancy often face social stigma and discrimination;*
- ✓ *The study highlighted common attitudinal behaviors among parents, families, society, and even health service providers, contributing to the isolation and abandonment of pregnant*

adolescents. Some families or parents have been pointed out being the cause by forcing affected girls to leave school and abandonment by the responsible partner;

- ✓ *Despite efforts, access to adolescent-friendly SRHR services and information remains problematic with low knowledge among youth and limited-service points tailored to meet the specific needs of adolescents;*
- ✓ *While several studies have been conducted on teenage pregnancy since 2015 in Rwanda, there is still limited accountability and policy action to address the prevalence and effects of teenage pregnancy.*

1. Rationale of the study

In Rwanda, as per the findings of the Rwanda Health and Demographic Survey Report 2019-2020, teenage pregnancy has emerged as a significant concern, with 5% of women aged 15-19 having initiated childbearing, and 4% having already given birth.¹ Furthermore, research indicates that teenage pregnancy poses a significant threat to the health and prospects of young mothers. Adolescent mothers are at higher risk of experiencing pregnancy complications and are less likely to seek appropriate medical care, thereby increasing their vulnerability to delivery complications and mortality associated with childbirth.² Teenage pregnancy also hampers the education of the adolescent mothers, as they often drop out of school to care for their child, thereby diminishing their future prospects in competing within the job market. Additionally, teenage fathers face similar challenges, as they may be compelled to assume paternal responsibilities at a young age or even leave their homes due to concerns about interrogation or legal repercussions.³

Around 85% of adolescent pregnancies occur among adolescents who are enrolled in school, with only a minority affecting those who do not have access to any formal education.⁴ In this scenario, peer pressure and the influence of social media on young people contribute to the high prevalence of adolescent pregnancies, particularly among those enrolled in school. This highlights the intricate nature of adolescent pregnancies, which are not solely attributed to a lack of sexual and reproductive health education but rather arise from a multifaceted interplay of socio-cultural, economic, and personal factors⁵. Typically, childbearing impacts approximately 0.8% of female adolescents aged 12–17, posing a significant concern for the country and posing risks to the health of both the mother and the child. It also jeopardizes the emotional well-being of the mother and impedes her ability to pursue education.⁶ This assessment has not extensively investigated the prevalence of teenage mothers compelled to enter into marriages with the fathers of their

¹ Demographic and Health Survey Report (2019-2020).

² UNESCO ‘Report on Eastern and Southern Africa (ESA) Ministerial Commitment Meeting and Affirmation Ceremony’ (2013).

³ UNESCO ‘Report on Eastern and Southern Africa (ESA) Ministerial Commitment Meeting and Affirmation Ceremony’ (2013).

⁴ A Nkurunziza et al ‘Breaking barriers in the prevention of adolescent pregnancies for in-school children in Kirehe district (Rwanda): A mixed-method study for the development of a peer education program on sexual and reproductive health’ (2020).

⁵ A Nkurunziza et al (2020).

⁶ A Nkurunziza et al (2020).

children. However, available evidence indicates that teenage pregnancy often pushes victims into early or forced marriages to secure essential care support or to flee from familial neglect or potential legal repercussions from their responsible partners. In Rwanda, according to the 2020 law governing individuals and families, the minimum legal age for marriage is set at 21 years⁷. The Penal Code stipulates punishments for individuals involved in arranging forced marriages for minors. Anyone cohabiting with or attempting to cohabit with a child as a spouse will face the same penalties as those for committing sexual acts with a child.⁸

Adolescent pregnancies give rise to significant psychosocial challenges, including the trauma stemming from discrimination within their communities and schools, with some being labeled as "bad examples" to other girls. These circumstances culminate in adverse outcomes such as children living on the streets, instances of child abandonment, early marriages, child labor, heightened rates of school dropout, and involvement in prostitution. These consequences have far-reaching effects on teenagers, their families, and the government alike.⁹

2. Purpose of the assessment

The study aimed at analyzing existing facts of correlation between teenage pregnancies and inadequate access to SRHR information and services among young people in Rwanda.

3. Methodology

A comprehensive methodology was employed to investigate the correlations between teenage pregnancies and insufficient access to SRHR services across five districts. The two techniques were used to collect the data for analysis. Mixed qualitative methods approach was employed, combining group interviews known as Focus Group Discussions [5 of 10-12 participants each] and individual interviews. Data were collected through structured surveys among adolescents aged 13-19, focusing on demographics, sexual behaviors, and access to SRHR services. Other insights were gathered through in-depth interviews with key stakeholders, including healthcare providers, and CSOs in five districts, to explore systemic factors influencing access to SRHR services.

⁷ The law of 2020 amending the law of 2016 governing persons and family in Rwanda

⁸ The Law of 2018 determining offences and penalties in general. Article 195

⁹ A Nkurunziza et al (2020).

4. Findings and discussion

The findings and discussions section offers a comprehensive examination of the complex relationship between teenage pregnancies and the accessibility of SRHR services in Rwanda. Exploring into the experiential data collected through thorough methodology, this section provides insights into the nuanced dynamics shedding light on the challenges and opportunities in addressing teenage pregnancies within the context of SRHR service provision in Rwanda. Through in-depth analysis and robust discussions, the section clarifies the correlations, barriers, and potential pathways for intervention, placing the groundwork for informed decision-making and strategic action in tackling these pressing public health issues in Rwanda.

4.1. Situation of adolescents SRHR in Rwanda: Overview

Teenage pregnancy remains a pressing global issue with profound social, economic, and health implications. Despite efforts made by Rwanda government to address this challenge, inadequate access to Sexual and Reproductive Health and Rights services persists as a significant contributing factor. This section presents a comprehensive analysis of the correlation between teenage pregnancy and insufficient access to SRHR services, drawing on findings recorded during our assessment.

Adolescents in Rwanda encounter a myriad of complex challenges when attempting to access SRH information and services, including contraceptives. These hurdles are rooted in various factors, as revealed by findings from five Focus Group Discussions (FGDs) conducted across five districts, combined with a desk review.

Restrictive laws and policies pose significant barriers to adolescents' access to necessary SRH resources. Insights from the FGDs highlighted how legal frameworks often impede young individuals' ability to obtain essential services and information. Moreover, biases among healthcare workers exacerbate these challenges. Participants emphasized instances where healthcare providers exhibited reluctance or judgment when addressing adolescents' sexual health needs, leading to further difficulties for young individuals seeking assistance.

Furthermore, adolescents' limited knowledge and financial constraints were identified as key obstacles to accessing SRH information and services. The FGDs revealed how adolescents' lack of comprehensive understanding about contraception and reproductive health further compounds

their difficulties in seeking appropriate care. Financial barriers, including the cost of contraceptives and transportation to healthcare facilities, were also cited as significant impediments.

Moreover, adolescents frequently lack the autonomy to make independent decisions regarding the consistent use of contraceptives, which hampers their ability to effectively manage their reproductive health. Insights from the FGDs underscored how societal norms and familial dynamics often restrict adolescents' agency in making informed choices about their SRH.

Additionally, findings from both the FGDs and desk review shed light on the pervasive issue of sexual violence among adolescents in Rwanda. According to UNICEF, alarming statistics reveal that 5 out of 10 girls and 6 out of 10 boys experience at least one form of violence, including sexual, physical, or emotional abuse, before reaching the age of 18¹⁰. This grim reality exacerbates the prevalence of unplanned pregnancies among teenagers and underscores the urgent need for comprehensive measures to address the multifaceted barriers faced by adolescents in accessing SRH services.

The findings from the FGDs and desk review paint a stark picture of the challenges adolescents encounter in accessing SRH information and services in Rwanda. Addressing these barriers requires holistic approaches that encompass legal reforms, healthcare provider training, comprehensive education initiatives, and efforts to combat sexual violence. Only through concerted action can Rwanda ensure that adolescents have the support and resources necessary to make informed decisions about their sexual and reproductive health.

¹⁰ Ministry of Health (MOH): Violence against Children and Youth: findings from National Survey, 2015-16. Kigali, Rwanda (2017) <https://www.unicef.org/rwanda/media/181/file/Violence-against-Children-Youth-Survey-2015-16.pdf> , Accessed December 2021.

4.2. Facts on linkages between teenage pregnancies and inadequate access to SRHR services.

The link between teenage pregnancies and insufficient access to Sexual and Reproductive Health and Rights (SRHR) services among adolescents in Rwanda is striking and supported by a range of factual evidence. Rwanda stands out with one of the highest rates of teenage pregnancies in Sub-Saharan Africa, with UNICEF data indicating that around 19% of girls aged 15-19 are already mothers. Despite ongoing efforts to enhance accessibility, adolescents continue to face hurdles in obtaining comprehensive SRHR services. According to the Rwanda Demographic and Health Survey (RDHS) 2019-2020, merely 30% of sexually active unmarried young women aged 15-19 had received information about contraceptives from healthcare providers.

Several obstacles impede adolescents' access to SRHR services, including societal stigma, confidentiality concerns, financial constraints, and geographical barriers to service facilities. These challenges disproportionately affect marginalized groups, particularly rural youth and those from low-income backgrounds. The repercussions of limited access to SRHR services are starkly reflected in the high prevalence of teenage pregnancies in Rwanda.

In the absence of comprehensive information on contraception, reproductive health, and family planning, adolescents are more susceptible to engaging in unprotected sexual activities, leading to unintended pregnancies. Such pregnancies entail significant health risks for both the adolescent mothers and their offspring, including complications during pregnancy and childbirth, heightened maternal mortality rates, and disruptions to the educational trajectories of young mothers. Additionally, teenage mothers often encounter social stigma and discrimination, exacerbating their vulnerability and constraining their prospects for social and economic advancement.

In conclusion, the correlation between teenage pregnancies and inadequate access to SRHR services among adolescents in Rwanda is underscored by the alarming prevalence of pregnancies among young girls and the persistent challenges in accessing comprehensive SRHR information and services. Addressing these barriers is imperative for curtailing teenage pregnancies and fostering the health and well-being of adolescents across Rwanda.

4.3. Restrictive policies and laws governing human reproductive health

Among the determinant factors contributing to teenage pregnancy in Rwanda, legal and policy barriers concerning adolescents' sexual and reproductive health (SRH) play a significant role. The legal framework, as highlighted by discussions, presents obstacles to adolescents' autonomy in making decisions regarding their reproductive health. Article 7 of Law N° 21/05/2016 pertaining to human reproductive health affirms the right of individuals who have attained majority age to decide for themselves in matters relating to reproductive health¹¹.

However, the age of majority, set at 18 years according to article 113(1) of Law N°32/2016 governing persons and family, implies that the age of consent for reproductive health issues is likewise 18 years¹². Although the law doesn't explicitly specify the age of consent for sexual activity, article 133 of Law N°68/2018 permits children aged at least 14 years to engage in consensual sex with peers of the same age without sanction. However, the provision under article 11 of Law No 49/2012 on medical professional liability insurance prohibits minors from seeking healthcare services without parental or legal guardian consent¹³.

We deplore the fact that article 11 of the Law No 49/2012 on medical professional liability insurance does not allow minors to seek healthcare services without the prior consent of their parents or legal guardians.¹⁴ Moreover, despite acknowledging the challenges of accessing reproductive health services leading to unwanted pregnancies, the National Youth Policy lacks a specific strategy to address this issue. Similarly, while the National School Health Policy recognizes teenage pregnancies as critical, it lacks concrete actions to mitigate them within schools.¹⁵ Statistics from a rapid assessment by CLADHO revealed alarming figures, with an average of 818 teenage girls getting pregnant before the age of 18 within two years¹⁶. Most pregnancies occurred due to sexual violence (75%) or voluntary sexual intercourse (25%), with consequences including

¹¹ The Law of 2016 relating to human reproductive health. Article 7.

¹² The Law of 2016 governing persons and family in Rwanda. Article 113 (1).

¹³ The Law of 2018 determining offences and penalties in general. Article 133.

¹⁴ The Law 2012 on medical professional liability insurance. Article 11.

¹⁵ HDI Policy Brief (2019).

¹⁶ CLADHO Report on early/unwanted pregnancy for under 18 years in 10 districts of Rwanda. Available at <<http://www.cladho.org.rw/fileadmin/templates/document/REPORT_OF_THE_RAPID_ASSESSMENT_ON_TEEN_AGE_PREGNANCY.PDF>> Accessed on 10 December 2018.

school dropout (50%), poverty (19%), depression (11%), and discrimination (5%)¹⁷. Additionally, research conducted by Imbuto Foundation found that only 34.2% of first-time young mothers aged 15-19 used contraceptive methods post-delivery. The consequences of teenage pregnancies are severe, as babies born to mothers under 20 years face a 50% higher risk of stillbirth or neonatal death compared to those born to older mothers¹⁸.

Statistics from the World Health Organization (WHO) also show that 23 girls aged 15 to 19 years in developing regions have an unmet need for modern contraception.¹⁹ As a result, half of pregnancies among girls aged 15 to 19 years in developing regions are estimated to be unintended.²⁰ Research has shown that babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions.²¹

Despite the visible political will and a gender progressive policy in Rwanda, life for many women and girls is both disadvantaged and precarious. Raised to be obedient, subservient and have little to no voice in terms of their own future and rights, Rwandese girls are quite often subjugated by society at different levels and not least in terms of their sexual and reproductive health. The Rwandese culture is very patriarchal. As a result, so women and girls do not have power to make decisions for their own self, particularly when it comes to sexual reproductive rights.²² Sex is still a taboo even though sexuality education is part of the curriculum, often the teacher is not confident to deliver the information, and it is not something they feel comfortable to talk about. They feel they cannot introduce these ideas to children.²³ Sex is reserved for those who are married, said a

¹⁷CLADHO Report on early/unwanted pregnancy for under 18 years in 10 districts of Rwanda. Available at <<http://www.cladho.org.rw/fileadmin/templates/document/REPORT_OF_THE_RAPID_ASSESSMENT_ON_TEEN_AGE_PREGNANCY.PDF Accessed on 10 December 2018.

¹⁸ CLADHO Report on early/unwanted pregnancy for under 18 years in 10 districts of Rwanda. Available at <<http://www.cladho.org.rw/fileadmin/templates/document/REPORT_OF_THE_RAPID_ASSESSMENT_ON_TEEN_AGE_PREGNANCY.PDF Accessed on 10 December 2018.

¹⁹ World Health Organisation (WHO) 'Contraception: Contraception enables people to make informed choices about their sexual and reproductive health', evidence briefs (2019), available at : <https://apps.who.int/iris/bitstream/handle/10665/329884/WHO-RHR-19.18-eng.pdf?ua=1>

²⁰ World Health Organisation (WHO) 'Contraception: Contraception enables people to make informed choices about their sexual and reproductive health', evidence briefs (2019), available at: <https://apps.who.int/iris/bitstream/handle/10665/329884/WHO-RHR-19.18-eng.pdf?ua=1>

²¹ World Health Organisation (WHO) 'Contraception: Contraception enables people to make informed choices about their sexual and reproductive health', evidence briefs (2019), available at: <https://apps.who.int/iris/bitstream/handle/10665/329884/WHO-RHR-19.18-eng.pdf?ua=1>

²² Haguruka Organisation 'The Readiness of the Community to Address Teenage Pregnancy in Rwanda': *A study conducted in the seven districts of Eastern Province* (2018).

²³ Haguruka Organisation 'The Readiness of the Community to Address Teenage Pregnancy in Rwanda': *A study conducted in the seven districts of Eastern Province* (2018).

teacher in one of collected information in study reports consulted. Similarly, the ever-increasing number of unwanted teenage pregnancies in Rwanda is usually attributed to lack of sex education right from the family.

4.4. Poverty among communities and households

In light of the findings presented in the report of participatory research that documented on attitudes, perceptions and needs of teenagers, teen mothers and community members towards teenage pregnancy in Huye and Kicukiro districts, teens who become pregnant often come from families of low socio-economic status.²⁴ Growing up, these children often come from families who are suffering from poverty and do not have all the necessary resources to raise their child. It is highlighted in this report that, in general teenage pregnancy is a result of poor living conditions in families. The report stresses that adolescent girls from poor families often find themselves in a situation of unmet needs and many end up by getting early pregnancies as they seek ways to meet their needs. In addition, very often these children drop-out the school due to lack of means and find themselves into bad sexual behaviors with more risks of getting pregnancy.²⁵

Regarding the poverty, the report by CLADHO revealed that pregnancy among young girls is rampant.²⁶ The study indicates that 49% of the girls are impregnated by colleagues while 20% others are impregnated by family friends. Poverty or low socio-economic status is further linked to low levels of family connectedness.²⁷

Based on the findings from the Focus Group Discussions conducted across five districts, it's evident that children and youth growing up in these areas lack strong role models and individuals to learn from. These households, characterized by low socio-economic status, often experience prevalent abuse, exposing youth to unsafe and distressing conditions. Whether it's experiencing abuse firsthand or witnessing domestic violence, adolescents are frequently disconnected from their families, potentially leading to impaired decision-making. This lack of familial connectedness

²⁴ FVA, et al (2019).

²⁵ FVA, et al (2019).

²⁶ CLADHO Report on early/unwanted pregnancy for under 18 years in 10 districts of Rwanda. Available at http://www.cladho.org.rw/fileadmin/templates/document/REPORT_OF_THE_RAPID_ASSESSMENT_ON_TEENAGE_PREGNANCY.PDF , Accessed December 2022.

²⁷ CLADHO Report 2018.

discourages youth from confiding in the adults at home and instead drives them towards associating with other troubled peers experiencing similar challenges²⁸.

With their lack of education and knowledge about reproduction, these teens engage in unprotected and unsafe sexual activity and do not know about the available contraceptives nor do they explore their options. Even if the adolescents have some form of contraception, they are using them not properly, which makes them useless during sexual activity. Teenagers simply engage in intercourse at very young ages, and may have multiple partners, which further leads to increased risks of pregnancy. Poverty, which means the state of being poor make teenage girls to be trap by their age mates' males or older people.

In the support of the above statement, a personal story by Clarisse (adolescent aged 16) affirmed:

“Due to a lack of sufficient learning resources at home, I frequently visited my boyfriend, who was also my classmate, to study together and borrow some of his books. Our relationship deepened as we spent time together, leading to a serious commitment. Unfortunately, our intimacy resulted in pregnancy”.

4.5. Peer pressure, Drug and alcohol use among adolescents

Drawing insights from the Focus Group Discussions, particularly those involving teen mothers in Gatsibo district, it's apparent that a considerable portion of teen pregnancies occur unexpectedly. Preconception substance use emerges as a noteworthy risk factor contributing to unintended pregnancies. Furthermore, both teenage pregnancy and substance use among adolescents are recognized as pressing national public health issues that necessitate attention for better outcomes. Unplanned pregnancies are associated with higher rates of maternal infections²⁹, obstetric complications, low birth weight, childhood growth stunting, poor child development, and subsequent child abuse or neglect. Based on the findings gleaned from the Focus Group Discussions with teen mothers in Gicumbi district, it's evident that substance use among adolescents heightens the likelihood of unplanned pregnancies. Consequently, this raises concerns about fetal exposure

²⁸ CLADHO Report 2018

²⁹ D Uwizeye et al 'Prevalence of teenage pregnancy and the associated contextual correlates in Rwanda' (2020).

to addictive substances. Addressing this issue requires targeted interventions aimed at promoting pregnancy planning and contraception among substance-using individuals of reproductive age³⁰.

Children from such family environment grow-up to have low educational goals and successes because of the lack of involvement from their own parents. These young kids then predisposed to a negative environment end-up with less ambition to succeed in school and begin making friendships with other teens who are going through similar situations as them. It is these groups of teens who begin to experiment with drugs and alcohol and do not do very well in school.³¹

During adolescence, teenagers may drink and experiment with drugs frequently with their friends at social gatherings and parties. Teens, however, do not realize the impacts alcohol and drugs have on the functioning of their brain, especially the effects of binge drinking which is consuming large amounts of alcohol during one sitting. These substances greatly affect a teen's ability to logically think and carry out general thinking processes, thus increases the risks for them to engage in unprotected and unsafe sexual activity.³² When adolescents become socially disconnected from family, school, community they may seek comfort and a sense of security through drug use, and find support and ready acceptance from other peer's users of drugs.

Different consulted study reports indicate that the role of peer groups as agents of socialization could have dicey consequences on the lifestyle of teenagers especially in the area of sexual activity. Peer pressure has influence on the typical teenager's perception about sexuality so much so that teenagers tend to conform to the norms about sexual behaviour which are deemed acceptable to the peer group to which he or she belongs.³³ Ultimately, peer pressure has been found to significantly influence teenage pregnancy and parents and guardians should be mindful of the friends their children have.³⁴ Educators, counsellors and other stakeholders in the school setting should pay close attention to teenagers in this crucial stage of their development and apply tact in

³⁰D Uwizeye et al 'Prevalence of teenage pregnancy and the associated contextual correlates in Rwanda' (2020).

³¹ Eragbai Isuku J 'Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis' University of Ibadan (2015).

³² J Ngamiye & C Yadufashije 'Understanding youth with substance use disorders (SUDs) in Rwanda: A health promotion perspective (2020).

³³ Eragbai Isuku J '*Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis*' University of Ibadan (2015).

³⁴ Eragbai Isuku J 'Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis' University of Ibadan (2015).

giving reorientation to pupils who exhibit character traits that are symptomatic of deficiencies in parental upbringing as this can curtail the influence they may have on their peers.³⁵

In light of the findings from the study report on ‘attitudes, perceptions and needs of teenagers, teen mothers and community members towards teenage pregnancy’ conducted in Huye and Kicukiro districts, pressure from peers is another major cause of teenage sexual abuse. Often females may be pressured or forced by an older male partner to engage in sexual activity.³⁶ A personal story collected during the focus group discussions indicate:

“My boyfriend resorted to manipulation to convince me to engage in unprotected sex, believing it to be a demonstration of genuine affection”.

These young females out of fear may feel forced to engage in unprotected sex without a choice, particularly those coming from poor family backgrounds.³⁷ Peer pressure may also be prevalent in a different form while in relationships adolescents may be pressured by their partner to have unsafe and unprotected sex in order to express their ‘love’ and ‘true feelings’ for their partner³⁸.

4.6. The place of child sexual abuse

Early child sexual abuse serves as a significant factor contributing to early pregnancies among adolescents, a conclusion drawn from insights gathered through Focus Group Discussions conducted with teen mothers and adolescents in Rusizi district. These discussions highlighted that instances of early pregnancies among adolescents are often linked to experiences of early child sexual abuse. Such traumatic events not only increase the risk of early pregnancies but also have profound psychological and emotional effects on the affected individuals.

Moreover, the FGDs underscored the urgent need for comprehensive interventions addressing both the prevention of early child sexual abuse and the provision of support and resources for

³⁵ Eragbai Isuku J ‘Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis’ University of Ibadan (2015).

³⁶ Eragbai Isuku J ‘Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis’ University of Ibadan (2015).

³⁷ Eragbai Isuku J ‘Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis’ University of Ibadan (2015).

³⁸ Eragbai Isuku J ‘Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis’ University of Ibadan (2015).

survivors. By addressing the root causes of early pregnancies, including early child sexual abuse, targeted initiatives can help mitigate the prevalence of adolescent pregnancies and promote the well-being of young individuals in Rusizi district and beyond.

In addition to peer pressure, sexual abuse stands out as another significant factor contributing to teenage pregnancies. Child defilement, constituting a criminal offense and a blatant violation of girls' rights, presents a multifaceted challenge with profound repercussions. It inflicts trauma and suffering upon innocent children, with long-term implications affecting various aspects of their lives, including health, education, economy, and social well-being. Preventing child defilement demands substantial investment in resources, strong leadership, and a collaborative commitment from all stakeholders.

According to the Rwanda Investigation Bureau report, there was an upward increase of 27.9% (876 cases) of investigated cases when comparing data from 2018-2019 and 2019-2020 fiscal year (3,137 to 4,013 respectively). The same report states that victims of child defilement slightly increased from 3,215 victims in 2019 to 4,265 in 2020. Counting 1,239 (29.1%) of victims under 10 years old in 2020. 98% of these cases are girls.³⁹ Girls remain the main victims of these harmful practices, and unfortunately, they continue to be silenced and unable to enjoy their rights.

Early sexual abuse has been linked to later teen pregnancies. Some children have unfortunately been sexually abused by predators or even family even prior to entering puberty. These young kids often are unable to inform a trusted adult about the situation due to fear of being harmed by their predator.⁴⁰ These situations, further affect the child as they enter adolescence and increases chances of teen pregnancy.⁴¹

4.7. Negative media influence over teenage behaviour

Research findings indicate that teenagers' engagement with social media and technology reveals a significant trend, with 24% of adolescents accessing the internet almost continuously. This constant online presence is facilitated by the widespread accessibility of mobile devices⁴². Internet and its

³⁹ Rwanda Investigation Bureau Report 2021.

⁴⁰ Eragbai Isuku J 'Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis' University of Ibadan (2015).

⁴¹ Eragbai Isuku J 'Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis' University of Ibadan (2015).

⁴² A Lenhart 'Teens, Social Media & Technology Overview' (2015).

usage have become an issue of great concern due to its imperceptibility yet devastating effects on teens. Because of their limited capacity for self-regulation and susceptibility to peer pressure, children and adolescents are at some risk as they navigate and experiment with social media. Recent research indicates there are frequent online expressions of offline behaviors, such as bullying, clique-forming, and sexual experimentation. Other problems that merit awareness include Internet addiction and sleep deprivation.

Many contemporary parents demonstrate adeptness in utilizing technology and feel confident navigating the various programs and online platforms their children and adolescents frequent. However, some parents may encounter challenges in connecting with their digitally proficient youngsters online due to several factors. These parents may lack a fundamental comprehension of the new modes of social interaction integral to their children's lives. Often, they do not possess the technical know-how or the time required to keep pace with their children in the constantly evolving online landscape. Additionally, these parents may overlook the fact that their kids' online activities are an extension of their offline lives. Consequently, a knowledge and technical skill gap often emerges between parents and youth, leading to a disconnect in their joint participation in the online realm.

Due to convenience and constant access provided by mobile devices particularly by the smart phones, over 92% of teens indicated online visits as daily practice. Studies show that Facebook remains the most used social media site with 71% teens aged between 13 and 17 in the world using the site and that teenage girls use social media sites and platforms particularly visually oriented ones for sharing more than their male counterparts do.⁴³

Adolescents use electronic media in large numbers and are therefore uniquely positioned to be particularly vulnerable to its effects. Adolescents usually use Television, Radio, the Internet and Social Networking Sites such as Facebook and YouTube for information and other usage.⁴⁴

A strong source of influence on adolescent attitudes, intentions and behaviors is the media. Social media are form of media created by adolescents, and thus they combine both peer and media effects. Through a single website such as Facebook and YouTube, millions of adolescents are now

⁴³ A Lenhart 'Teens, Social Media & Technology Overview' (2015).

⁴⁴ K Kamke et al 'Evaluation of an Online Sexual Health Program among Adolescent Girls with Emotional and Behavioral Difficulties' (2021).

linked to other adolescents online. Each of these ties represents a potential tie of influence. Preliminary evidence suggests that displays of sexual material on Facebook are associated with the reported intention to become sexually active among teenagers⁴⁵.

Using social media becomes a risk to adolescents more often than most adults realize. Most risks fall into the following categories: peer-to-peer; inappropriate content; lack of understanding of online privacy issues; and outside influences of third-party advertising groups. Cyberbullying is deliberately using digital media to communicate false, embarrassing, or hostile information about another person. It is the most common online risk for all teens and is a peer-to-peer risk.

In one American study, adolescents who viewed sexual references on their peers Facebook profiles, found them to be believable and influential sources of information⁴⁶. Another study in the U.S found that, adolescents who perceived sex to be normative based on others Facebook profiles were more likely to report an interest in initiating sex⁴⁷.

Adolescents are more likely to display references to sexual behavior if a peer displayed similar references. The other concern of the influence of electronic media to teenage pregnancy is sexting which involves sending, receiving, or forwarding sexually explicit messages or pictures via a cell phone or over the internet via email or a social networking site⁴⁸.

The media has a large effect on teen pregnancy, especially shows and pornography. These shows often glamorize pregnancy and hide the true hardships associated with pregnancy, which encourages these teens to become pregnant.⁴⁹ The same shows create the need for sexual intercourse pushing the youth into sexual activity. Some teenage females become pregnant just so they are able to drop out of high school or to force their partners into a deeper commitment.

A personal story collected, an interviewed affirmed that⁵⁰:

⁴⁵ K Kamke et al 'Evaluation of an Online Sexual Health Program among Adolescent Girls with Emotional and Behavioral Difficulties' (2021).

⁴⁶ M Moreno & J Whitehill 'Influence of Social Media on Alcohol Use in Adolescents and Young Adults' (2014).

⁴⁷ D Litt & M Stock 'Adolescent Alcohol-Related Risk Cognitions: The Roles of Social Norms and Social Networking Sites' (2011).

⁴⁸ G F, Dunton et al 'Investigating Children Physical Activity and Sedentary Behavior using Ecological Momentary Assessment with Mobile Phones' (2010).

⁴⁹ G F, Dunton et al 'Investigating Children Physical Activity and Sedentary Behavior using Ecological Momentary Assessment with Mobile Phones' (2010).

⁵⁰ FVA, et al (2019).

‘Neither school nor my family members provided me with enough information about sexual reproductive health. I came to know little about how a baby is made when I started using social media platforms.

5. Leading effects and consequences of teenage pregnancy

The majority of study reports consulted have concluded that the leading effects and consequences of teenage pregnancy over the teen mother’s life, the child, family and the society in general include the high rate of school dropout among teen mothers, issues linked to inadequate access to justice for teen mothers, poverty as well as associated stigma and discrimination.⁵¹

5.1. School abandonment resulting from early pregnancy among adolescent girls

Findings indicate that the main effect of teenage pregnancy is school dropouts (34%) followed by poverty (32%) and stigma (25%).⁵² Other direct effects include homeless, domestic violence in marriage, health problems (premature birth, miscarriage/abortion, early marriages.⁵³ Some other researches revealed stigma as a major social consequence which in turn leads to school dropouts and reduced passion to go back to school after delivery. One teen mother from Gatsibo was quoted:⁵⁴

‘Going back to school is not due to lack of school materials or school fees, but it is a shame for us who got pregnant, at least one can rejoin professional school but, personally, I refused to go back to my school’.

The results presented relatively low percentages in terms of school dropouts compared to the report of CLADHO which was at 54%.⁵⁵ School dropouts are more likely not to get decent employment to support their children and therefore contributing to inter-generational poverty. Most of teen mothers were students before pregnancy (71%) but most of them became farmers after pregnancy (67%). This may be associated with the fact that many teen mothers are

⁵¹ Idem.

⁵² AJPRODHO-JIJUKIRWA ‘A Situational Analysis of Teenage Pregnancy & Teen Mothers in Rwanda’ (2020).

⁵³ AJPRODHO-JIJUKIRWA ‘A Situational Analysis of Teenage Pregnancy & Teen Mothers in Rwanda’ (2020).

⁵⁴ AJPRODHO-JIJUKIRWA ‘A Situational Analysis of Teenage Pregnancy & Teen Mothers in Rwanda’ (2020).

⁵⁵ CLADHO Report (2016).

unemployed and depend on their parents and partners financially, therefore mentioning farming as their occupation.⁵⁶

The study results corroborate with the ones from Haguruka (2018) which shows that teen mothers face a serious challenge of studies and the certainty of their future.⁵⁷ While 63% of them were in school when they got pregnant, only 5% were still students at the time of the study.⁵⁸ Findings in this study revealed that a non-significant percentage of them had managed to complete secondary education. Others had abandoned the school in order to deal with the new status as mothers as well as connected struggles. This abandonment of school is an open gate to poverty since most of them are unskilled for any profession.

5.2. Unsafe Abortions and maternal deaths among young women

Adolescent pregnancy has an overall negative impact on young women's health, education and employment opportunities in Rwanda. According to the Government of Rwanda, pregnant adolescents are at a high risk of health complications as they lack the biological maturity for reproduction, and they also lack experience in caring for newborn babies.⁵⁹

Adolescent girls therefore face a greater risk of dying from a pregnancy-related cause, with Rwandan women aged 15-24 accounting for 47% of maternal deaths in the country. Nonetheless, Rwanda's overall Maternal Mortality Ratio decreased by 50% from 2000 to 2010, and these declines are associated with skilled birth attendance. Between 2000 and 2010, the presence of a skilled provider during childbirth increased from 31% to 69%.⁶⁰

Along with skilled birth attendance, the Ministry of Health's 2011 Adolescent Sexual Reproductive Health and Rights Policy focused on access to information on family planning, antenatal care, delivery and postnatal care. Indeed, in 2014-15 almost all adolescent girls with a live birth received antenatal care from a skilled provider, the vast majority from a nurse, and almost 95% also

⁵⁶ CLADHO Report (2016).

⁵⁷ Haguruka Report (2018).

⁵⁸ CLADHO Report (2016).

⁵⁹ Assaf, Shireen, Sarah Staveteig, and Francine Birungi. 2018. Trends in Maternal Health in Rwanda: Further Analysis of the 2014-15 Demographic and Health Survey. DHS Further Analysis Reports No. 108.

⁶⁰ Assaf, Shireen, Sarah Staveteig, and Francine Birungi. 2018. Trends in Maternal Health in Rwanda: Further Analysis of the 2014-15 Demographic and Health Survey. DHS Further Analysis Reports No. 108.

delivered in a public health facility with assistance by a skilled provider. However, only 43% had a postnatal check-up in the first two days after birth.⁶¹

Since a good share of sexually active adolescent girls are not using contraception, and strong sanctions exist against having a child while unmarried, adolescent girls often have no other choice but to obtain an abortion in secret. It is estimated that 22% of unintended pregnancies in Rwanda end in induced abortion, and one-third of these take place in Kigali. This is probably because young women from various districts travel to the capital where it may be easier to have an abortion.⁶²

In 2018, women's rights mainstream organizations including IMRO Rwanda effectively advocated for reforms regarding abortion laws outlined in the 2012 law determining offenses and penalties. These efforts resulted in the removal of the requirement for a court order for a woman to undergo an abortion. Additionally, the reform expanded the legal grounds for abortion, now encompassing cases of defilement, rape, incest, forced marriage, and medical reasons. However, despite these advancements, the law remains highly restrictive, making it exceedingly challenging for safe and legal abortions to occur in Rwanda without meeting the specified criteria.

Furthermore, there is a growing concern regarding the requirement for only medical doctors to perform abortions. This restriction, coupled with issues surrounding the Mutuelle de Santé system, which is widely utilized by the majority of the population, presents barriers to accessing abortion services. Women may be compelled to seek transfers from health centers, potentially leading to delays and additional costs. As a result, many women may resort to clandestine abortions due to fears associated with the expenses and time required to receive abortion-related care.

In Rwanda studies suggest that 1 out of 40 women of reproductive age has an abortion every year and 1 out of 100 will experience life-threatening complications.⁶³ These unsafe procedures can result in increased risk of maternal mortality and morbidity, including obstetrical fistula and secondary infertility. It is also estimated that approximately 40% of abortions lead to complications requiring treatment, but only a third of those obtain treatment.⁶⁴ Increased infant mortality rate due to unsafe teen abortions is also an issue that should be put in consideration because the

⁶¹ Assaf, Shireen, Sarah Staveteig, and Francine Birungi. 2018. Trends in Maternal Health in Rwanda: Further Analysis of the 2014-15 Demographic and Health Survey. DHS Further Analysis Reports No. 108.

⁶² D Uwizeye et al (2020).

⁶³ Idem.

⁶⁴ Idem.

association between teenage childbearing and neonatal mortality is often interpreted as evidence of true age effects. A corresponding expectation is that neonatal mortality will be reduced by prevention of teenage pregnancy.

5.3. Increase of vulnerability of adolescents to HIV/AIDS

The perspectives shared by respondents in Focus Group Discussions shed light on the vulnerabilities of young people to HIV/AIDS. During these discussions, participants highlighted various factors contributing to the susceptibility of youth to HIV/AIDS. These factors included inadequate access to comprehensive sexual education, limited awareness about safer sexual practices, societal stigma surrounding HIV/AIDS, and challenges in accessing healthcare services, including HIV testing and treatment. Moreover, respondents emphasized the influence of social and economic factors, such as poverty, gender inequality, and unequal power dynamics in relationships, which further exacerbate the vulnerability of young people to HIV/AIDS.

Overall, the insights gleaned from FGDs underscored the urgent need for targeted interventions aimed at addressing these vulnerabilities and promoting comprehensive HIV/AIDS prevention strategies tailored to the specific needs of young people. Such interventions should prioritize education, destigmatization, access to healthcare services, and the empowerment of youth to make informed decisions about their sexual health.

In addition, findings collected for different reports suggest that both parents of teen mothers and teen mothers themselves are highly aware of the high risks risk to be contaminated by HIV. Women and girls have a higher HIV prevalence rate than their male counterparts in every age group average HIV prevalence rate stable over the past decade is 4% among women of reproductive age and 2% among men.⁶⁵ Among girls aged 15-19, it is 0.9% compared to 0.3% of their male counterparts. The gender differentiation is particularly pronounced among young people, where young women aged 18-19 are 10 times more likely to acquire HIV than young men of the same age.⁶⁶ Data from the Rwanda Population-based HIV Impact Assessment (RPHIA) and District-level Modeling, sex

⁶⁵ S NSANZIMANA et al 'HIV incidence and prevalence among adults aged 15-64 years in Rwanda: Results from the Rwanda Population-based HIV Impact Assessment (RPHIA) and District-level Modeling' (2019).

⁶⁶ S NSANZIMANA et al 'HIV incidence and prevalence among adults aged 15-64 years in Rwanda: Results from the Rwanda Population-based HIV Impact Assessment (RPHIA) and District-level Modeling' (2019).

disparity in HIV prevalence was greatest among the young adults aged 20–24 years, with HIV prevalence in women 3-times higher than in men⁶⁷.

5.4. Family conflicts resulting from teenage pregnancy

The findings from the participatory action research by Haguruka on attitudes, perceptions and needs of teenagers, teen mothers and community members towards teenage pregnancy in Huye & Kicukiro districts suggest that usually teenage pregnancy results in conflicts between the girl's parents and the guy or boy's parents.⁶⁸ A teen's pregnancy also might intensify existing friction and conflict among family members or exacerbate sibling rivalry and competition. In the worst scenario, such pregnancy results into conflict between the pregnant teen and her parents is that many parents of pregnant teens fail to support their children, which results into expulsion from home⁶⁹.

In most of the consulted study findings on teenage pregnancy, interviewed adolescents reported that their pregnancy situation resulted in a conflictive relationship among family members that contributed to the parents paying less attention to the children. These factors concurred to give rise to an inadequate role of the paternal who otherwise could have attended to, supervised and guided the adolescent girl when faced with the difficulties that normally occur at that stage of life.

These studies concluded that insufficient social support for working families often resulted in unsafe arrangements for the care of children and limited parental involvement in education and health care. Limited participation of parents in education and health care exposed adolescents to pregnancy and other situations such as drug addiction and substance use.

Teenage pregnancy is an issue that affects the very fabric of family and society. Investing in teenage girls is an opportunity for them to stay in school and to some extent prevents teenage pregnancies, HIV/AIDS infection and early marriages. It would ensure they realize their potential and contribute to the socio-economic well-being of the country. Forced marriage, under article 195 of the same law, attracts a sentence of up to two years in prison. Teen pregnancy is a serious issue and a violation of rights. In Rwanda, marriage is only allowed at the age of 21 and above. Early marriages and pregnancy come health risks both to the underage mother and the baby. The costs related to

⁶⁷ Rwanda Biomedical Center (RBC). Rwanda Population-Based HIV Impact Assessment (RPHIA) 2018-2019: Final Report. Kigali: RBC; September 2020.

⁶⁸ Haguruka Report (2018).

⁶⁹ AJPRODHO-JIJUKIRWA report (2020).

teenage pregnancies remains a big burden for the country since they are often not able to complete their school. Many children of teenage mothers are unable to get an education and they too are likely to fall into poverty while creating a vicious cycle of early pregnancies, illiteracy and poverty.

6. Other effects/Consequences

Teenage pregnancy carries various effects and consequences that extend beyond the immediate health implications.

6.1. Social stigma, fatherless children and increased dependency burden and economic hardship

Insights collected from Focus Group Discussion sessions with adolescents provide a deeper understanding of the challenges faced by pregnant teenagers in completing their education. These discussions revealed that social stigma from peers and feelings of shame often deter pregnant adolescents from returning to school, despite parental support for caring for the newborn. The fear of ridicule from friends or classmates emerges as a significant barrier, echoing consistent reports on teenage pregnancy reviewed during this desk research.

Additionally, FGDs shed light on the prevalence of children born to teenage mothers growing up without knowing their biological fathers. Responsible individuals often deny paternity, contributing to a heightened risk of these children becoming street children. This circumstance arises from the struggles teen parents face in providing adequate care or support for their children, attributed to financial limitations or a lack of responsibility. Consequently, teenage mothers and their offspring may become additional burdens on relatives, exacerbating existing family challenges.

The findings underscore that teenage pregnancy compounds the difficulties faced by vulnerable young girls and their families, amplifying their vulnerability. Consequently, the strain on relatives intensifies, further deteriorating the overall quality of life for affected families.

CONCLUSION & RECOMMENDATIONS

The primary aim of this study was to examine the potential correlation between teenage pregnancies and limited access to sexual and reproductive health services and information. The study sought to generate actionable recommendations to guide IMRO Rwanda and its stakeholders in implementing strategic interventions aimed at reducing the high prevalence of teenage pregnancies. Below is the summary of the findings from the assessment:

- The analysis highlights the significant correlation between teenage pregnancies and the lack of access to comprehensive sexual and reproductive health and rights (SRHR) services and information among adolescents. Part of highlighted issues include limited knowledge about contraception and reproductive health, as well as inadequate access to youth-friendly service points;
- Despite legal and policy reforms, teenage pregnancy remains prevalent among girls under 18 years old. Adolescents, especially girls, are at a higher risk of sexual abuse, contributing to the prevalence of teenage pregnancies outside wedlock. Victims of teenage pregnancy often face social stigma and discrimination;
- The study highlighted common attitudinal behaviors among parents, families, society, and even health service providers, contributing to the isolation and abandonment of pregnant adolescents. Some families or parents have been pointed out being the cause by forcing affected girls to leave school and abandonment by the responsible partner;
- Despite efforts, access to adolescent-friendly SRHR services and information remains problematic with low knowledge among youth and limited-service points tailored to meet the specific needs of adolescents;
- While several studies have been conducted on teenage pregnancy since 2015 in Rwanda, there is still limited accountability and policy action to address the prevalence and effects of teenage pregnancy.

To tackle the enduring challenges outlined above, the assessment has proposed several actionable recommendations for key stakeholders to implement.

The Ministry of Gender and Family Promotion:

- To enhance the capacity of "inshuti z'umuryango" to raise awareness among families regarding emerging issues related to teenage pregnancies, including gender-based violence (GBV), is essential. Additionally, empowering them to support adolescent sexual education programs is crucial;
- To increase family awareness regarding the reintegration of teen mothers and the effective care of victims of gender-based violence (GBV).

The Ministry of Education:

- Implement robust monitoring and evaluation systems to ensure the quality of Comprehensive Sexuality Education (CSE) programs in primary schools. Additionally, introduce school-based initiatives aimed at promoting positive masculinity among boys to actively support the sexual and reproductive health of young girls.
- Enhance school-based health clubs to maximize peer-to-peer support and empowerment for preventing teenage pregnancies.

The Ministry of Health:

- Strengthen the implementation mechanisms of commitments made in the Eastern and Southern Africa (ESA) region in 2013, emphasizing the urgent need for systematic expansion of sexuality education and youth-friendly sexual and reproductive health services.
- Introduce a cross-parent support program to actively involve parents in sexual and reproductive health education for their children.
- Enhance the implementation strategies of Rwanda's commitments from the International Conference on Population and Development (ICPD25) to address the unmet needs of young women, focusing on access to family planning, reduction of maternal deaths, and elimination of gender-based violence (GBV) and harmful practices.
- Increase media content promoting adolescent-centered sexuality education and implement measures to counteract negative media influences on young people's sexuality.
- Modify Article 7 of the Human Reproductive Health Law to enable young women under 18 years old to access contraceptives without parental or guardian consent.

- Establish opportunities for young people to access confidential mental health services and counseling in primary healthcare facilities, schools, and communities.

The Ministry of Justice:

- Strengthen the implementation mechanisms of the recommendations from the United Nations Convention on the Rights of the Child (UNCRC) Committee to Rwanda concerning the sexual and reproductive health of adolescents. This reinforcement should be based on the analysis of Rwanda's combined fifth and sixth periodic reports submitted in February 2020.

IMRO/other CSOs and Private sector:

- Enhance collaboration to ensure the provision of accurate sexual and reproductive health (SRH) information, including tailored Comprehensive Sexual Education programs, with a specific emphasis on involving parents and teachers.
- Generate robust evidence to support advocacy efforts and develop content showcasing best practices for preventing teenage pregnancies effectively.
- Provide support for raising awareness within communities, especially women's networks, to encourage speaking out against violence targeting women.
- Facilitate the establishment of a Civil Society Coalition aimed at combating teenage pregnancy.

REFERENCES

1. Rwanda Demographic and Health Survey Final Report (2019-2020), available at <https://dhsprogram.com/publications/publication-FR370-DHS-Final-Reports.cfm>
2. Law N° 001/2020 of 02/02/2020 modifying law n° 32/2016 of 28/08/2016 governing persons and the family.
3. Law N° 68/2018 of 30/08/2018 Determining Offences and Penalties in General.
4. World Health Organisation (WHO) 'Tendencies in Adolescent Pregnancy Report', January 2020.
5. Faith Victory Association (FVA), Keep Care & Rwanda Men's Resource Center (RWAMREC) 'Participatory Action Research: Attitudes, Perceptions and Needs of Teenagers, Teen Mothers and Community Members towards Teenage Pregnancy in Huye & Kicukiro Districts (2019)', available at https://pdf.usaid.gov/pdf_docs/PA00WRBW.pdf, accessed December 2022.
6. Getachew Mullu Kassa, A. O. Arowojolu, A. A. Odukogbe & Alemayehu Worku Yalew 'Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis' (2018).
7. UNESCO 'Report on Eastern and Southern Africa (ESA) Ministerial Commitment Meeting and Affirmation Ceremony' (2013), available at <https://cse-learning-platform-unesco.org/digital-library/report-eastern-and-southern-africaesa-ministerial-commitment-meeting-and>
8. Aimable Nkurunziza, Nadja Van Endert, Justine Bagirisano, Jean Bosco Hitayezu, Sylvie Dewaele, Olive Tengera & Goele Jans 'Breaking barriers in the prevention of adolescent pregnancies for in-school children in Kirehe district (Rwanda): A mixed-method study for the development of a peer education program on sexual and reproductive health' (2020).
9. Collectif des Lignes et Associations de Droits de l'Homme (CLADHO): Report on early/unwanted pregnancy for under 18 years in 10 districts of Rwanda.
10. Dieudonne Uwizye, Ruben Muhayiteto, Evelyne Kantarama, Simeon Wiehlera, Yusuf Murangwa 'Prevalence of teenage pregnancy and the associated contextual correlates in Rwanda' (2020).
11. James Ngamiye & Callixte Yadufashije 'Understanding youth with substance use disorders (SUDs) in Rwanda: A health promotion perspective (2020).

12. UNICEF 'Recent study finds that over 50% of children in Rwanda are victims of sexual, physical or emotional violence' <https://www.unicef.org/rwanda/press-releases/recent-study-finds-over-50-children-rwanda-are-victims-sexual-physical-or-emotional> , Accessed December 2021.
13. Eragbai Jerome Isuku '*Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis*' University of Ibadan (2015).
14. Amanda Lenhart 'Teens, Social Media & Technology Overview' (2015).
15. K Kamke L Widman and S L Desmarais 'Evaluation of an Online Sexual Health Program among Adolescent Girls with Emotional and Behavioral Difficulties' (2021).
16. Megan A Moreno and Jennifer M. Whitehill 'Influence of Social Media on Alcohol Use in Adolescents and Young Adults' (2014).
17. Dana M Litt and Michelle L Stock 'Adolescent Alcohol-Related Risk Cognitions: The Roles of Social Norms and Social Networking Sites' (2011).
18. Genevieve F Dunton, Yue Liao, Stephen S Intille, Donna Spruijt-Metz, Maryann Pentz 'Investigating Children Physical Activity and Sedentary Behavior using Ecological Momentary Assessment with Mobile Phones' (2010).
19. The Law n° 21/05/2016 of 20/05/2016 Relating to Human Reproductive Health
20. Law n° 49/2012 of 22nd January 2013 establishing medical professional liability insurance.
21. World Health Organisation (WHO) 'Contraception: Contraception enables people to make informed choices about their sexual and reproductive health', evidence briefs (2019), available at: <https://apps.who.int/iris/bitstream/handle/10665/329884/WHO-RHR-19.18-eng.pdf?ua=1>
22. Haguruka Organisation 'The Readiness of the Community to Address Teenage Pregnancy in Rwanda': *A study conducted in the seven districts of Eastern Province* (2018).
23. AJPRODHO-JIJUKIRWA 'A Situational Analysis of Teenage Pregnancy & Teen Mothers in Rwanda' (2020).
24. Sabin NSANZIMANA et al 'HIV incidence and prevalence among adults aged 15-64 years in Rwanda: Results from the Rwanda Population-based HIV Impact Assessment (RPHIA) and District-level Modeling' (2019).
25. Rwanda Biomedical Center (RBC). Rwanda Population-Based HIV Impact Assessment (RPHIA) 2018-2019: Final Report. Kigali: RBC; September 2020.