

# Identifying Reproductive Health Issues among Adolescent in Nyanza District, Rwanda

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**Abstract-** Adolescence is a demographic force and its sexual and reproductive health has become an area of focus for many national governments in both developed and developing countries. This study aimed to identify reproductive health issues among adolescents in Nyanza District, in Rwanda. To meet this objective, a cross sectional study was carried out, stratified random sampling technique was used. The study participants were 298 adolescents. Unplanned pregnancy was mentioned by (27%), Abortion was mentioned by (25%) of participants, STIs and HIV/AIDs (24%). Condom use was reported by 18.9% among males and 6.0% among females. Early marriage 35.5%, knowledge about body changes in puberty (24.8%). Alcohol and other substance abuse (56.4%), sex abuse and exploitation (3.0%) among male and (9.0%) among female. School dropout (70.4%). Health facilities with supplies, strengthening, and promoting sexual education in and out of school, and condom and contraception use among adolescents should be intensified.

**Index Terms-** Reproductive health, adolescent.

## I. INTRODUCTION

Adolescent sexual and reproductive health (ASRH) comprises a major component of the global burden of sexual ill health. Although overlooked historically, international agencies are now focusing on improving ASRH and providing programmatic funding. Various terms are used to categorize young people: “adolescents” refers to 10–19 years olds (divided into early [10–14 years] and late [15–19 years] adolescence); “youth” refers to 15–24 year olds; and “young people” refers to 10–24 years old.<sup>[1]</sup> Approximately half of the population is under 25, with 1.8 billion people aged between 10 and 24 years 90% of whom live in low- and middle-income countries and many experiencing poverty and unemployment.<sup>[2]</sup> Adolescent sexual activity, within or outside of marriage, can lead to negative reproductive health outcomes.<sup>[3]</sup> Reproductive health conditions are and will continue to be one of the leading causes of the burden of diseases among young people: Unprotected sexual activity can expose young women to the risks of unintended pregnancy, unwanted childbearing and abortion, as well as HIV and other STIs. In addition to being a human rights concern, coerced or unwanted sex is associated with these same adverse reproductive health outcomes [4]. In Rwanda adolescents represent a particularly large group, adolescents between 10 and 19 years old make up 28% of the population. Many Rwandan adolescents engage in sexual behaviors that expose them to the risk of HIV infection.

Existing literature shows evidence of early sexual experimentation coupled with limited condom use among both boys and girls. Young people need access to sexual and reproductive health information and services so that they can use contraception, prevent unintended pregnancy and decide if and when to have children. At the same time, these investments allow young people especially girls to take advantage of education and employment opportunities.<sup>[6]</sup> Therefore the study will fill an important gap in what is known about Rwanda’s reproductive health issues among adolescents particularly in Nyanza District, where very little is known.

## II. MATERIALS AND METHODS

### Research Design

A descriptive cross-sectional study was used to identify reproductive health issues among participants.

### Study area and population

The study was carried out in Nyanza district and study population were adolescents aged between 15-19 years.

### Data Collection Procedure

A letter of introduction was obtained from the graduate school of Kampala University. This was used to request permission to conduct the study in the catchment zone of Nyanza District. After the introduction, arrangements were made with the selected respondents at each site of the research. There was informed consent form regarded to adolescents for obtaining their consent to participate in this research. Questionnaires were distributed to the adolescents who participated in the study.

### Data Management and Analysis

Completed copies of the questionnaires were coded and entered into the computer. A descriptive analysis was carried out for each of the variable.

## III. RESULTS

### Demographic information of participants

Table 1 describes demographic information of participants. Males were presented in great proportion by 51%. The age was assessed in this study, and a large proportion is 15 years old with 33%. When asked class attendance in secondary school, a large

proportion attended 3<sup>rd</sup> ordinary class with 36%. When asked duration of stay at school 36% reported three years.

**Table 1: Demographic information of participants**

Variables	Frequency	Percent
<b>Gender of Respondents</b>		
Female	146	49
Male	152	51
<b>Age of respondents</b>		
15 years old	98	33
16 years old	56	19
17 years old	52	17
18 years old	48	16
19 years old	44	15
<b>Class attended in secondary school</b>		
3 <sup>rd</sup> ordinary class	106	36
4 <sup>th</sup> class	70	24
5 <sup>th</sup> class	64	21
6 <sup>th</sup> class	58	19
<b>Duration of stay at school</b>		
One year	70	24
Two years	58	19
Three years	106	36
Four years	24	8
Five years	22	7
Six years	18	6

#### Adolescent Sexual and Reproductive Health Issues

Table 2 describes adolescent sexual and reproductive health issues. Those with unwanted pregnancy 27.0%, unsafe abortion 25.0%, STI's and HIV/AIDS 24.0%. Among those who ever had sex intercourse, the condom use was reported among males by 18.9%, females by 6.0 %, 35.5% of them reported early marriage, those who reported having enough knowledge about body changes in puberty were 24.8%, alcohol and other substance abuse 56.4%.

**Table 2: Adolescent Sexual and Reproductive Health Issues**

Variables	Frequency	Percent
Ever had sex intercourse		
Yes	201	67.0
No	97	
33.0		
Unwanted pregnancy	81	27.0
Unsafe abortion	75	25.0
STI's and HIV/AIDS	74	24.0
Condom use among adolescents		
Male		

<i>Yes</i>	38	18.9
<i>No</i>	10	5.0
<i>Female</i>		
<i>Yes</i>	12	6.0
<i>No</i>	26	13.0
Early marriage		106
35.5.knowledge changes in puberty	about	body
<i>Yes</i>	74	24.8
<i>No</i>	224	75.2
Alcohol and abuse		substance
<i>Yes</i>	168	56.4
<i>No</i>	130	43.6
Sex abuse and exploitation		
<i>Male</i>	8	3.0
<i>Female</i>	28	9.0
School dropout	201	70.4

Among male 3.0% reported experiencing sex abuse and exploitation, and among female 9.0% reported experiencing sex abuse and exploitation. Among respondents 70.4% reported school dropout.

#### IV. DISCUSSION

Results from this study showed that 67% of adolescents had sex intercourse. The results are nearly similar to the results of the study conducted in Gikongoro.<sup>[7]</sup> Unwanted pregnancy was reported by 27%. This result is slightly higher than the study conducted in Sub-Saharan Africa.<sup>[8]</sup> Unsafe abortion was reported in this study. In most cases, an abortion occurring in the community was reported to be unsafe. Abortion was said to occur among girls who got pregnant and were in school, girls who were not ready for marriage and in cases of pregnancy as a result of rape. In some cases girls who went into prostitution and got pregnant opted to having abortion. Sexually transmitted infection (STI's) and HIV/AIDS have been reported in this study with 24%. Young persons are vulnerable to STI's and HIV/AIDS, and a large number is in Sub-Saharan Africa.<sup>[3]</sup> Biologically, the immature reproductive and immune systems of adolescents translate to increase susceptibility to STI and HIV transmission.<sup>[9, 10]</sup> In addition to biological vulnerability, cultural and socioeconomic factors particularly social inequality and exclusion, as well as having older partners increase their susceptibility.<sup>[11]</sup> The study levelled that large proportion did not use condoms during sexual intercourse. The low level of use of condom may be due to lack of information. Misconception and beliefs could affect condom use among adolescents. Early marriage was documented in this study. The literature on child marriage globally and Sub-Saharan Africa shows that this practice is due to poverty and gender inequality.<sup>[11]</sup> The research shows that the greatest number of adolescents didn't have enough knowledge about their body changes during puberty. Girls were concerned about lack of basic information on body changes, how to handle themselves when their menstrual cycle begun. Adolescents noted to have lacked information about their sexual and reproductive health as well as knowledge and skills on boy-girl relationships and particularly how to interact with

boys or girls during puberty. Education of adolescent girls on body changes is important, because some misconceptions exist among them about body changes during puberty.<sup>[14]</sup> Alcohol use was reported in this study. It is known that Alcohol or other substance abuse may drive adolescents into risky sexual behavior. Alcohol was generally said to be very addictive and tended to increase adolescent's sexual drive or libido and this made some of them get involved in sexual activity and crimes such as rape. The use of alcohol and drugs may also increase their vulnerability especially with regards to sexual experimentation and the likelihood of having unprotected sex [12] Studies have also shown that there is no safe level of alcohol consumption among 15-16 years old and often teenagers engage in regretted-sex after consuming.[13]

Respondents reported experiencing sex abuse and exploitation, in this study. Sex exploitation of adolescents involves the older men to have sex with young girls and referred to as sugar daddies while women who also force young boys including male adolescents are referred to as sugar mummies. The results of the study revealed a high rate of school dropout. Researchers have shown that adolescence which is the transitional period between puberty and adulthood in children's development has become a vital factor to dropout. [15]

## V. CONCLUSION

Based on the information collected on the given sample reproductive health of adolescents remain a major public health problem in Rwanda .Today, particularly in Nyanza District where the study has been conducted health facilities with supplies, strengthening, and promoting sexual education in and out of school, and condom and contraception use among adolescents should be intensified.

## REFERENCES

- [1] Morris J.L. and Rushwan H. Adolescent sexual and reproductive health: The global challenges. International Journal of Gynecology and Obstetrics.2015; 131:41
- [2] UNFPA. Adolescent and youth demographics: A brief overview. <http://www.unfpa.org/resources/adolescent-and-youth-demographics-a-brief-overview>.
- [3] Dixon-Mueller R, How young is "too young"? Comparative perspectives on adolescent sexual, marital, and reproductive transitions, Studies in Family Planning. 2008. 39(4):244.

- [4] Polis et al., Coerced sexual debut and lifetime abortion attempts among women in Rakai, Uganda, International Journal of Gynecology & Obstetrics.2009. 104(2):109
- [5] National Institute of Statistics of Rwanda (NISR) and Ministry of Finance and Economic Planning (MINECOFIN). Rwanda fourth population and housing census. Kigali , 2012. Available from HYPERLINK "http://www.statistics.gov.rw" www.statistics.gov.rw .
- [6] UNFPA. Adolescents and Young People in Sub-Saharan Africa Opportunities and Challenges.2012
- [7] Ntaganira et al., Sexual risk behaviors among youth heads of household in Gikongoro, south province of Rwanda. BMC Public Health. 2012; 12(225):7
- [8] Michelle J., Hindin and Adesegun O.F. Adolescent Sexual and Reproductive Health in Developing Countries: An Overview of Trends and Interventions. International Perspectives on Sexual and Reproductive Health.2009; 35(2):59
- [9] Bearinger LH, Sieving RE, Ferguson J, Sharma V. Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. Lancet 2007; 369 (9568):1220-31.
- [10] UNICEF. Goal: Promote gender equality and empower women. [http://www.unicef.org/mdg/index\\_genderequality.htm](http://www.unicef.org/mdg/index_genderequality.htm). Accessed on September, 2015.
- [11] Petroni et al., New Findings on Child Marriage in Sub-Saharan Africa. Annals of global health .2017; 83(5-6):788
- [12] Ogbona et al., Adolescent reproductive health challenges among schoolgirls in southeast Nigeria: role of knowledge of menstrual pattern and contraceptive adherence. Patient preference and adherence.2015;9:1223
- [13] Norris et al., Influences of Sexual Sensation Seeking, Alcohol Consumption, and Sexual Arousal on Women's Behavioral Intentions Related to Having Unprotected Sex. Psychol Addict Behav. 2009 March; 23(1): 4
- [14] Bellis et al., Teenage drinking, alcohol availability and pricing: A cross-sectional study of risk and protective factors for alcohol-related harms in school children. BMC Public Health . 2009 9(1):380
- [15] Shahidula S.M. Marriage market and an effect of Girls" school dropout in Bangladesh. Journal of alternative perspectives in the Social Sciences. 2012 4 (2):527

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