Improving the quality of sexual and reproductive health and rights (SRHR) through pre-service training, research, and evidence-based clinical care delivery in Sub-Saharan Africa



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## Inclusive sexual and reproductive health services for teenage mothers: a qualitative study in a Rwandan district.

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## Background:

Sexual and reproductive health (SRH) plays a crucial role in overall well-being, and there is a concerning rise in teenage pregnancies globally, particularly evident in Rwanda, as highlighted by the Demographic and Health Survey. These pregnancies often result in serious consequences, affecting the health, education, and socio-economic status of teenage mothers. Despite the general availability of SRH services, teenage mothers frequently face stigma, discrimination, and limited access to youth-friendly care tailored to their unique needs. In Rwanda, gaps persist in ensuring the inclusiveness and responsiveness of SRH services for this vulnerable group. Therefore, this study aimed to explore the inclusiveness of teenage mothers in SRH services by examining their understanding of SRH, their access to and experiences with these services, and their suggestions for improving inclusiveness and accessibility

Methods: A qualitative descriptive design was used to explore the inclusiveness of teenage mothers in SRH services. Data were collected from 50 purposively selected teenage mothers through five focus group discussions (FGDs) conducted at five health centers in a Rwandan district with a high prevalence of adolescent pregnancies. Participants were eligible if they had conceived after age 13 and delivered before age 20, lived in the health center's catchment area, and had no intellectual disabilities affecting participation. Informed consent was obtained from participants aged 18–19, while assent was obtained from those under 18 along with consent from their legal guardians. Discussions were audio-recorded, transcribed, and analyzed thematically using Braun and Clarke's six-step approach, with support from Atlas.ti version 22.

Results: The age range of participants was 15 to 19 years, most had attended primary education, were not married, and resided in urban areas. The majority of participants had limited knowledge of the fertility cycle and conception, often holding misconceptions about the timing of pregnancy and the necessity of penetration. While some correctly identified that pregnancy can occur without full intercourse, others lacked basic reproductive health knowledge. Many participants reported facing stigma and unfriendly treatment, particularly in healthcare settings, due to their status as teenage mothers. Although some experienced respectful and confidential SRH services, others encountered discrimination, delays, or were denied services for lacking a partner. Barriers such as being asked to attend antenatal care with a husband or being charged fees contributed to service delays. Participants recommended assigning dedicated staff and removing partner requirements to improve access.

Conclusion: The findings reveal significant gaps in teenage mothers' knowledge about the fertility cycle and reproduction, alongside inconsistent experiences in accessing sexual and reproductive health services. While some received supportive care, many faced discrimination, stigma, and structural barriers. These results highlight the urgent need for targeted education and inclusive, youth-friendly SRH services that address both knowledge deficits and systemic obstacles.

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