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Perception of Health Care Providers on the Use of Modern Contraception by Adolescents in Rwanda

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Abstract : Background: In low- and middle-income countries (LMICs), the use of modern contraceptive methods among women, including adolescents, is still low despite the desire to avoid pregnancy. In addition, countries have set a minimum age for marriage, which is 21 years for most countries, including Rwanda. The Rwandan culture, to a certain extent, and religion, to a greater extent, however, limit the freedom of young women to use contraceptive services because it is wrongly perceived as an encouragement for premarital sexual intercourse. In the end, what doesn't change is that denying access to contraceptives to either male or female adolescents does not translate into preventing them from sexual activities, hence leading to an ever-increasing number of unwanted pregnancies, possible STIs, HIV, Human Papilloma Virus, and subsequent unsafe abortion followed by avoidable expensive complications. The purpose of this study is to evaluate the perception of healthcare providers regarding contraceptive use among adolescents. Methodology: This was a qualitative study. Interviews were done with different healthcare providers, including doctors, nurses, midwives, and pharmacists, through focused group discussions and in-depth interviews, then the audio was transcribed, translated and thematic coding was done. Results: This study explored the perceptions of healthcare workers regarding the provision of modern contraception to adolescents in Rwanda. The findings revealed that while healthcare providers had a good understanding of family planning and contraception, they were hesitant to provide contraception to adolescents. Sociocultural beliefs played a significant role in shaping their attitudes, as many healthcare workers believed that providing contraception to adolescents would encourage promiscuous behavior and go against cultural norms. Religious beliefs also influenced their reluctance, with some healthcare providers considering premarital sex and contraception as sinful. Lack of knowledge among parents and adolescents themselves was identified as a contributing factor to unwanted pregnancies, as inaccurate information from peers and social media influenced risky sexual behavior. Conditional policies, such as the requirement for parental consent, further hindered adolescents' access to contraception. The study suggested several solutions, including comprehensive sexual and reproductive health education, involving multiple stakeholders, ensuring easy access to contraception, and involving adolescents in policymaking. Overall, this research highlights the need for addressing sociocultural beliefs, improving healthcare providers' knowledge, and revisiting policies to ensure adolescents' reproductive health rights are met in Rwanda. Conclusion: The study highlights the importance of enhancing healthcare provider training, expanding access to modern contraception, implementing community-based interventions, and strengthening policy and programmatic support for adolescent contraception. Addressing these challenges is crucial for improving the provision of family planning services to adolescents in Rwanda and achieving the Sustainable Development Goals related to sexual and reproductive health. Collaborative efforts involving various stakeholders and organizations can contribute to overcoming these barriers and promoting the well-being of adolescents in Rwanda.

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