Extended Abstract

"First you have to show her that you are with her": Provider and User Experiences with Adolescent Family Planning Needs in a Stigmatized Environment

Significance/background:

In Rwanda, contraceptive use increased dramatically over a short time period during the rebuilding of the nation post-civil war and genocide. Rwanda's family planning program ranks very highly when compared to other family planning programs around the world. In this setting of impressive gains in contraceptive uptake, it is important to study the impact for late teenage girls and younger women who are biologically of reproductive age, but culturally still considered adolescents.

While Rwandan family planning practices have been measurably successful in raising the rate of modern contraceptive use over the last decade, a continuing area of need persists for family planning information and potential service provisions openly available to adolescents. While this deficiency is not unique to Rwanda, what is exceptional is the aggressive approach from the highest-levels of Rwandan governance to prioritize family planning availability as a central component of both national health and economic development. Also unique is the leadership's willingness to improve family planning access to the nation's youth. With this top-down support for family planning, it should be possible for local community health workers and family planning nurses to have measurable success with adolescent outreach given the government's connection of family planning with growth and prosperity for the nation.

Research question:

The research project is to learn from focus group discussions with Rwandan family planning providers who frequently interact with youth as well as in-depth interviews from Rwandan family planning program users who understand and shape community norms. This study aims to understand the role that culture and stigma play in the family planning program in Rwanda at the individual, family, community, and national level – and how their role impacts the success of the program's goal of adolescent outreach.

The primary question driving this work concerns understanding how providers counsel actual and hypothetical adolescents in their communities, and what barriers they identify that may limit their effectiveness. A second objective is to determine how these efforts are perceived by women in the community who use family planning. The relationships between respondents and the adolescent population in their local areas allow them to give a cultural perspective on assessments of barriers and challenges overcoming stigmatization for adolescent users of the family planning program. This knowledge helps to expose the potential need for more youth-targeted family planning programs in Rwanda.

Methodology:

This qualitative study was conducted in the Musanze and Nyamasheke districts of Rwanda over two distinct time periods in February and July of 2018. These districts were selected because they represent the areas of the country with the highest and lowest rates of modern contraceptive methods usage respectively. The data for the study consist of four focus groups conducted with community health workers (two in Musanze and two in Nyamasheke) and

four focus groups conducted with family planning nurses (two in each district as well). A total of 84 respondents spent between 1.5 and 2.5 hours with two native Kinyarwanda speakers leading and recording the focus group discussions at a university in Ruhengeri and a hospital in Kirambo. The topic guide included questions about barriers for clients, strengths and weaknesses of the current provision of services, and a range of questions regarding respondent opinions and perspectives on their daily interactions and observations as family planning providers, including responses to hypothetical scenarios regarding unwanted pregnancies for married and unmarried women and adolescents in rural regions of Rwanda.

We augmented focus group data with 32 in-depth interviews held with current female family planning users who were older than 18 years of age. These interviews were conducted by the authors who are Kinyarwanda speakers with 16 respondents in Musanze and 16 in Nyamasheke. Questions focused on individual family planning choices for the respondents, as well as broader questions about the strengths and weaknesses of Rwanda's family planning program related to the nation and the community.

The focus group discussions and in-depth interviews were all conducted in Kinyarwanda and audio recorded with study participant permissions. Audio recordings and written notes were translated into English by the authors, including native Kinyarwanda and English speakers, and transcribed verbatim. Analyses were conducted using thematic content analysis utilizing Atlas.ti version 8. Institutional Review Board approval was obtained at Western Washington University in Bellingham, Washington and with the Rwandan Ministry of Education prior to collection.

Results:

When asked about a scenario involving an unmarried 20-year old woman in search of family planning information, family planning providers consistently agreed that the young woman would face additional challenges in terms of physical and emotional health, community acceptance, and ease of accessibility to care. Most prominent among the responses was a recognition that unmarried younger women face a strong stigma and ostracization from sexual activity. This stems from both the family and local community, but the broader cultural ethos as well. Frequently community health workers and nurses referred to younger women as children that needed parental support, which is particularly striking given that the parents are often part of the fear, shame, and stigmatization that is directed at youth with unplanned pregnancies.

> "Treat her like your own daughter. You have to flatter her and let her know that she did the right thing for coming to see you. She is courageous because she does not care what people think about her."

When participants were asked about how to care for and receive adolescents who pursue family planning many noted the challenges they face that may prevent youth to seek out their services. As one respondent expressed:

> "I'm not going to show her what she is doing is wrong, just like our culture says. I will open my ear and listen and let her explain all the reasons."

The providers did not explicitly say their opinion on their support for adolescents using contraceptives, but they did state how they felt the youth should go about finding contraceptives through specific youth spaces or being prioritized to avoid excess stigma from being in the

waiting room of a health center. However, among the study participants who discussed this theme, most indicated support for adolescent access to contraceptive information and services to avoid unwanted pregnancies.

Despite the presence of youth centers and public outreach from both the top of governance and the health advocates within the community, barriers remain. Participants discussed a range of logistical and philosophical changes to the current delivery that could help Rwanda improve on an already highly successful family planning program. However continued efforts must include minimizing cultural taboos that could prevent young women from receiving optimal care. Because the government is supportive of outreach to adolescents, increased training for community health workers should address this nuanced distinction between the official state objectives and the personal biases of providers.

Interview respondents, while advocating for unmarried youth to have access to and use contraceptive methods, were aware of barriers that exist. Interestingly, the participants more often put the barriers on the adolescents themselves instead on social norms about pre-marital sexual activity creating these barriers. This includes women who are of adult age, but who are unmarried. Notably, one common theme was that children born out of wedlock create a community burden, beyond the impact on the mother. Community respondents were aware of this challenge, and thus had collective motivation to break down barriers to outreach.

> "As an example, in my village there are some women who don't want to go to the CHW or the health center. And also some young ladies who are afraid to go to the health center because she thinks that if somebody sees her where they give the service of family planning, this will be shameful."

The discussion of youth using family planning was had with both users of family planning and family planning providers. Some noted how promoting it to youth will encourage youth to have premarital sex, but others felt that the youth should be educated and prepared to prevent unwanted pregnancy and sexually transmitted infections and diseases.

> "For the youth that can't be abstinent they should get contraceptives because it can help you avoid unwanted pregnancy and avoid STDs, you go to use contraceptives and continue to live your life."

Contribution:

This study shows that both family planning users and providers observe that there is a need for more family planning programs for youth. Health workers, nurses, and community members all highlight the needs and challenges for adolescents seeking family planning services prior to marriage. Removing stigmas and expanding on the existing safer spaces for the transfer of family planning information may allow providers better access to this targeted demographic. Most importantly, the providers themselves and other married women in the communities maintain cultural beliefs that youth should not be engaging in premarital sex. However, providers said that they would rather the youth know about family planning options than not. Understanding how Rwandan health workers and nurses interact with youth populations elucidates areas of concern, barriers to access, as well as strengths and benefits of current practices resulting from focused governmental support for reducing the number of pregnancies outside of marriage.