

Knowledge on Reproductive Health among Adolescent High School Girls in Rwanda, Kayonza District

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ABSTRACT

Adolescence – a period of transition between childhood and adulthood is a significant period of human growth and maturation. The reproductive health of adolescents has attracted the global attention in recent years and the same attention has been observed in Rwanda. According to the Rwanda Demographic Health Survey (RDHS) of 2015, the survey revealed that only 17% of young women used condom at their first sex. Having a comprehensive knowledge about HIV prevention is key to succeed in preventing HIV transmission among the young population, mainly girls who are more exposed and vulnerable. In the same survey (RDHS) conducted in 2019/2020, Rwanda has more than 40% of young women who do not have sufficient knowledge about HIV prevention. Adolescent girls in Rwanda are facing different troubles due to the insufficient information regarding their own physical and sexual developments. Adolescents find themselves influenced by various factors, including western influence and a traditional conservatism at home, which strictly forbids discussion on sex. This contrast leads to the confusion among adolescents. They acquire limited knowledge from friends, relatives and sometimes from books. They are not able to have dialogue and clarification with their parents because of inhibitions and social taboos. Girls have no independent authority to control their sexuality or reproduction. They are expected to get married early and produce children. Control of female sexuality is shifted from the father to the husband. Further, they also suffer from a variety of poverty-ridden village life conditions like lack of facilities, educational backwardness, early marriage, domestic burden, and gender neglect. As such the need of the time is to address this problem through health education in schools to the health professionals

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Introduction

World Health Organization has defined adolescence as progression from appearance of secondary sexual characters to sexual and reproductive maturity and development of adult mental processes. Adolescence or puberty is the transitional period linking childhood to adulthood and involves physical, biological and psychosexual changes. Adolescence includes age group between 10 and 19 years.

In order to lead healthy, responsible lives and protect themselves from reproductive health problems adolescents need to be knowledgeable about them and need adequate information about the physical, physiological changes that takes place during puberty, menstruation and childbirth.

It addresses Knowledge regarding reproductive health is very essential to reduce the maternal, infant mortality. It is important to have information regarding level of knowledge related to reproductive health among adolescent girls, so that appropriate interventions can be planned. The Government of Rwanda has invested a lot of efforts to protect this young and vulnerable population. The Government of Rwanda has put in place strategies to guide all efforts towards same objectives. It is in this regard that the “National Family Planning and Adolescent Sexual and Reproductive Health Strategic Plan 2018 - 2024” has been developed and articulated around six core strategic objectives. This confirms how the subject is very important in the country. The present study assessed knowledge regarding reproductive health such as pubertal changes, menstruation, and legal age at marriage, contraception, and HIV/AIDS among high school girls. From the Integrated Household Living Conditions Survey conducted by the National Institute of Statistics of Rwanda in 2016, the average HIV prevalence rate was stable over the past decade. It is 4%

among women of reproductive age and 2% among men. Among girls aged 15-19, it is 0.9% compared to 0.3% of their male counterparts.

In Rwanda adolescents represent the largest group; in particular adolescents between 10 and 19 years old make up 28% of the total population. A large number of Rwandan adolescents have limited information about Adolescent Sexual Reproductive Health (ASRH). Therefore, this study will measure the gap about knowledge on reproductive health among adolescents Girls in high school particularly in Kayonza District.

Materials And Methods

Research Design

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

Study area and population

The study was carried out in 11 Schools located in Kayonza District. The study population was made by adolescent girls who had at least their first period. The sample counts 682 girls.

Data Collection Procedure

Permission to conduct the study in Kayonza High schools has been issued by Kayonza District. After the introduction, arrangements were made with the selected Schools. Questionnaires were distributed to the adolescents who accepted to freely participate in the study.

Sampling methods and procedure

Eleven (11) high schools have been selected based on their Location. Seven (7) schools were located in rural area and other four (4) schools in urban area. 682 adolescent girls have been selected based on age at menarche. 62 girls in each school were selected, with stratified random sampling method after stratifying by school and gender.

Data collection

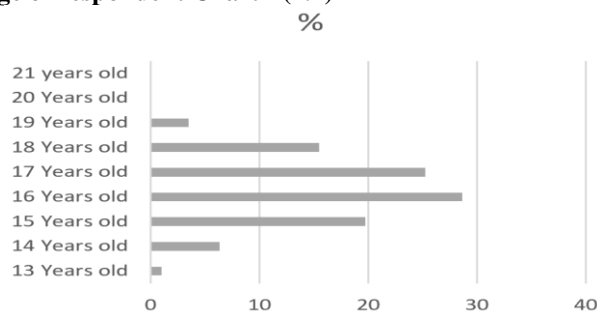
Knowledge and attitude questions were asked in a face-to-face interview by the researcher using the pretested structured questionnaire.

Data Management and Analysis

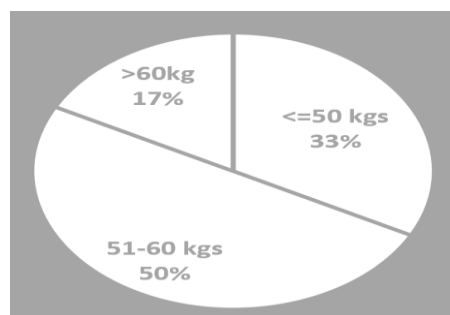
Completed copies of the questionnaires were coded and all data were captured into digital data entry form using the SPSS (Statistical package for the social sciences). A descriptive analysis was carried out for each of the variable.

Demographic information of participants

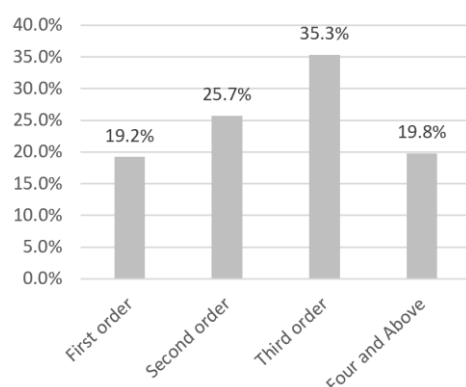
Age of respondent Chart - (1.1)



Weight of Respondent- Chart - (1.2)



Birth order Chart - (1.3)



Previous charts (1-2-3) describe the correspondent age of adolescent girls at time of data collection, weight of the students at the same time and birth order. According to the Chart (1.1). 28.6% of respondent has 16 years old with is most age dominant in this group of study and the less is 0.1% of 20 years old group. According to Chart (1.2) 50% of girls had between 51-60 kgs of weight. 35.3% are third order birth in their families (Chart (1.3)) which is the dominant group in birth order.

Feeling about secondary sexual characteristics, hygienic practices, necessity of sex education

Secondary sexual characteristics Table - (2.1)

Variables	Frequency	%
Feeling of grown up	366	53.1
Happy	261	37.9
Fear	58	8.4
Sad	4	6

Hygienic practices Table - (2.2)

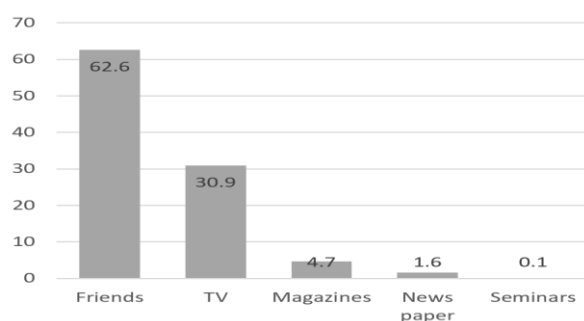
Hygienic practices	Frequency	%
Daily bath	682	100
Change inner garment daily	682	100
Brush teeth twice daily	682	100
Clean private part after urination and defecation	680	99.7
Use soap for cleaning hands	682	100
Cut nails regularly	682	100
Maintain hair neat and clean	682	100

Knowledge about menstruation Table - (2.3)

Variables	Frequency	%
Mother	305	44.7
Friends	262	38.5
Magazines	115	16.8

Table (2.1) shows the knowledge of respondents on secondary sexual characteristics, where 53.1% of respondents said that they feel grown up, 37.9% feel happy, 8.4% was afraid, and 6% was sad about it. Table (2.2) shows us also the knowledge on hygienic practices where 100% of respondent has good hygienic practices. Table (2.3) shows poor information concerning menstruation where 38.5% get information at their inexperienced friends of same age.

Table3: Knowledge, attitude and practice on HIV/AIDS Where they get information on HIV/AIDS -Chart (3.1)

**Faithful to one partner Table - (3.2)**

Variables	Frequency	%
Yes	436	63.9
No	246	36.1

Avoid sex with sex workers –Table - (3.3)

Variables	Frequency	%
Yes	638	92.6
No	51	7.4

Avoid sex with homosexual –Table - (3.4)

Variables	Frequency	%
Yes	614	90.1
No	68	9.9

Avoid blood transfusion – Table - (3.5)

Variables	Frequency	%
Yes	622	85.3
No	60	14.7

Avoid share razors/blade - Table - (3.6)

Variables	Frequency	%
Yes	562	81.6
No	120	18.4

Avoid kissing Table - (3.7)

Variables	Frequency	%
No	682	100
Yes	0	0

Use of condom Table - (3.8)

Variables	Frequency	%
Yes	480	69.8
No	202	30.2

Necessity of sex education in school level Table -(3.9)

Variables	Frequency	%
Yes	681	99.8
No	1	0.2

Chart (3.1) shows the knowledge and information on HIV/AIDS is limited and not enough among adolescent girls where 62.6% get information from their peer friends who do not have accurate information. According to Table (3.2), the

level of trust or faithful to one partner is at 63.9%. A table (3.3) respondent reveals that 92.6% agree that they should avoid having sex with sex workers, this practice present a high risk of infection. Table (3.4) shows that 90.1% are against homosexuality and it is a potential source of infection. According to Table (3.5) 85.3% of respondents believe that blood transfusion is also among potential source of infection with high probability. Table (3.6) shows that 81.6% consider sharing razor/blade as another way of HIV infection. From Table (3.7) all respondents, 100% believe that kissing does not represent risk of infection. From Table (3.8) 69.8% of respondents believe that condom can protect against HIV.

Discussion

The situation found in this study knowledge of respondent concern secondary sexual characteristics development is positive 53.1% of respond say their feel grown up (Table 2.1), Knowledge on hygienic practices where 100% which leads to a good hygienic practice (Table 2.2). Limited information concerning menstruation, 38.5% gets information from inexperienced friends of same age (Table 2.3).

The knowledge and information on HIV/AIDS is limited among adolescent girls where 62.6% get information from their peer friends who do not have accurate information (Table 3.1). It was found that respondents do not have enough information about the prevention of HIV where 7.1% say that sex with sex worker can't affect to HIV (Table 3.3), 18.4% said that to share razor/blade can't transmit HIV (Table 3.6), 30.2% says use of condom can't protect against HIV (Table 3.8).

In According to our culture and social norms, females might have less chance of getting information about sexual reproductive health in their family. Therefore, sex education should promote in school lever and in families. This shows that more information about HIV/AIDS must be given to students to reduce this misconception. It is recommended to conduct comparative studies to explore whether there is a difference between in-school adolescents and out-of-school adolescents for healthy behavior on adolescent reproductive health.

Conclusion

Based on the information collected on the given sample: 53, 1% feels grownup during secondary sexual characteristics, 100% of adolescent understand good personal hygiene practices, 44.7% get menstruation information to their mother, 92.6% respondent confirm that avoid sex with sex workers can protect against HIV, 81.6 confirm that avoid share of razors/blade can protect to HIV, 69.8 confirm condom as a method of protection against HIV, 63.9 confirm that faithful to one partner can be used also as method against HIV/AIDS. Reproductive health of adolescents remains a major public health problem in Rwanda. Today, particularly in Kayanza District where the study has been conducted health facilities with supplies, water facility, facility to sanitary pads, appropriate toilet facilities, and promoting of sexual education in family and at school are needed

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