

CAUSES AND CONSEQUENCES OF TEENAGE PREGNANCY IN RWANDA

Case of Kirehe District

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Abstract

This study is about analysis of causes and consequences of teenagers pregnant in Kirehe District of Rwanda. The objective of this study was to determine the causes of teenage pregnancy and to identify the challenges faced by communities in Kirehe District. These were to look into the perspective of sexual factors, ignorance on health reproductive and influence of electronic media, peers pressure, unmet economic needs as independent variables that would lead to blind sex involvement with consequences of school dropout, poor education, poverty and family conflict as dependent variables of the study. Data were collected using questionnaire and interview from teenagers pregnant and local authorities such as Mayor. Sample size of 240 respondents was drawn from a total target population of 600 using Yamane formula. Descriptive statistics was used to analyse data. The findings revealed that the cultural barriers; low level of education, Electronic media, unmet economic needs and lack of information on health reproductive among the respondents have much influence on teenage pregnancy. The study concluded that teenage pregnancy would have caused many problems to young girls that led to slow down their socio-economic development in Kirehe District such as school dropping out, family stigma and conflicts, impediments to mental and physical development, poverty. The study recommended to breakdown the cultural barriers related to health reproductive education and the strict application of law teenage violence-based.

Keywords:

Causes, Teenage pregnancy, Consequences, Kirehe District

1. Introduction

Teenage Pregnancy is universal issue that affects industrialised and developing countries. In Rwanda, teenage childbearing rate has been alarmingly rising from 4 % in 2005 to 6.1% in 2010 and 7.3% in 2015 with the rate in some regions reaching as high as 15.8% NISR (2016). Looking at this growing rate of teenage pregnancy, calls for taking actions to fight against it as early as possible. The government of Rwanda, through the Ministry of Gender and Family Promotion (MIGEPROF, 2011) has been implementing various strategies to mitigate this issue but it has kept growing despite the existing interventions.

According to Akella and Jordan (2015), teenage pregnancy is defined as a teenage girl, usually within the ages of 13-19, becoming pregnant.

2. Background

According to the Integrated Household Living Conditions Survey EICV5 (2016/17) NISR. (2018), about 78 per cent of Rwandans are below 35 years of age and the total youth in Rwanda consists of 3,170,311 people (1,657,014 females and 1,513,297 males), representing about 27 per cent of the Rwandan population. Young people aged 15-24 represent 20.4 percent of the total population in Rwanda (NISR, 2012), modern CPR among sexually active women aged 15-9: 32.8 percent (RDHS, 2015), condom use at first sex: 17 percent of young women and 27 percent of young men had sex by age 18 (RDHS, 2010).

Indeed, teenage pregnancy is not a new phenomenon in Rwanda. The community always contested it since it was compromising the ideal, the reputation and cultural values. The reaction to this phenomenon has evolved from throwing the victim in the farthest island to accepting and caring for the new born and the mothers.

Different organizations and institutions promoting human rights have played role in influencing the worldview and creating a conducive environment for the acceptance and integration of teen mothers.

Sometimes, it takes more than poverty for young girls to get pregnant in their teens; statistics show that the GDP in Rwanda has increased from 4.2% to 7.3% (2014-2016) (NISR, 2016). This means

that there is an improvement in the living standard of Rwandans but, according to the 2014/2015 (NISR, 2016) health survey, teenage pregnancy rate is still increasing from 6.1 % (2010) to 7.3 % (2015) (NISR, 2016)

Findings from the study conducted in the seven districts of Eastern Province, namely Rwamagana, Kayonza, Gatsibo, Nyagatare, Ngoma, Kirehe, and Bugesera revealed that teen mothers face a serious challenge of studies and the certainty of their future: 63% of them were in school when they got pregnant, only 5% were still students at the time of the study. Moreover, teen mothers have challenge of social integration. They are rejected by the community, abandoned on their own by their families as well as their male partners. Only 73% of them had their children registered; only 26% had their male partners who accepted to register their children. Having a new child in the household also affects the capacity and the engagement of having medical insurance (Haguruka, 2018).

Despite the intervention of Government, Non-Governmental Organizations and other actors however the empirical studies didn't show good outcomes on factors associated with teenage pregnancy and do not consider some living condition indicators. This raises a possibility that maybe the issue is being addressed from a wrong angle, because in most research and media, there is a tendency to focus on how bad the situation is growing but few studies have been done to find out the main root causes of this epidemic issue.

This arose the researcher's curiosity to establish the current status of teenage pregnancy in Kirehe District.

2. Research objectives

Based on problem statement worded above, this study intended to attain the following objectives:

(i) To establish the real causes of teenage pregnancy in Kirehe District and (ii) To identify the consequences on the communities in Kirehe District.

3. Research Methodology

To generate data to address the objectives of the research, this study adopted a survey research design, which provides a general framework for the collection of appropriate data that explores the causes and consequences of teenage pregnancy in Kirehe District.

Hence, primary data using questionnaire and interview as well secondary data from literature review to support findings and contextualise them were collected.

Sample size determination and Sampling Procedure

The target population of this study was 600 teenagers pregnant in reported in 2019 from 12 sectors of Kirehe District located in eastern province of Rwanda.

The researcher applied the mathematic formula developed by Yamane (1967) to determine the sample size. Yamane provided a simplified formula to calculate sample size as follows.

$$n = \frac{N}{1 + N(e)^2} \quad (1)$$

Where, n = sample size; N= the population and e = the margin error which is assumed to be 5% (0.05) in this case; 240 respondents were selected from Kirehe District.

So by applying this formula, the sample size is $n = \frac{600}{1 + 600(0.05)^2} n = 240$ respondents

To select those 240 respondents from 600 teenage pregnancies the researcher used systematic sampling calculated by the formula $si = \frac{N}{n}$ (2)

Therefore $si = \frac{600}{240} = 2.5$ rounded to 3 used as the interval sampling (si). Based on the list of teenage pregnancy, the selected numbers were 3,6,9,12,15,18,21,24,27,30,33,36,39,42,45 etc. up to the number of 240 equivalents to 240 respondents that were used in this study.

Reliability and Validity

For validity of the study, theories were considered very important tools for conceptualizing variables because they provided the basis for understanding the dynamics of the theme of the study.

The questionnaire was assessed by experts and items that were ambiguous were removed and the wordings of the questions were restructured to make them clearer. The reliability of the questionnaire was carried out to ascertain the internal consistency.

Data Analysis

The data were analysed both qualitatively and quantitatively using descriptive statistics by setting frequencies and percentage displayed in different Tables. This was done using Statistical Package for Social Sciences (SPSS) applied to variables measured by Likert scale.

4. Results and Discussion

This section presents information on the bio data of the respondents such as the age, educational background and marital status of the respondents. The socio-demographic characteristics of the respondents deemed very important since they help in ensuring validity and reliability of the information collected.

Age of respondents

The age was taken into account to highlight how respondents were adolescent. After data analysis, the results that inform to the status of respondents according to ranges of their ages are shown in Table 4.1.

Table 4. 1 Age of respondents

Age of respondents	Frequency	Percent
≥18 Years old	138	57.5
19 Years old	70	29.2
20 Years old	32	13.3
Total	240	100.0

Source: Field data, October 2020

From findings in Table 4.1, the most dominant age for the respondents was less or equals to 18 that represented 57.5% of respondents. They were followed by 19 scored at 29.2% of the respondents while 20 age represented 13.3 %. This implies that the respondents were teenage because in Rwanda the age of maturity is obtained from 21 ages old. Teenagers run a high risk for undergoing cesarean, therefore to lose their life and stillbirth during delivering.

Education of respondents

Education level of respondents is an important variable because it enables to analyze the perceptions of respondents based on their level of education. The educated people are open and have the capacities to recall easier the past events, in this study, the capacity of respondents to

remember different information before and after pregnancy. The distribution of education levels is presented in the following Table 4.2

Table 4. 2 Education level of respondents

Level of Education	Frequency	Percent
Not completed Primary education	110	45.8
Primary	81	33.8
Not completed Secondary School	49	20.4
Total	240	100.0

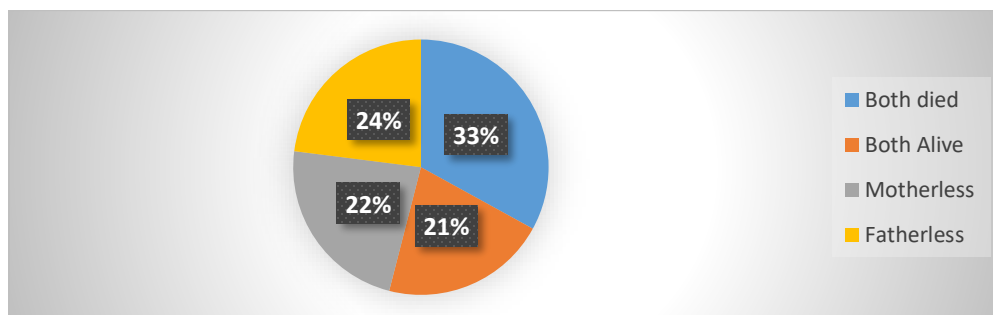
Source: Field data, October 2020

The results in Table 4.2 depicted that the majority of the respondents representing 45.8% has not completed primary education, 33.8% completed primary, 20.4% of respondents not completed secondary school. The representation of big number with primary level of education is good for this research as interviewees have the minimum level of knowledge that can facilitate learning and experience sharing. A number of studies have found substantive preexisting differences between early and later childbearing, differences that may explain the difference in completed schooling.

Parental Situation of respondents

Participants were requested to state if both parents were died or alive or if motherless or fatherless in order test whether the orphan situation would lead to bad sexual behaviour. The results are depicted in Figure 1 below.

Figure 4.1 Parental situation of respondents



Source: Field data, October 2020

The results from Figure 4.1 indicated that 21% of respondents had both parents alive, 24% of respondents fatherless against 22% of motherless and 33% of respondents stated to have lost both parents. Overall, findings revealed that the majority of respondents were either motherless or fatherless or of both parents, factor may influence teenage pregnancy in Kirehe District.

4.1 Causes of teenage pregnancy in Kirehe District

This section aimed at establishing the cause led to teenage pregnancy in Kirehe District. The views of respondents were measured using the Likert scale as follows:

Agree=1; strongly Agree=2; disagree =3; strongly Disagree= 4; neutral =5

Table 4.4 Causes of teenage pregnancies

Views of respondents	1 (%)	2 (%)	3 (%)	4 (%)	5(%)
Lack of Knowledge on Reproductive Health	57.1	20.4	12.9	7.1	3.9
Cultural beliefs	33.3	32.5	20	10.2	4
Level of education	42.1	28.8	16.7	7.5	5
Perception of the peers about sexual behaviour	27.5	30.4	18.3	6.7	17.1
Poverty	42.9	20.4	20	11.3	5.4
Electronic media	47.1	20	8.3	12.9	11.7

Source: Field data, October 2020

Lack of Knowledge on Reproductive Health

As indicated in Table 4.4 results revealed that majorities of respondents (77.5%) confirmed the lack of Knowledge regarding Reproductive Health is among the major factors influencing teenage pregnancy while 17.6% disapproved the issue while 2.9% of respondents kept silence.

Reproductive health encompasses many aspects imply that people are able to have a responsible, satisfying, healthy reproductive system and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. *“if I was aware about all respective periods of girls, I could not get pregnant because this came accidentally due to my ignorance”* In this regard, empirical evidence conducted in Philippines by WHO (2003) highlighted the correlation between knowledge and pregnancy. This notion that was evident during a Youth Risk Behaviour Survey carried out by Centre for Disease Control (CDC) in USA, proved

that effectiveness of sex education was pegged on the knowledge of birth control pills among teenagers and indicated lower rates of teen pregnancies among populations that used contraceptives effectively (Dasgupta, 2011).

Cultural beliefs

The findings showed that the majority of respondents (66.8%) pointed out that the cultural beliefs are among the major factors influencing teenage pregnancy while 30.2% disagreed with the proposed item and 4% were neutral for other reasons such as the carelessness of parents who do not take sex education as their responsibility towards their children. In Rwandan culture like in many African cultures, families do not have habit to talk about sex with their children. Girls stated that they are frequently forced to sift through scanty information and decide themselves about what is accurate (Girl Hub, 2011). Parents are also unable to provide sexual health information, while social norms instructing abstinence before marriage mean that parents often avoid discussing the sexual behaviour of their daughters (2CV, 2014). For instance, in one study, 81% of parents reported that they did not discuss sexual matters with adolescents due to socio-demographic, cultural, individual and socio-environmental barriers (Bushaija *et al.*, 2013). The findings reported in Table 4.4 are also in line with others from different surveys conducted elsewhere. Empirical evidence among slum dwellers in Nairobi, Kenya indicated that mothers struggled to discuss matters to do with sex and unintended pregnancies with their daughters due to feelings of embarrassment and shyness. Sex and all actions related to it were seen as a taboo. Interesting even in school where teachers were expected to educate students the topic was difficult to mention and young girls were left with little or no information to discover from the world (K.N.H.C.R, 2013).

Ncitakalo (2011) defined cultural beliefs as symbolic and learnt aspects of communities and societies that define behaviors, and hence are considered as the norms and values shared by the community. In South Africa, scholarly evidence indicated that female adolescents were not expected to argue about the number of sexual partners or contraceptive use. It was also established that traditions were more supportive to the male gender as opposed to the female, and in most instances placed the male under control. As a result, females were unable to negotiate for safe sexual practices such as the use of condoms and hence putting them at pregnancy risks.

Level of education

Findings from the views surveyed teenagers, overall, 70.9% stressed the issue of the low level of education as one of causes early pregnancy. Findings from the views surveyed teenagers, overall, 70.9% stressed the issue of the low level of education as one of causes early pregnancy. Studies conducted elsewhere conformed the crucial role of education that is among the primary factors associated with teenage pregnancy.

Contemporary empirical evidence has linked school enrollment with reduced sexual instances among the youth (Lloyd, 2006). Besides, sexually active female students are more likely to use contraception effectively as opposed to non-students (Lloyd, 2006). Qualitative studies conducted in Tanzania linked low educated teenagers with high pregnancy risks and the vice versa (Malisa, 2015). More findings by Wellings *et al.* (2001) associated sexually active female students who dropped out of school early with increased rates of pregnancy.

Perception of their peers about the behaviour

Regarding the perception of peers about sexual behaviour, survey findings revealed that 57.9% of the respondents agreed with the case. Remaining views were mixed 25% disapproved it while 17.1% were unable to make decision. In fact, one of the most paramount psychosocial influences on the sexual risk behavior of an adolescent is the perception of their peers about the behavior (Pettifor *et al.*, 2004). In addition, there is the transition from childhood to adolescence, children engage in the identity formation process, their dependency on siblings and parents as the sole sources of influence and making decision starts to change (Sieving *et al.*, 2006). It is obviously that adolescents spend a lot of time with friends and peer groups that with their parents which can affect their decisions and choices (Gouws *et al.*, 2008).

Electronic media

Even if Kirehe District is located in rural area where internet connectivity seems weak, findings from the same Table 4.4 revealed that 67.1% of respondents agreed that Electronic media including the internet, radio, television, and social networking sites are among the major factors influencing teenage pregnancy while 21.2% rejected the case and 11.7% kept their neutrality either by

ignorance or negligence of responding to the survey. In fact, there are other reasons that they would not like to reveal as girls without ambitions in life who do not have any dreams than to be married or other factors that expose them to sexual activities.

In line with the survey findings above, many investigations carried out elsewhere around the world confirmed that the electronic media platforms that are common among the youth include the internet, radio, television, and social networking sites (SNS) such as Facebook and Twitter. Lenhart and Madden (2007) highlighted that the use of internet presents unique challenges as more than half of the teenage population accessing the platforms are content creators and share their photos and videos to global communities. Media had indeed been identified as a significant influencer of immature demeanors and practices. For instance, Facebook itself is pointed out to link millions of users across the world, and each of the ties it creates has potential influence. Empirical evidence tied the display of sexual content on Facebook with high reported cases of sexual intention among explicitly dynamic young people (Connell, 2009). Moreno *et al.*, (2009) referred to an American investigation, the writers connected youths who saw explicitly content on their friend Facebook profiles with imparted impact promotion as they took them to be persuasive and acceptable wellsprings of data. Different investigations in the U.S related young people who connected sexual frames of mind and practices with other Facebook profiles as liable to report premiums in starting sexual activities at early stages (Litt and Stock, 2011).

This cannot go without mentioning the internet websites with pornographic movies or videos that corrupt seriously adolescents and exciting them to advent risky sexual practises.

Poverty

From results in Table 4.4, 63.3% of the respondents confirmed that poverty is among the major factors leading to teenage pregnancy in Kirehe District while 31.3% of respondents disapproved the statement and 5.4% were neutral i.e. they did agree or disagree with the item.

In South Africa, poverty has been identified as a contributor resulting into early pregnancies. In some instances, poverty has been associated sexual practices among generations, sexual practices for transactional purposes, and relationships that were neither ideal nor beneficial (Flanagan *et al.*,

2013). Poverty has also been associated with the decreased ability among teenage girls to negotiate for safe sexual practices like using the condom and can keep teenagers in abusive relationships, and finally creating layers of unequal powers among the genders (Mkhwanazi, 2010). These situations, more often than not reduced the ability of teenagers to negotiate for safe sexual practices leading to unintended pregnancies. Nairobi studies by Zulu *et al.* (2002) linked women living in Nairobi slums with high sexual risks compared to other women.

Brooks-Gunn *et al.* (1993) associated neighborhood poverty with teenage pregnancies as African American girls residing in low-status neighborhoods were less likely to use contraceptive on their first sexual experiences compared to their counterparts living in high-status areas. According to Hoffman (2006), high poverty rates and low education levels in rural communities in the U.S are highly associated with teenage pregnancies. Teenagers who are subjected to disadvantaged environmental and social circumstances characterized by poverty, racial segregation, high crime rates, and single-parent families face high risks of becoming pregnant at young ages.

4.2 Consequences faced by communities in Kirehe District

The objective of the section was to assess the consequences of teenage pregnancies on the communities in Kirehe District. Many studies continue to confirm the adverse social, economic, and health consequences of teenage pregnancy as indicated in Table 5. The respondents' perceptions were also measured by using the Likert scale set as follows:

Agree=1; strongly Agree=2; disagree =3; strongly Disagree= 4; neutral =5

Table 4.5 Consequences of teenage pregnancies on communities in Kirehe District

Views of respondents	1 (%)	2 (%)	3 (%)	4 (%)	5(%)
School dropout	48.3	25	10.8	10	5.8
Limited Education and career opportunities	42.5	19.2	10.8	17.9	9.6
Increased social dependency	45.4	14.2	17.5	15.4	7.5
Increasing of health problems	46.3	17.5	10.8	17.1	8.3
Poverty	52.5	14.2	13.3	15.4	4.6
Increasing of family stigma and conflicts	50.4	17.5	16.3	12.5	3.3

Source: Field data, October 2020

School dropout

The findings in Table 4.5 showed that 73.3% of respondents agreed that school dropout is among adverse consequences households are facing in Kirehe District while 20.8% did not consider it as an issue against 5.8% who were neutral. One teenager pregnant participant to interview testified: *"My pregnancy affected my grades in school. I feel funny sometimes and I don't talk to nobody and I am ashamed to appear to school. I feel like better I want to stay home"*. Even Mayor of Kirehe District stated: *"Teenage pregnancy is still among the issues hindering children education in the district. "We still have around 600 underage mothers in the district, we are trying to help them by educating them and following on criminals who impregnated them, so far we have found over 100 criminals and the most difficult problem we have is that children themselves do not report the culprits"*.

These results have corroborated by Plessis (2010) from Regina University (Canada) who reported that the rates of teenage pregnancies are high, especially amongst 18-19 year olds and a large number of pregnant teenagers do not return to school. Many investigations carried out elsewhere ascertained that teenage pregnancy has a negative effect on education, women who report a pregnancy in their teens are more likely to lag behind their peers in their education and have lower school attainment. In South Africa survey conducted by Nokuthula and Pretorius (2019) revealed that Educators reported school attendance as largely affected by teenage pregnancy. This is due in most cases to fact that the teenagers have no one to look after their babies, so they have to juggle being at school and also having to take care of the child at the same time, which is overwhelming for them. Thus, this leads school dropout.

Limited Education and career opportunities

Overall, 61.7% of teens enrolled in the present study had agreed that in Kirehe District early pregnancy limited education and career opportunities. Thus, very young mothers have 61.7 % of higher risk to lack job opportunities compared to those who completed their studies. *One respondent testified: After getting pregnant I became discouraged to continue my studies and lose the hope of reaching to my vision or my dreams being what I thought to be, the potential covered*

by teen pregnancy brought the poverty in my family even the whole community around is affected because of missing of labour to the market.

Increased social dependency

A great number of girls' participants to study (59.6%) considered that being teen mother is leading to dependence. Their perception is in connection with Pedro, Lopez-Calva and Perova (2012) who conducted a study in Mexico found that greater dependence on social welfare among women who gave birth during adolescence that their social assistance income is 36 percent higher, and they are more likely to participate in social programs, especially the conditional cash transfer program Oportunidades.

Population growth

Overall, the majority of participants enrolled to this research (65.5%) agreed that the phenomenon of early motherhood is in relationship with population growth. Maneng–ma Kong (1975) noted that without using contraception, a woman married at age 15 would have theoretically average of 17 children; at 20 years 15 children; at 30 years 10 children, at 40 years 5 children and at 45 years 2 or 3 children. This is effect of age and potential factor to influence demographic movement. In Rwanda a project bill exists aiming to fix a number of children at 3 per family since Rwanda is landlocked with an area of 26,338 km² and 416 people per km² (NISR, 2012). It is among the fourth smallest country on the African mainland after Gambia (11,300 km²), Eswatini (Swaziland, 17,364 km²) and Djibouti (23.200km²). If there is no family planning, the country will face a serious environmental degradation that will livelihoods of people.

Increasing of health problems

The findings in Table 4.5 indicated that 63.8% of respondents agreed that teenage pregnancy increase health problem and it is re one of the factors that cause teenage pregnancy on the living condition of communities, 27.9% disagreed with the statement while 8.3 % were neutral about the statement for the reasons that they did not express. Early pregnancy has an overall negative impact on young women's health in Rwanda. GoR (2012) reported that pregnant adolescents are at a high

risk of health complications as they lack the biological maturity for reproduction, and they also lack experience in caring for new-born babies. So, teens therefore face a greater risk of dying from a pregnancy-related cause (Abbott *et al.*, 2012).

The average HIV prevalence rate among girls aged 15-19, it is 0.9% compared to 0.3% of their male counterparts (NISR, 2016). Teen mothers are susceptible to be infected by HIV/AIDS due to their poor economic conditions that lead them to accept any sexual offer at any price when they need something to survive especially feed their babies. Sometimes, men who want sexual intercourse with them, require to do not use condoms. This risky situation exposes teen mothers not only to HIV/AIDS infection but also to communicable diseases such as sexually transmitted infections (STIs).

Inability to practice economic activities

Majority of the research participants (66.7%) have agreed that early motherhood leads adolescent to inability to practice economic activities. One teenager pregnant stated: "*I regret my pregnancy. Being pregnancy is kind hard: morning sickness, stomach, cramps, etc., School is hard I cannot keep up. Nothing else is good about this situation, I cannot carry out any activity*". Qualitative research shows that many adolescent mothers lack the required form of support or social assistance both during pregnancy and in raising their children in the economically driven world of today (David *et al.*, 2017).

Increasing of family stigma and conflicts

The results in Table 4.5 indicated that 67.9% of total respondents agreed that the increase of stigma and family conflicts are one of the factors that caused by teenage pregnancy on the living condition of communities; 28.8% of respondents rejected the case while 3.3 % were neutral about the statement. Stigma and rejection are common, not only for teenage mothers but also for their families (Araúz-Ledezma *et al.*, 2020). For parents, teenage pregnancy is reported to cause marital tensions between the girl's parents due to the shame they say she had brought on the family (Ruzibiza, 2019). This can result in divorce, which can also add to the stigma. Some countries resort to harmful means to identify pregnant girls, and sometimes stigmatise and publicly shame

them. Some countries impose heavy penalties and punishments on girls who are reported to have had sexual relationships outside wedlock (Human Rights Watch, 2018: 5). For example, Morocco and Sudan apply morality laws that allow them to criminally charge adolescent girls with adultery, indecency, or extra-marital sex. Families of pregnant girls are also punished in other parts of sub-Saharan Africa (SSA): in Tanzania there are reports of pregnant girls, as well as their parents, being arrested as part of efforts to end teen pregnancy.

Poverty

Findings from Table 4.5 illustrated that the adolescents enrolled to this survey agreed that (67.7%) early pregnancy leads to poverty in Kirehe District. As Vundule *et al.*, (2001) showed, this leads the majority of adolescents mothers to live with the unemployed single parent or guardian and become a financial burden, one of the issues that contribute to their mental disorders. Besides, Pedro, Lopez-Calva and Perova (2012) stated that teenage pregnancy is seen as the cause of lower social and economic achievement for mothers and their children, and as the potential determinant of inter-generational poverty traps.

5. Conclusion and Recommendations

According to the study, it has been found that teenagers pregnant are facing many issues mainly due to lack of health reproductive education, financial means, cultural barriers, electronic media low education that affect negatively their socio-economic development such as school dropping out, increasing of diseases that jeopardise teen mothers, stigma and family conflicts, unemployment and finally poverty. Based on the findings above, the study recommended that the adequate measures should be taken to club those increasing consequences undergone by teenagers and to manage the girl child in Kirehe District particular and general in Rwanda: breaking down the cultural barriers or taboos for encouraging sexual education through communication between parents and children in order to clarify the girls sexual life: there are common myths in Rwanda include the idea that having sex will prevent pain during menstruation or improve a skin condition as reported by Girl Hub (2011) that this type of misinformation comes from various sources, including friends and boyfriends. Besides, girls stated that they are frequently forced to sift through scanty information and decide themselves about what is accurate (Girl Hub, 2011).

The Law of 2001 on the Rights and Protection of Children against Violence and the 2008 Law on the Prevention and Punishment of Gender-Based Violence must strictly applied.

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