



# **EXPANDING ADOLESCENTS AND YOUTH ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN RWANDA**

## **A POLICY BRIEF**



**HDI**  
HEALTH DEVELOPMENT INITIATIVE

EXPANDING  
**ADOLESCENTS**  
**AND YOUTH ACCESS**  
**TO SEXUAL AND**  
**REPRODUCTIVE HEALTH**  
SERVICES IN RWANDA

## 1. Introduction

Adolescence has been described as a period characterized by rapid physical, cognitive and social changes, including sexual and reproductive maturation; the gradual building up of the capacity to assume adult behaviours and roles involving new responsibilities requiring new knowledge and skills.<sup>1</sup> Studies have shown that Adolescent girls who become pregnant are significantly more likely to be poor than their peers, with poorer nutrition and general health.<sup>2</sup>

Rwanda has made efforts to improve sexual and reproductive health through the adoption of various policies and laws as well as strategies. However, there are shortcomings as far adolescents and youth access to sexual and reproductive health services is concerned.

The purpose of this brief is to highlight the importance of law and policy reform with the view of responding on adolescents and youth needs and rights to access sexual and reproductive health services in Rwanda. It specifically aims to address the gaps and challenges in existing laws and policies.

## 2. Regional and International legal framework, declarations and international standards on Adolescent and youth access to sexual and reproductive health services

### 2.1. *Regional and International legal framework*

As far as sexual and reproductive health rights are concerned, Rwanda has ratified various international and regional human

rights instruments which are relevant to sexual and reproductive health rights such as the Convention on the Rights of the Child,<sup>3</sup> the International Covenant on Economic, Social and Cultural Rights,<sup>4</sup> the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)<sup>5</sup>, the African Charter on Human and Peoples' Rights<sup>6</sup>, the Maputo Protocol<sup>17</sup> and the African Youth Charter.<sup>8</sup>

The above mentioned ratified regional and international human rights treaties have the force of the law in Rwanda as provided under article 168 of the Constitution of 2003 as revised in 2015.

To be more specific, article 16 (c ) of the African Youth Charter obliges States Parties to provide access to youth friendly reproductive health services including contraceptives, antenatal and post- natal services.

In addition article 16 (e ) of the African Youth Charter obliges States Parties to institute comprehensive programmes to prevent the transmission of sexually transmitted infections and HIV/AIDS by providing education, information, communication and awareness creation as well as making protective measures and reproductive health services available.

Furthermore, article 16 (f) of the African Youth Charter obliges States Parties to expand the availability and encourage the uptake of voluntary counselling and confidential testing for HIV/AIDS. Lastly, it is worth mentioning that article 14 (1) (d) of the Maputo Protocol guarantees the right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS. The Maputo Protocol is applicable to both girls and women.

## ***2.2. Declaration and International Standards/guidelines***

Rwanda is signatory to the Addis Ababa Declaration on Population and Development beyond 2014 which calls upon African Governments to achieve universal access to sexual and reproductive health services by providing an essential package of comprehensive sexual and reproductive health services including through the primary health care system for women and men, with particular attention to the needs of adolescents, youth, older persons, persons with disabilities and indigenous people, especially in the most remote areas. (Emphasis added). This declaration further calls upon African Governments to put in place measures that facilitate men and boys to access sexual and reproductive health information, counselling and services.

At the international level, specialised United Nations Agencies have published various guidelines /standards to assist States in addressing special needs of adolescents and the youth in the context of sexual and reproductive health such as the Guidebook titled Making Health Services Adolescent Friendly<sup>9</sup>, Sexual, Human Rights and the Law.<sup>10</sup>

## **3. Rwanda's Legal and Policy framework, strategies and guidelines in the context of sexual and reproductive health.**

### ***3.1. Legal framework***

The Constitution of 2003 as revised in 2015 provides under article 21 the right to good health. The interpretation of article 21 of the revised Constitution includes sexual and reproductive health.

In addition, it is worth mentioning article 8 of the Law N° 21/05/2016 of 20/05/2016 relating to human reproductive health which provides that every person has the right of access to education and medical services related to human reproductive health.

We further note that article 3 of the Law No 49/2012 of 22/01/2013 on medical professional liability insurance provides for the right to dignity and privacy. This provision is very important in the context of access to sexual and reproductive health services. Lastly, Article 4 (1) of the Law No 49/2012 of 22/01/2013 establishing medical professional liability prohibits any form of discrimination in terms of access to consultation and healthcare services as well as other paramedical procedures while article 6 Law No 49/2012 provides for the right to free choice of a health professional.

### ***3.2. Policy framework***

From a policy perspective, we positively note the adoption of the National Reproductive Maternal, New-born, Child and Adolescent Health Policy which has the vision to achieve the highest attainable standard of health across the life course for all women, male and female children and adolescents in Rwanda.<sup>11</sup>

We also positively note that one of the short term of objectives of the National School Health Policy (2014) is to improve and enhance knowledge of students and teachers about Sexual Health, including sexual and reproductive health and Gender Based Violence, prevention of HIV and AIDS and other diseases, management of disabilities and special learning needs, hygiene, nutrition, physical education and mental health and related needs. The National School Health policy suggests among its action to address teen pregnancy to sensitize the youth about early pregnancy and reproduction health choices and the establishment of a follow-up

system to ensure that young women who dropped out of school due to pregnancy return to complete their studies. It must also be noted that one of the specific objectives of the National Youth Policy is to provide the youth with practical information as to issues of adolescents reproductive health.<sup>12</sup>

### ***3.3. Strategies and Guidelines***

It is worth noting that the National Guidelines for prevention and Management of HIV and Sexually Transmitted Infections (STIs) provide that any person aged 12 and over may provide his or her own verbal consent for HIV testing.<sup>13</sup>

In addition, the Fourth Health Sector Strategic Plan suggests among its strategy to increase the demand for adolescent sexual and reproductive health services by increasing access to services for Adolescent and youth.<sup>14</sup>

## **4. Teenage pregnancies and unwanted pregnancies: Barriers and unintended consequences**

Article 7 of the Law N° 21/05/2016 of 20/05/2016 relating to human reproductive health provides that every person having attained the majority age has the right to decide for oneself in relation to human reproductive health issues. As far as the age of majority is concerned , article 113 (1) of the Law N°32/2016 of 28/08/2016 governing persons and family, the age of majority is 18 years.

The legal interpretation of the above two provisions means that the age of consent for reproductive health related issues is 18 years. Though the law does not specifically set the age of consent to

sex, article 133 of the Law N°68/2018 of 30/08/2018 determining offences and penalties in general provides that children aged at least 14 years may engage in consensual sex with their peers in the same age category without a sanction. We deplore the fact that article 11 of the Law No 49/2012 on medical professional liability insurance does not allow minors (children) to seek healthcare services without the prior consent of their parents or legal guardians.

The National Youth Policy does not identify a specific strategy to improve access to reproductive health services which prevent unwanted pregnancies despite the fact that it acknowledges uneasy access to reproductive health services that leads adolescents to having unwanted pregnancies with their following consequences such as school dropouts, unsafe abortion, death of the mother or of the child, sexually transmitted diseases and all forms of physical and psychological violence. The National School Health Policy acknowledges teenage pregnancies among critical issues but does not suggest a concrete action to address teenage pregnancies in schools.

The latest Demographic and Health Survey (DHS) 2014/2015 survey shows that teenage pregnancy rates in Rwanda increased from 6.1 per cent in 2010 to 7.3 per cent in 2015.<sup>15</sup> Though the legal minimum age for marriage is 21 years, findings from the DHS 2014/2015 have revealed that 7% of adolescent women aged 15-19 years are already mothers or pregnant with their first child.<sup>16</sup> The DHS 2014/2015 further revealed that 2% of adolescent women (15-19years) are using modern contraceptives.

In 2016, CLADHO conducted a rapid assessment in 52 sectors that revealed that 818 teenage girls got pregnant before the age of 18 years within a period of just two years.<sup>17</sup> In addition, the rapid



assessment revealed that most of teenagers got pregnant from their peers (49%); 20% from family friends and lastly 2% from tutorials and 1% from local leaders. In addition, the rapid assessment highlighted that 75% of teenage pregnancy resulted from sexual violence and 25 % through voluntary sexual intercourse.<sup>18</sup>

### ***Despite the existence of laws and policies, teenage pregnancies have been on the rise***

Studies have shown that babies born to mothers under 20 years of age face a 50% higher risk of being still born or dying in the first few weeks versus those born to mothers aged 20-29.<sup>19</sup> Statistics from the World Health Organization (WHO) also show that 23 girls aged 15 to 19 years in developing regions have an unmet need for modern contraception. As a result, half of pregnancies among girls aged 15 to 19 years in developing regions are estimated to be unintended.<sup>20</sup> Research has shown that babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions.<sup>21</sup>

The research conducted by CLADHO in 2016 revealed that most consequences and problems faced by teenagers after getting pregnancy were school dropout (50%), poverty (19%), depression (11%) and other including discrimination (5%).<sup>22</sup> In addition, a baseline survey conducted by Imbuto Foundation revealed that only 34.2 % of First Time Young Mothers (aged between 15 and 19 years) used contraceptive methods after delivery.<sup>23</sup>

## **5. The importance of expanding youth and adolescents access to sexual and reproductive health services in Rwanda**

### ***5.1. Expanding Youth and Adolescents' access to Sexual and reproductive health services is a human right***

#### ***Parents' consent is a barrier for adolescent's access to sexual and reproductive health services.***

Parents' consent in the context of access to sexual and reproductive health services is a violation of the right to health as guaranteed under article 24 of the Convention on the Rights of the Child. Indeed, the Committee on the Rights of the Child in 2015 had recommended to Mauritius to improve access to high-quality, age-appropriate HIV/AIDS, sexual and reproductive health services, including by providing for a minor to undergo HIV treatment on a voluntary basis without the consent of a legal administrator or guardian.<sup>24</sup> Though this recommendation was not made to the Government of Rwanda, it clearly shows the position of the Committee on the Rights of the Child on the adolescents' access to HIV/AIDS, sexual and reproductive health services. It should also be noted that the Committee on the Rights of the Child has called upon States Parties to the Convention on the Rights of the Child to ensure that adolescents' informed consent is obtained from adolescents who are of sufficient maturity on sexual and reproductive health related matters. It has been argued that when adolescents are prevented from seeking information and services with regard to their sexual health, particularly access to contraception, their dignity as human beings is denied.<sup>25</sup>

The Committee on Economic, Social and Cultural Rights in its General Comment 14, while clarifying the content of the right to health, has urged States Parties to provide access to comprehensive sexual and reproductive health care services (including access to contraceptives) for adolescents.<sup>26</sup>

In light of the above, Article 7 of the Law N° 21/05/2016 of 20/05/2016 relating to human reproductive health clearly violates the right to health as guaranteed under the Constitution of Rwanda of 2003 as revised in 2015 and other international regional human rights instruments ratified by Rwanda.<sup>27</sup> In addition, the National Reproductive Maternal, New-born, Child and Adolescent Health Policy has also acknowledged this provision as a barrier by stating: ***‘the law which states that a person has to be over the age of majority to be able to access SRH services and commodities could be a barrier’***.

It is also submitted that the lack of a specific strategy in the National Youth Policy to improve access to reproductive health services as well as the failure by the National School Health Policy to suggest a concrete action to address teenage pregnancies in schools violate the right to health as provided under the Constitution of 2003 as revised in 2015 and more importantly this will serve to the compliance of international and regional human rights instruments ratified by Rwanda.<sup>28</sup>

#### ***4.2. Expanding Youth and adolescents access to sexual and reproductive health service contributes to advance public health***

According to the WHO, if the increase of the use of contraceptive by adolescents at risk of unintended pregnancy was met, 2.1 million unplanned births, 3.2 million abortions, and 5,600 maternal deaths could be averted each year.<sup>29</sup>

There is no dispute that the findings from the WHO are very relevant in Rwanda as the DHS 2014/2015 revealed that perinatal mortality rate in Rwanda is highest among mothers less than age 20 with 40 deaths per 1,000 pregnancies.

Expanding youth and adolescents' access to sexual and reproductive health services will enable Rwanda to meet one of the targets of the Sustainable Development Goals (SDGs) which call upon States to ensure that by 2030 to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

## 6. Recommendations

### ***We call upon the Government of Rwanda to:***

- Amend article 7 of the Law N° 21/05/2016 of 20/05/2016 relating to human reproductive health with the view of lowering the age of consent to 12 years in matters related to sexual and reproductive health as this complies with Constitution and ratified National and International human rights instruments and the National Reproductive Maternal, New-born, Child and Adolescent Health Policy and WHO Guidelines.
- Amend article 11 of the Law No 49/2012 on medical professional liability insurance with the view to allow children aged 12 years to seek healthcare services without the prior consent of their parents or legal guardians.
- Review the National Youth Policy to ensure it includes a specific strategy to improve access to reproductive health services including information to prevent teenage pregnancies

and unwanted pregnancies. This will ensure Rwanda's compliance with the Constitution (article 21) and ratified regional and international human rights instruments and also the successful implementation of the National Reproductive Maternal, New-born , Child and Adolescent Health Policy and Health Sector Strategic Plan 4 which has set the goal to decrease teenage pregnancy in the next 6 years.

- Revise the National School Health Policy to ensure it avails commodities including condoms and contraceptives to prevent teenage pregnancies in schools.
- Ensure that contraceptives including emergency pills are included in the list of essential medicines and are affordable.

1. United Nations Committee on the Rights of the Child *General Comment No. 4 (2003) Adolescent health and development in the context of the Convention on the Rights of the Child*
2. UNFPA *Girlhood not Motherhood* .Available at <<[https://www.unfpa.org/sites/default/files/pubpdf/Girlhood\\_not\\_motherhood\\_final\\_web.pdf](https://www.unfpa.org/sites/default/files/pubpdf/Girlhood_not_motherhood_final_web.pdf) >>. Accessed on 10 December 2018
3. Rwanda ratified the Convention on the Rights of the Child on 19/09/1990
4. Rwanda ratified the International Covenant on Economic, Social and Cultural Rights on 12/12/1975
5. Rwanda ratified the CEDAW on 02/03/1981
6. Rwanda ratified the African Charter on Human and Peoples' Rights on 15/07/1983
7. Rwanda ratified the Maputo Protocol on 25/06/2004
8. Rwanda ratified the African Youth Charter on 07/08/2007
9. WHO *Making Health Services Adolescent Friendly: Developing national standards for adolescents friendly health services (2012)*
10. WHO *Sexual health, human rights and the law (2015)*
11. Ministry of Health *National Reproductive Maternal, New-Born, Child and Adolescent Health Policy*
12. Ministry of Education *National School Health Policy (2014)*
13. Rwanda Biomedical Centre *National Guidelines for Prevention and Management of HIV and STIs (2016)*
14. Ministry of Health. *Health Sector Strategic Plan 4: July 2018 to June 2024*
15. Rwanda National Institute of Statistics *Rwanda Demographic Health Survey 2014/2015*
16. Idem
17. CLADHO *Report on early/unwanted pregnancy for under 18*

*years in 10 districts of Rwanda. Available at << [http://www.cladho.org.rw/fileadmin/templates/document/REPORT\\_OF\\_THE\\_RAPID\\_ASSESSMENT\\_ON\\_TEENAGE\\_PREGNANCY.PDF](http://www.cladho.org.rw/fileadmin/templates/document/REPORT_OF_THE_RAPID_ASSESSMENT_ON_TEENAGE_PREGNANCY.PDF)>> Accessed on 10 December 2018.*

18. Idem
19. World Health Organization *Adolescent pregnancy*. Available at <<<http://www.who.int/mediacentre/factsheets/fs364/en/>>>. Accessed on 05 December 2018.
20. WHO recommendations on *adolescent sexual and reproductive health and rights*. Geneva :WHO ; 2018)
21. Idem
22. CLADHO *Report on early/unwanted pregnancy for under 18 years in 10 districts of Rwanda*.
23. Imbuto Foundation *First Time Young Mothers Project Pilot*
24. OHCHR “Concluding observations on the combined third to fifth periodic reports of Mauritius CRC/C/MUS/CO/3-5
25. Ebenezer Durojaye, *Realizing Access to Sexual Health Information and Services for Adolescents Through the Protocol to the African Charter on the Rights of Women, 16 Wash. & Lee J. Civ. Rts. & Soc. Just. 135 (2009)*.
26. OHCHR “General Comment No 14 >. Available at << [https://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2f2000%2f4&Lang=en](https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2f2000%2f4&Lang=en)>> . Accessed on 11 December 2018
27. The right to health is guaranteed under Article 41 of the Constitution of Rwanda of 2003 as amended in 2015 ; Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR); Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); Article 16 of the African Charter on Human and Peoples’ Rights (ACHPR) ;Article 24 of the Convention on the Rights of the Child (CRC) and Article 14 of the African

Charter on the Rights and Welfare of the Child (ACHRWC)  
and article 14 of the Maputo Protocol.

28. *Idem*

29. WHO *Adolescent pregnancy*. Available at<< <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>>> .  
Accessed on 14/12/2018





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