ADOLESCENT RELATIONSHIPS IN RWANDA: DATING, COUPLE CONFLICT AND SEXUALITY

Findings from qualitative research in Kigali and Rutsiro

PROMUNDO

HDI
HEALTH DEVELOPMENT INITIATIVE

Adolescent relationships in Rwanda: dating, couple conflict and sexuality

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About Promundo

Founded in Brazil in 1997, Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women, girls, and individuals of all gender identities. Promundo is a global consortium with members in the United States, Brazil, Portugal, the Democratic Republic of the Congo, and Chile that collaborate to achieve this mission by conducting cutting-edge research that builds the knowledge base on masculinities and gender equality; developing, evaluating, and scaling up high-impact interventions and programs; and carrying out national and international campaigns and advocacy initiatives to prevent violence and promote gender equality. For more information, see: www.promundoglobal.org

About HDI

Health Development Initiative (HDI) was founded in 2005 with the vision of a society in which everyone has the opportunity to enjoy the highest standard of health and well-being, regardless of social, cultural or economic status. HDI strives to empower young people to be advocates for their own sexual and reproductive health by providing them with accurate information. Ensuring that young people have accurate information about sexual and reproductive health guarantees better choices and informed decisions. Without information, they are easily susceptible to peer-pressure and risky behaviour. www.hdirwanda.org

PREVENTION+

Men and Women Ending Gender-Based Violence

The study was funded under the Prevention+ program, a five-year (2016-2020) program aimed at engaging men alongside women in ending gender-based violence. Prevention+ was led by Rutgers, in collaboration with Promundo and Sonke Gender Justice, with funding from the Dutch Ministry of Foreign Affairs.

Cover photo by Alain Muneza for HDI.

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Abbreviations

ASRH	Adolescent Sexual and Reproductive Health
CSE	Comprehensive Sexuality Education
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interviews
RIB	Rwanda Investigation Board
RBC	Rwanda Biomedical Center
RH	Reproductive Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STDs	Sexually Transmitted Diseases

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Executive Summary

OVER THE PAST DECADE, Rwandan adolescents' sexual and reproductive health needs have come to the forefront given a rise in teenage pregnancy. Research during this time has indicated that some adolescents are sexually active, have limited knowledge about pregnancy and sexually transmitted infection (STI) prevention and face challenges in accessing information and services.[i,ii] As a result, there is growing attention paid to adolescent sexual and reproductive health (ASRH) by the Rwandan government who are investing heavily in several programs and policies aimed to improve ASRH. Yet, gaps and challenges remain. Some researchers have reported that stigmatization of adolescent sexuality and sexual and reproductive health (SRH) in a social context may continue to play a role in how mentors, educators, and parents teach adolescents about ASRH. Others note that a lack of comprehensive knowledge about what factors underlie teenage pregnancy in the context are needed. Given that they comprise almost a quarter of the Rwandan population, paying attention to adolescents' needs in this country is crucial.

Gender norms also influence adolescents' romantic relationships and SRH, yet very little research has been done on adolescent relationships from a gender lens – and the research that does exist has tended to focus solely on adolescent girls' experiences and perspectives. This study seeks to understand the nature of adolescent relationships, including experiences of violence; their sexual and reproductive health behavior; as well as barriers to SRH services and information, to inform both policy and programming. This report presents an in-depth view of adolescent romantic relationships by focusing on the larger community norms that underlie much of their daily challenges. Special attention is paid to unmet SRH needs within the context of romantic relationships.

Data

Qualitative data was collected with 96 participants – 32 in-depth interviews (IDIs) and 64 participants in focus group discussions (FGDs). The study collected data from male and female adolescents ages 18 to 19 years in two areas: urban Kigali (n=48) and rural Rutsiro (n=48). Eligible participants were in a current romantic relationship of at least 3 months in duration.

Data was collected using semi-structured in-depth interviews and focus group discussions. The IDIs and FGDs were conducted by HDI's adolescent peer educators and SHARE program youth. The IDIs used semi-structured interview guides to explore participants' attitudes, perceptions and experiences of healthy relationships, power dynamics, gender-based violence, social support, and SRH knowledge and access to services. The FGDs used structured vignettes–imaginary scenarios of adolescents in relationships–to explore participants' attitudes and perceptions of adolescent relationships and SRH.

Key Findings

Overview of adolescent romantic relationships. In Rwanda, a variety of relationships before marriage exist, but the majority tend to be dating relationships (which may or may not include sexual contact, including penetrative sex), implying some degree of commitment to a partner. On the other hand, some relationships tend to be only sex driven. Cohabiting is common in Rutsiro, which has increased as a result of COVID-19. The majority of adolescents have been in at least 1-2 relationships before the current one, with boys generally having had more relationships in the past than girls. There is little evidence of multiple partners, and if it exists it is predominantly with boys in Rutsiro. Adolescents in this study understand healthy intimate relationships in terms of trust, guidance, consideration for each other, and something that most likely leads to marriage–or at least they have the intention to do so in such relationships. Both boys and girls commonly agree that healthy relationships are a precursor for a couple to enter into a healthy marriage and they assert that partners should end a relationship when fighting starts.

Reasons for getting into a romantic relationship. Respondents state that they get into relationships for various reasons. Some of these reasons include hormonal changes and the need for sex, a need for companionship, attraction to physical appearance, and a desire to have fun. There are also instances of adolescents mentioning that they want to be like their parents and find the right partner to marry. Thus, being in a relationship is the natural thing to do if they want to find the right partner.

How do relationships start? Relationships start mostly in the same way: adolescents meet some place (school, church, tutoring class, relative's place, etc.), get to know each other, start speaking on the phone, and then the boy declares that he wants to start dating and it is up to the girl to accept. Many times, adolescents do not know each other from before, but feel attracted to each other, and there is a strong gendered expectation that boys are the ones who propose their love to the girl, not the other way around. When specifically asked about their preference for a partner's age, many girls indicate a preference for older partners. In contrast, boys indicate a preference for partners of the same age or younger.

What does an adolescent relationship look like? There are some characteristics that are prevalent in all relationships, like activities such as going out, talking on the phone, meeting friends, quarreling, making up, and guiding each other. There are several couples who feel very comfortable talking about premarital sex, family planning and other SRH-related topics, while others do not. The most central thing desired in any relationship is trust, honesty, and expressing their love to each other. There is both mixed evidence and a gendered pattern about whether trust is present between adolescents. Girls tend to trust their boyfriends

less than boys trust their girlfriends. There are several people in their social network whom adolescents turn to for advice when needed. Same-sex peers or their romantic partners are considered the first stop for advice on any problems related to their relationship. Following this are older siblings or cousins. Mothers and other female relatives (such as aunts) are generally considered the last source of guidance.

Community norms around relationships. There is an overwhelming agreement among the adolescents in this study that the community views adolescent sexual relationships negatively (although most dating relationships are assumed to be sexual). Socio-cultural norms and lack of trust remain one of the main reasons parents and the community disapprove of adolescent relationships. All respondents highlight that parents condemn adolescent relationships, which leads to an inability to talk to parents about issues such as SRHR, conflicts with their relationship partners, and any violence that may occur in their relationships. Nearly all female respondents say that the community has different expectations for girls than they do for boys in relationships. Both boys and girls reiterate that communities are generally much more worried and anxious about girls than boys, generally due to fears around unintended pregnancies, and because the consequences of this are usually borne by the girls alone. Almost all adolescents agree that it would be better for parents to let adolescents try romantic or dating relationships.

Premarital sex and relationships. According to the interviewees, the prevalence of premarital sex in the community is at least 50%. Most respondents say it is not acceptable to have sex at 17 years of age, but 18 years and above is okay. Adolescents note that while there was previously an expectation that a girl should remain a virgin until marriage, this is less so today. Decision-making regarding having premarital sex is complex – with the majority of adolescents agreeing that the decision lies in the girls' hands. Girls share several types of pressures they face to engage in sexual activities, such as proving their physical affection to their boyfriend as an expectation of love. There is little evidence of adolescents feeling confident sharing their sexual activity with their parents. A few adolescents feel comfortable sharing with their friends who may have had experience with premarital sex themselves. A strong gendered pattern is seen whereby both boys and girls express that it is much easier for boys to talk about their sexual activities with others (mostly male peers) than girls as a result of social norms that stigmatize girls' sexual behavior.

Gender-based violence (GBV) at the community level. At the community level, several adolescents report incidents of violence (physical, sexual, and emotional) that they have seen in their neighborhood, school, or heard on the news or radio, among (mostly) adults and other adolescents. Factors like how one dresses, not keeping the house clean, going out for drinks, cheating on the partner, are considered risk factors for violence against women

and girls and several adolescents agree that these reasons are acceptable reasons for gender-based violence. If GBV does occur, stigma against girls perpetuates the culture of silence against reporting violence.

GBV in relationships. While there is little admission of violence in current relationships, girls note being verbally abused on the road, and one boy admits to forcing his girlfriend into having premarital sex. There are numerous examples of couples experiencing conflict or disagreement that does not resort to physical, sexual, economic, or verbal violence. Conflicts usually relate to disagreement about where to meet, how many times to meet, jealousy over another person, girls being asked to engage in premarital sex, or the fact that one (usually the boy) drinks. Most disagreements are resolved by talking, apologizing, and compromising with each other. It is unclear whether both girls and boys feel the need to apologize equally. For several boys, their reaction to conflicts oscillate between presenting a hyper-masculine image in public while maintaining calm in private though they do not see it this way.

Power dynamics in relationships. Male and female adolescents generally agree that girls initially have more power in the relationship given that they can either accept or reject a proposal. This is however more nuanced. Real life examples indicate that once the relationship starts, power dynamics shift towards a more traditional gender imbalance. Most adolescents state they are happy with how decision-making occurs in their relationship and would not change anything. Several adolescents note that they make decisions together but when they are asked to elaborate, boys and several girls emphasize that boys will have the final decision validating that decision-making among adolescents exists along very gendered lines.

Knowledge about sexual and reproductive health. It is clear from our data that most adolescents are lacking important and basic knowledge about sex, pregnancy, and contraception. Several girls share fear of becoming barren if they engage in too much premarital sex. The only SRH related knowledge where adolescents speak with confidence is with respect to HIV and sexually transmitted diseases (STDs). Adolescents' sources of SRH knowledge range from elder siblings, same-aged peers, school, youth centers, and radio programs. The absence of parents as sources of knowledge on SRH is glaring. There is a unanimous desire amongst the female participants to learn more about how to prevent unplanned pregnancy. When asked about the type of advice they would give to others, girls are overwhelmingly giving advice on how to avoid pregnancy and wished that someone had given them advice about avoiding unplanned pregnancy as well.

Using contraception and family planning methods. There is a general unwillingness to use family planning methods though adolescents seem to differentiate between contraception and family planning methods given at the health center. Condoms are seen as the most common way to prevent pregnancy, followed by engaging in sex on what adolescents consider their safe-days, using the pull-out method, and morning-after pill. Often siblings or same-aged peers are sources of information on safe-days.

Using SRH services. Participants explain that only up to 20% of the youth go to health centers for SRH services with several participants stating that no adolescent goes there. When SRH services are accessed, they are mostly for HIV testing, which both boys and girls get done. However, it is predominantly boys who go to the health center to get condoms. Words like judgment, shame, hiding, secret, or embarrassing are peppered throughout the interviews when asked about going to health centers for SRH information or contraceptive methods. There is a hierarchy of preference for accessing contraceptives, with girls reporting feeling freer to ask for condoms at pharmacies, followed by hospitals, and then health centers. Trust between adolescents and the provider is a central challenge and many adolescents seek friendly health workers who can keep their secret. This suggests that creating a dynamic of trust is essential if adolescents want to access SRH services.

Conclusions and Recommendations

In both Kigali and Rutsiro, the study found that romantic relationships (which may or may not include some form of sexual contact or penetrative sex) were strongly prevalent in adolescent lives. Though there were some instances where both boys and girls expressed feeling equal in their relationships, our study found that gender-stereotypical roles and expectations were underlying much of how relationships function. Premarital sex and its consequences played an important role in how relationships were viewed and how adolescents experienced their daily challenges. Despite the prevalence of romantic relationships, adolescents lacked both knowledge and support on issues that were most important to them – how to be in healthy relationships and how to prevent unintended pregnancies. There are several recommendations that can build and improve adolescents' lives and meet their unmet SRH needs.

Adolescents:

- Implement gender-transformative programming for adolescents aimed specifically at creating gender equality in relationships.
- Increase adolescents' knowledge on contraception, family planning, and unintended pregnancies.

Parents and communities:

- Raise community awareness about adolescent sexuality and romantic relationships and transform inequitable gender attitudes that negatively influence adolescents' relationships and SRH.
- Support parents to be able to discuss issues of sex, sexuality and relationships with adolescents through awareness raising, targeted programming – including those that challenge inequitable gender norms which influence parents' different expectations for adolescent girls and boys – and provide them with information and resources.

Key institutions (health & education):

- Sensitize health workers to adolescents' needs and address inequitable gender attitudes, so that a trustworthy relationship can be built between adolescents and health workers.
- Increase the number of young and female staff at health centers, pharmacies, and hospitals where adolescents may seek information, services or SRH commodities, and consider services designed specifically to address the needs of adolescent girls.
- Strengthen age-appropriate and gender-transformative SRH programs in schools and in the community that provide quality and consistent services to adolescents.
- Conduct more research to understand the knowledge and perceptions of teachers who provide SRH information and education in schools, and examine barriers to ensuring consistent, quality provision of information.
- Review existing comprehensive sexual education curriculum (and other school curricula for adolescents) to identify opportunities to strengthen relationship and gender-related content.

Laws & Policies:

- Review and revise the current legal framework to create an enabling environment for young adolescents to access SRH services without aged-based restrictions or parental consent.
- Ensure that the ongoing review and revision of the School Health Policy takes into consideration the feedback, needs, and rights of adolescents with regard to SRH and GBV.
- Raise adolescents' awareness of the family planning and Adolescent Health Strategic Plan and engage them in monitoring and evaluating its implementation.

Introduction

Introduction

ADOLESCENCE IS KNOWN AS A PERIOD OF TURMOIL, exploration, and discovery. Often, beginning with puberty, boys and girls begin the process of negotiating their gender identities and beliefs. Due to the physical markers of puberty (such as body hair growth, breast development, and voice change), it is believed that adolescents' negotiation of their gendered self intensifies[iii,iv]. Thus, with the onset of puberty, adolescents become more aware of social norms and gender norms and expectations. It is also during this time when adolescents begin to expand their peer relationships into romantic relationships and to negotiate their sexual behaviors, which is why promoting sexual and reproductive health (SRH) among young people is essential. In Rwanda, adolescents (ages 10 to 19 years) comprise 22% of the population, a greater proportion than they do globally (16%[vi]. Given that they comprise almost a quarter of the Rwandan population, paying attention to adolescents' needs in this country is crucial.

Over the past decade, Rwandan adolescents' sexual and reproductive needs have come to the forefront given increased visibility and discussion of teenage pregnancy, despite social norms that discourage sex before marriage and the legal age of marriage being 21 years. The last three Rwanda Demographic and Health Surveys (RDHS) indicated rising rates of teenage pregnancy – from 5.7% of adolescent girls and young women ages 15 to 19 already being mothers or pregnant with their first child in 2007, to 6.1% in 2010, and 7.3% in 2015.[vii,viii,ix] Although the most recent 2019/20 RDHS indicates that this figure has fallen to 5.2%.[x] Other studies have reported the median age of consensual sexual debut to be 17 years – a number that does not differ significantly for girls and boys[xi]. At the same time, a significant portion of adolescents lack a comprehensive knowledge of HIV and AIDS and report facing barriers in accessing SRH services. These figures suggest that some adolescents are engaging in premarital sex and there is an urgency to understand young peoples' perceptions on sex and relationships.

Rwanda's health policies have evolved over time to include a greater focus on the SRH needs and rights of adolescents. In 2011, the Ministry of Health adopted the Adolescent Sexual Reproductive Health and Rights Policy and in 2013 launched the National Reproductive Maternal, Newborn, Child and Adolescent Health Policy. In 2014, a National School Health Policy was adopted to improve and promote the knowledge of students and teachers about sexual health, including SRH, gender-based violence (GBV), as well as prevention of STIs including HIV and AIDS. The country's legal framework has also been revised to promote and protect SRH rights, including the passing of the

Human Reproductive Health law (No 21/05/2016) by Rwanda's parliament in 2016. The law states that everyone has the right of access to education and medical services related to reproductive health (Article 8) and recognizes the need to prevent and respond to gender-based violence (GBV) and raise awareness to promote attitudinal and behavior change as key components of reproductive health (Article 3). Furthermore, the law on medical professional liability insurance (No 49/2012) provides for the right to dignity and privacy (Article 3), a provision that is very important with regard to accessing SRH services.

In addition to policies, the Rwandan government has directed increased attention to adolescent SRH by investing heavily in several school-based programs, developing youth-friendly corners in schools and health facilities, involving the Rwanda Biomedical Center (RBC) for a teaching program on SRH for in-school and out-of-school children, and updating defilement laws to punish men who impregnate young girls. Yet, several recent evaluations have found that these programs have been less effective than expected[xiii,xiv]. Some researchers have reported that stigmatization of SRH in a social context may continue to play a role in how mentors, educators, and parents teach adolescents about ASRH[xv,xvi,xvii]. Others note that a lack of comprehensive knowledge about what factors underlie teenage pregnancy in the context are needed[xviii]. Encouragingly, in 2018, the Government of Rwanda launched the Family Planning and Adolescent Sexual Reproductive Health Strategic Plan 2018-2024, considered a strong and positive step in advancing youth access to SRH services by consolidating family planning (FP) and ASRH into one strategic plan[xix]. Clearly, Rwanda has made efforts to improve ASRHR, but there are certainly still gaps, and in particular laws, that hinder adolescents' access to SRH information, services and commodities[xx].

BOX 1

Family Planning and Adolescent Sexual Reproductive Health Strategic Plan 2018-2024

The overall goal of the strategic plan is that every Rwandan citizen (or resident) of reproductive age is able to fully exercise their sexual and reproductive health and have access to the services of their choice, improving sexual and reproductive health and enabling an overall increase in contraceptive prevalence by 2024. The vision is that all Rwandans achieve their highest attainable standard for sexual and reproductive health across the course of their lives, understanding their options for family planning pre-pregnancy, post-abortion or postpartum so as to manage their fertility aspirations and have equitable access to the services they need, close to where they live. The mission is for all women, men, adolescent girls and boys in Rwanda to have universal access to quality integrated FP/ASRH information and services in an equitable, efficient and sustainable manner.

One of the six overall objectives is "improved availability of quality youth-friendly FP/ASRH services" and the plan includes actions such as: increasing adolescents' knowledge and promotion of their informed uptake of contraception, scaling up adolescents' access to contraception, and strengthening initiatives to prevent GBV for women and girls, men and boys of all ages and improving linkages to the country's Isange One Stop Centers, which provide psychosocial, medical, police and legal services to survivors of SGBV and child abuse.

It is also clear that social and gender norms influence adolescents' sexual behavior and their access to SRH services, particularly for girls and young women. While research on adolescents' relationships is limited, available studies indicate that gender norms – which assign boys and men greater status and power – hinder girls' autonomy in relationships and their ability to access SRH services and information. Studies highlight how gender norms, which encourage girls to be quiet and submissive and to be virgins before marriage, make it difficult for girls to openly consent to sexual intercourse or to ask a partner to use a condom (out of fear of being seen as wanting to have sex or being promiscuous) and may discourage boys from using a condom (out of fear that a girl will change her mind)[xxi,xxii]. Studies also indicate that transactional sex and age-disparate relationships are a reality for some girls, who have sex with older men who offer them money, school fees, or gifts, while others experience forced or coercive relationships[xxiii]. Stigma for girls who have sex before marriage also makes adolescent girls feel less comfortable than

boys to access contraception at a health center, for fear of being associated with sex[xxiv]. Additionally, a culture of silence and stigma surrounding sex limits girls from reporting SGBV committed against them for fear of not being believed, being blamed or never finding a spouse in the future.[xxv,xxvi]

Adolescent girls in several studies expressed frustrations over cultural norms that constrain their autonomy over their own lives and bodies – including stating that at the end of the day a girl or woman is always owned by someone else – while allowing boys to have control over their own lives.[xxvii,xxviii] Girls also said that this affects their confidence in decision-making when in relationships with boys. Girls also face greater control over their sexuality than boys.[xxix] Despite strong promotion of gender equality in Rwanda, one study found that some girls are more comfortable sticking to more traditional or rigid gender norms, and perceive a backlash or frustration from boys who believe that they are being left behind given the greater focus on girls[xxx]– which is likely to influence adolescents' experiences and expectations within their romantic relationships. In fact, the 2015 RDHS found that more than 45% of adolescents agreed that it is permissible for men to beat their wives under certain conditions – which is higher than any other age group. In addition, a recent survey on violence among children and youth found that 18% of adolescent boys ages 13-17 reported committing violence against a current or previous girlfriend, romantic partner, or wife. Clearly, gender norms and differing expectations for adolescent girls and boys in relationships – whether in adolescence or adulthood – deeply influence their experiences of romantic relationships and their SRH and deserve greater attention and investigation.

Why this study?

THERE HAS BEEN RELATIVELY LITTLE RESEARCH conducted in Rwanda to understand adolescents' experiences of romantic relationships – including how these relationships start, the expectations, roles and power dynamics within them – particularly from a gender lens. In addition, few studies have explored adolescent boys' and girls' experiences and perceptions of relationships. Yet, it is clear that gender norms and the gendered power dynamics they perpetuate influence both adolescent boys' and girls' experiences of romantic relationships during adolescence, as well as their expectations for future relationships, including marriage.[xxxiii] Indeed, one study in Rwanda found that patriarchal norms and inadequate preparation for and mistaken expectations of marriage are sources of marital conflict[xxxiv]. Therefore, it is necessary to take a closer look at adolescent relationships, including how they navigate decision-making, conflict and sexual activity, to be able to advance gender equality and adolescents' SRHR.

This study was conducted by HDI Rwanda and Promundo with the purpose of understanding the nature of adolescent dating and sexual relationships, including experiences of violence, their sexual and reproductive health behavior, as well as barriers to SRH services and information, to inform both policy and programming.

This report presents an in-depth view of adolescent romantic relationships by focusing on the larger community norms that underlie much of their daily challenges. Special attention is paid to unmet SRH needs within the context of romantic relationships. The report hopes to build an understanding of how adolescent relationships in Rwanda function and the power dynamics that are inherent within them. It also hopes to support Rwanda's ASRH policies and programs by enhancing knowledge of the gendered dynamics of adolescent relationships and to provide insight into risk factors for gender-based violence. We hope this report will be a tool for youth-friendlier SRH services as a result of being better informed by adolescents' own views on what they need for better access and usage of SRH services.

Methodology

Study design and participants

Qualitative data was collected with 96 participants – 32 in-depth interviews (IDIs) and 64 participants in focus group discussions (FGDs). The study collected data from male and female adolescents ages 18 to 19 years. Older adolescents were selected, because they can legally consent to participate in the study, while younger adolescents (ages 17 and below) require parental consent. All participants met the following eligibility criteria: aged 18-19 and currently in a relationship of at least 3 months in duration.

Participants were classified into two groups: those who were still in school and those who were out of school either because they had dropped out or already completed school. Equal numbers of in- and out-of-school adolescents were recruited in order to explore differences in their experiences of intimate relationships. Table 1 provides a demographic breakdown of each participant. All participants have been assigned a pseudonym or alias to protect their identity.

Participants were recruited from two main sites: Kigali and Rutsiro. These study areas were purposefully chosen to include individuals from both urban (n = 48) and rural/remote (n = 48) communities. Respondents were identified by two male and two female youth champions of HDI's SHARE (Sexual Health and Reproductive Education) program aged between 18-19. The SHARE program provides educational resources, guidance and skills for youth in and out of school, to improve their sexual and reproductive health. Snowball sampling was used to select an equal number of female and male respondents both in and out of school.

The research received ethical approval from the Rwanda National Ethics Committee (Number 929/RNEC/2019). The district mayors, district health directors and school principals from each participating community or school were officially informed about the research prior to recruitment of adolescent participants. Individual written consent was obtained from each participating adolescent.

Table 1. Demographic breakdown of IDI participants, in alphabetical order

Pseudonym of interviewee	Gender	Age (years)	Partner's age (years)	Location	School status
Aimee	Female	19	21	Kigali	Out of school
Aline	Female	19	23	Kigali	Out of school
Anitha	Female	19	25	Rutsiro	Out of school
Cyuzuzo	Male	19	19	Kigali	In school
Faith	Female	19	23	Kigali	Out of school
Gatera	Male	18	17	Kigali	Out of school
Gihozo	Male	19	20	Rutsiro	Out of school
Gisa	Male	19	19	Rutsiro	In school
Hirwa	Male	18	17	Kigali	Out of school
Ingabire	Female	19	20	Rutsiro	Out of school
Jabo	Male	18	18	Rutsiro	In school
Kabanyana	Female	19	23	Kigali	In school
Kamali	Male	19	18	Rutsiro	In school
Kamaliza	Female	19	23	Rutsiro	In school
Kamukunzi	Male	18	18	Rutsiro	Out of school
Kamanzi	Female	19	20	Rutsiro	Out of school
Karenzi	Male	19	Not provided	Rutsiro	Out of school
Keza	Female	18	18	Kigali	In school
Kirezi	Female	18	19	Kigali	Out of school
Lyiza	Female	18	20	Rutsiro	In school
Manzi	Male	18	18	Kigali	In school
Mugabo	Male	18	18	Kigali	In school
Mugenzi	Male	18	16	Kigali	Out of school
Muhire	Male	19	18	Kigali	In school
Mulisa	Female	18	23	Kigali	In school
Munezero	Male	19	18	Rutsiro	In school
Mutesi	Female	19	21	Rutsiro	In school
Mutoni	Female	19	21	Rutsiro	Out of school
Muvunyi	Male	18	17	Kigali	Out of school
Sine	Female	19	20	Kigali	In school
Tabaro	Male	19	19	Rutsiro	Out of school
Uwase	Female	18	20	Rutsiro	In school

Table 2. Demographic breakdown of FGD participants

FGD Number	Gender of participants	Age of participants	Location	School status	Number of participants
FGD1	Female	18-19	Kigali	Out of school	8
FGD2	Male	18-19	Kigali	Out of school	8
FGD3	Female	18-19	Kigali	In school	8
FGD4	Male	18-19	Kigali	In school	8
FGD5	Female	18-19	Rutsiro	Out of school	8
FGD6	Male	18-19	Rutsiro	Out of school	8
FGD7	Female	18-19	Rutsiro	In school	8
FGD8	Male	18-19	Rutsiro	In school	8

Data collection and tools

The IDIs and FGDs were conducted by HDI's adolescent peer educators and SHARE program youth. The IDIs and FGDs were conducted by HDI's one male and one female adolescent peer educators, as well as one male and one female SHARE program youth champion all aged between 18 and 20, along with one male and one female HDI young adult staff with expertise in qualitative data collection. These data collectors were already familiar with the concepts of ASRHR and SGBV and could easily develop rapport with participants. Following three days of training from Promundo-US, the data collectors piloted the study tools via eight IDIs and two FGDs to test them for compatibility with both rural/urban cultural contexts. A debrief session was held to adjust any errors or discrepancies prior to data collection. During data collection, two experienced Rwandan qualitative researchers supervised the peer data collection teams.

Data was collected over a period of two weeks between July and August 2020. The IDIs (on average 30-45 minutes in length) and FGDs (60-90 minutes) took place in rented classrooms of schools within the selected communities and took place in private areas

free from eavesdropping. The interviews and FGDs were conducted by sex-matched data collectors to ensure cultural sensitivity and encourage open discussion. All IDIs and FGDs were audio-recorded with participant consent. During the FGDs, a trained note-taker recorded handwritten notes.

The IDIs used semi-structured interview guides to explore participants' attitudes, perceptions and experiences of healthy relationships, power dynamics, gender-based violence, social support, SRH knowledge and access to SRH services. The FGDs used structured vignettes – imaginary scenarios of adolescents in relationships – to explore participants' attitudes and perceptions of adolescent relationships and SRH. Vignettes can be a useful tool to explore potentially sensitive topics in a less personal and non-threatening way[xxxv,xxxvi]. The vignette used in this study portrayed an adolescent girl who is still in school and enters a relationship with an older businessman and their story unfolded over time. Respondents were asked to react to different situations the girl encounters at different stages of the story.

Covid-19

As the data collection was taking place in-person during the Covid-19 pandemic, all steps were taken to minimize exposure and ensure the health and safety of data collectors and participants, in line with Government of Rwanda guidelines. Data collectors maintained a distance of 1 meter from participants, wore face masks correctly and consistently, washed their hands frequently, and encouraged respondents to do the same. Participants and data collectors had their temperatures taken daily prior to entering the venue and were encouraged to stay home in case they had any flu-like symptoms. Additionally, given physical distancing, multiple audio recorders were used and respondents prompted to speak louder where necessary to maximize audibility of the recordings.

Data analysis

After obtaining informed consent from research participants, all IDIs and FGDs were recorded, transcribed and translated. Debrief meetings were held between the data collectors and supervisors after every FGD or series of IDIs to discuss and mitigate any issues experienced. The data collectors handed over their audio recording and notes to the supervisors, who transferred the records to two computers with an encryption system that only allows access to authorized personnel for maximum data security. The notes were translated to English and reviewed by note-takers and facilitators to ensure accuracy and appropriate translation. Audio recordings were also transcribed and translated from

Kinyarwanda to English. Quality checks were done to each transcript to ensure accuracy in grammar as much as possible and that there were no discrepancies between audios, notes and transcripts; and that the original meaning and context were not lost in translation.

After the translation, a preliminary coding structure was developed based on the interview guides, reading of the literature and one round of open coding. Operational definitions were developed for each code. Interviews were then coded using Dedoose v8.3.35[xxxviii] following this preliminary coding structure, with additional sub-codes developed from the interviews as coding progressed. A team of 6 coders worked together to code the interviews and kept a running document to address coding queries and resolve them.

Once all interviews were coded, the codes were reassessed based on emerging themes, the broader literature and the areas of interest for this study, after which several codes were grouped together; and a set of macro codes were identified. Following this, each code was exported into an Excel document which contained the quotes that were coded within that code. In order to capture variation by groups where the researchers thought interesting differences and similarities may emerge, the quotes were read across all participants and then by groups. This also ensured that we captured any context-specific issues emerging from the transcripts. Three types of groups were considered – gender (male/female), location (Kigali/Rutsiro), and school status (in school/out of school). For each group, all coded excerpts were analyzed, paying particular attention to how patterns are emerging within each group.

Findings

Overview of adolescent relationships

In Rwanda a variety of relationships before marriage exist but the majority tend to be dating relationships. Adolescent relationships are described as mostly romantic and intimate. They are characterized by flirting, dating, kissing, and going out. Additionally, adolescents say that these types of relationships are based on mutual trust and being able to confide in each other. On the other hand, some relationships tend to be only sex driven and are described as "hypocritical" and full of games because boys use the word "love" to trick girls into sex. Almost all participants note that when someone is deceived into having premarital sex, it leads to negative health consequences. Some respondents like 'Mulisa', an 18-year-old girl in Kigali, also reveal the occurrence of transactional sexual relationships whereby *"in relationships of sleeping together, the guy only gives money to the girl"*. In Rutsiro, several boys mention cohabiting as another common type of adolescent relationship. For some, it is a slow process that starts in adolescence and leads to cohabiting in their early 20s, while for others cohabiting starts in their teenage years where they meet "today and start living together tomorrow". Furthermore, some respondents assert that the Covid-19 pandemic has pushed many in-school girls in Rutsiro into cohabitation due to loneliness.

> *For example, in this pandemic, the majority of girls who are students have a husband now. Earlier, because we were in school it prevented us from many things. But now when they are home, they feel lonely. So, boys and girls have the same problem and now they are finding out how to live together."* ('Gihozo', 19-year-old boy, Rutsiro).

Evidence across all our interviews suggests that the majority of adolescents had been in at least 1-2 relationships before their current relationship, with boys generally having had more relationships in the past than girls. Adolescents report being in a relationship anywhere from two months to six years, with the majority reporting one to two years. However, for multiple reasons, several feel that their current relationship is their most serious relationship so far. They note that their current relationship is the longest one they have had, partly attributed to lessons learnt from previous relationships, such as "being patient". Some interviewees state that they do not consider their previous relationship important because they were too young at the time.

There is little evidence of participants having multiple concurrent partners, and if it exists it is predominantly with boys in Rutsiro. While girls share having had one to two past relationships, boys report having had anywhere from three to right girlfriends in the past, with one boy shrugging off the high number as seen in the exchange below:

> **I:** *How many have you had in the last 6 years?*
> **R:** *There are 8, 8 girls. It's no big deal."*
> ('Munezero', 19-year-old boy, Rutsiro).

Adolescents in this study understand intimate relationships in terms of trust, guidance, consideration for each other, and something that most likely leads to marriage. Several respondents in our interviews define a healthy relationship as a relationship based on truth, trust, honesty, communication, sharing of secrets, commitment, transparency, caring for each other, as well as mutual and equal investment from both partners. For some out of school adolescents, parents' awareness is also part of their definition of a healthy relationship. Several note that healthy relationships inevitably lead to marriage and should be without forced decision-making around premarital sex.

For girls, a healthy relationship is one in which a boy supports a girl to achieve her dreams; he protects her life, and does not coerce her into sex. Furthermore, they state that in a healthy relationship a girl values her life more than money, suggesting that girls should end unhealthy relationships instead of staying in one that has elements of force and violence. For some girls, feeling respected and being seen as an equal to their partner is integral to being in a healthy relationship as evidenced by the quote below by 'Uwase':

> *I think my relationship is an example of a healthy relationship because he doesn't decide alone or force me to follow his decisions. He even considers my suggestions. Another thing which shows me that it is healthy is that when I say 'no' to his suggestion he doesn't get angry about it, while other boyfriends before him forced me to follow their decisions."*
> ('Uwase', 18-year-old girl, Rutsiro)

Similar themes are found for boys as well. Both boys and girls commonly agree that healthy relationships are a pillar for marriage and assert that when fighting starts partners should end the relationship.

Across the interviews, one common theme that defines healthy relationships is that of "trust and transparency". The ability to depend on one another for guidance, for communication, and for feeling loved is how several adolescents describe what the word relationship means to them.

> *If my girlfriend put on a mini skirt but it looks good, for me it is okay, because I cannot stop those who are seduced, what is important is that we trust each other."*
> ('Ngabo', 19-year-old boy in focus group discussion 6)

While several boys note that they will not and cannot force their girlfriends into anything, there are some instances of adolescent boys stating that sex (forced or unforced) is how one expresses love:

> *Yes, when you love a girl, you know how men are, to be sure that a girl loves you, she should give you one of the things you really need ... she should accept to have sex with you. When she can't give me sex, then I can't accept that she loves me or that we are in a relationship."*
> ('Gisa', 19-year-old boy, Rutsiro)

Reasons adolescents get into relationships

Adolescents choose to get into relationships because of peer pressure, desire for sex, and companionship. Respondents state that adolescents get into relationships for various reasons. Some of these reasons included hormonal changes, need for companionship, attraction to physical appearance, and the desire to have fun. Several adolescents mention that they get into relationships because of their age and hormonal need for sex, which is just part of human nature, as seen in the quote below:

> *Sometimes when you are an adolescent, you cannot live alone. Especially for girls, they start going in periods, the body is hot, and she feels like she wants another person of the opposite sex."*
> ('Sine', 19-year-old girl, Kigali)

There are also instances of adolescents mentioning that they want to be like their parents and find the right partner to marry. Thus, being in a relationship is the natural thing to do if they want to find the right partner. Others note that peer pressure to be like everyone else is another reason why they are in a relationship as seen below:

> *It was like of peer pressure. I asked her out because I wanted to look like others. Everyone had a girlfriend. So, I asked her to be my girlfriend and she accepted, but it was just a way of passing time, nothing serious."*
> ('Gatera', 18-year-old boy, Kigali)

One interesting trend in this study is that some boys describe girls as seeking relationships to fulfill their financial needs. In one focus group discussion for instance, one boy notes that *"most girls want luxury without struggling. They can be attracted by money, a smart phone, they are fooled by little things"* ('Gahigi', 19-year-old boy in focus group discussion 6). This is also somewhat supported by girls like 19-year-old 'Kamaliza' from Rutsiro, who notes that she seeks *"an older man to cater to my needs".*

How do relationships start?

Relationships start mostly in the same way: adolescents meet some place (school, church, tutoring class, relative's place, etc.), most likely get to know each other, start speaking on the phone, and then the boy declares that he wants to start dating and it is up to the girl to accept. Meeting in Church, school, through mutual friends, at parties, or in the neighborhood are how adolescents meet and start their relationships. Most adolescents get to know each other and become friends by talking to each other. However, a boy, 'Munezero', in Rutsiro notes that some boys feel attracted to a *"hot and beautiful girl" and "he will just ask her out regardless of whether she will say yes or no... he wastes no time because the ultimate goal is just to sleep with her".*

Many times, adolescents do not know each other from before, but feel attracted to each other and the boy asks the girl out. For girls who are in school, there are several ways for boys to win them over, but a declaration of love – sometimes through school games where they shout out the name of the girl they like or other times through gifts – is necessary. The gifts are decided by boys because girls don't want to look too *"forward"* or be thought of as having *"no discipline"* if they ask for what they want in the gift. Girls are more likely to ask friends or family about the boy before they accept the proposal – a pattern that is absent in our male interviewees. Girls like 'Uwase', an 18-year-old girl in Rutsiro, check with their relatives, other friends in order to be *"assured"* that the boy is kind and good.

There are some rules along gendered lines on how relationships start. There is a strong gendered expectation that boys are the ones who "propose" their love to the girl and not the other way around as seen in the quote below:

> *In most cases people first get to know each other. Therefore, when it starts as a relationship one confesses their love to another and most of the times it is boys. We girls are shy, I cannot deny that. It can cause you not to say it even if you have feelings for him. You may just start to give him hints like prompting him to say something, for example, kind gestures like bringing him some water when I get myself water."*
> ('Mutesi', 19-year-old girl, Rutsiro)

Similarly, according to participants, there are some rules that reflect stereotypical norms around femininity whereby girls *"like to play hard to get"* ('Mutesi') and feel societal pressure not to accept a proposal right away and *"first say 'I will think about that'"* ('Kirezi'). Despite these rules, boys report that it is not nice when girls make them wait and prefer girls who don't hesitate to say yes when they are asked out.

Age preferences in relationships

Girls tend to desire relationships with older boys, while boys desire similarly aged or younger girls. When specifically asked about their preference for a partner's age, many girls indicate older partners, with one girl suggesting that older boys are 'wiser' and younger boys may create more conflict in the relationship. In contrast, boys indicate a preference for partners of the same age or younger. When asked about the age of their current partners, most girls say there is a two-year age difference between them and their partners, with the greatest age difference reported being 5 years (a 19-year-old girl and 25-year-old man). No girls report being in a relationship with a boy who is younger than them, and but several girls reports having a boyfriend of the same age. The majority of the boys in this study report being the same age as their girlfriends, and some report having a girlfriend who is 1 year younger. Girls are also thought to desire older men because *"there is a time maybe a lady wants something and realizes that her family can't afford that. And she realizes that maybe that person who is older than her is the one who can give it to her"* ('Neza', 18 year-old girl in a focus group discussion 3).

What does an adolescent relationship look like?

Below we will discuss characteristics of adolescent's current relationships in terms of what they do, what they talk about, what they wish for in their relationships, and who they seek support from outside their relationship.

Adolescent relationships look very similar for couples in school, out of school, in Kigali and in Rutsiro. There are some characteristics that are prevalent in all relationships such as the activities that couples engage in such as going out, talking on the phone, meeting friends, quarreling, making up, and advising each other. Several adolescents describe talking to their boyfriend/girlfriend about their likes and dislikes, what their relationship looks like to them, and share their day-to-day lives with each other. There are also conversations about where the relationship is headed in the future. Girls like 'Kirezi', an 18-year-old girl in Kigali, describes talking with her boyfriend about their *"plan to get married, form a family, make babies, boys and girls".*

There are some couples who feel very comfortable talking about premarital sex, family planning and other SRH-related topics. As will be discussed below, many couples talk about safe-days to have sex based on the girl's menstrual cycle. Others note that *"they are completely free to talk about anything with their boyfriend"* ('Kabanyana') though some girls report feeling *"shy about it"* ('Kamanzi'). It seems that the longer adolescents are in a relationship, the more comfortable they feel talking about intimate topics. 'Mugenzi' shares that in the beginning he did not know his girlfriend's personality, but now *"my girlfriend is like my best friend so we talk freely!"*. Surprisingly, multiple boys in Rutsiro express that they do not talk about SRH-related topics with their girlfriends as seen below:

> *No, we are not free with each other to that extent. It is not something we talk about. We have not even talked about sex, though it has crossed my mind a few times."*
> ('Jabo', 18-year-old boy in Rutsiro)

Adolescents wish for three central things from their relationships in their own words: truth, trust, and communication about love. As seen in the quotes below, the most central thing desired is trust, truth, and wanting to express their love to each other.

> *The first thing I would like from him is truth. To acknowledge where there is a problem and some challenges so that we can find the solutions together. This can really help me."*
> ('Anitha', 19-year-old girl, Rutsiro)

> *The first thing I can tell her is that I love her and the second thing is her to tell me what she wants and we can do what we decided together."*
> ('Gisa', 19-year-old boy, Rutsiro)

When I am at school, he should trust that I have no other relationships and I trust him."
(Sine, 19 year old girl, Kigali)

I would tell her that to be honest and not cheat on me."
('Kamali', 19-year-old boy, Rutsiro)

There is both mixed evidence and a gendered pattern about whether trust is present between adolescents. Despite being in a relationship of at least one year, several girls report that mistrust remains part of their worries in a relationship, though a few girls share that they trust their boyfriends. Some like 'Lyiza' in Rutsiro note that they *"cannot trust a boy 100%"*, while others like 'Kirezi' in Kigali note that they love and trust their boyfriends.

Similarly, some boys like 'Munezero' express a desire for control in their relationships and want their girlfriend to *"discuss each and every decision she makes"* with her boyfriend. While others like 'Kamali', a 19-year-old boy in Rutsiro, shares his desire to learn about *"how to treat my partner better so that she can be happy"*. For adolescents in school, there are more instances of wishing for knowledge about unwanted pregnancy and greater talk about mistrust in their relationships. For those out of school, there are more references to marriage and needing financial security, believing like 19-year-old 'Ingabire', that *"life is hard if we live with no money"*.

Support and guidance about relationships often come from same-aged peers, older siblings, and mothers. There are several people in their social network whom adolescents turn to for advice when needed. Same-sex peers or their romantic partner are considered the first stop for advice on any problems related to their relationship. Following this are older siblings or cousins. Mothers and other female relatives (such as aunts) are generally considered the last source of guidance, but adolescents like 'Mugabo', an 18-year-old boy in Kigali thought that *"parents just give us some advice but then they don't take it seriously"*. However, there are a few adolescents who are willing to go to parents first. 'Faithe' in Kigali notes that she would tell her mother everything because *"she is so open with me"*. Fathers are not considered as advice givers because, as 'Gatera' in Kigali shares, they are *"busy with work"* or are difficult to communicate with.

Community Norms around relationships

Socio-cultural norms and lack of trust remain some of the main reasons parents and the community disapprove of adolescent relationships. There is an overwhelming agreement among the adolescents in this study that the community views adolescent relationships *"negatively saying that look at those young girls and boys being unruly at that age"* ('Mutesi', a 19-year-old girl in Rutsiro). Several respondents, such as 'Aline', note that the community at large is never *"impressed"* with relationships and views adolescents as being *"too young"* to be in a romantic relationship. 'Mutesi' explains that even when some see it as a "normal" part of adolescence, they will be quick to blame their children *"if something bad happens"*. As a result, multiple participants feel that the community condemns adolescent relationships because they do not align with socio-cultural values. Parents, neighbors, and elders are thought to think that both boys and girls will *"drop out from school"* if they see their child in a relationship ('Mulisa'), though clearly this is a greater worry for girls than boys.

Nearly all female respondents say that the community has different expectations for girls than they do for boys in relationships. They reiterate that communities are generally much more worried and anxious about girls than boys, generally because of fears around unintended pregnancies, and because the consequences of this are usually borne by the girls alone. Girls such as 'Ingabire' report that if they come home at 9pm, *"they will be seen as a prostitute"*. Boys spending time with their girlfriends is seen as just "chatting with friends" ('Kamaliza'), whereas if girls do the same it is judged much more harshly. Girls have to hide from their neighbors when they spend time with their boyfriends as neighbors can report to the girls' parents that they saw her with her boyfriend, which is likely to lead to punishment. Some female respondents feel this disparity is unfair or inaccurate. Male respondents generally confirm the same view that communities judge girls much more harshly for being in relationships and are much more protective/controlling of them:

> *Normally there's no problem in being in a relationship, but when you start going out in places like beaches, night clubs... people say, 'this girl has no manners!' Most of the time girls are more affected than boys."*
> ('Cyuzuzo', 19-year-old boy, Kigali)

However, 'Mulisa' in Kigali also notes that the community generally views boys as "*bad*" because they are likely to "*con*" girls into relationships or sex.

Most respondents believe that parents judge and control girls' actions more than boys' because they fear girls might get pregnant. There is a general agreement that girls need to

be protected from the consequences of relationships and pregnancy, and are given a lot more advice from their parents than boys are given. Multiple respondents also speak about how girls might lose out on their education if they became pregnant and this is another reason for extra caution/control of them compared to boys. Many respondents believe that boys can deny the consequences (i.e. pregnancies), but girls face the difficulty of early pregnancy and also potentially being shunned by their families, dropping out of school. They note that girls will be visibly pregnant but there are no "visible" signs on boys.

There are some exceptions and dissenting views on this. 'Gatera', a boy from Kigali notes that this excessive controlling of girls could be counter-productive, *"because when you lock a girl up, she will still get out, but behind your back".* Others feel that girls should be guided rather than controlled.

Challenges faced in relationships

Parent disapproval remains the biggest challenge that adolescents face in their relationships. All respondents highlight that parents condemn adolescent relationships, which leads to an inability to talk to parents about issues such as SRHR, conflicts with their relationship partners, and any violence that may occur in their relationships, as seen in the quote below:

> *To me, parents refuse to understand, which can bring emotional setbacks, and this particularly happens to other youth out there, the issue of wrong information going around. For example, some people out there mislead adolescents saying that acne is cured by having sex."*
> ('Jabo', 18-year-old boy in Rutsiro)

Indeed, adolescents note that even if there are a few parents who are willing to speak to their children about dating relationships, they will only bring up that discussion if they have landed in trouble, such as making a girl pregnant or getting pregnant. According to some respondents, parents' restrictions may be an underlying reason why adolescents get into relationships in the first place, in order to be rebellious. Almost all adolescents agree that it would be better for parents to let adolescents try relationships. At the same time, some respondents stated that parents sometimes sabotage their adolescent children's relationships by choosing or recommending spouses for them, as one respondent mentioned it (see Box 2 below).

In addition to lack of parental support, other challenges cited include the limited capacity of adolescent girls to deal with the burden of relationships and studies; a belief that adolescents face western cultural influences which do not align with the cultural values of Rwanda; peer

pressure and social media fueling the desire to have expensive possessions or lifestyles, which may propel girls to get into relationships with older men; cyberbullying; (for girls) not knowing what a boy's plans are for the future; unfaithful partners; pressure from boys to have sex even when there is no clear direction for the relationship; and in some cases, rape by a partner.

BOX 2

Keza's story: Parent's influence on adolescent decision-making

Social norms and parental pressure can play a role in how adolescents start their relationship too. For 'Keza', an 18-year-old girl in Rutsiro, who is out of school, a boy who followed her and pressured her became her boyfriend because her parents took pity on him and forced her to date him.

"**R:** It started when I was in year 5, I ignored him when he asked me for my name. He asked for love and I asked him what kind of love he wanted, and he said a special one. But I told him that I don't have it to give to him.

I: So, tell me how did he ask you for love?

R: He used to come running after me when I was away from home. He would ask me to stop that he has something to say, and he would tell me the same things every day. He asked me the reason why I don't pay attention to him. He would say he asks me for love and I ignored him and I would leave.

I: Then what happened?

R: He said he wanted me to be his wife. I told him I can't be someone's wife at my age, but he said I am not a kid, if I let him down, he wouldn't stop.

I: So, what happened? Are you neighbours?

R: No, he lives in some other place. He used to come home and we talked. When he wanted to meet and I didn't want it, I ignored him. I could see my parents approved of it. Our parents know each other as well and they approved of it.

I: What did your parents say?

R: I would tell my parents that I don't know why this guy is at our house all the time. I would tell them that instead of doing some work, he is always here. But they would ask me why I don't pay attention to him? I am allowed to talk with him. Then we became friends like that. He cried and told my mom that he is about to hang himself because of me. They asked him to stop crying if he loved me. I wasn't ready yet and they told him to keep on trying that they will intervene as well. They told him to not be sad and that they liked him. Then it reached a time, I started liking him, we started talking until we got used to each other. I think I pitied him. He showed me he was serious. He never gave up, he showed me seriousness in his things."

Premarital sex and relationships

Premarital sex and its consequences remain at the forefront of challenges for adolescents and a key driver for why negative norms around relationships exist. Most respondents say it is not acceptable to have sex at 17 years of age, but 18 years and above is okay. A few respondents say that even though young men might have sex with younger girls, they would not advertise the girls' age. According to the interviewees, the prevalence of premarital sex in the community ranges anywhere from 20% to 90%, though most report it being at least 50%. More adolescents who are out-of-school think that the prevalence of premarital sex is lower compared with those who are in school. It is also evident that during Covid-19, the lack of activities available to adolescents, given the closure of many restaurants, businesses and events, might create a more enabling environment to have sex, as seen below:

> *So, you see when the studies and church issues are done and once they have finished listening to Bruce Melody's songs and movies, there is nothing left but sex."*
> ('Manzi', 18 year old boy, Kigali)

Adolescents note that while there was previously an expectation that a girl should remain a virgin until marriage, this is less so today. According to a boy, if someone asks a girl whether she is still a virgin, she will question whether you think she has been *"bewitched"* because being a virgin does not exist anymore. Others like 'Kamaliza' in Rutsiro note that in their neighboring village, *"it has become a culture for young girls to give birth as if it is a prize"*. There is also evidence that when a girl is known to use contraceptives, it is assumed that she is having sex. In our sample, while many did not admit to engaging in sex themselves, several share that they have heard about premarital sex, or have seen girls become pregnant before their wedding. The overall opinion is that the *"love of nowadays is about sex"*, as 'Aimee', a 19-year-old girl from Kigali, explains. When asked where young people engage in sex, a variety of locations are offered from bushes, to renting rooms, any space in bars/restaurants where one can find room to hide, or at one's private home.

Girls share several types of pressures they face to engage in sexual activities. 'Anitha' believes that *"no gentleman will marry you if you have not had sexual intercourse beforehand"* and girls report that physical affection is a must to prove that they love their boyfriends. This is in contradiction to some of the perspectives shared by boys, who express that girls who are willing to have sex with them will only do so if they have the money. Yet there are instances of boys stating that the only way they know that their girlfriends love them is if they are willing to have sex with them, as seen below:

> *When she can't give me sex, then I can't accept that she loves me or that we are in a relationship."*
> ('Gisa', 19-year-old boy, Rutsiro)

Decision-making regarding having premarital sex is complex – with a majority of the adolescents agreeing that the decision lies in the girls' hands. In this study there are examples of couples who have had premarital sex in their relationships and couples who have not. For those who have had premarital sex in their relationship, it is generally the boy who initiated the conversation and the girl could decide whether or not to have sex. When a couple has had premarital sex, either one can *"ask"* for sex again depending on who is in the *"mood"* and the other can refuse. However, one boy, 'Gatera' says that *"I always make myself available when she asks because I love her"*.

For those who have not yet had sex, the majority of those couples believe that the girl has the power to decide whether to have premarital sex or not, even though the boy always asks first. As 'Jabo' shares *"I may bring it up, but she makes the final decision."*

Several boys and girls note that the girl can break up with the boy if she feels that he is forcing her to have sex. On further probing however, it is seen that this is not as simple. Some boys, like 'Gisa', note that they will break up with the girl if she refuses to have premarital sex, *"because I want pleasure, if she refuses, I will break up with her"*. This may explain why boys like 'Gisa' wish that girls would take decisions around having premarital sex, since *"asking for sex is considered as forcing her to do it"*.

A lack of understanding about girls' decision-making related to premarital sex may be underlying why some girls "give in" to their boyfriend's demands, though there is also evidence that several stand their ground against such pressures. Some girls wish their boyfriends were more understanding, especially when it comes to refusing to have sex with them. This might explain why some girls, like 19-year-old 'Kamanzi', give in and accept their boyfriend's behavior and *"walk with my boyfriend in everything he says"*. At the same time, there are examples of girls in both sites who push for a more egalitarian view and firmly believe that the decision to engage in premarital sex is in their hands, as seen in the quotes below:

> *I told you that to engage in love, girls should be able to defend their words. You know girls, we are shy. She must know that the relationship is for both of you, but not for the boy only. So, she must say whatever she wants."* ('Mulisa', 18-year-old girl, Kigali)

> *"A girl is the one who should know herself. I think it's me who decides when and if we should be having sex."*
> ('Kirezi', 18-year-old girl, Kigali)

> *After asking me to have sex, I was angry. Then he called and asked me why I was angry. I told him what the problem was and begged him to never bring back that subject of having sex."*
> ('Lyiza', 18-year-old girl, Rutsiro)

There is mixed opinion on whether adolescents can easily talk about their sexual activity with others in their network, but many agree that telling peers is easier than telling parents. There is little evidence of adolescents feeling confident to share their sexual activity with their parents. In Kigali for instance, in a focus group discussion with boys who are out of school, several boys state that parents should be told about a relationship, *"unless the parents will involve the law"* ('André', 18-year-old boy in focus group discussion 2). Similarly, girls in Kigali share that some parents will "kill" them for their behavior but it *"depends on the parent because there are parents who are so open with their children"* ('Akoko', 19-year-old girl in focus group discussion 3). A few adolescents feel comfortable sharing with their friends who may have had experience with premarital sex themselves to get advice on *"how to kill sperm and not get pregnant"*. They note the importance of being cautious about who to tell since, "*a girl will be worried about her image after doing this*" ('Nshuti', 19-year-old girl in focus group discussion 3) and *"nowadays people are more judgmental"*. There is an interesting belief for those in school that sharing with someone similarly aged is more helpful and likely than someone who is older, because of power dynamics due to the age difference, as seen in the quote below:

> *She should avoid telling people who are much older than her. Because when people are much older than you, they feel that they have power upon you, they feel that they know more than you do. But if you approached your brother or a close friend to you, S/he can understand you more than a person who is not in the same generation."*
> ('Ernest', 19-year-old boy in focus group discussion 4).

A strong gendered pattern is seen whereby both boys and girls express that it is much easier for boys to talk about their sexual activities than girls as a result of social norms that stigmatize girls' sexual behavior. Resulting from traditional gender norms, boys are allowed to speak about their sexual activities because *"a boy is proud of that and people will praise him and people will take him as a man"* ('Akoko', 19-year-old girl in focus group

discussion 3). In contrast, if girls talk about their sexual activities then, *"it might be like devaluing herself among others, to have that kind of stigma because 90% of people would tell her she has been immoral"* ('Rugira', 19-year-old boy in focus group discussion 4). The notion that manhood is defined by sexual virility is further evidenced in how an adolescent describes peer pressure to engage in pre-marital sex for boys:

> *There is also a conversation we have in groups. We would mock those who have not had sexual intercourse with their partners...and if they come back without sleeping with them, we would say they 'missed a goal"'*
> ('Munezero', 19-year-old boy, Rutsiro).

This being said, participants in Kigali feel more comfortable accepting that people should share their premarital sexual behavior with others than those in Rutsiro.

Gender-based violence

At the community level, many adolescents have heard of GBV taking place. While there is little admission of violence in current relationships, evidence suggests that GBV takes place in the community. Several adolescents report incidents of violence (physical, sexual, and emotional) that they have seen in their neighborhood, at school, or heard on the news or radio. There are examples of adolescents having seen women being beaten, verbally abused, *"girls being called names"*, and sometimes instances of rape. There is no evidence of economic violence reported, but *"verbal harassment is common"* (Kamanzi).

Focus group discussions show that risk factors and justification of GBV are often intertwined. There is a strong consensus that *"it is never right to beat your girlfriend or wife. In the past men used to beat their wives but in this era no man should beat his wife or girlfriend even if she has done wrong"* ('Enos', 18-year-old boy in focus group discussion 2). Coercion to have premarital sex is also understood as a form of gender-based violence by many adolescents who note that being *"manipulated"* into having sex is wrong. Another example in the focus group discussions, is *"cheating"* which was considered a cardinal mistake that many adolescents felt justified beating.

However, factors like not keeping the house clean, going out for drinks or insulting a man, are considered risk factors for violence against women and girls and several adolescents agree that these reasons are acceptable reasons for GBV as seen in the quotes below:

By the time I come from work and find nothing was done, it will be a problem because that is a wife's responsibility. If I were John we could fight."
('Mikko', 18-year old boy, focus group discussion 2)

"I: So, when is the time that one in the couple can beat his/her partner for the right reason?

'Hiana': *For example, these days women are free and they go to bars. They may drink strong beers and get drunk. If such a woman gets home, it may annoy the man and he slaps her to let her cool down.*

'Kalisa': *I think the time you can beat your wife is when she has gone beyond the limits. She tells you that you are a dog. There you can slap her."*
('Hiana' and 'Kalisa', 19-year-old girls in focus group discussion 5)

There is a small gender difference in whether boys and girls think dressing provocatively justifies violence whereby boys support it as a driver for violence and girls do not:

They are scenarios where someone wears a short skirt or very tight pants, a shirt, or any attractive clothes and if a man sees her, his hormones can wake up and starts thinking about talking to her. In that process of talking to her, He tries to get things from her like if possible, to sleep with her and he might do whatever possible to sleep with her".
('Shema', 19-year-old boy, focus group discussion 2)

"In my community, there is a man who married a woman who was already pregnant for him. He would stay at home while the woman went to work, and even though he would cook, he would beat her because she dressed well or came back late from work. But in the community, everyone knew that he was not right, it was GBV. In our community no one supports it. And if a woman dresses well and wants to appear well, it is her right she should not be punished."
('Rose', 19-year-old girl in focus group discussion 5).

Stigma against girls perpetuates the culture of silence against reporting any violence. In focus group discussions and interviews, adolescent girls share that girls fear public disclosure of violence noting that *"most times we get scared by the eyes of the public, but truly, we should go seek help from those bodies"* ('Aimee").

Friends are considered the first point of disclosure, followed by the Youth Center and then the Rwanda Investigation Board (RIB). However, not many adolescents in this study reported being aware of the RIB. However, a few report that you can turn to ISANGE one stop center (especially if you are pregnant), or police.

> *If someone experiences violence, the first thing they can do, you see everyone have friends, you go to your friend and tell them everything or tell your parent, if you are still not helped, there is a youth center over there, they help you if you go there. There is a person in charge of young boys' and girls' welfare and helps them to document their complaints appropriately. for example, if you mean that you had a disagreement with someone you should not say that you were insulted. Saying that you were insulted means something heavier than saying that you had disagreements. This is different from filing a complaint with Rwanda Investigation Board (RIB), because the purpose of those youth centers is giving advice to the people involved in disagreement or the victim of verbal insult to stop it from escalating to something worse."*
> ('Mutesi', 19 year old girl, Rutsiro)

That being said, there is a general agreement that *"the majority don't even say it. They keep it to themselves"* ('Keza'). Parents are not considered as a source of support *"but because of what you see between your parents while growing up, you can't go to them"* ('Munezero', 19-year-old boy, Rutsiro). There is also evidence of girls such as 'Kirezi' in Kigali expressing that at RIB, girls are *"blamed and asked why did you go to his house?"* further cementing that girls are constrained by a culture that demands silence.

Most adolescents do not report experiencing gender-based violence (GBV) in their own relationships. In terms of adolescents themselves experiencing GBV, there is only one admission of physical violence, but a few girls share that they have been *"verbally insulted"*, stalked and abused on the road. One boy unabashedly admits to forcing his girlfriend to have sex with him as seen in the exchange below:

> *She came home, I live in my own annex outside, I was alone and I was prepared for her. We are humans you know? Feelings came and I wanted to have sex, when I told her, she said no and I couldn't believe it ... she said she wanted to wait, because I might get her pregnant. I said no, I told her that I can't get her pregnant; she told me that she wasn't concerned about just getting pregnant but contracting diseases or her giving me diseases as well. I told her that I have gone to hospital, but she didn't fall for it! I told her, if she loves me, she will let us do it. She accepted at last, but you understand that it was by force."*
> ('Munezero', 19-year-old boy in Rutsiro)

Power dynamics in relationships

Stereotypical notions of masculinity and femininity continue to define the power dynamics in relationships though several adolescents believe that they are equal in their relationships. Male and female adolescents generally agree that girls initially have more power in the relationship given that they can either accept or reject a proposal. Yet, as "Muvunyi' explains, there is also evidence to suggest that boys have more *"authority because in the Rwandan community, this is how things are. It is the guy who goes to the girl and tells her that he loves her. It means you have more authority because you chased her"*. Indeed, our findings show that some girls, like 'Aimee', and boys like 'Muhire' uphold the traditional expectation that boys are *"king of the family"* or that girls and boys *"can be equal but she [girls] can't have a bigger percentage of power than mine"*. The fact that many girls have boyfriends who are older plays a role in the power dynamics given that older people generally hold more power. Boys who believe in equality also believe that differences in age and education will create an imbalance:

> *Yeah.. I think in a relationship power should be balanced, if one has an idea you should discuss it together as a couple! Not one partner making decisions for another! But the problem comes when there is a big gap in age difference or a big gap in their level of education...most of the time the one with a high level of education will be the one who makes most decisions in a relationship... those kind of relationships don't last for long though!"*
> ('Cyuzuzo', 19-year-old boy, Kigali)

That being said, there are several instances of both boys and girls rejecting traditional gender roles and stating that both are equal as seen below. Indeed, one boy shares the Rwandan proverbs *"one head helps itself to go crazy; two are more powerful than one"* and believes that making decisions together is more *"reliable"*.

> *We both have equal power. In general, it is not only a man who makes decisions. It is not only the man who provides power. Even a wife can have the power because there is nothing I have superior to her."*
> ('Karenzi', 19-year-old boy in Rutsiro)

Real life examples indicate that once the relationship starts, power dynamics shift towards a more traditional gender imbalance. Boys like 18-year-old 'Mugenzi' refer to giving their girlfriends *"permission"* to do things like going out. Girls like 'Aline' too note that they have to *"exercise self-control, because I am a girl",* but they have the power to decide what their boyfriends wear or what time they meet because girls tend to have more restrictions on mobility than boys. In other words, parent monitoring of girls' activities may be one factor underlying how adolescent decision-making takes place. Indeed, 'Tabaro', a 19-year-old boy in Rutsiro, shares that his girlfriend decides what time she has to be home and that he *"just accepts it with a good heart and tells her he will miss her"*. Other boys wish they could change how restricted their girlfriends are, noting girls decide when to speak on the phone since several girls are not allowed to speak on the phone past a certain time. Many boys on the other hand decide where to meet and how to spend their time together.

When asked why decision-making is split this way, adolescents are unsure and simply state "*it's just like that... I don't know why, but I'm the one who makes the final decision*" ('Mugenzi') or they share stereotypical gender norms as their justification, as seen below:

> *It is possible [for me to make a decision], but it will not make me happy. Because it is not my place to make a final decision, and I will be worried that when the time comes to get married, I will be making final decisions which is not good. The man should make such decisions. The woman's place is to give advice, but the man makes the final decision, even after getting married. In rare cases women make such decisions. The man is the boss of the house."*
> ('Aline', 19-year-old girl in Kigali)

Most adolescents state they are happy with how decision-making occurs in their relationship and would not change anything. However, there are instances of girls and boys wishing to change things in their relationship – in all instances validating that decision-making among adolescents exists along very gendered lines. For example, one girl in Kigali expresses her frustration against her boyfriend's decision-making:

> *What I think should change is... I don't like being contradicted in so many things; like I suggest things and he refuses most of the time as if you must be driven only by his intelligence. I don't like it when he refuses everything I tell him and he acts as if he is my brain."*
> ('Kirezi', 18-year-old girl, Kigali)

Several adolescents note that they make decisions "together" about how they spend their time, their relationship, or whether to have sex, but the reality is more nuanced when they are asked to elaborate. For instance, even when boys believe there is equality in the relationship and they accept that their girlfriend can reject certain decisions, they emphasize that boys will have the final decision. For example, 'Karenzi', a 19-year-old boy in Rutsiro from the quote above, notes that *"but it is me who has the final word and she will be going over my word if she contradicts (me)"*. Girls like 'Lyiza' in Rutsiro state that they have power after they *"refuse"* to give in to their boyfriend's request. In other words, a girl's sense of equality stems from rejecting or "rebelling" against what the boyfriend decides as seen here: "*I think it is equal. Sometimes boys act like bosses, but when he does that I rebel.*" ('Mutesi', 19-year-old girl, Rutsiro).

There are numerous examples of couples experiencing conflict or disagreement that does not resort to physical, sexual, economic, or verbal violence. Many adolescents, such as 'Aimee', agree that *"quarreling is natural for people in love"* but most note that there is *"mutual understanding"* and the conflict settles after apologizing. Conflicts usually relate to disagreement about where to meet, how many times to meet, jealousy about another person, girls being asked to engage in premarital sex, or the fact that one (usually the boy) drinks. The adolescents in this study say that conflicts can last from a few hours to a week *"without talk to each other"* ('Gatera').

Most disagreements are resolved by talking, apologizing, and compromising with each other. It is unclear whether both girls and boys feel the need to apologize equally. Some girls, like 'Keza' in Kigali, report that their boyfriends are the ones who apologize more than them. On the other hand, female participants like 'Faithe' share that *"no, most times we must apologize even when we are not at fault, to set peace"*. The age difference seen in girls' relationships may play a role in how girls feel the need to apologize given that older boys often chide their younger girlfriends by bringing up their age:

> *He [boyfriend] tells me, 'you don't know what you are talking about, you are still a child'. And I let it go."*
> ('Kirezi', 18 year old girl, Kigali)

Boys' reaction to conflicts oscillate between presenting a hyper-masculine image in public while maintaining calm in private. A few boys share that they would be justified in breaking up with their girlfriend if they feel that their girlfriend has "control" over them. Several participants like 'Gatera' also report feeling angry over any public disclosure of their conflict, worrying that it gives him the *"wrong reputation among her friends".* Indeed, 'Cyuzuzo', a 19 year old boy in Kigali, explains that public image for boys is important:

> *If a girl insults her boyfriend in front of his friends, it's more likely that the guy will react by slapping her... But it also depends on the guy, some guys will decide to just leave that place without doing or saying anything."*
> ('Cyuzuzo, 19-year-old boy, Kigali)

Yet when sharing how they deal with conflicts, there is a surprising degree of egalitarian attitudes found. 'Muvunyi', an 18 year old boy in Kigali, explains that he is *"calm and accepts it when his girlfriend scolded him since when one raises their voice another one lowers theirs so that we do not escalate it."* A few others note that you cannot force a girl to have sex even after they ask her to do so and just have to *"accept it"* ('Tabaro') though as seen above some boys hold the opposite view.

Sexual and Reproductive Health and relationships

SRH Knowledge

The majority of adolescents' knowledge of sexual and reproductive health is limited and poor. It is clear from our data that most adolescents are lacking important and basic knowledge about sex, pregnancy, and contraception. For instance, a boy explains that they know of a medicine *"that people take before having sex, so that if it's AIDS or pregnancy that arises out of that, the medicine can prevent it...they can help when you are not using protection"* ('André', 18-year-old boy in focus group discussion 2). Both boys and girls share that they have heard of a "pill" but cannot explain what the pill does correctly. Girls also share incorrect information about safe days in preventing pregnancy (see below). There are also several misconceptions around abortion, with 'Muhire', a 19 year old boy in Kigali, believing that *"with abortion, you either die or go to jail, unless you are really lucky"* ('Muhire', a 19 year old boy in Kigali).

Becoming barren is a fear shared by many girls. Several girls share fear of becoming *"barren"* if they have *"sex very many times"* ('Kalisa', 19-year-old girl in focus group discussion 5) or if they *"use family planning methods at all"* ('Aline'). One girl in a focus group discussion shares a

story of *"a lady who got an implant, and when they put it in her arm it disappeared in her body, and because of that she did not conceive for 15 years"* ('Rose', 19-year-old girl in focus group discussion 5). These statements indicate that girls may fear using any contraception that they believe may make them infertile.

The only SRH-related knowledge where adolescents speak with confidence is with respect to HIV and sexually transmitted diseases (STDs). Adolescents are aware that HIV and AIDS and STDS can *"come from having unprotected sex"* ('Hiana', 19-year-old girl in focus group discussion 5). They are also aware that getting tested for their HIV status is important and multiple adolescents in focus groups express less hesitation about young girls having premarital sex with older men as long as both parties are negative.

Adolescents' sources of SRH knowledge range from elder siblings, same-aged peers, school, youth centers, and radio programs. The absence of parents as sources of knowledge on SRH is glaring with adolescents agreeing that *"I have never heard a friend or neighbor who says that her parents talked to them about sexual and reproductive health"* ('Phiona', 19-year-old girl in focus group discussion 5). No adolescent says that parents are their source of information, though *"elder sisters"* ('Mutoni'), *"Kiss FM"* ('Aline'), *"trainings and doctor at school"* ('Uwase'), *"training at youth center"* ('Aimee'), or *"churches"* ('Gihozo') are brought up.

There is a general desire and wish to know more about SRH, particularly unplanned pregnancy. There is a unanimous desire amongst the female participants to learn more about how to prevent unplanned pregnancy. When asked about the type of advice they would give to others, girls are overwhelmingly giving advice on how to avoid pregnancy and wished that someone had given them advice about avoiding unplanned pregnancy as well. Even after getting information from their social network, adolescent girls feel unsatisfied with their level of information and desire more, as seen below:

> *Sometimes you have conversations with friends, and they tell you things like, when you have sex for the first time you will not get pregnant. You then wonder what is correct or what is not. It is confusing."*
> ('Mutesi', 19 year old girl, Rutsiro)

Using family planning methods

There is a general unwillingness to use family planning methods though adolescents seem to differentiate between contraception and family planning methods given at the health center. An interesting trend emerged where adolescents spoke of family planning methods as *"getting an implant"* ('Uwimana', 19-year-old girl in focus group discussion 5)

whereas contraception is referred to as using condoms, having sex on safe-days, or using the pull out method. There is a general fear of using family planning methods across most interviews, as seen below:

> *I believe that family planning should be for married people, those people who already have kids, who feel like it's time to stop. Otherwise for youth if it's a matter of having sex they should use all possible ways to avoid unwanted pregnancy. Maybe by using condoms, instead of using the family planning."* ('Hirwa', 18 year old boy, Kigali)

In a few instances, girls reported that their boyfriends stopped them from using any family planning method. 'Aline' shares that its "*because he didn't believe in it*" , or is "*worried the condom will get stuck in me and the implant was making me lose weight*".

Condoms are the most acceptable form of contraception. Condoms are seen as the most common way to prevent pregnancy. Some girls share that their boyfriends do not like using condoms, though this is not a common view. There is a fear that the condom will get "stuck" because they have heard stories where couples *"used a condom wrongly and it got stuck"* ('Uwimana', 19-year-old girl in focus group discussion 5). Another explains taking a pill which *"if taken immediately kills the sperms"* ('Mimi', 18-year-old girl in focus group discussion 1) though not many are aware of this pill.

Other forms of widely-used contraception include engaging in sex on what adolescents consider their safe-days and some note using the pull-out method as well. There is a misconception that girls are infertile on their "safe-days" and several share how they calculate their safe days though the information often varied across adolescents. As 'Anitha' in Rutsiro explains, when it's a spontaneous decision to have sex, then *"we use condoms"* but *"if it's more intentional, then you count your days by knowing your monthly periods. So that you assure yourself about what might happen if you have done sex without protection"*. Often siblings or same-aged peers are sources of information on safe-days. 'Mutoni' in Rutsiro learned from her elder sister that you can get pregnant *"before 3 days to go in menstruation period or after 2 days or during the menstruation period"* but not when you are on your period. Another shares *"15 days after periods, before that you cannot be pregnant, but after those days you can be pregnant"* ('Immaculee', 19-year-old girl in focus group discussion 1). A few boys and girls describe that if a boy ejaculates outside the girl, then pregnancy can be avoided ('Munezero').

SRH services

It is clear that SRH services are accessed rarely by adolescents and mostly for HIV testing. Participants explain that only 0% to 20% of the youth go to health centers for SRH services. Other options to obtain any contraception methods are the youth center, hospital or pharmacy. When SRH services are accessed, they are mostly for HIV testing, which both boys and girls get done. However, it is predominantly boys who go to the health center to get condoms. Box 3 highlights the problems with SRH services in adolescent's own words.

Stigmatization against using contraceptives remains the strongest barrier for why adolescents do not access SRH services. Words like judgmental, shame, hiding, secret, or embarrassing are peppered throughout the interviews when asked about going to health centers for SRH information or contraceptive methods. Both boys and girls express that they *"feel shy to ask for such services"* ('Mugenzi', 18-year-old boy in Kigali). Others express gendered constraints like 'Aline' who explains that, *"(I) am not sure if girls should move with condoms".*

When prompted further they reveal that they worry that health workers at health centers or hospitals will "gossip" as seen below:

> *The problem is if you go seek those services people will start gossiping about you, that's shaming you".*
> ('Tabaro', 19-year-old boy, Rutsiro)

> *"In the hospital, you may meet someone you know, and they start suspecting that you are about to have an abortion, or you are doing a pregnancy test because those rooms are labeled. Before you know it they will be gossiping about you. At the pharmacy it is more confidential, they will assume that you just have a headache".*
> ('Kamaliza', 19-year-old girl, Rutsiro)

This fear of being shamed extends to pharmacies as well, where *"no one can trust the sellers, they don't keep secrets. He/she might be friends with your parents or perhaps you sing in the same choir"* ('Munezero', 19-year-old boy, Rutsiro). There is a hierarchy of preference for accessing contraceptives, with girls reporting feeling "freer" to ask for condoms at pharmacies, followed by hospitals, and then health centers.

Trust between adolescents and the provider is a central challenge and many adolescents seek friendly health workers who can keep their "secret". Boys and girls share that if they find a friend who works at the health center, they feel *"lucky because he will keep their secret"* ('Munezero'). Similarly, a girl explains that *"when you know a nurse at the health center, you*

can go and ask her and she will give them [condoms] to you" ('Phiona', 19-year-old girl in focus group discussion 5). Some girls like 'Uwase', share that it is important to see a health worker of the same sex, since *"I can ask for it if it is a woman but if he is a man, I cannot ask for it".* This suggests that creating a dynamic of trust is essential if adolescents want to access SRH services.

BOX 3

Adolescent's perspective on improving ASRH services.

'Manzi' is an 18-year-old boy from Kigali who has shared important and insightful ideas on how to improve SRH services for the youth. He explains that when he went to the health center for family planning services, he found multiple challenges. He listed out several barriers that made it difficult for him:

- Health workers asking for an ID
- Workers checking if he is 16 years old
- Being told that before 16 years, he cannot get family planning services since it's for adults

'Manzi' finds it shocking that there is an age limit on who can access these services, asking "is a person under 16 not entitled to reproductive health... like maybe you are not yet allowed to know these things or know how you would handle them". He also shares that while he is comfortable seeking these services, the questions he was asked like, "What treatment do you need?" made him uncomfortable.

He recalls an interview he has seen with the Minister of Education about mentors for youth and shares his thoughts:

"Are the mentors at the health centers really present? Are they qualified? No... and this is why people go to a woman of prayer or a woman who preaches well or someone who is good at public speaking. At school I go to the office of a mentor but when is that office ever open and in use? I wonder if people should need help only when the mentor is available. That mindset is an issue, their work is poor and unprofessional. It is hard to feel comfortable to approach someone like that and if you add the poor services then it becomes an uphill task."

What can be done?

An 18-year-old, out-of-school boy in Kigali, 'Hirwa' notes that *"schools should use another strategy to teach about sexual and reproductive health. Students are tired of the way it is taught. Strategies that make the message sound good to the youth".* 'Hirwa' believes that *"there needs to be a lot of money invested in mentorship of kids in schools".*

The report aimed to present an in-depth view of adolescent romantic relationships by focusing on the larger community norms that underlie much of their daily challenges and the role SRH services play in their lives. In both Kigali and Rutsiro, the study found that romantic relationships were strongly prevalent in adolescent lives. Adolescents sought romantic partners for companionship, to share their day-to-day with, and to find a partner to marry in the future. The degree to which adolescents trusted their partners and talked about sensitive topics varied from relationship to relationship. Despite the prevalence of romantic relationships, adolescents lacked both knowledge and support on issues that were most important to them – how to be in healthy relationships and how to prevent unintended pregnancies.

Though there were some instances where both boys and girls expressed feeling equal in their relationships, our study found that gender-stereotypical roles and expectations were underlying much of how relationships function. The experiences of girls in relationships were often characterized by stricter parental monitoring, greater stigma for being in a relationship, an imbalance in decision-making in relationships, pressure to engage in premarital sex, a culture that silences any admission of violence, a need to project a feminine image in the relationship (such as one who apologies more, does not ask for many things), a desire for older-aged partners, a greater burden around unintended pregnancies, and a complete lack of support and guidance around SRH-related issues. In contrast, boys had more control in their relationships, were decision makers in their relationships in several aspects (when to ask a girl out, when to engage in premarital sex, and where to meet), were freer to speak about their sexual activities, a desire for younger-aged partners, felt less stigma and scrutiny from the community and parents if they were in relationships, had the ability to project a hyper-masculine image in public and calmer in private, and felt more comfortable accessing SRH services. While there was little admission of gender-based violence among these participants, hypothetical vignettes showed that adolescents uphold traditional gendered justifications and risk factors should violence occur.

Another major finding from this study was that adolescents were generally without any external support in their relationships. There was a glaring absence of parental support in both sites and across all interviews. Parents were described as gatekeepers of traditional norms that view romantic relationships among adolescents negatively. SRH health centers were also viewed in a similar light where health workers were not believed to be sensitive to adolescents' needs and were judgmental of adolescents engaging in premarital sex. A desire for a trustworthy relationship between health workers and adolescents was seen as fundamental to improving SRH services.

Premarital sex and its consequences played an important role in how relationships were viewed and how adolescents experienced their daily challenges. Parents, elders, and health workers viewed premarital sex less favorably than adolescents themselves. As a result of this community norm that viewed premarital sex negatively, anyone who chose to engage in this activity was viewed harshly – though this was more likely for girls than boys. Girls faced numerous challenges ranging from the expectation that they need to have engaged in sexual activities, the worry of having gotten pregnant and dealing with its consequences, and the added burden of not having any help or guidance around how to prevent unintended pregnancies.

Conclusions

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Conclusions

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Recommendations

THERE ARE SEVERAL RECOMMENDATIONS that can build and improve adolescent's lives, enable them to develop supportive, equitable relationships (now and in the future), and meet their unmet SRH needs. These recommendations include interventions and changes targeted at adolescents, at their families and broader community, within institutions such as schools and health facilities, and at the level of policies.

Adolescents:

- **Implement gender-transformative programming for adolescents aimed specifically at creating gender equality in relationships.** Much of gender-transformative programming focuses on adults or works with married couples. Given the increasing number of romantic relationships, programming needs to be adapted to address the unequal gender relations that permeate adolescents' lives, to promote equitable attitudes related to gender roles and power within relationships, and support them to develop relationships defined by consent and equality, both now and in the future.

- **Increase adolescents' knowledge on contraception, family planning, and unintended pregnancies.** Despite the strong ASRH policies and schemes that the Rwandan government has put forth, there remains a gap in adolescent knowledge on issues that impact their day to day lives. Tailoring the CSE curriculum that reaches in-school youth to emphasize differences in contraception and family planning; focusing on teaching adolescents about how pregnancies occur; and helping them learn about puberty and their body may help build a strong foundation for healthy sexual activity for the next generation of Rwandans. Examine alternative ways to reach older adolescents who are no longer in school.

Parents and communities:

- **Raise community awareness about adolescent sexuality and romantic relationships and transform inequitable gender attitudes that negatively influence adolescents' relationships and SRH.** With community norms being one of the most important barriers to adolescents seeking knowledge around puberty and SRH, helping to reduce the stigma around romantic relationships is important so that adolescents feel comfortable sharing their challenges with their parents and friends more easily. In addition, there is a need to work with communities to transform gender norms that perpetuate inequitable power dynamics between men/boys and women/girls that undermine girls' bodily autonomy, decision-making, and agency within their relationships.

- **Support parents to be able to discuss issues of sex, sexuality and relationships** with adolescents through awareness raising, targeted programming – including that which challenges inequitable gender norms which influence parents' different expectations for adolescent girls and boys – and provide them with information and resources. Parents can be a safe, accessible source of information to support adolescents to understand how their bodies work, access basic information about SRH, and navigate emerging relationships, or at minimum, be supportive rather than obstructive of adolescents accessing accurate SRH information and services.

Key institutions (health & education)

- **Sensitize health workers to adolescents' needs and address inequitable gender attitudes, so that a trustworthy relationship can be built between adolescents and health workers.** Enhance health workers' knowledge on the need for confidentiality and non-judgmental attitudes – particularly gender attitude which constrain adolescent girls' from accessing confidential, judgment-free services, given adolescents' fear that health workers will judge them or disclose their sexual activity in the community. Examine the role and potential for young community health workers to be a resource for SRH information and commodities for adolescents.

- **Increase the number of young and female staff at health centers, pharmacies, and hospitals where adolescents may seek information, services or SRH commodities, and consider services designed specifically to address the needs of adolescent girls.** Given that girls feel uncomfortable accessing SRH services with male only staff, there is a dire need to invest in vocational programs that would lead to increased numbers of young, female staff providing SRH services within these spaces.

- **Strengthen age-appropriate and gender-transformative SRH programs in schools and in the community** that provide quality and consistent services to adolescents. One of the biggest challenges expressed by the adolescents was that they do not receive accurate information about SRH and are therefore bound to falling into traps of unwanted pregnancies and STIs. This includes examining how existing youth-friendly SRH spaces, such as youth corners and centers, can be improved to be truly 'friendly' – i.e. open, non-judgmental and confidential – sources of SRH information, services and commodities for adolescents.

- **Conduct more research to understand the knowledge and perceptions of teachers who provide SRH information and education in schools, and examine barriers to ensuring consistent, quality provision of information.** In addition to feeling

uncomfortable seeking information from teachers, some of the respondents mentioned that limited availability and frequent closure of the offices in charge of SRH information and services within schools. It is crucial that teachers assigned the responsibility of providing SRH information are willing and equipped to do so; and where possible they have back-up staff.

- **Review existing CSE curriculum (and other school curricula for adolescents) to identify opportunities to strengthen relationship and gender-related content.** In addition to accurate information on SRH and GBV, adolescents can benefit from a curriculum that addresses issues of power, consent, and decision-making in relationships, including critical reflection and discussion of how gender norms and expectations for girls and boys influence relationship dynamics, and practical skills-building to support more equitable sexual and romantic relationships.

Laws & Policies:

- **Review and revise the current legal framework to create an enabling environment for young adolescents to access SRH services without aged-based restrictions or parental consent.** There are certain laws, such as the Human Reproductive Health Law and the Medical Professional Liability Law, which conflict with or undermine the Government of Rwanda's goals for improving adolescent SRHR by requiring parental consent for adolescents under age 18 to access SRH (and all other) health services. Given the stigma surrounding adolescent relationships and sexuality (particularly for adolescent girls), parental consent (as well as health worker attitudes) is a considerable barrier to ensuring that adolescents can access SRH services that should be removed.

- **Ensure that the ongoing review and revisions of the School Health Policy takes into consideration the feedback, needs, and rights of adolescents with regard to SRH and GBV.** For example: improving the capacity and availability of mentors in charge of SRH in schools, including developing follow-up systems to ensure they have the resources and skills required to be accessible and supportive of adolescents' needs; and examining innovative delivery mechanisms for SRH messaging and content within schools.

- **Raise adolescents' awareness of the FP and Adolescent Health Strategic Plan and engage them in monitoring and evaluating its implementation.** Many young people are not aware of the plan and the actions it outlines to support their full achievement of their sexual and reproductive health and rights, which could be remedied by distributing information (in person, through schools, radio or social media) on the plan directly to them. There is also a need to ensure that health providers responsible for providing SRH services to adolescents are fully aware of the goals and policies outlined within the plan.

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