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| **“First you have to show her that you are with her”: Provider and User Experiences with Adolescent Family Planning Needs in a Stigmatized Environment** |
| **Background/Objectives**While Rwandan family planning practices have been measurably successful in raising the rate of modern contraceptive use over the last decade, a continuing area of need persists for family planning information and service provisions available to adolescents. There is top-down support for family planning from the Rwandan government, so it should be possible for local providers to have measurable success with adolescent outreach given the government’s connection of family planning with economic growth and prosperity. The primary question driving this work concerns understanding how providers counsel actual and hypothetical adolescents in their communities, and what barriers they identify which limit their effectiveness. **Methods**This study was conducted in the Musanze and Nyamasheke districts of Rwanda. These districts were selected because they represent the areas of the country with the highest and lowest rates of modern contraceptive methods usage respectively. The data for the study consist of four focus groups conducted with community health workers and four focus groups conducted with family planning nurses. A total of 84 respondents spent between 1.5 and 2.5 hours with two native Kinyarwanda speakers leading and recording the focus group discussions. **Results**Participants agreed that young women face additional health challenges, community acceptance, and ease of accessibility to care. Most prominent was a recognition that unmarried women face a strong stigma and ostracization from sexual activity. This stems from both the family and local community, and broader culture. Providers referred to younger women as children that needed parental support.The providers did not explicitly say their opinion on their support for adolescents using contraceptives, but they did state how they felt the youth should go about finding contraceptives through specific youth spaces or being prioritized to avoid excess stigma from being in the waiting room of a health facility. **Discussion**Despite the presence of youth centres and extensive public outreach, barriers remain. Participants discussed a range of logistical and philosophical changes to the current delivery that could help Rwanda improve on an already successful family planning program. However continued efforts must include minimizing cultural taboos that could prevent young women from receiving optimal care. Removing stigmas around the transfer of family planning information may allow providers better access to this targeted demographic. **Keywords**Family planning, Rwanda, Adolescents |