Understanding financial barriers to family planning services for Rwandan adolescent girls through social listening.

Mary Hadley

Key Message: Improving financial access to family planning for adolescents is complex and requires a multi-faceted approach

Background and Objective:

- Family planning is the most cost-effective interventions to improve reproductive health and is the cornerstone to economic prosperity[1-3].
- Lower utilisation in adolescents and in women in the lowest of five wealth quintiles[4].

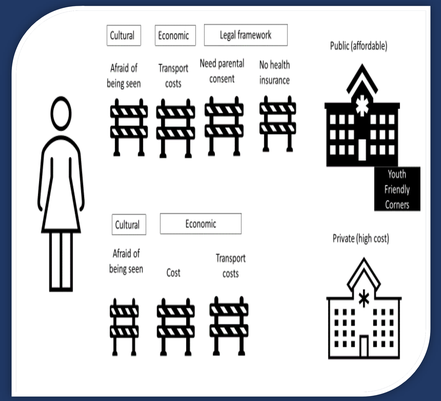
Objective: Provide direction to policy revisions in Rwanda for the improvement of access to contraceptives for adolescents, to enhance their life-long potential.

1.Thematic framework from literature review into financial barriers to SRH services → Search string and initial themes → New information from social media posts → Literature on social and cultural norms and legal framework → 2.Expanded thematic framework

Results:

- A paucity of *direct* postings on public sites by adolescents, reflecting social stigma related to teenage sexual activity and lack of inter-generational dialogue on this subject.
- Key themes : prohibitive prices for socially acceptable contraceptives in the private sector, social stigma affecting access to affordable publicly available services and backfiring of well-intentioned laws and policies.
- Two key questions arose…

1. Why, since a full range of family planning services are available free of charge for those under the pro-poor health insurance scheme, are conversations on the price of family planning commodities found?



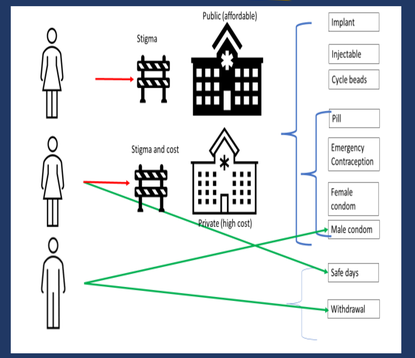
- Community views adolescent sexual relationships negatively[4]
- …therefore teenage girls are afraid to be seen in health facilities[4]
- Lack of communication between adolescent girls and parents on sexual relationships[4]
- Law requires a person <18 years to obtain parent's consent[5]
- Hierarchy of choice for health facility is: pharmacies, hospitals, health centers and health posts [4]

"So how many teenagers can afford 5,500 RWF for a morning after (unprotected sex) PILL" (retrieved from Twitter 4th June 2021)

"And that is actually #THUGGERY…#Norlevo at 1,500 RWF, how on earth does the @RwandaGov justify… (retrieved from Twitter 4th June 2021)

2. Why are conversations on private sector prices of condoms and the morning after pill more common than for other methods?

- All modern methods are available free of charge in health centres to adolescents with parent's consent if parents have health insurance.
- Teenage girls feared becoming "barren" if they use implants, injectables, 'pills' [4]
- Suitable methods were considered to be condoms 'safe-days', 'pull-out' method and morning-after pill.



"Taking a daily pill is an admission that you're having sex: it's easier for youth to seek emergency contraception for 'surprise sex.'" (Retrieved from Twitter, 8th May 2018)

"We agree that emergency contraception needs to be more accessible to Rwandans... cost at HDI centres is 5,000 RwF (Retrieved from HDI Facebook page, 23rd August 2021)

Conclusions:

- A complex and inter-connecting environment in which sexually active adolescent girls in Rwanda attempt to protect themselves from pregnancy.
- Financial barriers and cultural norms/ legal framework are intertwined
- 'Relationship' between the conversations captured on social media and the existing knowledge on adolescent sexual relationships found in the literature is rcursive.
- Changes in community attitudes and legal framework are called for to allow teenage girls to meet their full potential

References

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