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EXPLORING THE PERCEPTION OF TEENAGE GIRLS ON THE USE OF CONTRACEPTIVE METHODS TO PREVENT UNWANTED PREGNANCIES. A CASE STUDY OF GASABO DISTRICT IN RWANDA

Theresie UMUHIRE

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Supervised by Dr. Josephine MUKABERA

DECLARATION

I UMUHIRE Theresie do hereby declare that this research project entitled ‘‘**The Perceptions of Teenage Girls on the Use of Contraceptive Methods to Prevent Unwanted Pregnancies. A case study of Gasabo District in Rwanda,** submitted in partial fulfillment of the requirements for the Degree of Masters in Social Sciences (Gender and Development) at the University of Rwanda/College of Art and Social Sciences is my original work and has not been submitted to any other university or higher learning institution for any other awards. I also declare that, all source of information used was acknowledge by a complete list of referencesand was well cited.

Signature ……..

UMUHIRE Theresie

CERTIFICATION

This is to certify that the research project entitled ‘‘**The Perceptions of Teenage Girls on the Use of Contraceptive Methods to Prevent Unwanted Pregnancies’’. A case study of Gasabo District in Rwanda** is a record of the orginal bona fide work done by UMUHIRE Theresie. This research project is the candidate’s original work and has been prepared with our guidance and assistance. Therefore, it is certified for submission as final version done with our approval as official University supervisor, and all correction were made as recommended by the examination committee.

Dr. MUKABERA Josephine

Signature _____Date _____

DEDICATION

The present research project is dedicated to my parents for the support during my journey of education from primary up to this level. I dedicate also this work to the family of NITEGEKA Martin, the family of RUHABURA Radislas and to Dr. MWIZERWA Jean Pierre. Moreover, this research project is dedicated to all my brothers and sisters.

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My profound gratitude goes to Almighty God for his mercy and grace in making this research work and the program a success. To Almighty God will I forever be grateful. My appreciation goes to my lecturers at the University of Rwanda/ college of Art and Social Sciences specifically staff from the center for gender studies, for their efforts in imparting invaluable knowledge and skills to me during the course of my program. I am also indebted to ather academic and non academic staffs of the above mentioned University, who have contributed in one way or the other to the success of this work and the program in general. My warm and heartfelt gratitude also goes to my supervisor Dr. MUKABERA Josephine for creating out of her tight schedules to go through my work and offered useful suggestions, which today make this work a reality.

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LIST OF ABBREVIATIONS AND ACRONMY

AIDS: Acquired Immunodeficiency Syndrome

BCC: Behaviour Change Communication

COC: Combined Oral Contraceptive

ECP: Emergency Contraceptive Pills

HBM: Health Behaviour Model

HIV: Human Immunodeficiency Virus

IUD: Intrauterine Devices

NISR: National Institute of Statistics Rwanda

NSFG: National Survey of Family Growth

POP: Progestin Only Pills

RWAMREC: Rwanda Men's Resource Centre

SPSS: Statistical Package for Social Sciences

STIs: Sexually Transmitted Infections

UNFPA: United Nations Population Funds

US: United States

USA: United States of America

WHO: World Health Organization

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ABSTRACT

Introduction: Worldwide, teenage unwanted pregnancies are a public health concern. Lack of knowledge about contraceptive methods has been found to be associated with unwanted pregnancies and other associated consequences.

Objective: This study intended to investigate the perception of teenage girls on the use of contraceptive methods to prevent unwanted pregnancy.

Methodology: The study used quantitative and qualitative approaches. In this study primary data were collected from 78 respondents using questionnaire and interview guide and were analyzed using SPSS version 23.0.

Results: The findings of the study revealed that teenage girls in Gasabo District had negative perception about contraceptive methods. 78.4% indicated that contraceptive are for married, 66.6% said that the use of them lead to infertility, 63.3% revealed that advertisment and information about contraceptive is immoral whereas 51.7% indicated that contraceptive change the way you look.The study also identified factors associated with the lack of knowledge about contraceptive methods and non use of them.73.3% indicated fear and rumours about side effects, 80.0% indicated lack of access to sex education, 81.7% indicated lack of discussion about sex with parents, 81.7% indicated cultural and religious opposition and 63.3% indicated low level of education. The study also found many problems faced by teenage girls due to the lack of knowledge about contraceptive and non use of them. 88.3% indicated unwanted pregnancy, 86.7% indicated unsafe abortion, 91.7% indicated sexual transmitted infection, and 93.4% indicated pregnancy related mortality and morbidity.

Conclusion: Furthermore, the study indicated the measures to improve the sexual reproductive wellbeing of teenage girls include: educating teenage about contraceptive use, improving communication between parents and teenage about sex, improving access to sexual reproductive health education and contraceptive, abstinence education and many others. From the findings, it was recommended that all stakeholders should pray their respective role in order to fight against unwanted pregnancy and associated consequences.

CHAPTER ONE: GENERAL INTRODUCTION

1.0Introduction

This chapter is concerned with the background of the study, research questions, and objectives of the study, significance of the study, problems statement, and organization of the study, scope of the study and limitation of the study.

1.1 Background of the study

Teenage unwanted pregnancy is an undesirable phenomenon among disadvantaged women in educational and economic nations (Mfono, 2010). Teenage unwanted pregnancy is one of the main problems facing majority of countries in the world today. From the developed countries, such as the United States to the developing countries, this problem has become a major source of concern for politicians, social workers, and other service providers because of its negative effects on girls (Creeel & Perry, 2003).

According to the world health organization (WHO, 2019), 21 million girls aged between the age of 15 and 19 become pregnant worldwide. Unwanted pregnancy rate dropped by 29% in the developed nations and by 20% in developing nations. The eastern and middle Africa regions experienced a big number of unwanted pregnancy and Western Europe and Eastern Asia experienced the lowest rate of unwanted pregnancy (Burker, 2017). This unwanted pregnancy among teenage is associated with premature labour, anemia, pre-eclampasia, and low birth weight babies (Singh, 2009).Many teenagers also have no full access to health care, resulting in unsafe procedures (Ott, 2013).

Annually, about 3.9 million teenage girls undergo unsafe abortions and about 70,000 die from various complications associated with pregnancy and childbirth (Hammad & Hashimi, 2013). According to the Demographic and Health Survey in USA (2018), 15 to 23% of adolescent girls or adolescent girls aged 15 to 19 have experienced an abortion, significantly increasing the risk of disability and death for pregnant women. Teenage pregnancy is also leads to the high risk of dropping out of school and, as a consequence, limited employment opportunities, which affect earning capacity and long-term financial security (Hammad & Hashimi, 2013).

Research shows that preventing unwanted pregnancies by availing effective contraception have significant effect on the lives of the family and society (WHO, 2018). Since the 1960s, women and men have had access to a variety of methods of contraception. The advent of modern contraception has given women control over their bodies, their sexuality, and their choice to have or not have children (Ryder, 2009). However, not all people have equal access to information about contraception, as this depends on social, cultural or economic status and the country in which they live.

Ryder (2009) argues that access to safe and modern contraception is a cornerstone of the rights of women and girls, as well as their sexual and reproductive health. In most cases, contraceptives are used to prevent unwanted and unplanned pregnancies, but they are also used to regulate bleeding patterns or severe pain during the menstrual cycle. Contraception prevents ovulation or interferes with sperm to reach the oocytes (Zeger & Peterson, 2013).Contraceptive methods are useful for many reasons. First, the frequency of unwanted or unplanned pregnancies is reduced. For example in South Africa, the number of unwanted pregnancies decreased by 18% between 2012 and 2015, from 54 percent per 1,000 women

aged 15 to 44 to 45 per 1,000 women (Zeger & Peterson, 2013). Available evidence suggests that more effective contraceptive use over time, more consistent and correct use of methods, an increase in the proportion of users changing to a more effective method, or both may have contributed to more effective methods, or both may contribute to a recent reduction in unwanted pregnancies (Ott, 2012).

In Rwanda, the government has developed strategies to tackle unwanted pregnancies and sexually transmitted infections (STIs) like HIV / AIDS, such as sexual and reproductive health policies to increase the proportion of women of childbearing age using contraception, increasing the proportion of women who give birth in hospitals, minimizing the number of young people living with HIV / AIDS and reducing the incidence of gender-based violence. The policy also aims at reducing poverty and promotes general well-being (MIGEPROF, 2017). According to statistics from the Ministry of Education, there were 614 teenage pregnancies in school in the 2001 school year, of which 21% were in primary school, 53% in lower secondary school and 24.9% in upper secondary (MoH, 2018). There are other cases that the school or their families did not report because our Rwandan culture views sexual matters as taboo, which means that the actual number of unwanted teen pregnancies is likely higher than the official figures. According to MIGEPROF (2017), strategies such as broadening access to legal abortion, improving postabortion care service, increasing access to reproductive health services and stregthening contraceptive use should be implemented to reduced unwanted pregnancy among teenage girls.

In a study done by CLADHO, in August 2016 on early unwanted pregnancies under 18 years of age in a teen region in Rwanda found that most of teenage girls get pregnant from colleagues (49%), 20% from family friends,

and finally 2% from tutorials and 1% from local leaders, and they highlighted that 75% became pregnant as a result of sexual violence and 25% as a result of voluntary intercourse. Regarding the factors that pushed them towards early pregnancy, it was found that parental poverty (50%); dissatisfaction (14%), parental carelessness and sexual abuse (9% for both) were the main factors that prompted them to participate in early sexual intercourse. Research shows that unwanted pregnancies are the result of the failure to use, misuse, or ineffectiveness of contraception; they argue that adolescents are more likely to not use or skip the use of contraception than older women. Unwanted pregnancies are also associated with non- use contraception, sexual coercion, poor sexual intercourse, poverty and promiscuity (CLADHO, 2016).

Reasons for not using contraception include poor sex education, ignorance, and shyness about visiting health care facilities. In addition, cultural differences and taboos on sexuality prevent people from seeking contraception at health facilities (Population Reference Bureau, 2009). It is against the above background that the present study intends to explore the perception of teenage girls on contraceptive methods in Gasabo District.

1.2 Problem statement

The world's population today is dominated by adolescents and young people in general. There are nearly 1.2 billion adolescents worldwide. In some countries, adolescents make up as much as a quarter of the population and the number of adolescents is expected to raise through 2050, particularly in low and middle income countries (WHO, 2018). These people are mostly single and sexually active. In most African countries, sexual relations outside of wedlock are prohibited and family planning is discouraged for unmarried people, especially teenagers and young people (Mehra & Agardh, 2012).

These cultural attitudes interfere with adherence to family planning principles among single teenagers. It has been proven that today's young people are not ready for abstinence before marriage, their sexual behavior without the use of contraception and other information about reproductive health leads to various problems, mainly to unwanted pregnancies and childbirth, earlier motherhood, unsafe abortions, and an increase in maternal and child mortality and other associated complications (Mulu & Yimer, 2014). Sub-Saharan Africa Demographic and Health Survey (2017) found that 15 to 23% of teenage girls or adolescent girls aged 15 to 19 had an abortion, significantly increasing the risk of disability and death of pregnant girls.

Sing and Hussein (2017) noted that unwanted pregnancies in teenage girls are significantly associated with school dropout, low education level, low income, poverty and single parenting.This shows that policymakers need to carefully design different programs to meet and respond to their needs, mainly for information on sexual and reproductive health, and strategies to reduce the impact of contraceptive non-use. Otherwise the world may face a lot of problems such as poverty, an increase in maternal and child mortality. Researchers confirmed that low use of family planning among unmarried young women, despite the fact that their sexual activity was higher, exposing them to a range of problems that burden not only themselves but also their families and their countries (Wilcox, 2015). Report of MoH, (2018) show that 17444 of teenage between 15-19 years old become pregnancy and 7.3% of them Was in Gasabo District. In 2018, Gasabo had 1,064 cases of unwanted pregnancies, occupying the third position in the country after Nyagatare (with 1,465 teen pregnancies) and Gatsibo District with 1,452 teen pregnancies (NISR, 2018).This shows a need for quick interventions targeting this group of population to limit those problems.

The present study therefore intends to explore the perception of teenage girls on contraceptive methods in Gasabo District, identify factors associated with the non-use of contraceptive methods for teenage girls in Gasabo District, to describe the problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and to suggest needed measures to improve the sexual reproductive wellbeing of teenage girls in Gasabo District and in Rwanda.

1.3 Objective of the Study

1.3.1 General Objective

To investigate the perceptions of teenage girls on the use of contraceptive methods to prevent unintended pregnancy in Gasabo District.

1.3.2 Specific Objective

To explore the perception of teenage girls on contraceptive methods in Gasabo District.

To identify factors associated with the non-use of contraceptive methods for teenage girls in Gasabo District.

To describe the problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them in Gasabo.

To suggest the measures to improve the sexual reproductive wellbeing of teenage girls in Gasabo District and in Rwanda

1.4. Research Questions

What is the teenage girls'perception on contraceptive methods in GasaboDistrict?

What are the factors associated with the non-use of contraceptive methods for teenage girls in Gasabo District?

What are the problems faced by teenage girls caused by a lack of knowledge about contraceptive methods and the non- use of them in Gasabo?

What are the needed measures to improve the sexual reproductive wellbeing of teenage girls in Gasabo District and in Rwanda?

1.5 Significance of the Study

As negative impact on nonuse, misuse, and failure of contraceptive can lead to sexual related problems such as early/unwanted pregnancies, sexual transmitted diseases, early marriage, early childbearing among teenage consequently limit their life opportunities. The study on perceptions of teenage girls on the use of contraceptive methods to prevent unintended pregnancy is significant for Rwandan society in general. The finding of study would be used in many sectors in order to help teenage in all sector of life like in school, in health facility. Emphasis on safe and delay sexual practices may have important implications in Rwanda family planning program. Behavior change communication (BCC) efforts be geared up to ensure that young husband-wife participation in family planning and other reproductive health; services. Another important aspect such as action to be undertaken for the development of supportive structure at the community and also at the family level for increasing the educational attainment of females which would help discourage the pattern of early marriage and childbearing. Furthermore, the findings of this study could be used by other scholars interested in the area of contraceptive use.

1.6 The Scope of the Study

Geographically, this study was carried out in Rwanda specifically in Gasabo District, which is one of the three districts that compose Kigali city**.** There are fifteen sectors in Gasabo Districtfrom which three sectors namely; Kacyiru, Gatsata and Gisozi were involved in our study. Gasabo district was chosen due to the factor that it is among the district that experienced high rate of unwanted pregnancy. In content scope the study focused on perception of teenage girls on contraceptive methods, factors associated with non- use of contraceptives methods, problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and non-use of them and measures to be put in place to improve the sexual reproductive wellbeing of teenage girls. The study involved teenage girls aged between thirteen and nineteen. In this respect, the study findings and conclusions were delimited to the subject area. In time scope, the study was carried out the time not exceeding six months.

1.7 Organization of the Study

This research project is structure into five main chapters. The first chapter concerns with the background of the study, problem statement, study objectives, research questions, and the score of the study, significance, limitation and structure of the study. Chapter two deals with related literatures. It describes the concepts such as theoretical framework, teenage girls and unwanted pregnancy, factors contributing to unwanted pregnancy, main methods used in contraception, impact of non use of contraceptive for teenage girls, contraceptive methods and prevention of pregnancies and challenges experience by teenage for using contraceptive. The third chapter concerns with the research methodology. It shows the techniques and the procedures used to collect primary data.

The fourth chapter deals with research findings and discussions while the fith one is result discussion, conclusion and recommendations.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter covers the concepts such as theoretical framework, teenage girl and unwanted pregnancy, perceived factors contributing to unwanted pregnancy, main methods used in contraception, impact of non-use of contraceptive methods and prevention of pregnancies and challenges experienced by teenage for using contraception as well as the conceptual framework used to guide the study.

2.1 Definition of key terms

Perception: Perception is defined as the process of extracting information. Perception is the process that determines how people interpret their environment. It is about how something is viewed, understood / interpreted (Domenico and Jones, 2007). Perception in this study refers to how respondents understand the use of contraceptive methods to prevent unwanted pregnancies.

Teenage girl: a girl between the ages of thirteen and nineteen (Finer & Zolna, 2011). Teenage is a person who falls within the age of 13 to 19 years old (Berglas, 2013). According to Reddy (2010), teenage is a period that follows puberty. It commences for males at fourteen and for females at twelve years.

Contraception: This is defined as the deliberate prevention of conception by using various devices, sexual practices, chemicals, drugs, or surgical procedures (Mothiba & Maputle, 2012).

Contraceptives: devices or drugs designed to prevent pregnancy by suppressing ovulation or preventing sperm from passing through the cervix (Domenico & Jones, 2007).

Contraceptive methods: This refers to the use of artificial devices to prevent pregnancy and HIV / STIs (Mothiba & Maputle, 2012).

Unwanted pregnancy: An unwanted pregnancy has many implications. In this study, unwanted pregnancy refers to an accidental or unplanned pregnancy, which is not desired by a teenage girl (Berglas, 2013). According to Ay and Piro (2013), unwanted pregnancy is a pregnancy that occurred when no children or no more children were desired.

2.2 Theoretical framework

This study adopted two main theories that are directly or indirectly related to the use of contraceptive. They include; the theory of reasoned action and social health belief model.

2.2.1 The theory of reasoned action

Theory of reasoned action was developed by Martin Fishbein and Issek Aizen (1975). According to this theory, it is believed that people are usually reasonably rational and systematically take advantage of information accessible to them. People consider the consequences of their actions in a given context at a given point in time before they decide to participate or not to participate in a given behavior, and that most actions of social significance are under volitional control (Ajzen, 1980, cited in Rachel, 2014). The theory of reasoned action precisely focuses on the role of personal intention in assessing whether behavior will happen. The theory suggests that there are two main determinants of person's intention.

Attitude towards behavior and subjective norms, that is, social influence. Normative beliefs are central to theory and tend to focus on what a person thinks other people, especially influential people, expect from him / her.

The theory of reasoned action was also developed to explain the influence of behaviours that involves conscious decision making. It specifically excludes behaviours that are habitual, impulsive or scripted. TRA would not be used, for example, to explain a frequent traveler's getting through airport security. Instead, the theory has been effectively applied to behaviour such as smoking and blood donation, over which the person has some choice. Although a noted limitation of the theory, its focus on voluntary behaviour is practical when targetting behavioural change in interventions (Rachel. 2014). According to her, the ultimate outcomes of TRA are prediction of behaviour. The model predicts behaviour based on seven causal variables, behavioural intention, subject norms, attitudes, normative belief, evaluation, belief strenght and motivation to comply. For example, a person who has started using contraception, his / her attitude might be: having sex with contraceptive is as good as having sex without contraception, and a subjective norm or normative belief may be that most of my peers use contraceptive means, they will expect me to do the same. Theory-guided interventions focus on attitudes towards risk reduction, responses to social norms, and intentions to change risk behavior.

2.2.2 Theory of health behaviour model (HBM)

Health Behavior Model Theory (HBM) is a psychological model that attempts to clarify and make prediction about health behavior. It does this by focusing on people's views and beliefs. Health Behavior Model Theory (HBM) was first developed in the 1900s by social psychologists Hochbaum, Rosenstock, and Kegels who worked in the US public health services.

According to this model, it is argued that health behavior depends on the socio-demographic characteristics, knowledge and attitudes of an individual. According to this model, a person must adhere to the following beliefs in order to change their behavior:

Suspected predisposition to a particular health problem (am I at risk of contracting HIV?), the perceived severity of the condition (how serious is AIDS: how hard my life would be if I got sick), belief in the effectiveness of new behavior (contraception is effective against HIV transmission), signals for action (evidence of death or illness of a close friend or relative due to AIDS / STIs), perceived benefits of prevention (if I start using contraception, I can avoid getting HIV / AIDS or unwanted pregnancy) and obstacle to Action: (I don't like using contraception)

In this model, encouraging behavior change action involves changing a person's personal beliefs, individually balancing benefits against perceived cost, and barriers to change. For change to happen; the advantages must be more significant than the costs. In the case of unwanted pregnancies, interventions often focus on risk perception, belief in the effectiveness of contraceptive use and the benefits of contraceptive use, or slow the onset of sexual intercourse (Reddy, 2010). Moreover, the HBM focused on two aspects of individuals' representations of health and health behaviour: threat perception and behavioural evaluation. Treat perception was construed as two key beliefs: perceived susceptibility to illness or health problems, and anticipated severity of the consequences of illness. Behavioural evaluation also consisted of two distincts sets of beliefs: those concerning the benefits or efficacy of a recommended health behaviour, and those concerning the cost of, or barriers to, enacting the behaviour (Reddy, 2010). In addition, the model proposed that cues to action can activate health behaviour when appropriate beliefs are held.

These cues included a diverse range of triggers, including individual perceptions of symptoms, social influence, and health education compaigns.

2. 3 Literature review

2. 3.1 Teenage girls and unwanted pregnancy

In general, younger women, who are mostly unmarried, are less likely to use contraceptive methods than adult women, even in nations where contraceptive use is high (Reddy, 2010). At the macro level, laws, regulations and social policies that govern access to contraception affect both adults and teenage girls in terms of the types of contraceptives that can be distributed or prescribed. But at the micro level, there are differences between teenage girls and adult women in fertility, maturity, knowledge, sexual negotiation and experience, coupled with social expectations that influence their behavioral patterns as they relate to the acceptance and use of contraception. This greatly increases their risk to unprotected sexual intercourse and its associated consequences (Philemon, 2009).

Teenage girls who experience premature sex are more likely to get infection before they complete physiological maturation process. Although the systems have begun to function, defense mechanisms are still developing, especially the cervix. Cervical mucus acts as a non-specific barrier to various ascending organisms in adult women. Teenagers cannot have advantages of this mucosal defense mechanism until a few years after menarche (Filimon, 2009). This raises their risk to infections by up to six times compared to adults, especially gonorrhea, chlamydia and HIV, and unwanted pregnancies. In most developing countries, early marriage leads to unplanned pregnancies.

Philemon (2009) argues that factors such as inadequate knowledge of contraception and health services, low level of education, low resistance and limited denial skills, unequal relationships and lack of independence in decision-making about the use of contraception make teenage girls more vulnerable.

2. 3.1.1 Factors contributing to teenage unwanted pregnancy

Unwanted pregnancy among teenage girls is caused by many common and complex factors. This section describes the major factors that are known to influence unwanted pregnancy among teenage girls in both developed and developing countries.

Lack of knowledge regarding contraception

Knowledge plays an important role in decision making that affects health and development (Shrestha, 2012). In most of the countries, there is lack of effective sexuality education and this hinders the acquisition of knowledge among teenagers about sex and they lack important skills in order to practice that knowledge (WHO, 2012). In most of the time, pregnancies among teenage girls are unwanted due to the lack of knowledge about contraceptive methods and curiosity of sexuality issues (Rowbottom, 2017).

Furthermore , Adogu and Ubacaka (2014) state that teenage girls who get involved in sexual behaviour, a very limited number (about 21%) use condoms during sexual intercourse, even those with several partners. Moreover, the limited use of condoms during sexual intercourse by teenage girls is likely due to the lack of sufficient knowledge of safer sex, cultural beliefs, and inaccessibility of condoms in teenagers' environment and this may influence unprotected sex among teenagers which in turn may lead to contraction of STIs such as HIV/AIDS and getting unwanted pregnancy.

Similar results were found in a quantitative study of teenage pregnancy and related factors in South Africa, which showed that not only lack of knowledge is the cause of risky sexual behavior, but inability to take decision also influence unprotected sexual intercourse (Mchunu, 2012). On the other hand, Panday (2009) found that while a teenager may have a high degree of knowledge of contraceptive methods; there is a room to fill as regards to the knowledge and skills as well as effective use of contraception.

Risky sexual behaviour

Teenage period is a time of rapid physical, psychological and social change (Kim, 2008). These several changes are contributing to the emergence of some new health risk behaviors such as physical inactivity, smoking, alcohol use, illegal drug use, and risky sexual activity (Kim, 2008). Kim noted that drinking alcohol reduces the ability of teenagers to control their impulses, contributing to 76% of unwanted pregnancies that happen between the ages of 14 and 19. Approximately 91 percent of teenage girls with unwanted pregnancies indicated that even if they have drunk at the time, they did not plan to have sex before when they conceived. Lack of basic needs and other family related problems influence teenage girls to engage in sexual intercourse and even to have unprotected sex (Kirby, 2007). Another study in London to identify the determinants of sexual behavior among young people showed that teenage girls may accept to have sex as a way to keep their boyfriends (Marston & King, 2006). In Nepal, it has been found that even if many teenagers knew the risks of unprotected sex, they are still practicing unprotected sex (Shrestha, 2012). Likewise, Mchunu (2012), in his study of teenage pregnancy and related factors, found that teenagers do not care about the risks associated with unprotected sex.

Other results from a quantitative study on factors affecting teenage pregnancy rates showed that 72.8% of study participants indicated that they knew that when practicing unprotected sex, one could contract sexual transmitted infections such as HIV/AIDS (Mushwana, 2015).

According to the author, majority of respondents indicated that that these teenagers were aware of the consequences of safe sex but continued to engage in risky sexual behavior. A study in the United States of America showed that majority of pregnancies among teenage girls was unwanted and the driving factor was cited as pre-conception substance use.

Both teenage pregnancy and substance use are national public health problems in the United States of America and are aimed at improving health outcomes (Finer & Zolna, 2016). Another study by Wang (2017) found that substance abuse has long been considered as one of the most serious health and social problems that led to teenage pregnancies, as teenagers had sex without making informed decisions due to the effects of alcohol. Likewise, unsafe sex is among other consequences associated with high alcohol consumption among young people (Seggie, 2012). For example, a study of youth risk behavior in grades 8-11 in nine provinces found that of 38% of students who reported having ever had sex, 16% had sex after drinking alcohol and 14% after using drugs (Reddy, 2010).

Educational status

Literacy level is considered as another important contributor of unwanted pregnancy among teenage girls. Recent studies indicate that literacy level greatly influence pregnancies among teenage girls. Illiterate teenagers are more likely to engage in sexual intercourse compared to literate ones (Lloyd, 2006).

Sexually active female students understand the importance of contraceptives and are more likely to use them than non-students. Malisa's (2015) study on factors leading to unwanted pregnancies among teenage girls revealed that teenagers with low level education were at a higher risk of becoming pregnant than teenagers with higher levels of education.

Low educational status is considered as a key contributor for unwanted pregnancy among teenage girls. An uneducated girl with an illiterate mother is also more likely to become pregnant during adolescence if the mother has also given birth in her teen. Pregnancy in teenage girls can also be caused by poor communication between parent and child, as well as due to insufficient family supervision (Seggie, 2012).

According to Kinby (2011), most of unwanted pregnancies in teenage girls are caused by the lack of information about contraceptives and the practice of safe sex on the part of their parents and other adults that can discourage them to engage in unprotected sex prematurely with their friends. Demographic studies in developed countries such as the United States, Mexico, Canada, and Australia indicated that unwanted pregnancy among teenage girls can lead to school dropout, high level of poverty, poor living conditions for children of teenage mother compared to those of adult women.

Parents values and communication with children

According to Berglas (2013), parental and family members' behaviour and values regarding sexual activities greatly impact on the behaviour and attitudes of their children in terms of sexual activities. A report by a political analyst in the United States emphasizes that communication about sex between parents and teenagers can help delay the onset of sexual activity (Kim, 2008).

A study by Ikramullah (2009) examining parental involvement in teenagers' first sexual activities found that teenagers with higher levels of parental guidance were less likely to have intercourse. On the other hand, teenagers with the lowest levels of parental control were more likely to engage in sexual behaviour before the age of 16. A qualitative study conducted to assess parental communication about sex and motherhood trends among students at Limpopo University yielded interesting results found that parental communication about sex and related matters is not routine practices among many families of the target population (Mafokane & Oyedimi, 2015). In addition, a study by Mothiba and Maputle (2012) found that many young people considered sexual conversation between parents and children as a cultural taboo. While the topic of sex was considered taboo by most of respondents, discussing the topic with adults or parents was seen as important in influencing teenage sexual behavior that might lead to unwanted pregnancies.

Moreover, research shows early sexual behaviour in teenage girls can be prevented by better communication between parents and children about sex (Selikov, 2009).

Peer pressure

One of the strongest psychosocial factors contributing to risky sexual behavior in teenagers is the perception of this behavior by their peers (Pettifor, 2014). Moreover, as children move from childhood to adolescence and participate in the process of identity formation, their dependence on parents and siblings as the only one sources of information and choice making starts to change (Sieving, 20016). Teens spend a lot of time with peers and friends compared to their parents, which can influence their decision making (Gouws, 2008).

A study on the factors contributing to high teenage pregnancy rates in the municipality of Kinondononi, Dar es Salaam has shown that peer pressure does indeed lead to teenage pregnancy (Philemon, 2007). These results were corroborated by respondents in a qualitative study from Tanzania, which acknowledged that their involvement in sexual activities was motivated by their peers in exchange for money, while others indicated that they participated in sexual activities so that they did not look old-fashioned by their peers (Malisa, 2015). Ramathuba (2013) argue that during adolescence, teenagers are always forced to look for friends and conform to their peers.

Often these teens allow their friends to influence their decision to engage in sexual activities, even if they do not fully understand the negative effects of this act. Teens practice sexual intercourse in order to look cool and sophisticated, but most of the time, the end result is teen unwanted pregnancy. The Kaiser Family Foundation states that more than 28 percent of pregnant teens reported feeling compelled to have sex, and 33 percent of pregnant teens indicated they felt they were not ready for sex, but continued because they feared ridicule or rejection.

Poverty

Flanagn (2013) argue that poverty is another element that contributing to unwanted pregnancy among teenage girls. Some of the negative effect of poverty and inequality in income generation for teenage girls in today's world include limited access to contraceptives, unwanted pregnancies, unsafe abortion, HIV / AIDS and other STIs, and infant and maternal mortality (Show, 2009). According to Oke (2010), poverty has a twofold dynamic during teen pregnancy, being both a determining factor and an effect of teenage pregnancy.

A study by Nkwanyana (2011) found that teenage pregnancies are most found in young people raised in poor households with low education or job market expectations. According to Brown and Greenbown (2014), some adolescents always fall into the trap of small gifts and food, with which they spend their leisure time before premarital sex, when the parent cannot provide for basic needs; they easily become victims of external forces.Some people usually face rape as a result of street vending or sale, all of which are the result of poverty. Acceptance of a gift for sex and some adults deliberately exploiting some of the benefits of poor adolescents and encouraging them to have sex have also been noted as a factor responsible for unwanted pregnancy in adolescents (Brown & Greenbaun, 2014). They also argued that approximately 60% of teenagers who are unwanted pregnant live in poverty at the time of the birth of their children.

Early sexual debut

Globally, adolescents have their sexual debut between age 15 and 19, with boys initiating sex earlier thangirls(WHO,2011). A qualitative study on sexual health, contraception and teenage pregnancy conducted in the United Kingdom revealed that having sex for the first time at an early age is often associated with unsafe sex, lack of knowledge, lack of access to contraception and lack of skills and self-efficacy to negotiate contraception (Tripp and Viner, 2005). In a study conducted in America, the findings revealed that early sexual debut is a factor that is highly associated with teenage pregnancy (Domenico and Jones, 2007). A qualitative study conducted in Tunduru, Tanzania revealed that many teenagers become sexually active while very young and this poses a risk to them because they become vulnerable to falling pregnant (Malisa, 2015).

Similar findings were revealed from a quantitative study carried out in Nigeria, which revealed tha tengagement in sexual intercourse by teenagers happens at a very early age (Ogori, et al., 2013).

In addition, a quantitative study carried out on factors contributing to teenage pregnancy in Capricorn district in Limpopo Province revealed that62% of the studyrespondents reported to have started engaging in sexual activities between the age of 13 and 15 years. Fifty four percent of them reported to have engaged for the first time in sexual intercourse between the age of between 16 and 19 years whilst 4% started between the ages of 10 and 12 years (Mothiba and Maputle, 2012).

Cultural beliefs

According to Ncitakalo (2011) "Cultural beliefs are regarded as symbolic and learnt aspects of a society or community that in some way or the other prescribe behaviour, these beliefs are considered as the norms and values shared by a community."

Aqualitative study conducted in South Africa on socio-cultural influences in decision making among adolescent in Khayelitsha revealed that female adolescents are expected not to argue aboutthe number of sexual partners their partner has nor argue about condom use (Ncitakalo, 2011). The study participants further revealed that tradition somehow privileged males and put females under male control (Ncitakalo, 2011). This may result in females being unable to negotiate for safe sexual practise such ascondom use putting them at riskfor pregnancy.

Mothiba and Maputle (2012) conducted a study in Capricorn district in Limpopo province andfound that some parents were reluctant to make sex education and contraceptives available to their teenagers, as they were afraid that their teenagers might interpret this as permission to engage in sexual activities.

In addition, a Tanzanian,quantitative study revealed that despite comprehensive, reproductive, health services being, provided in public, private and non-governmental organization outlets, these services were still surrounded by stigma from parents, community leaders, religious leaders, service providers and even programs for adolescent care (Philemon, 2007).

Health system factors

Reproductive health services are described as an organisational factor influencing teenage pregnancy (Shrestha, 2012). It is estimated that 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception; the reasons for this include reproductive health service issues such as limited choice and access to contraception, particularly among young people and poor quality of available services (WHO, 2015). A qualitative study conducted to assess the service availability and health care workers opinions about young people's sexual and reproductive health in Soweto revealed that availability, accessibility and acceptability of health care services for young women significantly impact their use of prevention methods which in turn influence their risk of becoming pregnant and contracting HIV (Holt et al., 2012). Another study conducted in South Africa on contraception use and pregnancy among 15 to 24 year old South African women identified barriers to accessing contraceptives and attitudes of health workers to be influencing teenage pregnancy (MacPhail, Pettifor, Pascoe & Rees, 2007). In addition, a qualitative study conducted to explore factors contributing to teenage pregnancy in Mpolokang High school, North West Province by Tsebe (2012), revealed that health care workers have not accepted that learners also should have access to reproductive health services so that they can make informed decisions.

Tsebe (2012) concluded that the implication here is that this attitude makes the health care system unfriendly to the learners, who then rather seek information from their peers which may sometimes be incorrect. According to MacPhail and Campbell (2001), although parental permission is not required for adolescents to access sexual and reproductive services and use contraception, nursing staff violate the privacy

and confidentiality of teenagers by threatening to report condom use to their parents. Similarly a study conducted by Lesch & Kruger (2005) among Coloured adolescents in the Western Cape, revealed that adolescents do not have confidence in the local clinics and as a result they choose not to access contraceptive services.

2.3.2 Reproductive health and contraceptive methods

In the 1960s people started using different kinds of contraceptive methods. The traditional methods such as withdrawal to prevent pregnancy have been used for several centuries. It was in the 1960s that many modern contraceptive methods such as oral contraceptive pills were firstly launched (Ketting, 2009). Large-scale clinical trials were conducted in the 1950s and the pill was tested on Puerto Rican and Haitian women. The pills proved to be 100% effective, even if there were serious side effects that were initially ignored.

The pill became an instant hit, with approximately 6.5 million women in the United States taking it within five years of its release in the 1960s (Nikolchev, 2010). In the Netherlands, the pill was launched in 1965, and in four years four out of ten Dutch women aged 21 to 34 took it (Ketting, 2009). Since the 1960s, other various oral pill have been introduced, followed by IUDs (1980s) and implants, injectable contraceptives, condoms, emergency contraception in the 1990s and hormonal IUDs, vaginal rings, patches, implants (single) in 2000s years (Nikolchev, 2010).

Effectiveness of contraceptive methods depends on its correct use. Contraceptive with long acting effect and sterilization result from the low pregnancy rate. Some of oral contraceptive methods are associated with a very low pregnant rate such as virginal ring and patch when effectively used.

There are also other contraceptive methods that are associated with high pregnant rates such as condoms, sponges, diaphragms, cervical caps, spermicides, periodic abstinence and withdrawal (WHO, 2014).

2.3.2.1 Main methods used in contraception

There are two main categories of contraceptive methods: traditional and modern. Modern methods are easily categorized and include condoms, sterilizations, diaphragms, injectable, oral contraceptive and intrauterine devices (Hammad & Hashmi (2013). Traditional methods include withdrawal symptoms, intermittent abstinence, using herbs, and wearing traditional beads. There are other methods that are used by mothers for the purpose of recuperation between births, child survival and birth spacing and include postpartum and prolonged breastfeeding (Abiodun & Balogun, 2009). The main methods of contraception are described below.

Barrier Methods of Contraception

The condom is one example of a barrier method. Condoms are thin shells of natural latex, synthetic plastic, or polyurethane that creates a physical barrier that prevents male sperm from entering the woman's uterus. Condoms are classified into two main categories: male and female. The male condom is placed on the penis before intercourse whereas the female condom is placed in the vagina before any sexual intercourse (Miller, 2008).

Condoms prevent sperms from meeting the female egg. Their advantages include: easily assessable (as they are found in drugs stores with no need for prescription); are 75% to 98% effective in preventing pregnancy; there is no need to visit a doctor and they help prevent STIs including HIV/AIDS (Hatcher, 2013).

Spermicides are chemicals that are injected into the vagina before intercourse. They prevent pregnancy by killing sperm so that no one can get to the egg and fertilize it (Silber, 2009). Nonoxynol-9 (N-9) is the most common spermicidal agent that is available in several concentrations and forms, including foam, jelly, cream, suppository, and film (NICHD, 2012). The diaphragm is another barrier contraceptive method. It is made of rubber and has a dome shape that fits over the cervix. The diaphragm acts as a barrier to sperm, preventing fertilization, and when combined with spermicide, the success rate is about 84% (Balen, 2014).The cervical cap is another type of barrier method. The cervical cap is a thimble-shaped latex-rubber barrier device that fits over the cervix and blocks sperm from entering the uterus. Before insertion, the cap should be about a third full of spermicide. It remains in place by suction (Nordqvist, 2016).

Another example of a barrier method is contraceptive sponge. These are soft disposable foam sponges filled with spermicides. It is inserted into the vagina before intercourse. The sponge blocks the entry of sperm into the uterus, and the spermicide also kills sperm (NICHD, 2012).

Hormonal Methods

These are contraceptive methods that use hormones to control or cease ovulation and intercept pregnancies (Nordqvist, 2016).

These hormones can be injected into the body through a variety of methods, including, skin patches, injections, vaginal rings, pills, implantable rods and intrauterine systems. The pills can avert ovulation and / or stiffen cervical mucus, which helps block sperm from entering the egg (NICHD, 2012).

Combined oral contraceptive pills (COCs) are hormonal contraceptives that are made of various combined synthetic estrogens and progestins and are used to prevent ovulation. These hormones work together to stop ovulation (Nordqvist, 2016). Progestin-only pills (POPs) are another hormonal method. POPs are birth control pills that are taken once a day. POPs can suppress ovulation or sperm function.The role of POPs is to thicken cervical mucus and interfere with sperms to enter the uterus (NICHD, 2012).

The contraceptive patch is another hormonal method of contraception in which a thin plastic patch is placed on the lower abdomen, buttocks, outer arm, or upper body. The importance of this method is to liberate hormones into bloodstream in order to avert the ovaries from secreting eggs in most women. The cervical mucus is also stiffened to stop sperms from joining the eggs (SyamRoy, 2016).

A contraceptive injection or the shot, an example of a hormonal contraceptive that is a progestin-only, long-acting, reversible contraceptive. It is administered every 3 months. Contraceptive Patch prevents eggs from being released and furnishes other contraceptive effects (Nordqvist, 2016). The vaginal ring, another hormonal contraceptive, is a thin, flexible ring that secretes progestin and estrogen hormones. It works by preventing the ovaries from releasing eggs. It also stiffens cervical mucus that prevents sperm from joining the egg. The ring is worn for 3 weeks, removed during the menstrual week.

(Sultan & Genazzani, 2017). Studies shows that this method is not effective for women with stroke blot clots, heart attack and concer (FDA, 2011).

Intrauterine Contraceptives Device (IUD)

This is another contraceptive method used to prevent unwanted pregnancy. It is a T-shaped device that a doctor inserts into the uterus. It stays in place until pregnancies are undesirable (Nordqvist, 2016). The intrauterine contraceptive device can remain and be successful for many years (NICHD, 2012). The IUD comes in two forms: the copper intrauterine device and the hormonal intrauterine device. The copper IUD ceases sperms from entering and fertilizing an egg through the secretion of small amount of copper in the uterus. When the egg is fertilized, the device stops the implantation of the egg (FDA, 2011). The hormonal IUD secretes hormones that thickens cervical mucus, and interferes with the penetration of sperms into the eggs or fertilization, thins the lining of the uterus, and can also interfere with the release of eggs from the ovaries. The Hormonal intrauterine devices can last up to 5 years (FDA, 2011). It is believed to be over 99% effective and can also be used as an emergency contraception. This method has prolonged side effects and more abundant menstrual periods in the first months of use (WHO, 2015).

Emergency Contraceptive Pills (ECPs)

Emergency contraceptive pills are hormonal pills taken as a single dose or two doses at 12 hour intervals and are intended for use in cases of unprotected intercourse (NICHD, 2012). They cause stiffening of cervical mucus and may affect sperm function (SyamRoy, 2016). Emergency contraception is safe and effective in preventing unwanted pregnancies (Babatunde, 2016).

Withdrawal method/coitus interrupts

This method involves removing the penis from the vagina just before ejaculation, which averts sperm from getting into the woman (SyamRoy, 2016). This is possibly the oldest method of contraception known to a man, but the success of this method requires much attention of the male partner. This is an unreliable method and can fail if semen comes out before ejaculation or remains on the external genitals. To be successfully, this method requires the person to have good self- control, both emotionally and physically.

Babatunde (2016) argues that withdrawal method is not effective for young couple teenagers as it requires much discipline and motivation. It is believed to be 96% effective when used consistently and correctly, even if discipline and correct withdrawal times can be required and are often difficult to determine (WHO, 2015). Withdrawal method does not also protect people from contracting sexually transmitted infections.

Fertility awareness methods (natural family planning/periodic abstinence)

These fertility control methods are based on avoiding intercourse during peak fertility periods. They require determining the fertile day of the cycle by observing signs of fertility such as basal/ body temperature and cervical secretions (Ott et, 2012), or by sticking to a certain number of abstinence days during each menstrual cycle.This method can be used in conjunction with barrier methods during fertility periods. Research shows that with this method, the greatest risk of pregnancy occurs during the six-day period, which ends on the day of evolution (Wilcox et al., 2015). Specifically, the chance of pregnancy increases from about 4% five days before ovulation to nearly 30% just before ovulation, and then drops to 8% on the day of ovulation.

The day after ovulation, the chance of pregnancy drops to almost zero five days before the next ovulatory cycle (Wilcox et al., 2015). For traditional methods based on fertility awareness, ovulation can be assessed by monitoring changes in body temperature and cervical mucus associated with pre-ovulatory progesterone release (Ryder, 2009). According to Just and Crawford (2015), when used correctly and consistently, fertility-based methods are effective contraception, and the failure rate within one year of use can be as high as 1-9 pregnancies per 100 women. For normal use the rate is 20.While there are no reports of the effectiveness of methods based on fertility awareness in adolescents, it is acknowledged that adolescents very often fail to meet strict requirements for correct and consistent use of natural contraception. Therefore, these methods are usually not recommended for adolescents.

2. 4 Impact of non-use of contraceptive for teenage girls

2. 4. 1 Unintended pregnancy

Unplanned pregnancy is a serious reproductive health problem for young people in both developed and developing countries. Harrison (2007) conducted a study on the effects of unwanted pregnancies among young people in the United States. Research shows that some young women with unplanned pregnancies in the United States have abortions, while others bring their pregnancies to term, resulting in higher risks of morbidity and mortality than adult women.Two studies in Mexico and Nigeria by Marques (2011) and Okonofua (2013) found that working teenagers were at least four times more likely to get pregnant than those who weren't, the study also shows that setting future goals and aspiration play a significant role in preventing unwanted pregnancy among adolescents (WHO, 2005).

Two studies from Brazil have also shown that young people with lower aspirations for the future could easily get unwanted pregnancies than those with higher aspirations and goals (Pick de Weiss, 2010). In fact, in Ecuador, young people knowledgeable about contraceptive methods were nearly 14 times more likely to avoid pregnancy than young people with a lower level of knowledge about contraceptive methods (WHO, 2005).

However, in China and Taiwan Province, three different researches have shown that cigarette smoking and alcohol consumption significantly increase the rate of unwanted pregnancies among adolescents (Lee & Chon, 2004). Two studies have shown that if a teen has a girlfriend who was pregnant, the risk of her pregnancy increases significantly (Vindule, 2001).A study by Vindule (2001) in South Africa found that young people who said most of their friends were pregnant were more than four times more likely to get pregnant themselves.

In addition, despite the socio-economic development in Rwanda, young people still face huge challenges, such as teenage pregnancy, which is growing from 6.3% (2010) to 7.3% (DHS 2015).Services for young people are still limited in scope and coverage; currently, only 13.6% of healthcare facilities in the country offer these services. Teenage pregnancy results from the lack of information or health care and lack of access to adolescent sexual and reproductive health services.

The Health Sector Strategic Plan 2018–2024 states the priorities that the government of Rwanda is set to achieve and include: expanding the social marketing of modern contraceptive, increasing access to contraceptive information and services, and ensuring the availability of good in all health facilities.

In order to address the challenges, the UNFPA in Rwanda is working to promote sexuality education in schools and improve youth friendly services. According to official reports in Rwanda, 17,337 teen pregnancy cases were recorded in 2017. Among them, orphans, vulnerable children and children with disabilities were the most vulnerable to sexual abuse and exploitation throughout the country.In a 2019 study by the Rwandan Men's Resource Center (RWAMREC) in two Districts, Kicukiro and Huye found that 49% of pregnancies resulted from their peers and 20% of others were impregnated by friends of their families. It also showed that families and society in general stigmatize adolescent mothers and that these young mothers are deprived of medical and educational services.

2.4.2 Sexual transmitted infection and birth-related complications

Most young women begin their menstrual cycle between the ages of 12 and 15. This may lead to the high degree of sexual activity. In the United States, six out of 10 young women experience sex during adolescence and this may result into unwanted pregnancy and sexually transmitted infections (Martinez et al, 2011).A study in the Hho-Hho region of Swaziland found that limited knowledge, poor communication with parents and lack emotional support; young women often practice unprotected, leading to high rates of unwanted pregnancies and HIV infection among young people (Philemon, 2013). The period of adolescence stains the onset of sexual maturity, and most young people begin to explore their sexuality at this period.In most South African countries, most young women often have sex for the first time between the ages of 15 and 19, which is earlier than their male counterparts, who often have sex at the age of 20 (Guttmacher Institute, 2003). The increased practice in sexual intercourse among adolescent is mainly shown by the increase in sexually transmitted infections.

2.4.3 Unsafe abortion

One of the main consequences of an unplanned pregnancy is unsafe abortion (Brown and Eisenberg, 2008). The annual unsafe abortion rate has declined, but it is still high in developing countries (at least 19% of the about 60 million unwanted pregnancy) and developed nations (28% of the about 9 million unwanted pregnancy (World Guttmacher Institute health, 2007). Induced abortion result from significant health problems, especially in less developed countries and in countries where abortion is illegal and where health professionals are in short supply. Almost half (49%) of all induced abortions occurring globally are believed to be unsafe, resulting in 67,000 maternal deaths, almost all of which take place in less developed countries (World Health Organization Gutmacher Institute, 2007). Adolescent abortion statistics are closely related to adolescent pregnancy rates and have declined since their peak in the 1980s. However, the numbers in the United States are still high compared to most other developed countries, and because of the negative physical, emotional and social consequences that pregnancy and abortion can have on a teen's life, these statistics are of concern (Guttmacher Institute of the World Health Organization, 2007). In spite of government measures on abortion and strong shame about abortion, an estimated 23% of unplanned pregnancies in Rwanda end in unsafe abortion. Abortion in Rwanda is more pronounced in Kigali city with an average of 34% followed by Southern province with 27%, Eastern province with 23%, Northern province with 17% and western province with 16.6% (NISR, 2018).

2.5 Contraceptive methods and prevention of pregnancies

Contraceptive use among adolescents is a reliable means of reducing teenage pregnancy worldwide.

In countries where modern contraceptive use is low, adolescent pregnancies and related adverse events are on the rise (Flanagan, 2013). The developed world has made significant progress in this regard. For example, the United States of America (USA) has the highest teenage pregnancy rate of any developed country. Nearly 750,000 pregnancies are recorded per year among US teens under the age of 20, and more than three quarters of all teenage pregnancies are unwanted. The teenage pregnancy rate in the United States has dropped to its lowest level in decades due to an intense campaign and subsequent use of contraception. In the period from 2008 to 2015, it decreased from 117 pregnancies per 1000 women aged 15-19 years to 67.8 per 1000, a decrease of 42% (Kost & Henshaw, 2008). Analysis of data from NSFG (National Survey of Family Growth) indicated that 87% of decrease in pregnancies among teenage girls through 2012 happened due to improved uptake of contraceptives among the teenage. This figure is even higher than analyzes from previous years, which showed that a 47 to 80 percent decline were associated with improved use of contraceptive methods (Holt, 2012). Perhaps due to the factors such as limited access to health services and information, teenage pregnancy is more prevalent in African and Latin American communities, where teenage pregnancy rates (15% and 14%, respectively) are higher than among whites community (5%) (Legal, 2011). Tiezzi (2014) has documented strong evidence that contraception is a reliable predictor of teenage pregnancy. They reported on the results of the In Your Face program for junior high school teenagers in New York City fewer than 15. In this study, students were assigned to a family planning clinic to receive contraception. The proportion of people who visited the clinic and received contraception increased from 12% in the year before the program started to 78% in the third year of the program. This intervention reduced the number of teenage pregnancies less than 15 years of age by 34% over a four-year period.

Uncomplicated and personal access to contraception through health centers, school-linked health centers, and availability of condoms were found to be significant in preventing unwanted pregnancies. Unfortunately, in developing countries, there is a huge information gap regarding sexuality and contraception among adolescents. There is very little, if any, discussion between parents and their charges. This topic is considered culturally unacceptable for public comment. Adults never want their charges to be seen in this light, and vice versa. Therefore, adolescents always need to cooperate with their peers to obtain such information, which is often incorrect (Legal, 2011).

A study by Mothiba and Maputle (2012) found that 78% of men and 67% of women knew about condoms as a modern form of contraception. Eighty-eight percent of men and 76% of women knew at least one modern method of contraception, and among 12-14 year olds, 33% of women and 6% of men knew at least one modern method. 17 Increased condom uses among adolescents has a double-edged advantage in reducing unwanted adolescent pregnancies and sexually transmitted infections, especially HIV / AIDS, again posing an enormous global public health burden. Unfortunately, for some teens that are aware of condom use, older partners are involved in their sexual debates and can be forced or transactional sex in exchange for a gift. In such cases, young women have little opportunity to negotiate with their partners to insist on condom use, which can lead to unwanted pregnancies and STIs, including HIV / AIDS (Mothiba & Maputle, 2012). Some adolescents see the artificiality of condom use and, therefore, in an effort to get maximum satisfaction from intercourse, prefer unprotected intercourse.

2.6 Challenges experienced by teenage for using contraception

The first problem adolescents face when using contraception is poor knowledge about contraception. There are many potential information barriers to contraceptive use. Teens should be aware of the methods available, should know where these methods can be obtained and how much they cost, and they should know how to use the method they choose (Rowbottom, 2015). Most adolescents also do not use contraception due to a lack of knowledge about their use or even which method to use (WHO, 2012). Most adolescents generally do not understand if they are legally entitled to use contraceptives, or even if they are entitled, what type of contraceptive to use and where to get them.They are also concerned about how to use contraception (Oke, 2010).

A study by Tripp and Viner (2005) found that most early sexual intercourse is often associated with non-use of contraception. This is usually due to the unavailability of contraception, lack of skills, and self-efficacy to negotiate contraception.The second challenge adolescents face when using contraception is social and cultural acceptability. Studies show that social, cultural and religious inappropriateness of contraception has repeatedly become an important obstacle to the use of the method.

Analyzing survey data, Tripp and Wiener (2011) identified what they call "cultural and social constraints," and Macofane and Oedemi (2015) found that religious considerations (reflecting that they called a negative climate of opinion). Most recently, McPhail and Campbell (2017) identified religious considerations as the second most common reason for contraceptive nonuse, and Gouws (2008) showed that religious conservatism is a strong negative correlate of contraceptive use. The third problem teenagers face when using contraception is health problems.

A study by Malisa (2015) found that a number of associated health problems represent a significant barrier to contraceptive use. Fear of side effects is considered one of the two most important explanations for non-use (Reddy, 2010).

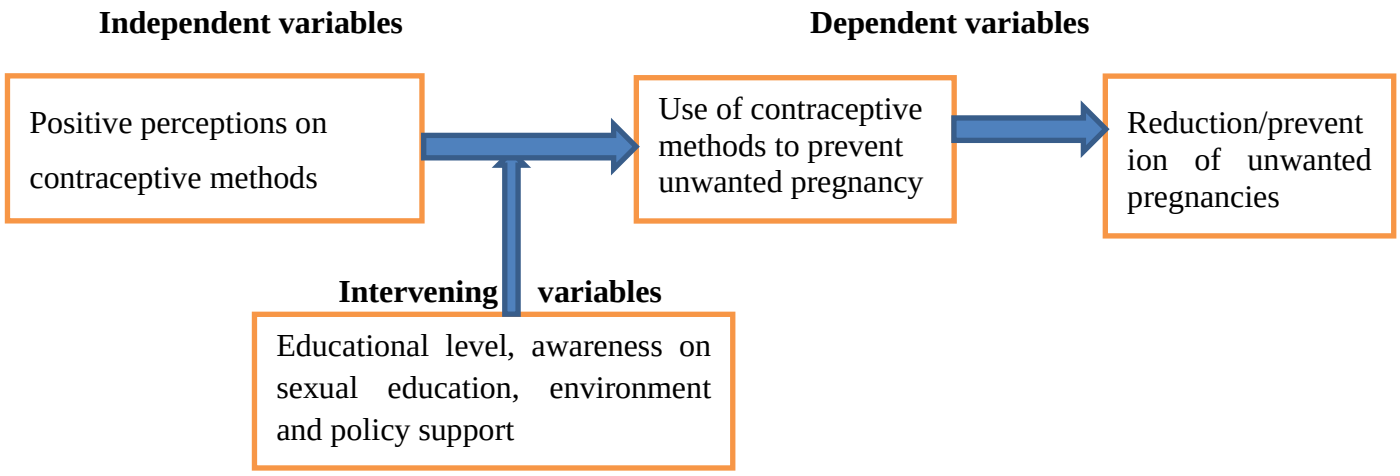
Here we use the following measures: the number of contraceptive methods believed to have serious side effects; side effects identified as impediments to use; and side effects as the stated reason for refusing contraception. Moreover, access to contraceptive services has been identified as another challenge facing adolescents when using contraception. Access to contraception remains a common problem in most developing countries (Faber, 2009). Numerous studies have shown that large segments of the population concentrated in rural areas face significant difficulties in obtaining affordable and high-quality medical services. Adogu and Ubacaka (2014) found that women's knowledge of supply sources is the most reliable predictor of contraceptive use. According to studies from the early 1990s, contraceptive prevalence increased significantly in six areas served by intensive community-based distribution projects, a finding that is consistent with the argument that poor services are a major barrier to use (Lloyd, 2006).

Adolescents are expected to know the food source; the proximity of the nearest services; and whether they can visit the medical facility unaccompanied. As noted above, fear of the side effects of contraception discourages adolescents from using them, not only because of the aversion to anticipated physical discomfort, but also because of the expected time and cost to eliminate the side effects. Finally, traditional belief has been defined as a test of contraceptive use by a teenager.Barker (2012) argues that the presence of adolescents with sexual tools such as condoms in their communities is simply taboo, as sexual intercourse is seen as a prerogative for married people and premarital sex as a subculture for deviants.

It is also known that contraceptive rejection rates are higher among adolescents than among older people.This is due to their immaturity coupled with the lack of dedication that is required for certain methods, such as pills. It has been observed that 25% of young women and 18% of young men do not use any contraceptive method at first intercourse, and many sexually active adolescents who use contraception do not use it consistently. Among adolescent girls aged 15 to 19 who take oral contraceptives, only 70% take pills every day.

2.7 Conceptual Framework

This section describes the conceptual framework that was used in this study. Miles and Huberman (2013) defined a conceptual framework as a visual or written product that "explains, graphically or narratively, the main things to be learned, key factors, concepts or variables, and the assumed relationships between them.



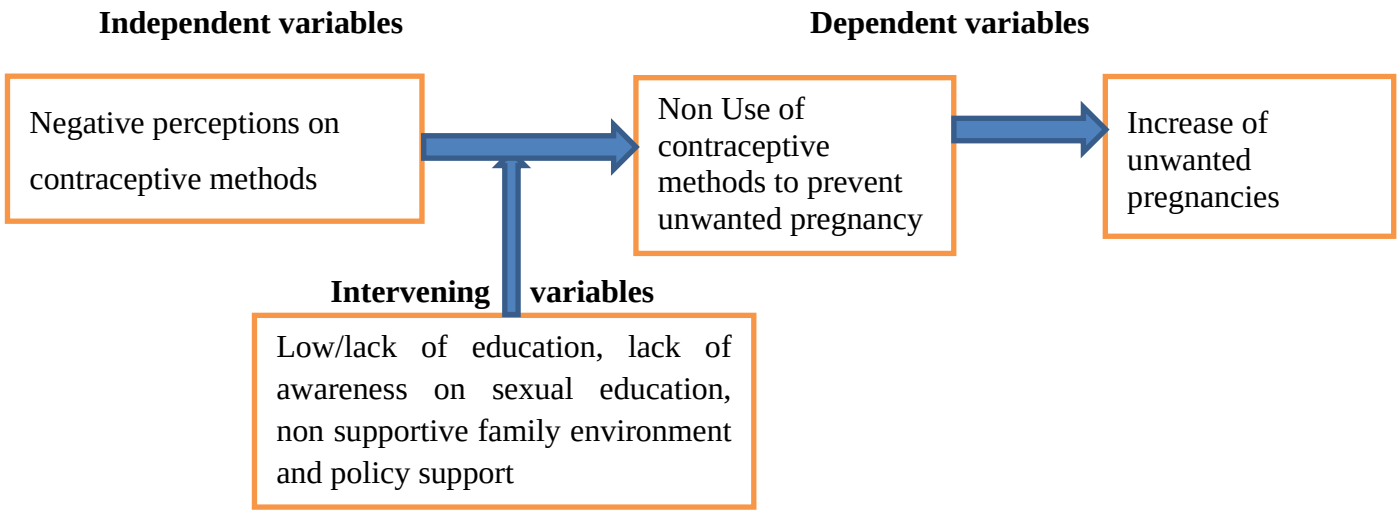


Figure 1: Conceptual framework

The figures above illustrate the conceptual framework that guided the study. As shown in the figure, there three variables: independent variable dependent variable and intervening variables. As shown in the figure, when there is a positive perception on contraceptive metheds there is use of them hence prevention of unwanted pregnancy. But negative perception on the use of contraceptive methods leads to non use of them hence increase of unwanted pregnancy. There are also intervening variables which come in play to influence the use of contraceptive methods. As shown in the figure education level, awareness of sexual education, supportive environment and policy support can lead to the use of contraceptive methods to prevent unwanted pregnacy hence reduction in unwanted pregnancy while low level of education, lack of awareness on sexual education, non supportive family environment and lack of policysupport may lead to non use of contraceptive methods to prevent unwanted pregnancy hence increasing unwanted pregnancy.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter discusses the methods and procedures used in collecting and analyzing data. It describes the study design, study population, sample design, sample size and methods, methods of data collection, research instruments, validity and reliability of study tools, statistical treatment of data, and ethical to follow in this research.

3.1 Research Design

A research plan refers to the overall strategy you choose to consistently and logically integrate the various research components, thereby ensuring that you effectively solve the research problem; it forms the basis for collecting, measuring and analyzing data (Kathari, 2004). The study adopted a descriptive research design and both qualitative and quantitative methods were used for triangulation purposes. According to Creswell (2010), quantitative research is the process of collecting and analyzing numerical data to explain a phenomenon. Quantitative research methods are based on a large number of randomized samples, statistical inferences and a small number of interpretations. It is used for statistical analysis as it gives accurate numbers (Lan, 2012). Therefore, this study uses a quantitative research method to analyze the quantitative data collected through the questionnaire, and the analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 23.0.

As for the qualitative research method, it involves the process of collecting and analyzing textual data in order to gain insight into the interpretations expressed by people about the phenomenon, which is impossible with quantitative research (Lan, 2012). According to Creswell (2010), qualitative data are associated with non-statistical methods of research and analysis of social phenomena.

Qualitative data are presented in the form of words, sound and images (Lan, 2012). The sample of qualitative data is small and requires interaction between research and researched. The nature of the data under the qualitative method is textual, very detailed and rich in information (Moriaty, 2011). Qualitative data analysis approaches: thematic analysis, grounded theory, discourse analysis, etc. (Wood, 2011). For our present study, qualitative data were collected from a small sample of sector leaders and parents from three sectors (Gatsata, Gisozi and Kacyiru) and analyzed thematically.

3.2 Target Population

The target population is the population from which the sample is selected. It is also defined as all items or people under consideration (Orodho, 2009). The target population for this study is the population in Gasabo District. According to the 4th population and housing census (2012) Gasabo district has a population of 529,561 of which male represent 51.7% and female 48.3%. The population of three sectors involved in the study equals to 37,110 for Gatsata sector, 44,003 for Gisozi sector and 37,088 for Kacyiru sector making the total of 118201 populations.

3.3 Sample Size and Sampling Techniques

Sampling is the process of using a small number of items or parts of a larger population to make conclusions about the whole population (Grinnel & Williams, 2003). According to Kombo and Tromp (2006), simple random sampling is a sampling technique whereby all the members of the group have an equal and independent chance of being selected. Therefore, in our study simple random sampling was used to select teenage girls aged between thirteen and nineteen years (13-19 years)

and parents whereas purposive sampling technique was used to selected sector leaders. The study was informed by the sample size of 78 respondents selected from three sectors used in this study.

Table N^{O}1: Sample size

Category of respondents	Sample size	Sampling technique
Teenage girls	48	Random sampling
Single mother teenage girls	12	Random sampling
Parents	12	Random sampling
Sectors leaders	6	Purposive sampling
Total	**78**	

3.4 Data Collection Methods

The study involved both primary and secondary data. Secondary data in this study were collected from past studies by consulting different sources such as textbooks, journal articles, government reports, unpublished thesis and internet. On the other hand, primary data was collected from the field using research instruments constructed by the researcher. In this study both qualitative and quantitative data were collected. Quantitative data were collected with the aid of a questionnaire while qualitative data were collected using interview guide.

3.5 Data Collection Instruments

For the purpose of triangulation, the researcher collected data using two main research tools namely questionnaires and interview guides.

Questionnaires

According to Fisher (2007) a questionnaire is a quick and inexpensive process to obtain a vast amount of information covering a large area within a relatively short time. The choice of using questionnaire for data collection was used because; it guarantees confidentiality; it helps to avoid fear and embarrassment, which may result from direct contact; it allows respondents to be free to answer at their own time and at their own pace. It enables the researcher to collect large quantities of data from a considerable place and number of respondents at the same or different interval. Questionnaire instrument developed by the researcher were used for data collection. Questionnaire items are constructed to afford answers to the well formulated questions to guide the research. Questions consist of two main sections: section (1) seeks information on personal data while the second section contains items structured to provide answers to the major research questions. Five (5) Likert rating scales of strongly agree (SA), agree (A), undecided (U), disagree (D), and strongly disagree (SD) are used and nominal values of 5,4,3,2 and 1 are also used. In this study questionnare was administered to the selected teenage girls and mother teenage girls.

Interviews

Interview involves conversation or interaction between the researcher and the respondents (Creswell, 2010). The purpose of interview was to collected qualitative data from a small number of respondents. The interview was used in order to supplement quantitative data collected using a questionnaire. In this study, the interview was conducted with sector leaders and parents from study areas.

3.6 Data Analysis Procedures

After data collection, the next step was to cross check, verfy and edit data for completeness and accuracy. Data were processed by editing, coding and tabulation. Errors in the questionnaire were deleted and eliminated and then after quantitative data were anaylsed with the aid of statistical package for social science (SPSS) version 23.0 whereas qualitative data were analysed using content analysis. SPSS is software mainly used to analyze quantitative data. Data were presented in form of tables and statistical techniques such as frequency, percentage, mean and the standard deviation were used. In reporting the study findings the highest percentage were considered. Generally, the principal method used for data analysis in this study was descitptive method.

3.7 Validity and Reliability

Validity means ascertaining the accuracy of the instruments by establishing whether thery focus on the information they are expected to collect (Amin, 2005). In order to keep face validity, research tools/ instruments were designed in such away they covered all study objectives. The research tools were handled to the supervisor for constructive criticism. This helped to assess their structure, content, clarity, coherence and relevance to the study objectives. Thenafter, the questionnaire was revised considering the supervisor's comments. Moreover, content validity was established by requesting the experts in the field to provide the comments on the relevance of each item on reseach instrument.

Reliability refers to the degree to which a set of variables are consistent with what they are intended to measure (Amin, 2005). To achieve reliability of the instruments, a pilot study was conducted to a small sample of respondents who were not involved in the final reseach.

Moreover; the cronbach's Alpha coefficient was computerized by use of SPSS to ascertain how items correlate to one another. As indicated by Amin (2005), the coefficient must be 0.7 and obove to confirm that the instrument is reliable. For our study, the computerized coefficient was at 0.852 which is greater than 0.7 and implies that the research tools used were reliable.

Table N^{O}2: Reliability testing

Cronbach's Alpha	N of Items
.852	58

Source: Primary Data

3.8 Ethical Considerations

Beck (2004) identifies the following ethical issues to be considered when carrying out a research. According to him, the study should involve voluntary participation, no harm to the respondents, anonymity, confidentiality, permission to get access into the sites for data collection and explanation about the purpose of the study. The present research respectected the above mentioned guidelines during the process of data collection. The research explained the purpose of the study and ensured the respondents that their participation is on voluntary basis. The researcher also ensured the respondents that the information they provide will be kept confidential. Respondents were told not to mention their names on the questionnaire as the respondents had to remain anonymous. Moreover, permission to conduct the study in sampled sectors was sought from sector executive secretary of the sampled sectors.

3.9 Research difficulties

The researcher accounted some difficulties during the process of data collection. As the study was conducted during Covid-19 pandemic, it was difficult for the research to find sector authorities in order to get permission to conduct the study. It was required to visit the sampled sectors several times. However, they were final contacted and gave the reseacher the permission to conduct the study in their respective sectors. Another problem was that, some of the respondents had fear of getting the questionnaire thinking that they can easily be infected by the Covid-19; but the researcher went to the field with handsanitizers to be used for both the researcher and respondents before exchanging the questionnaires. Lastly, some of the respondents could not answer well in English language. Therefore, the research translated the questionnaire into their mother tangue so that they caould provide relevant information.

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

The chapter presents and analyses the findings of the study. It illustrated the findings from both questionnaire and interview guides. In this chapter results are presented in relation to the study objectives. It shows the identification of respondents, perception of teenage girls on contraceptive methods in Gasabo District, factors associated with the non use of contraceptive methods for teenage girls in Gasabo District, problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and non use of then in Gasabo District and measures to improve the sexual reproductive wellbeing of teenage girlsin Gasabo District and in Rwanda.

4.1 Identification of Respondents

This section shows the identification of the respondents who were involved in this study. It shows, the age group, category of respondents, education level and place of residence.

Table N^{O}3: Category of respondents

	Frequency	Percent
Teenagers	48	61.5
Single mother teenage	12	15.4
Parents	12	15.4
Sectors leaders	6	7.7
Total	**78**	**100.0**

Source: primary data, 2020

Table N^{o}3shows the category of respondents who were involved in this study. As it appears in the table, the great number of respondents 61.5% (48/78) was teenagers followed by single mother teenage and parents each representing 15.4% (12/78).

The least category of respondents was sectors leaders representing 7.7 % (6/78). The purpose of involving different category of respondents was to collect both qualitative and qualitative data for triangulation.

Table N^{O}4: Respondents' residence area

	Frequency	Percent
Gatsata	32	41.0
Kacyiru	24	30.8
Gisozi	22	28.2
Total	**78**	**100.0**

Source: Primary data, 2020

Table N^{O} 4 displays respondents' residence areas. As shown in the table, a great number of respondents representing 41.0 % (32/78) resided in Gatsata sector, 30.8% (24/78) stayed in Kacyiru sector whereas the remaining number of respondents representing 28.2 %(22/78) stayed in Gisozi sector. Generally, the respondents involved in this study were from three sectors (Gatsata, Kacyiru and Gisozi) located in Gasabo District, Rwanda. These sectors were chosen due to the factor that they were easily accessible to the research.

Table N^{O}5: Age group of respondents

	Frequency	Percent
12-14 years	11	14.1
15-17 years	16	20.5
18-20 years	12	15.4
21-23 years	21	26.9
above 23	18	23.1
Total	**78**	**100.0**

Source: primary data, 2020

Findings in table No 5indicated that a great number of respondents representing 26.9 %(21 respondents) were between 21 and 23 years, 23.1% (18 respondents) were above 23 years, 20.5 % (16 respondents) were between 15 and 17 years, 15.4%(12 respondents) were between 18 and 20 years whereas the least number of respondents representing 14.1%(11 respondents) were between 12-14 years. The study involved teenage girls/respondents between the age of 13 and 19 years old due to the factor that they were the most affected by unwanted pregnancy and associated consequences and were able to provide relevant information related the contraceptive use and unwanted pregnancy.

Table N^{O}6: Education level of respondents

	Frequency	Percent
Completed primary level	6	7.7
Completed ordinary level	15	19.3
A2 certificate	43	55.1
Bachelor	14	17.9
Total	**78**	**100.0**

Source: Primary Data, 2020

Information in table N^{O} 6 illustrates education level of respondents involved in this study. As depicted in above table, majority of respondents representing 55.1%(43 respondents) completed secondary education, 19.3%(15 respondents) completed ordinary level, 17.9%(14 respondents) completed University level while 7.7%(6 respondents) completed primary education. The findings indicated that many of the respondents had secondary education because the majority of respondents were teenage girls between the ages of 13-19.

The findings show that majority of teenage girls involved in study were literate being able to provide relevant information regarding contraceptive use and unwanted pregnancy.

4.2 Presentation of Findings

This section describes the opinion of respondents on the extent to which teenage have heard about contraceptive, source of information, contraceptive ever heard, respondents' perception towards the use of contraceptive, factors associated with non- use of contraceptive methods for teenage girls,

problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them and suggested measures to improve the sexual reproductive wellbeing of teenage girls.

4.2.1 The perception of teenage girls on contraceptive methods in Gasabo District

The first objective of this study was to explore the perception of teenage girls on contraceptive methods in Gasabo District. To collect the information on this objective, the researcher identified various sub-construct in order to evaluate the respondents' perception towards the use of contraceptive and their responses rates on each sub-construct are presented in below tables.

4.2.1.1 Awareness of teenage girls on contraceptive methods

This section describes the awareness of teenage girls on contraceptives. The research requested the teenage to indicate the degree of awareness about contraceptive methods and their responses rate are displayed in table N°7 below.

Table N°7: Awareness of teenage girls on contraceptive methods

Have you ever heard about contraceptive	Frequency	Percent
Girls who heard about contraceptive methods	60	100.0
Girls who did not hear	0	0.00
Total	**60**	**100.0**

Source: Primary Data, 2020

When asked whether they have heard about contraceptive, information in table N° 7 indicates that all teenage involved in the study representing 100.0% have ever had about contraceptive.

This implies that all teenage involved in the study had information about contraceptive and thisis advantageous because they can use any of the contraceptive heard in order to avoid unwanted pregnancy.

4.2.1.2 Source of information about contraceptive

The researcher was interested in knowing where teenage have got information about contraceptive. To collect data on this item, the researcher identified ways through which information about contraceptive can be got and requested the teenage to indicate how they have got information about contraceptive by choosing one among the list provided and their responses rates about source of information about contraceptive are displayed in table N°8 below.

Table N°8: Source of information about contraceptive

	Frequency	Percent
Friends/peers	12	20.0
Teacher at school	27	45.0
Television	7	11.7
Radio	4	6.7
Family member	10	16.7
Total	**60**	**100.0**

Source: Primary data, 2020

Table N°8 describes the opinion of respondents on the source of information about contraceptives. As portrayed in the above table, majority of respondents (teenage) representing 45.0% indicated that they heard about contraceptive from their teachers at school,

20.0% indicated that they heard information about contraceptive from their friends/peers, 16.7% indicated that they heard about contraceptive from their family member, 11.7% indicated that they heard about contraceptive from television whereas the remaining number representing 6.7% indicated that they heard about contraceptive from radio. Considering the results inthe table, it is concluded that schools, friends/peers and family members were the most source of information regarding contraceptives for teenage girls. As teenage girls between 13 and 19 years old are mostly stiil at schools, school are therefore, advised to provide relevant information to teenage girls about contraceptive methods and consequences associated with non use of them.

Table N^{O}9: Awareness of teenage girls on existing contraceptive methods

Methods	Yes	No
Condoms	100.0	0.00
Pills	100.0	0.00
Injectable	38.3 (23)	61.7(27)
Intrauterine devices	36.7(22)	63.3(38)
Female sterilization	68.3(41)	31.7(19)
Abstinence	100.0(60)	0.00
Vasectomy	46.7(28)	53.3(32)
Spermicides	35.0(21)	65.0(39)

Source: Primary data, 2020

Table N^{o}9 illustrates the kind of contraceptive ever heard by teenage. As shown in the table, all teenage 100.0% involved in the study ever head condoms, pills and abstinence, 68.3% ever heard female fertilization and 31.7% revealed that they did not hear about female fertilization,

46.7% ever heard vasectomy and 53.3% indicated that they did not hear about vasectomy, 36.7% ever heard intrauterine devices and 63.3 revealed that they did not hear about intrauterine devices, 35.0% ever heard about spermicides and 65.0% indicated that they did not hear about spermicides while 38.3% indicated that they have heard about injectable and 61.7% revealed that they did not hear about injectable as a kind of contraceptive methods . Finding in the table implies that at least teenage involved in the study had heard about different kinds of contraceptive methods from which they can choice in order to avoid unwanted pregnancy. When asked appropriate method to be used by teenage girls, most of them cited abstinence and condoms.

Table N^{O}10: Respondents' perception towards the use of contraceptives

	Strongly disag	Disagree	Undecided	Agree	Strongly agree	Mean	Std. Dev.
Contraceptive are only for married people	7 (11.7%)		6 (10.0%)	37 (61.7%)	10 (16.7%)	3.76	.84
Contraceptive are expensive	14 (23.3%)	26 (43.3%)	8 (13.3%)	9 (15.0%)	3 (5.0%)	2.35	1.14
Contraceptive are not available in our locality		11 (18.3%)	6 (10.0%)	32 (53.3%)	11 (18.3%)	3.71	.97
Teenage who use contraceptive are bad	12 (20.0%)	30 (50.0%)	11 (18.3%)	7 (11.7%)		2.21	.67
Contraceptive use leads to infertility		11 (18.3%)	9 (15.0%)	32 (53.3%)	8 (13.3%)	3.61	.94
Advertisement and information about contraceptive use is immoral	6 (10.0%)	9 (15.0%)	7 (11.7%)	27 (45.0%)	11 (18.3%)	3.46	1.24
Contraceptive have significant side effects	5 (8.3%)	9 (15.0%)	6 (10.0%)	21 (35.0%)	19 (31.7%)	3.66	1.29
Religious prohibit the use of contraceptive	5 (8.3%)	12 (20.0%)	4 (6.7%)	32 (53.3%)	7 (11.7%)	3.40	1.18
Contraceptive are effective in preventing pregnancy		10 (16.7%)	8 (13.3%)	22 (36.7%)	20 (33.3%)	3.86	1.06
Contraceptive are for prostitute people	5 (8.3%)	5 (8.3%)	2 (3.3%)	28 (46.7%)	20 (33.3%)	3.88	1.20
Contraceptive are used to prevent STIs and HIV		18 (30.0%)	11 (18.3%)	31 (51.7%)		3.21	.88
Use of contraceptive change the way you look	4 (6.7%)	19 (31.7%)	6 (10.0%)	18 (30.0%)	13 (21.7%)	3.28	1.30
Average mean						**3.36**	**1.05**

Source: Primary Data

Table N^{o} 10 illustrates respondents' perception towards the use of contraceptives. As depicted in the table, findings revealed that 61.7% of respondents agreed that contraceptive are only for married people and 16.7% strongly agreed.

This implies that majority of respondents (78.4%) think that contraceptive are only for married people. This show that teenagers do not use contraceptive methods and this can lead to unwanted pregnancy and associated consequences.

When it comes to the third item, 'contraceptive are not available in our locality' 18.3% of respondents strongly agreed and 53.3% agreed, implying that majority of respondents (71.6%) agreed that contraceptive were not available in their locality.The results in table N^{o} 10 also revealed that 20.0% of respondents strongly disagreed that teenage who use contraceptive arebadand50.0%disagreed, implying that a great number of respondents (70.0%) disagreed with the statement.As regards, contraceptive use leads to infertility, findings in table N^{O} 10 revealed that 13.3% of respondents strongly agreed and 53.3% agreed, implying that a large number of respondents (66.6%) confirmed that contraceptive use leads to infertility. This poor mindset among teenage girls can lead to unwanted pregnancy and associated consequences such us contracting sexually transmitted infections.

In analyzing whether advertisement and information about contraceptive use is immoral, results in table N^{O}10 revealed that 18.3% of respondents strongly agreed about this item and 45.0% agreed, implying that a great number of respondents (63.3%) confirmed that advertisement and information about contraceptive use is immoral. When the researcher asked whether contraceptive have significant side effects, findings indicated that 31.7% of respondents strongly agreed and 35.0% agreed, implying that majority of respondents (66.7%) indicated that contraceptive have significant side effects. This understanding among teenage girls about contraceptive may lead to non use of them hence facing problems related to non use of contraceptives.

Findings in table N^{o} 10 also indicated that 11.7% of respondents strongly agreed thatreligious prohibit the use of contraceptiveand 53.3% agreed, implying that majority of respondents (65.0%) confirmed that religious prohibit the use of contraceptive. These findings suggested that religious leaders and their followers do not care about the use contraceptive and this can increase the number of unwanted pregnancy among their teenage girls' followers. In analyzing whether contraceptive is for prostitute people, 33.3% strongly agreed and 46.7% agreed; implying that majority of respondents (80.0%) reported that contraceptive is for prostitute people. These findings imply that teenage involved in this study believed that they were not concerned with contraceptive and this misconceptions can cause them to get unwanted pregnancy and associated consequences.

As far as the last item is concerned, 21.7% strongly agreed that the use of contraceptive change the way you look and 30.0% agreed; implying that greater than a half of respondents (51.7%) reported thatcontraceptive change the way you look. These findings suggested that teenage girls in sampled areas could not use contraceptive during sexual intercourse thinking that contraceptives can change the way they look. This poor mindset regarding contraceptive use can lead to unwanted pregnancy among teenage girls and associated consequences.

To suplement the quantitative data collectedfrom teenage girls and single mother teenage girls, structured interviews were conducted with sector leaders and parents. The findings from sectors leaders and parents were in support of the quantitative data. When asked how they help teenage girls to get knowledge about contraceptives, most of interviewed sector leaders said that they carry out community mobilization about contraceptive use as a way of avoiding unwanted pregnancy among teenage girls and discuss with teenage girls about reproductive health issues in the community.

They added that they visit schools nearby their sector in order to carry mobilization at school level about ways of preventing unwanted pregnancy among teenage girls. When asked how they see the use of contraceptives among teenaged girls in the community, most of them said that teenage girls do not like to use contraceptive methods as a way of avoiding unwanted pregnancy and associated consequences because we have many cases of teenage girls with unwanted pregnancy. Parents added that most teenage girls get unwanted pregnancy due to the lack of knowledge about contraceptive use and lack of discussion with parents about sex.

4.2.2. Factors associated with the non-use of contraceptive methods for teenage girls in Gasabo District

The second objective in this study was identify factors associated with the non- use of contraceptive methods for teenage girls in Gasabo District. To answer the research question derived from this objective, the researcher identified various sub-construct related to the factors contributing to non- use of contraceptives and their responses rates on each sub-construct are show in table below.

Table N^{O}11: Respondents' opinion on factors contributing to non-use of contraceptives

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Std. Dev.
Fear and rumors about side effects		8 (13.3%)	8 (13.3%)	26 (43.3%)	18 (30.0%)	3.90	.78
Lack of exposure to health care talking about contraceptive		8 (13.3%)	7 (11.7%)	32 (53.3%)	13 (21.7%)	3.83	.92
Limited access to contraceptive		6 (10.0%)	11 (18.3%)	35 (58.3%)	8 (13.3%)	3.75	.64
Lack of knowledge about sexual and reproductive health issues		6 (10.0%)	7 (11.7%)	33 (55.0%)	14 (23.3%)	3.91	.86
Lack of discussion about sex with parents	7 (11.7%)	4 (6.7%)		27 (45.0%)	22 (36.7%)	4.06	.95
Inadequate knowledge about contraceptive and where to obtain them		11 (18.3%)	6 (10.0%)	29 (48.3%)	14 (23.3%)	3.76	1.01
Unsupportive or negative influence of partners and family member		5 (8.3%)	4 (6.7%)	40 (66.7%)	11 (18.3%)	4.00	.73
Cultural and religious opposition		4 (6.7%)	7 (11.7%)	39 (65.0%)	10 (16.7%)	4.01	.74
Inability to negotiate with partners		8 (13.3%)	6 (10.0%)	31 (51.7%)	15 (25.0%)	3.88	.94
Lack of access to sex education	4 (6.7%)	5 (8.3%)	3 (5.0%)	34 (56.7%)	14 (23.3%)	3.81	1.09
Low level of education	5 (8.3%)	13 (21.7%)	4 (6.7%)	38 (63.3%)		3.25	1.06
High price of contraceptive	9 (15.0%)	34 (56.7%)	7 (11.7%)	10 (16.7%)		2.30	.92
Average mean						**3.70**	**.88**

Source: Primary Data

As shown in the table NO 11 30.0% of the respondents strongly agreed that fear and rumors about side effects was the one of the factors contributing to non- use of contraceptive,

and 43.3% agree; implying that a great number of respondents (73.3%) reported that fear and rumors about side effects contribute to non- use of contraceptive among teenage girls.The second sub-construct stated: lack of exposure to health care talking about contraceptive. The findings in table N^O 11 revealed that 21.7% of respondents strongly agreed and 53.3% agreed, implying that majority of respondents(75.0%) reported that lack of exposure to health care talking about contraceptive greatly contribute to non- use of contraceptive among teenage girls.

As regards to the third sub-construct i.e. limited access to contraceptive, results in table N^O11 indicate that 13.3% strongly agreed and 58.3% agreed about this sub-construct; implying that a large number of respondents(71.6%) reported that limited access to contraceptive contribute to non- use of them among teenage girls. The fourth sub-construct stated: ‘‘lack of knowledge about sexual and reproductive health issues’’ and the results in table N^O 11indicated that 23.3% strongly agreed and 55.0% agreed; implying that majority of respondents(78.3%) indicated that the lack of knowledge about sexual and reproductive health issues among teenage girls contribute to non- use of contraceptives.

Furthermore, the fifth sub-construct was stated as: ‘‘lack of discussion about sex with parents’’ and findings in table N^O11 indicated that 36.7% strongly agreed and 45.0% agreed; implying that majority of respondents (81.7%) reported that lack of discussion about sex with parents contribute much to non- use of contraceptive among teenage girls. The sixth sub-construct was stated: ‘‘inadequate knowledge about contraceptive and where to obtain them’’ and findings in table N^O 11 revealed that 23.3% strongly agreed and 48.3% agreed;

implying that a large number of respondents (71.6%) reported that inadequate knowledge about contraceptive and where to obtain them greatly contribute to non –use of contraceptives among teenage girls.

In evaluating whether unsupportive or negative influence of partners and family member contribute to non- use of contraceptive among teenage girls, findings in table N^O 11 indicated that 18.3% strongly agreed and 66.7% agreed; implying that majority of respondents (85.0%) indicated that unsupportive or negative influence of partners and family member contribute to non- use of contraceptive among teenage girls. Results in table N^O11 also revealed that 16.7% strongly agreed that cultural and religious opposition influence non- use of contraceptive among teenage girls and 65.0% agreed; implying that majority of respondents (81.7%) reported that cultural and religious opposition was a factor contributing to non- use of contraceptive among teenage girls.

When asked whether inability to negotiate with partners was a factor contributing to non-use of contraceptive among teenage girls, 25.0% strongly agreed and 51.7% agreed; implying that a large number of respondents (76.7%) indicated that inability to negotiate with partners contribute to non- use of contraceptive among teenage girls. Results in table N^O11 also indicated that 23.3% of respondents strongly agreed that lack of access to sex education contribute to non- use of contraceptives among teenage girls, and 56.7% agreed; implying that majority of respondents (80.0%) reported that lack of access to sex education contribute to non- use of contraceptives among teenage girls.

Regarding the item that low education level contribute to the non- use of contraceptive among teenage girls, findings in table N^O 11 revealed that 63.3% agreed;

implying that a great number of respondents(63.3%) indicated that low level of education influence non- use of contraceptive among teenage girls. Findings for this sub-construct suggested that educated people were more likely to use contraceptives compared to uneducated ones. In order to triangulate the findings, interview guides were conducted with sector leaders and parents and their responses were in supportive with quantitative results in table N^O 11 above. When asked what they think about factors contributing to non- use of contraceptive among teenage girls sectors leaders and parents mentioned similar responses. The factors cited include; cultural beliefs, lack of knowledge about contraceptive, lack of knowledge about the importance of using contraceptives, increased sugar daddies in the community, failure of teenage girls to negotiate with partners, difficult to obtain contraceptives, religious belief, age, residence, education status of parents, and fear of side effects.

4.2.3 Problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them in Gasabo

The third objective in this study was to describe the problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them in Gasabo District. In order to answer the research question derived from this objective, the researcher identified various sub-construct related to this objectiveand requested the respondents to provide their opinion on each sub-construct.

Table N^{O}12: Respondents' opinion on problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Std. Dev.
Unintended pregnancy			7 (11.7%)	30 (50.0%)	23 (38.3%)	4.26	.66
Unsafe abortion			8 (13.3%)	34 (56.7%)	18 (30.0%)	4.16	.64
Sexual transmitted infection including HIV			5 (8.3%)	43 (71.7%)	12 (20.0%)	4.11	.52
Pregnancy related mortality and morbidity		4 (6.7%)		34 (56.7%)	22 (36.7%)	4.30	.59
Early marriage among teenage		5 (8.3%)		41 (68.3%)	14 (23.3%)	4.15	.54
Early childbearing		6 (10.0%)	5 (8.3%)	33 (55.0%)	16 (26.7%)	3.98	.87
Average mean						**4.16**	**.63**

Source: Primary Data

Table N^{o} 12 describes respondents' opinion on problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them. As shown in the table, 38.3% of respondents strongly agreed that unintended pregnancy was one of the problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them and50.0% agreed and; implying that majority of respondents (88.3%) reported that unwanted pregnancy among teenage girls was mostly caused by the lack of knowledge about contraceptive methods and the non- use of them.

The findings inthe table also show that 30.0% of respondents strongly agreed that teenage girls experience unsafe abortion due to the lack of knowledge about contraceptive methods and the non- use of them, and 56.7% agreed; indicating that majority of respondents (86.7%) reported that unsafe abortion among teenage girls resulted from the lack of knowledge about contraceptive methods and the non- use of them.

As far as the third sub-construct is concerned, findings in the table indicate that 20.0% of respondents strongly agreed that sexual transmitted infection including HIV among teenage girls result from the lack of knowledge about contraceptive methods and the non- use of them, and 71.7% agreed ; implying that majority of respondents (91.7%) indicated that lack of knowledge about contraceptive methods and non- use of them can lead to the sexual transmitted infection including HIV among teenage girls.

When the researcher asked whether pregnancy related mortality and morbidity is a problem faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them, 36.7% strongly agreed and 56.7% agreed; implying that majority of respondents (93.4%) reported that mortality and morbidity was one of the problems faced by teenage girls due to the lack of knowledge about contraceptive methods and the non- use of them.The findings in table N^{O} 12 also indicated that 23.3% strongly agreed that early marriage was one of the problems faced by teenage girls due to the lack of knowledge about contraceptive methods and non-use of them and 68.3% agreed; indicating that majority of respondents (91.6%) reported that early marriage was a big problem faced by teenage girls due to the lack of knowledge about contraceptive methods and non-use of them.As far as the last sub-construct is concerned,

findings in table N^{O} 12 revealed that 26.7% strongly agreed that early childbearing among teenage girls result from the lack of knowledge about contraceptive methods and the non-use of themand 55.0% agreed, 10.0%; implying that a large number of respondents (81.7.0%) confirmed that early childbearing was the problem faced by teenage girls due to the lack of knowledge about contraceptive methods and the non- use of them. From the findings in the table it was concluded that teenage girls face a lot of problems such as unwanted pregnancy, unsafe abortion, sexual transmitted infection including HIV, Pregnancy related mortality and morbidity, early marriage and early childbearing as result of lack of knowledge about contraceptive methods and non- use of them among teenage girls. Interview responses suggested problems such as school dropout, rejection by the family, poor living conditions, loss of respect in the community, depression, traumatism and loss of confidence.

4.2.4. Measures to improve the sexual reproductive wellbeing of teenage girls in Gasabo District and in Rwanda

The fourth objective in this study was to describe measures to improve the sexual reproductive wellbeing of teenage.In order to answer the research question derived from this objective, the researcher identified various sub-construct related to the measures that can be implemented to improve the sexual reproductive wellbeing of teenageand their responses rates on each sub-construct are shown in the table below.

Table N^{O}13: Respondents' opinion on measures to improve the sexual reproductive wellbeing of teenage

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Std. Dev.
Educate teenage about contraceptive use			8 (13.3%)	27 (45.0%)	25 (41.7%)	4.28	.69
Improve communication between parents and teenage about sex			4 (6.7%)	37 (61.7%)	19 (31.7%)	4.25	.57
Establishment of youth centers		9 (15.0%)		30 (50.0%)	21 (35.0%)	4.20	.68
Use of mass media		4 (6.7%)	3 (5.0%)	43 (71.7%)	10 (16.7%)	3.78	.86
Make available contraceptive			5 (8.3%)	38 (63.3)	17 (28.4)	4.20	.57
Improve access to sexual and reproductive health education and contraception		5 (8.3%)		28 (46.7%)	27 (45.0%)	4.36	.63
Preventing marriage before the age of 21		8 (13.3%)	6 (10.0%)	38 (63.3%)	8 (13.3%)	3.76	.85
Preventing coerced sex			7 (11.7%)	32 (53.3%)	21 (35.0%)	4.23	.64
Abstinence education/focused program			5 (8.3%)	44 (73.3%)	11 (18.3%)	4.10	.51
Youth development program			6 (10.0%)	43 (71.7%)	11 (18.3%)	4.06	.51
Average mean						**4.12**	**.65**

Source: Primary data, 2020

Results in table N°13show that 41.7% of respondents strongly agreed that one of the strategies/measures to improve the sexual reproductive wellbeing of teenage was to educate teenage about contraceptive use, and 45.0% agreed; implying that a majority of respondents (86.7%) confirmed that educating teenage about contraceptive use play a crucial role in improving the sexual reproductive wellbeing of teenage.

The second item was stated as: ‘‘improve communication between parents and teenage about sex’’. The findings in table N^{O} 13 revealed that 31.7% of respondents strongly agreed, and 61.7% agreed; indicating that a large number of respondents (93.4%) confirmed that communication between parents and teenage about sex contribute much to the improvement of their sexual reproductive wellbeing.

As regards to the third item, i.e. establishment of youth centers, results in table N^{O} 13 revealed that 35.0% of respondents strongly agreed, and 50.0% agreed. Thisimplies thatmany respondents (85.0%) reported that establishment of youth centers in different parts of the country could improve the sexual reproductive wellbeing of teenage. Findings in table N^{O} 13 also revealed that 16.7% of respondents strongly agreed that use of mass media could improve sexual reproductive wellbeing of the teenage, and 71.7% agreed. The results for this sub-construct indicate that majority of respondents (88.4%) confirmed that mass media can improve the sexual reproductive wellbeing of teenage.

In assessing whether making available contraceptive could improve the sexual reproductive wellbeing of teenage, findings in table N^{O} 13 revealed that 28. 4% of respondents strongly agreed, and 63.3% agreed. The findings for this sub-construct imply thatmajority of respondents (91.7%) agreed with the statement.

Table N^O 13 also revealed that 45.0% of the respondents strongly agreed that improving access to sexual and reproductive health education and contraception could also improve the sexual reproductive wellbeing of the teenage, and 46.7% agreed. Therefore, this mean that most of the respondents (91.7%) were in agreement that improving access to sexual and reproductive health education could improve the sexual reproductive wellbeing of teenage. Furthermore, results in table N^O 13show that that 13.3% of respondents strongly agreed that preventing marriage before the age of 21 could improve the sexual reproductive wellbeing of teenage, and 63.3% agreed.This implies that most of the respondents (79.6%) agreed that preventing marriage before the age of 21 could improve the sexual reproductive wellbeing of teenage. When it comes to the item that preventing coerced sex could improve sexual reproductive wellbeing of the teenage, findings in table N^O 13 revealed that 35.0%of respondents strongly agreed, and 53.3% agreed. Findings on this sub-construct means that majority of respondents (88.3%) agreed with the statement that preventing coerced sex could improve sexual reproductive wellbeing of the teenage. Results in above table also indicated that 18.3% of respondents strongly agreed that abstinence education/focused program could improve sexual reproductive wellbeing of teenage, and 73.3% agreed. Therefore, this means that many respondents (91.6%) agreed that abstinence education/focused program could improve sexual reproductive wellbeing of teenage.

As regards to the last sub-construct, findings in table N^O 13show that 18.3% of respondents strongly agreed that youth development program could improve sexual reproductive wellbeing of teenage, and 71.7% agreed. The implication is that majority of respondents (90.0%) agreed with the statement. To complement these quantitative findings, interview guide was conducted with sector leaders and parents and their responses were in support with quantitative results in table N^O 13 above.

When asked what could be done to improve the sexual reproductive wellbeing of teenage girls most of interviewers cited the following measures as effective strategies that can be implemented to improve sexual reproductive wellbeing of teenage girls. Those strategies/measures include; establishing policies and enforcing punishment, educating teenage girls through mass media and through community mobilization about sexual reproductive health issues, improving dialogue between teenage girls and parents about sex, avoid early sexual intercourse, avoid bad companion, organizing debates between teenage girls and single mother teenage girls in order to exchange their experiences and provide basic need to teenage girls.

CHAPTER FIVE: RESULTS DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

5.1Discussion of findings

This chapter discusses the findings in relation to the research objectives. The discussion is guided by four research objectives that were formulated to guide the study. After the discussion of findings, conclusion and recommendations were given and addressed to different stakeholders.

5.1.1The perceptions of teenage girls on contraceptive methods in Gasabo District

The study findings in table $N^{O}10$ indicated that some teenage girls in gasabo district had negative perception about contraceptive methods. 78.4% of the respondents think that contraceptive are for married, 66.6% indicated that contraceptive use lead to infertility, 63.3% revealed that advertisement and information about contraceptive is immoral and 51.7% indicated that contraceptive change the way you look. These findings are in line with that of Reddy(2010) who revealed that young women, who are mostly unmarried, are less likely to use contraceptive methods than adult women even in nations/countries where contraceptive use is high. There is difference between teenage girls and adult women in fertility, maturity, knowledge, sexual negotiation and experience, coupled with social expections that influence their behavioural patterns as they relate to the acceptance and use of contraception.

On my point of view not all teenage girls have negative perception about contraceptive methods but most of teenage girls do not use contraceptive at the first sexual intercourse due to the factors that they are in state of not thinking,

being in moment or being in the mood, not wishing to break a spell. Young people know the importance of using contraception and are knowledgeable about its availability, however, they often do not think about them.

5.1.2 Factors associated with the non –use of contraceptive methods for teenage girls in Gasabo district

Concerning the second objective, findings in table N^{O} 11 revealed that many factors are associated with non- use of contraceptive among teenage girls namely; fear and rumours about side effects, lack of exposure to health care talking about contraceptive, limited access to contraceptives, lack of knowledge about sexual and reproductive health issues, lack of discussion about sex with parents, inadequate knowledge about contraceptive and where to obtain them, unsupportive or negative influence of partners and family members, cultural and religious opposition, inability to negotiate with partners, lack of access to sex education and low level of education. The findings are well suited with the work of Philemon (2009) who argues that factors such as inadequate knowledge of contraception and health services, low level of education, low resistance and limited denial skills, unequal relationship and lack of independence in decision making about contraceptive make teenage more vulnerable. Therefore, on my point of view, all factors cited by the respondents are associated with non use of contraceptive methods but they are other factors such as lack of basic needs in the family, small gift given to young girls, bad companion, drug abuse and addiction, increase of sugar daddies in the community, environment factors and among others.

5.1.3 Problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them in Gasabo District

As far as the third objective is concerned, findings in table N^O 12 revealed that teenage girls face a lot problems as a result of lack of knowledge about contraceptive methods and non-use of them include but not limited; unwanted pregnancy, unsafe abortion, sexual transmitted infection including HIV, pregnancy related mortality and morbidity, early marriage among teenage and early childbearing. The findings are compatible with the work of Mulu and Yimer (2014) who has proven that today's young people are not ready for abstinence before marriage, their sexual behaviour without the use of contraception and other information about reproductive health lead to various problems mainly unwanted pregnancy and childbirth, earlier marriage, unsafe abortion, and an increased in maternal and child mortality and other associated complications. On my point of view all mentioned problems result from the lack of knowledge about contraceptive methods and non use of them; but there other problems such as poor living conditions of single teenage mother, rejection by the family, loss of confidence, school dropout, suicide in case of unwanted pregnancy and among others.

5.1.4 Measures to improve the sexual reproductive wellbeing of teenage girls in gasabo District and in Rwanda

The findings in table N^O 13 indicated that respondents suggested several measures to improve sexual reproductive wellbeing of teenage girls. Measures reported by most of respondents include but not limited; educating teenage about contraceptive use, improving communication between parents and teenage about sex, establishing youth canters, use of mass media, make available contraceptive, improving access to sexual reproductive health education and contraceptive, preventing marriage before the age 21, preventing coerced sex,

abstinence education/focused program and youth development program.These findings are in line with that of Flanagan (2013) who indicated that intense campain, improved uptake of contraception among teenage, easy and personal access to contraception through health-centers, school- linked health centers and increased availability of condoms could improve sexual reproductive wellbeng of teenage girls. On my point of view, they are other measures that can be implemented to improve the sexual reproductive welbeing of teenage girls such as community mobilization about the importance of contraceptive methods, abstinence education, comprehensive sex education, establishing sex education clubs, include sexual reproductive health in education program and among others.

5.2 Conclusion

Based on the findings in this study, it was concluded that majority of teenage girls in Gasabo district had negative perception about contraceptive use as majority of them said that contraceptive are for married people, contraceptive lead to infertility, advertissment and information about contraceptive is immoral and said that contraceptive change the way you look. It was also concluded that there were many factors associated with non use of contraceptives among teenage girls such as fear and rumours about side effects, lack of exposure to health talking about contraceptive, limited access to contraceptive, lack of knowledge aboout sexual and reproductive health issues, lack of discussion about sex with parents, cultural and religious opposition, lack of access to sex education and among others. Moreover, it was concluded that teenage girls face a lot of problems as a result of lack of knowledge about contraceptive methods and non use of them such as unwanted pregnancy, unsafe abortion, sexually transmitted infections, pregnancy related mortality and morbidity, early marriage and early child bearing.

It was also concluded that some measures shuold be put in place to improve the sexual reproductive wellbeing of teenage. They include but not limited; educating teenage about contraceptive use, improving communication between parents and teenage about sex, establishing youth canters, use of mass media, make available contraceptive, improving access to sexual reproductive health education and contraceptive, preventing marriage before the age 21, preventing coerced sex, abstinence education/focused program and youth development program.

Based on the conclusion, it is clear that most teenage girls in Gasabo District do not use contraceptive methods to prevent unwanted pregnancy. This implies that majority of teenage girls in Gasabo District experience unwanted pregnancy and its associated consequences due to negative perception about contraceptive methods. Teenage girls therefore should have positive perception about contraceptive methods in order to prevent unwanted pregnancy.

5.3 Recommendations

From the study findings, the researcher recommends the following to different stakeholders;

To the policy makers: Education planners and policy makers are recommended to involve sex education in curriculum development in order to help teenage girls and other young people to have knowledge about sexual reproductive health. Texbooks or brochures about contraceptive methods and negative effects of non use of them should be written and be distributed in schools.

To the local leaders: Regular mobilization about contraceptive use, effect of unsafe abortion and effect of early marriage should be carried out in the community and at school level in order to discourage teenage girls to have premature sex. In addition, legal abortion procedures should be explained to teenage girls in order to avoid unsafe abortion.

Lacol leaders also should work hand in hand with school administration in order to discourage the behaviours which may influence teenage girls to practice unprotected sexual intercourse.

To the parents and school leaders: Parents should improve communication between their children about sex in order to avoid unwanted pregnancy and related consequences. They should also provide necessary basic needs to their young girls so that young girls could not accept the small gift from suger daddies. School leaders should establish anti-pregnancy clubs and Anti- HIV/AIDS clubs in order to avoid unwanted pregnancy and sexually transmitted infections. School leaders should also invite external partners (health professionals) to talk about the importance of contraceptive methods and effects of non use of them. During morning assemble at school; there should be a talk about the the use of contraceptive methods and negative effects of non- use them.

To the development partners: Development partners such as NGOs, religious leaders and faith based organizations should take their responsibilities in order to change the mind set of their followers about the use of contraceptive methods.

They should also provide assistance to those people facing the problem of unwanted pregnancy and people with sexually transmitted infections. Development partners should also organize training aiming at equipping teachers with relevant knowledge about contraceptive use and effects associated with non use of them so that in turn teachers can help young girls to understand the importance of contraceptive use and negative effects of non use of them.

To teenage girls: Teenage girls should avoid premature sex and unprotected sex which can lead to unwanted pregnancy and associated effects.

They are also recommended to abstain from sex untl marriage inorder to avoid unwanted pregnancy and other associated consequences. They should also avoid small gift given to them by sugar daddies and from ather adult people.

5.4 Suggestions for further study

The researcher recommends a need for a similar study to be carried out in other districts of Rwanda, to see how the situation is portrayed. The researcher further recommends a need to carry out a study on barriers to contraceptive use among teenage girls in rural community in Rwanda. Further study can also be carried out on the impact of availing condoms in secondary schools in Rwanda on students' learning.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR RESPONDENTS/ TEENAGE GIRLS AND SINGLE MOTHER TEENAGE

Part I: Background information of Respondents

Tick as appropriate

1. **Sector where you stay**

1	GATSATA	
2	KACYIRU	
3	GISOZI	

2. **Your age group**

1	Between 12-14	
2	15-17 years	
3	18-20 years	
4	21-23 years	
5	Above 23	

3. **Your level education**

1	Primary level	
2	Completed ordinary level	
3	A2 certificate	
4	Diploma	
5	Bachelor	

4. Have you ever had about contraceptive? YES or NO

1	Yes	
2	No	

5. Source of information about contraceptive

1	Friends/peers	
2	Teacher at school	
3	Television	
4	Radio	
5	Internet	
6	Family member	

6. Contraceptive method ever heard :

	METHODS	**YES**	**NO**
1	Condoms		
2	Pills		
3	Injectable		
4	Intrauterine devices		
5	Female sterilization		
6	Abstinence		
7	Vasectomy		
8	Spermicides		

Part II: Respondents perception towards the use of contraception

Please tick **(√)** where appropriate or fill in the required information on the spaces provided.

1= Strongly Disagree 2= Disagree 3= Not sure 4= Agree 5= Strongly Agree

Statements	**5**	**4**	**3**	**2**	**1**
Contraceptive are only for married people					
Contraceptive are expensive					
Contraceptive are not available in our locality					
Teenage who use contraceptive are bad					
Contraceptive use leads to infertility					
Advertisement and information about contraceptive use is immoral					
Contraceptive have significant side effects					
Religious prohibit the use of contraceptive					
Contraceptive are effective in preventing pregnancy					
Contraceptive are for prostitute people					
Contraceptive are used to prevent STIs and HIV					
Use of contraceptive change the way you look					

Part III: factors contributing to non-use of contraceptive methods

Please tick **(√)** where appropriate or fill in the required information on the spaces provided.

1= Strongly Disagree 2= Disagree 3= Not sure 4= Agree 5= Strongly Agree

Statements	**5**	**4**	**3**	**2**	**1**
Fear and rumors about side effects					
Lack of exposure to health care talking about contraceptive					
Limited access to contraceptive					
Lack of knowledge about sexual and reproductive health issues					
Lack of discussion about sex with parents					
Inadequate knowledge about contraceptive and where to obtain them					
Unsupportive or negative influence of partners and family member					
Cultural and religious opposition					
Inability to negotiate with partners					
Lack of access to sex education					
Low level of education					
High price of contraceptive					

Part IV: Problems faced by teenage girls due to the lack of knowledge about contraceptive and non- use of them

Please tick **(√)** where appropriate or fill in the required information on the spaces provided.

1= Strongly Disagree 2= Disagree 3= Not sure 4= Agree 5= Strongly Agree

Statements	**5**	**4**	**3**	**2**	**1**
Unintended pregnancy					
Unsafe abortion					
Sexual transmitted infection including HIV					
Pregnancy related mortality and morbidity					
Early marriage among teenage					
Early childbearing					

Part V: Measures to improve the sexual reproductive wellbeing of teenage

Please tick **(√)** where appropriate or fill in the required information on the spaces provided.

1= Strongly Disagree 2= Disagree 3= Not sure 4= Agree 5= Strongly Agree

Statements	**5**	**4**	**3**	**2**	**1**
Educate teenage about contraceptive use					
Improve communication between parents and teenage about sex					
Establishment of youth centers					
Use of mass media					
Make available contraceptive					
Improve access to sexual and reproductive health education and contraception					
Preventing marriage before the age of 21					
Preventing coerced sex					
Abstinence education/focused program					
Youth development program					

Open questions

1.Mention any other impact of non-use of contraceptive among teenage that you know.

……

2. According to you, which method is appropriate/best for teenage?

……

3. Outline other measures that you think can be used to improve the sexual reproductive wellbeing of teenage

……

APPENDIX II: INTERVIEW GUIDE FOR LEADERS

1. a) Sector……

   b) Sex ……..

   c) Age …….

   d) Education level…….

2. In which way do teenage girls in your sector get information related to contraceptives?

……

……

……

3. What do you do in your sector in order to help teenage girls have knowledge about contraceptive?

……

……

……

4. How do you see the use of contraceptive among teenage in the community?

……..

……

……

……

5. What do you think are factors contributing to non-use of contraceptive among teenage?

……

……..

……

6. What is the effect of non-use of contraceptive among teenage girls in the community?

……

……

……..

7. What do you think are measures that can be put in place to improve sexual wellbeing of teenage in the community?

……

……

……

8. What do you think are the problems faced by teenage girls caused by the lack of knowledge about contraceptive methods and the non- use of them?

……

……

……

Thank you for your good collaboration

APPENDIX III. INTERVIEW GUIDE FOR PARENTS

1. a) Umurenge ……

   b) Igitsina ……

   c) Imyaka……..

   d) Amashuri……

2. Mujya muganiriza abana b' abangavu kubijyanye n' ubuzima bw' imyororokere? Ni ba ari yego mubaganiriza ibiki?.....

……

……

……

3. Abakobwa b' abangavu mujya mubaganiriza kubijyanye no kwirinda inda zitateganyijwe? Niba ari yego ni ubuhe buryo abangavu bashobora gukoresha ngo birinde inda zitateganyijwe?

……

……

……

4.Ese mubona abangavu babona amakuru ahagije agendanye n' uburyo bakwirinda inda zitateganyijwe? Niba ari yego , ayo makuru bayabona gute?

……

……

……

5. Mubona gute imikoreshereze y’ uburyo bwo kwirinda inda zitatenganijwe mu bangavu?

……

……

……

6.Mubona ari izihe mpamvu zituma abangavu badakoresha uburyo butuma birinda inda zitateganyijwe?

……

……

7.Ni izihe ngaruka abangavu bahura nazo iyo badakoresheje uburyo bwo kwirinda inda zitateganyijwe?

……

……

8.Mubona ari izihe ngamba zafatwa mukuzamura imyumvire y’ abangavu kubijyanye no kwirinda inda zitateganyijwe?

……

……

9. Ni ibihe bibazo abangavu bahura nabyo bitewe no kubura ubumenyi k’ uburyo bwo kwirinda inda zitateganyijwe no kutabukoresha?

……

Murakoze!!!!!!!!!!!!!!!

UNIVERSITY of RWANDA

UMURENGE WA GISOZI
POUR RECEPTION
DATE: 24/06/2020
SIGNATURE

CENTRE FOR GENDER STUDIES

COLLEGE OF ARTS AND SOCIAL SCIENCES

TO WHOM IT MAY CONCERN

The Centre for Gender Studies (CGS) at University of Rwanda/ College of Arts and Social Sciences offers a Master's Degree in Social Sciences specialising in Gender and Development. As part of the Master's Degree requirements, students have to carry out a field study and write a thesis on an area of their interest.

During data collection phase, students usually require the assistance from organisations relevant to their chosen area of study. We envisage these studies having a wide-range impact not only on the growth of academic knowledge in Rwanda but also, on the development of policy and practice throughout the country.

Allow me to introduce **Ms UMUHIRE Theresie** whose thesis topic is titled **"PERCEPTIONS OF TEENAGE GIRLS ON THE USE OF CONTRACEPTIVE METHODS TO PREVENT UNWANTED PREGNANCIES" A case study of Gisozi, Kacyiru and Gatsata Sectors in Rwanda.**

. She will provide you with a proposal of her intended study and discuss with you her research needs.

If you require any other information, please contact us at cgs.rwanda@gmail.com

Thank you for your cooperation.

Sincerely,

Dr Josephine MUKABERA
Ag Director, Centre for Gender Studies

Mobile: 0783428317

Date: JUNE 24, 2020

UNIVERSITY OF RWANDA ★ COLLEGE OF ARTS AND SOCIAL SCIENCES (CASS) KIGALI CAMPUS
CENTER FOR GENDER STUDIES

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Po Box: 5039 Kigali

Theresie UMUHIRE

GASABO

GISOZI

MUSEZERO

TEL:0786008091

E-MAIL:teddyumu@yahoo.com

June 24th ,2020

SECTEUR GATSATA
POUR RECEPTION
DATE 13/07/2020
SIGNATURE
A TRAITER PAR

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN GATSATA SECTOR

Mrs/Sir Executive secretary

My names are **THERESIE UMUHIRE** and I'm student in master's degree in Social Science specializing in Gender and Development at University of Rwanda/College of Art and Social Science.

I'm hereby seeking your concert to conduct research in Gatsata sector . My topic is **''PERCEPTIONS OF TEENAGE GIRLS ON THE USE OF CONTRACEPTIVE METHODS TO PREVENT UNWANTED PREGNANCIES''** .Thank you for your time and consideration

Your sincerely.

Theresie UMUHIRE

REPUBULIKA Y'U RWANDA

Gatsata kuwa 20/07/2020
Ref N° 0068/01.02.02/2020

UMUJYI WA KIGALI
AKARERE KA GASABO
UMURENGE WA GATSATA
e-mail:gatsatasectorl@yahoo.com

Madamazera UMUHIRE Theresie
Gasabo/Gisozi/Musezero
Tel: 0786008091
Kigali

Impamvu: Igisubizo cy'ibaruwa yawe.

Madamazera UMUHIRE Theresie,

Nshingiye ku nyandiko wahawe na Kaminuza y'u Rwanda wigamo yo kuwa 24/06/2020 igusabira ubufasha bwo gukora ubushakashatsi bwawe ku byerekeraye "***uko abangavu bumva uburyo bwo kuringaniza urubyaro mu rwego rwo kwirinda kutwita inda zidateganyijwe***"."**PERCEPTIONS OF TEENAGE GIRLS ON THE USE OF CONTRACEPTIVE METHODS TO PREVENT UNWANTED PREGNACIEN"**

Nshingiye ku ibaruwa yawe yo kuwa 13/07/2020 watwandikiye usaba uburenganzira bwo gukora ubushakashatsi mu Murenge wa Gatsata;

Nkwandikiye nkumenyesha ko uburenganzira wasabye ubuhawe, ukaba usabwa kubahiriza amabwiriza agenga ubushakashatsi mu gihe uzaba uri gukora icyo gikorwa, hamwe no kubahiriza amabwiriza yo kwirinda COVID 19.

Ugire amahoro

MUNYANEZA Aimable
Umunyamabanga Nshingwabikorwa
w'Agateganyo w'Umurenge wa Gatsata

Theresie UMUHIRE

GASABO

GISOZI

MUSEZERO

TEL:0786008091

E-MAIL:teddyumu@yahoo.com

July 2nd,2020

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN GISOZI SECTOR

Mrs Executive secretary

My names are **THERESIE UMUHIRE** and I'm student in master's degree in Social Science specializing in Gender and Development at University of Rwanda/College of Art and Social Science.

I'm hereby seeking your concert to conduct research in two cells composed Gisozi sector (Ruhango and Musezero) and two villages in each cell. My topic is ''**PERCEPTIONS OF TEENAGE GIRLS ON THE USE OF CONTRACEPTIVE METHODS TO PREVENT UNWANTED PREGNANCIES**''. If you are agree I can start July 7TH,2020.Thank you for your time and consideration

Your sincerely

Theresie UMUHIRE

REPUBLIC OF RWANDA

July 7th, 2020

GASABO DISTRICT
GISOZI SECTOR
E-mail:gisozisector@yahoo.com

Mrs. **Theresie UMUHIRE**

Re: The answer of your request

According to the letter that you have wrote on 2nd July 2020 requesting to conduct a research of your topic which is **"PERCEPTION OF TEENAGE GIRLS ON THE USE OF CONTRACEPTIVE METHODS TO PREVENT UNWANTED PREGNANCIES"** in Gisozi Sector, am humbly writing this letter to tell you that you are allowed to do so.

UMURENGE WA GISOZI

MUSASANGOHE Providence

Executive secretary

Theresie UMUHIRE

GASABO

GISOZI

MUSEZERO

TEL:0786008091

E-MAIL:teddyumu@yahoo.com

June 24th ,2020

POUR RECEPTION SECTEUR KACYIRU
NO:
DATE: 13/07/2020
A TRAITER PAR
SIGNATURE

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN KACYIRU SECTOR

Mrs/Sir Executive secretary

My names are **THERESIE UMUHIRE** and I'm student in master's degree in Social Science specializing in Gender and Development at University of Rwanda/College of Art and Social Science.

I'm hereby seeking your concert to conduct research in Kacyiru sector . My topic is **''PERCEPTIONS OF TEENAGE GIRLS ON THE USE OF CONTRACEPTIVE METHODS TO PREVENT UNWANTED PREGNANCIES''** .Thank you for your time and consideration.

Your sincerely.

Theresie UMUHIRE

UNIVERSITY of RWANDA

CENTRE FOR GENDER STUDIES

COLLEGE OF ARTS AND SOCIAL SCIENCES

CERTIFICATION OF CORRECTIONS MADE

I the undersigned certify that as the Main reader of this thesis, I have checked that the corrections required have been made, and hereby recommend for acceptance by University of Rwanda the final copy of the thesis entitled:

Exploring the perception pf teenage girls on the use of contraceptive methods to prevent unwanted pregnancies. A case study of Gasabo District in Rwanda.

……

……

……

……

Name of student: **Theresie UMUHIRE**

……

Student's Number:

219014461………

This is in fulfillment of the degree of Master of Social Science in Gender and Development from the Center for Gender studies of the college of arts and Social Sciences, University of Rwanda.

Name: Dr Clémentine Kanazayire

Signature: 

Date: 27/10/2020

e-mail:cgs.rwanda@gmail.com **twitter:** https://twitter.com/genderinrwanda
Facebook page: https://www.facebook.com/CGSCASS **POBox:** 5039 Kigali

EXPLORING THE PERCEPTION OF TEENAGE GIRLS ON THE USE OF CONTRACEPTIVE METHODS TO PREVENT UNWANTED PREGNANCIES. A case Study of Gasabo District in Rwanda

by Theresie Umuhire

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