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Sexual and Reproductive Health Literacy in Rwanda Kazo Sector Murusenyi Village

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Regis University
Regis College
Master of Development Practice

Advisor/Final Project Faculty Approval Form

Master's Candidate: **Sandrine Nikuze**

Capstone Title: **Sexual and Reproductive Health Literacy in Rwanda Kazo Sector Murusenyi Village**

Presented in the MDP Community Forum on: **April 26th, 2022**

I approve this capstone as partial fulfillment of the requirements for the Master of Development Practice.

Georgia Babatsikos

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Advisor Signature

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Date: 7/5/2022

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Date: 7/5/2022

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Personal statement

I remember when I wondered whether parents get time to talk about sexual and reproductive health (SRH) with their children. Why did I question? One of my employees got pregnant. I heard other employees saying that, and I called Clarisse*[i] and we had a discussion. “Please, tell me the truth, are you pregnant? She replied yes. What are you planning to do? I am afraid of my dad; I can't give birth. So, you plan to abort? She did not reply, but I tried to convince her not to do it as I would help her. I remembered that I was born to a single mother, and I did not know my father, so I wanted to help her. Later, after two weeks, I heard that she consciously and voluntarily aborted.

I work with a company called Sucafina, its Rwandan Branch RWACOF Export LTD. It is a company that process coffee and export it. I work at the Coffee Washing Station located in Kazo Sector where I am the Manager. I started to work there on April 8, 2020. During the coffee processing, I employ different casuals both men and women. Most of the time, women are responsible for drying the coffee and removing dust from the processed coffee. Men are in charge of grading, and strong work.

After like five months, we recruited other employees, there came boys and girls. A non-employed boy came and asked me to help him reach out to one of the ladies working as casual; I told him never to touch my ladies. He told me I would find my way. He replies that he will always buy her some samosa when asked how, and I know she will come. After two weeks, I found out that she had already slept with her, and she left work for him. I also saw a young girl being touched on the private parts by a boy in public. All of these have made me question and

worry about them. Lastly, my domestic housekeeper got pregnant too. She was petrified to let me know. She thought I would fire her out. She kept it secret, and people kept telling me that she was pregnant. I took the time to discuss it with her, but she refused to announce it to me. Once she had 8 to 9 months, I used a pregnancy test, and finding out she was pregnant. I asked her again if she was pregnant before I showed her the results, and she refused again. I told her that the test showed it to me, so she accepted it; she was aware but did not want me to know. So, within eight months, among 35 girls who worked at the coffee washing station, 5 were already single mothers, and three more became pregnant in those eight months. I cannot count how many got pregnant and aborted voluntarily outside the coffee washing station at Kazo.

I was born in Kigali City, and working and living in the rural area was my first time. I mostly heard that there are kind girls in rural areas, and most of the boys wanted to go to rural areas to look for a wife, but I had a different experience. The above shocked me, so I started to think about what can I do? Should I teach them how to control their lives and make the desirable decision about reproductive health? Why did they get pregnant while they were not unemployed? We do not pay too much, but it is enough for someone living in a rural area. So what is the problem?

How can I use my skills to solve and help young people in the village where I am staying? I have a different experience. Scout Movement raised me, and I grew up with their values and quality. Their teachings are suitable for a young person to grow up knowing what is good and how to prevent what might dramatize his or her life. We have our values. We learn more things such as being independent, decision making, solution providing, and many things, so should I

start a scout unit? I am also working in the coffee industry. The coffee industry is suited for people who don't get tired easily as they start to provide money after two years, but their income is worthy. As a coffee station manager, I have got experience and I found that if someone plant coffee, no more issues. Coffee employs people, and generate money for the farmers. So, how can I connect all those things to find a solution for those beautiful young ladies? How to involve boys as they are the source of problems? What is the role of parents in that? Parents are the primary educators; would it make an impact if parents had time to discuss with their young children? All these questions are where the Let's Talk Program came in. This Program aims to raise awareness of sexual and reproductive health starting from parents so that young girls will not face the same challenges their elder sisters faced, and then educate already grown-up girls through scouting methods and encourage them to be independent by being their bosses through coffee farming.

Executive summary

Unplanned pregnancies and other reproductive health issues are global health problems. Nowadays, young people are highly exposed compared to last time. Internet and other sources of misleading sexual information are available to them. Parents who are supposed to be the health information providers are not responsible because they do not want, but because they have limited knowledge, and they also face different challenges which prevent them from fulfilling their responsibilities towards their children such as education level, income level, gender, and religion. All these issues to young people have increased the number of young people who get pregnancies before and unwillingly. Young people face different challenges, including STDs, suicide, poverty, and depression. Parents who should take the lead to educate them face different challenges which prevent them from providing or guiding their children such as lack of education, gender role, and income level. All over the world, young people suffer a lot; however, the focus will be on young people aged 15-26 from Murusenyi Village, Kazo Sector, Ngoma District Eastern Rwanda.

Objective: To analyze the sexual and reproductive health literacy in Kazo sector, Murusenyi village in Eastern Rwanda among young people aged 15-26 to inform the development of a sexual health education program in this region.

Method: The author conducted a qualitative study through individual interviews. Ten participants aged between 15 and 26 were chosen based on their knowledge and their age of the participants.

Results: Most participants had never had any discussion with their parents. For a few, when the parents took the first step to educate them about sexual and reproductive health, parents provided limited information, and other information came from peers. Both boys and girls would like to talk to their mothers or fathers about sexual and reproductive health, but it would only be in case of a crisis that they would actually do it. Boys feel more comfortable buying condoms compare to girls. Girls are dependent on boys even if they work in the same post or have more income than boys.

Conclusion: Based on these findings, there is a necessity to establish a sexual and reproductive health education program for both parents and young people. We proposed to call it, “Let's Talk Program”. It will work with different stakeholders to improve the sexual and reproductive health literacy in Kazo Sector, Murusenyi Village. The Program has three categories: sexual and reproductive health education, income generation activities, and parenting. The educational and parenting categories will last for three months, and the income generation activities will last for an unlimited period.

Literature review

This literature review aims to identify what authors wrote about sexual and reproductive health literacy, how education on sexual and reproductive health is, and the role of parents in sexual and reproductive health education in Rwanda.

Rwanda is a country situated in Central Africa. Its total area is Km^2 26,338, with a population density estimated to be 445 people per km^2 (Government of Rwanda, n.d.). It counts a 12.3 million population, but it is expected that the population will double in 2050 (Government of Rwanda, n.d.).

Introduction

Around the world, young people suffer from a severe lack of awareness and access to the essential information and resources that would protect their sexual and reproductive health, i.e., there is limited sexual health literacy worldwide (Mcharo et al., 2021). Health literacy refers to "the personal and relational factors that affect a person's ability to acquire, understand and use information about health and health services" (Batterham et al., 2016, p. 3). While on the other hand, sexual health literacy authors defined it as

> A comprise of skills and capacity to understand and employ health information in a sexual environment which considers more than the individual and shaped by historical context, complex community practices, diverse health services and existing and emerging testing technologies(McDaid et al., 2020, para. 6).

In order to increase sexual health literacy, communication is critical (Coimbra França & Lourdes Sousa Costa, 2020). Communication has been a solid strategy to transfer information from

generation to generation in humankind—ways of communicating vary across cultures. Depending on the culture, somethings are taboo, and others are free to be shared (Nikita, 2019). In many cultures, communication about sexual life has been taboo for centuries (Coimbra França & Lourdes Sousa Costa, 2020). However, the topic is vital. Parents do not always feel free to discuss sexual and reproductive health with their children. They provide little information once they do it (Bushaija et al., 2013).

The lack of sexual and reproductive health information affects young people (Vongxay et al., 2019). About 1.2 billion youth are aged 15 to 24 worldwide, UN Population (2015) reported. According to WHO (2020), in the developing regions, each year, girls between 15 and 19 years old, at least 777,000 give birth, and 10 million unintended pregnancies occur, an estimated 5.6 million abortions that occur, 3.9 million are unsafe in approximately 12 million girls aged 15-19. According to United Nations Department of Economy and Social Affairs (UN DESA) (2019), Africa is the most youth populated continent, with 226 million youth aged 15-24 years which is 19% of the global youth population. Comparing different regions in the world, Sub-Saharan countries are a third fireside for many young people, around 211 million are found there (UN DESA, 2019). Countries located in sub-Saharan Africa, including Rwanda, have many young people as reported by UN DESA (2019). Young girls and women in Sub-Saharan Africa continue to face disproportionately high sexual and reproductive ill-health (Phillips & Mbizvo, 2015). Improving adolescent knowledge and practice related to sexual and reproductive health would improve their health outcome, such as decision making and prevention of sexually transmitted diseases (Mbadu Muanda et al., 2018; and Yao et al., 2013).

Limited sexual literacy has also affected Rwanda (Ndayishimiye et al., 2020). According to Integrated Household Living Conditions Survey EICV5 (2016/17), Rwanda is a juvenile population; 78% of Rwandans are below 35 years (NISR, 2018). Young people aged 15-24 represent 20.4% of the total population in Rwanda (UNFPA, 2019). Adolescence is a period of growth characterized by significant "physical, emotional, and psychological changes that make young people vulnerable to many health and social problems" (Abdallah et al., 2017, para. 2). Lack of knowledge about sexual and reproductive health causes significant consequences (Ndayishimiye et al., 2020). For example, in Rwanda, the National Institute of Statistics of Rwanda (NISR) reported that since 2007/2008 teenage pregnancy has been increased from 5.7% to 7.2% in 2014/2015, and among girls aged 19, it increased from 14% to nearly 21% countrywide (UNFPA, 2019). There are also problems, such as hazardous sexual activities, forcible intercourse, false sexual information, sexually transmitted diseases, early marriage, and unsafe abortion (Ndayishimiye et al., 2020, UNESCO et al., 2018, p. 22, Abdallah et al., 2017).

Source of Sexual and Health Information

Various sources of information

Young people get information about sex and health in various ways. They get information from parents even though they do not play well on this point because they also face different challenges, as explained below. From the report, Rapid Assessment of Adolescent Sexual Reproductive Health Programs, Services and Policy Issues in Rwanda, young people done by the Rwanda Ministry of Health (2011) prefer to talk to their peers. Most young people report feeling free to talk to a peer asking about health advice than to anyone else and most girls report their pregnancy to a close friend before talking to their parents (Rwanda Ministry of Health, 2011). Again, the report shows

that media was reported to be the primary source of information, specifically radio and TV shows. For example, the “Musekeweya” program at Radio Rwanda teach them about HIV/AIDS ((Rwanda Ministry of Health, 2011). There are other sources like schools, movies, and the internet that young people use to obtain health and reproductive information (Bushaija et al., 2013). They might get good information or get misleading information as they look for this information.

Role of Religion on Sexual Health Literacy in Rwanda

Religion plays a significant role in humankind as "religion was built and formed as a simple and unified understanding of common faith, custom, and belief; a unity practiced and shared by every member” (Santiago, 2019, p 58). Many people are guided by what the Bible says (Santiago, 2019). In Rwanda, many people rely on the Bible to teach about sexual intercourse, but in a fearful way: “Thou shalt not commit adultery" (Exodus 20: verse 14); this is the 7th God Commandment given to Moses on Mount Sinai, serves as a principle of moral behavior for the human race. The Bible said that: "God will cast sinners into everlasting torment for the wages of sin is death" (Romans, 6, 23a, King James Version). During infancy, Rwandans are taught that sin is rebellion against God and separates people from God even if it does not necessarily result in physical death; it refers to spiritual death where people feel guilty, confused, or disconnected from God (Izirabahenda, 2017, p 34).

Young people are sexually active despite cultural and religious influences within Rwanda. From the Rwanda Demographic and Health Survey [RDHS] 2005, thirteen percent of men and four percent of female reported to have had sexual intercourse before the age of 15 (Institut National de la Statistique du Rwanda [INSR] and ORC Macro, 2006). The RDHS 2005, also showed that males start earlier than females; however, females start with older partners compared to males. The report says that 58% of the female respondents had their first intercourse with a

partner at least four years older than them. Creating taboo and fear around sexual health will only aggravate their issues, placing them at risk (Izirabahenda, 2017).

Role of Parents in sexual and reproductive health in Rwanda

Parents play a significant influence on child's decisions about sex if they dedicate time to them and give them information about sexual education (Ashcraft & Murray, 2017). Most researchers believe that parents should play an essential role in educating their children about sexual life, which would increase their literacy (Abdallah et al., 2017; Velcoff, 2010). However, a survey conducted in Ethiopia to 343 high school students and 246 families who had children 10-24 years showed that 66.7% of the respondents said that they never had a desire to talk about contraception issues with their parents or guardians (Taffa et al., 2017). This survey also found that fifty-four percent preferred to talk to peers of the same sex about contraception (Taffa et al., 2017). Though young people might not feel comfortable talking to their parents, other obstacles prevent communication.

Parents face different challenges to communicate with their children

Despite the incredible increase in development that the world recognizes due to the hard time that Rwanda passed through, Genocide against the Tutsi, Rwanda still meet different challenges, including low sexual and reproductive health literacy (Mbabazi, 2021).

Parents find it hard to provide sexual knowledge to young people. As Mbabazi quotes for her study in Rwanda, Florence Numukobwa, a mother of two teenage daughters, saying that "addressing the issue of sex to a child is intricate" (Mbabazi, 2015, para, 36). However, parents should endeavor to do so because keeping silent will not help the situation (Mbabazi, 2015).

Mainly, sexual and reproductive health education is provided by schools, nonprofit organizations, and individual people earning salaries or looking for a living; however, the first fighter or educator should be the parent. Parents understand sexual and reproductive health in various ways. Even if some find it hard to talk to their children, the research confirms the role of the parent in reducing problems young people face due to low literacy about sexual and reproductive health. (Gunawardena et al., 2019).

Other barriers to parents

It is not the only religion that prevents parents from talking to their children; most of the research on sex & reproductive health education finds that age difference, culture, gender role, level of education, lack of information, income level, socio-demographic, and socio-environmental factors are mainly the hinder of the communication (Bushaija et al., 2013; Izirabahenda, 2017; Velcoff, 2010).

From the research conducted by Bushaija et al (2013), 388 participants took part in the study and comprised parents (71%) and caretakers (29%). From the findings, the age difference is a factor in the lack of communication. About 63% of the respondent were above 44 years old, and they had never had a discussion related to sexual and reproductive health with an adolescent (Bushaija et al., 2013). One of the elders told the researchers that “it is difficult to introduce and discuss sexual topics with adolescents considering the age difference between myself and the child” (Bushaija et al., 2013, p. 14).

Gender also impacts communication with adolescents. Males do not discuss sexual matters compared to females, 53% of males compared to 47% of females (Bushaija et al., 2013). In some cases in Rwanda, males find it as the role of females, as one of the male respondents said (Bushaija et al., 2013). Another interesting reveal is that both male and female respondents showed that they

would prefer to discuss with their respective gender rather than the opposite gender as one of the females said that boys do not worry us in matters of sexuality, i.e., male to male and female to female (Bushaija et al., 2013 & Seif et al., 2017).

Additionally, lack of education hinders parents from talking to their young's. Studies by Seif et al.(2017), Bushaija et al.(2013), and Velcoff (2010) show that educated parents are more likely to talk verbally and in-person with their youths compared to less or non-educated parents. Parents' shyness goes with the level of information parents have on sexual reproductive health, as they cannot give what they do not have.

Again, self-employed parents are more like to have time to talk with their adolescents than public employed with busy schedules. The testimony of one parent said, "Truly, economic activities keep me busy. I used to travel frequently, which makes me have little time to be with my children and discuss with them" (Nundwe, 2012, p. 30).

Furthermore, young people living in municipal areas were more likely to discuss sexual and reproductive health issues with their parents compared to those in countryside young people (Ayehu et al., 2016). Even though mothers do not educate their children on sexual and reproductive health, they do it more frequently than fathers (Abdallah et al., 2017; Bushaija et al., 2013; Velcoff, 2010).

Use of contraceptive methods in Rwanda

In Rwanda, lack of information, limited access to family planning, poverty, and ignorance to use contraceptive methods among young people, especially girls, leads to not using contraceptive methods, according to Stavropoulou & Gupta (2017). In this study, four hundred sixty-seven respondents conducted the survey in Rwanda, 50% used modern, and 66% had ever

used one. The respondent showed that the most used one was injectable at 61%, pills at 14%, implants at 9%, male condoms at 7%, and regular day method at 5% (FHI, 2010). Again, the data show that among married girls and unmarried sexually active girls, 65% and 88%, respectively, do never use any contraceptive method, and 93% of adolescent girls never use them, which might also be a reason for the increase in early pregnancies (Stavropoulou et al., 2017). Comparing male condoms and female condoms,

> The male's condoms are available, but there is stock-out of the female's condoms. The previous females' condoms expired because the clients did not request them. The females say that they do not use female condoms because of the difficulty with the insertion of the condom during sex. The participants also do not like using them because of the difficulties in using them during sexual intercourse -nurse in Gasabo District. (Ndayishimiye et al., 2020, p. 5)

Impact of unplanned pregnancy

Both teen motherhood and fatherhood can have variety impact in term of social, education, health and economic on young the young person. "Young girls who get pregnant in their teens faces different impacts such as poverty, drop out, unsafe abortions, mental problems and sexually transmitted diseases" (Abdallah et al., 2017, p. 46). Again, the literature revealed that youth living in poverty have a teen pregnancy rate that is five times the average ("Poverty and teen pregnancy," n.d.). Even though teen pregnancy involves girls, there are also teen dads who faces a lot of problems and their problem are less talked about. There are limited research related to teen dads (Scott et al., 2012).

In Rwanda, family planning is the priority of the government as their plan was to increase demand of contraceptive from 72% to 82% by 2020 (FamilyPlanning, 2022). A study conducted in the Western Province of Rwanda by Collectif des ligues et associations de défense des droits de l'homme (CLADHO) in 2019, found that 2233 girls of the same region were pregnant during the time of the research and the blame went to parents (Atieno, 2019). Parents don't educate their young children, however, analyzing the policies of family planning in Rwanda prevent them from accessing them without consulting their guardians or parents. The Article 11 of the Law states that "The health professional who intends to provide healthcare services to a minor or an incapable person must endeavor to inform his/her parents or his/her representative or his/her guardian and obtain their prior consent" (Ministry of Health, 2013, p. 8). As proving contraceptive is a healthcare services, professionals can't help teens who got unplanned pregnant without their parents (Atieno, 2019).

Furthermore, on the side of churches, most of churches don't believe the modern contraceptive methods and, in some churches, prevent their follower to use them. For example, the Catholic Church in Rwanda, has banned the service of offering modern contraceptive to their patients (Ntirenganya, 2016). In Rwanda alone, they have 115 healthcare centers and 9 hospitals and none provide that service since 2016 (Ntirenganya, 2016). They believe in the natural way of controlling birth. Most of the time, this natural method is taught to elder people who are about to get married and no program for young people (Mbabazi, 2016).

Best practices to increase sexual literacy among young people

Research on youth and sexual and reproductive health shows that young people have an incomplete understanding of sexual and reproductive health and discussion, which are impacted

by culture and taboo to both youth and parents (Taffa et al., 2017.). In order to re-enforce and increase sexual health literacy, different organizations have tried to handle the problem, and here is what they have done.

Visiting the website of Voluntary Service Overseas (VSO), they have tried to tackle the same problem where they first raised awareness by training volunteered peer educators who will be able to reach out to many young people and equip them with the necessary skills and knowledge to provide sexual and reproductive health (Voluntary Service Overseas, n.d.). Furthermore, they trained elders to remove the taboo around this topic. They have also equipped the health center with contraceptive materials now that they are accessible (Voluntary Service Overseas, n.d.). Second, the organization, Family Health International (fhi360) has started the mobilization for reproductive health (m4rh) program, where you deal with a USSD code and get information; however, the system looks like not working, but the model is good (UN, 2018).

Health Development Initiative (HDI) has also adopted radio speeches and advocacy and has a free line call to educate young people about sexual and reproductive health (HDI, n.d.).

Around the world, Scout movements are implementing projects related to sexual and reproductive health. For example, scout groups in the UK taught about sexual health issues, where they started a program called "My body, My Choice" ("Scouts roll out national sex education programme," 2011). They started the Program due to the high increase in teenage pregnancies and diseases. At that time, Bear Grylls, their Chief Scout, said that “The program was more about enabling young people to make intelligent decisions about their relationships.”We want to help young people become confident, clued up and aware," he said. "My message is - make your mind up and don't let others do it for you. We only get one body - so respect it - and people will respect you."” ("Scouts roll out national sex education programme," 2011, para. 10).

In Benin Scout Association (BSA), they conducted a training of trainer of trainers on sexual and reproductive health (The Scouts for SDGs, 2017). The sessions were about “the World Organization of Scout Movements (WOSM) youth program, pregnancy, knowing the body, women's rights, sexuality, and cultural issues, " Jeu Sans Tabou" (Which has been designed by BSA as a game to raise awareness, educate Teenagers and youth on SR), project writing, self-esteem and how to conduct a training” (The Scouts for SDGs, 2017, para. 1). Creating this pole of trainers was a considerable achievement for the association to continue educating communities (The Scouts for SDGs, 2017).

There are different programs such as "Ni Nyampinga," Rwanda's first youth brand, which arms both girls' and boys' information and inspiration through magazines, radio drama, chat shows, digital channels, and club networks ("Ni Nyampinga," n.d.). Their program "Meet Aunt," where the aunt explains more about reproductive health, would be more helpful in a place like Murusenyi Village ("Ask aunty," n.d.).

There are ways to close the knowledge gap, though it is hard. Mobilization of sexual and reproductive campaigns is still needed to strengthen the communication between parents and young people; they need to learn how to approach them and talk freely (Bushaija et al., 2013). Furthermore, social workers in Rwanda carry out advocacy activities with local authorities (Izirabahenda, 2017). It is highly recommended that they work with parents and educate them about sexual and reproductive health to be the main drivers to eradicate sexual and reproductive health illiteracy among young children.

In conclusion, organizations must raise awareness of sexual and reproductive health among young people and help them access resources that will help them make good decisions and choices

about their lives. There are few articles about sexual literacy in Rwanda and to which degree Rwandan youth are, and more research is needed so that organizations would know what to provide. With available data, parents should learn how to teach their children to change what is taken as a fact, i.e., young, uninformed people being sexually active and facing negative consequences. Even though there are different barriers such as religion, culture, and lack of information, the life of young people matters first, and they are the future generations that have to be maintained. The parent-adolescent communication issues have to be resolved by addressing social-cultural norms and religious beliefs that hinder communication. Different programs to support parents have to put in place and be implemented.

Introduction to community and context

The biggest challenge that Rwanda, as a country, reports to have unplanned pregnancy is among them. This project examines sexual health knowledge, attitude, and behaviors among young people aged 16 to 25 in the Murusenyi Village, Kazo Sector, Ngoma District, Eastern Province of Rwanda.

Geographical location

Rwanda, a country known as the Land of Thousand hills, is geographically located in East-Central Africa. Its capital city is Kigali. Uganda borders it in the North, Burundi in the south, Tanzania in the East, and the Demographic Republic of Congo in the West. It is a small landlocked country, and its total area is 26,338 km^2 (Rwanda Directorate General of Immigration and Emigration, n.d.). Rwanda has four provinces, North, East, West, and South, plus Kigali City. It has 30 districts, 416 sectors, 2148 cells, and 14837 villages (Government of

Rwanda, n.d.). The main focus of this project will be on the East Ngoma District, Kazo Sector, Murusenyi Village.

History

The history of Rwanda consists of three periods, pre-colonial, colonial and post-colonial. The pre-colonial started in 1091 to 1897; Rwanda had its political, socioeconomic organization, culture, and customs (Byanafashe, 2006). In short, it was an independent country. Like other Great Lake countries, Rwanda had clans, and peopled would identify them depending on the clan; 15 and 18 were reported (Byanafashe, 2006). During this time, Rwanda had three social categories, Twa, Hutu, and Tutsi. Rwanda was a monarchy country and was led by Kings in harmony until the colonies came and changed everything.

In the colonial period, as colonies came wanting to rule, due to the unity of Rwandans, they could not penetrate, and they decided to use divide and colonize and indirect ruling method to penetrate Rwanda (Mbonimana et al., 1999). Yes, colonies brought good things to Rwanda, like black roads and schools, but they left Rwanda in conflict. Rwanda was colonized from 1894 to 1961 (Emmanuel, 2010). According to the South Africa History Online (n.d.), Germany first colonized Rwanda from 1894 to 1916. After the world war, Belgians were the ones to conquer Rwanda from 1916 to 1945. Mostly, the Belgian racialized the difference between Hutu, Tutsi, and Twa. The article also said that in 1935, the Belgian colony gave identity cards to Rwandans, and they included their race. Typically, a Tutsi was a person who had above ten cows, and Hutu was below, but at that time, Belgians set other characteristics like physical appearance; there were many people classified as Tutsi even though they had not those cows (South African

History Online, n.d.). Much violence happened; in 1959, many political parties were created. The same year, due to conflicts between Tutsi and Hutu, above 200 Tutsi were killed, and many fled the country (Byanafashe, 2006, Emmanuel, 2010, & OECD, n.d.).

In 1962 Rwanda regained its independence and started the post-colonial period. The post-colonial period was when Rwanda was a republic and followed democracy. There was an election, and the first President was elected (BYANAFASHE, 2006, Emmanuel, 2010, OECD, n.d, & South African History Online, n.d.). However, all this happened when Rwandans had many conflicts of race and ethnicity. From 1962-to 1994, many massacres happened, many Rwandans fled the country, and in 1994, Genocide against Tutsi happened, and above 800 Tutsi were killed within 100 days and some Hutus who were against the killings (BBC News, 2019). According to BBC News (2019), on July 4, 1994 Genocide was stopped by Rwanda Patriotic Front (RPF), and Rwanda gained its liberation. Today, we no longer have ethnics in country. As they were the main drive to Genocide against Tutsi, the current President, H.E, President Paul Kagame, has removed what we used to call ethnics; people live in harmony, unity, and we are all Rwandans. We are focusing on country's development (BBC News, 2019).

The demography of Rwanda

Rwandan population has increased since 1994 from 5.936 million to 12.955 million in 2020. The infant mortality rate has decreased from 190.6 per 1000 live births in 1994 to 30 in 2020. (The World Bank, n.d.). Early marriage has also decreased to 0.3 for women who were first married by 15. All this work has made the life expectancy in Rwanda increase to 69 years in 2020 from 27.7 years in 1994 (The World Bank, n.d.). The literacy rate among youth has

reached 86.5% in 2018 (The World Bank, n.d.). In 2015, the percentage of women making their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care aged 15 to 40 was 69.5% (The World Bank, n.d.).

Kazo Sector

Rwanda has four provinces plus Kigali City. In the Eastern Province, where our focus will be, there are seven districts which are Bugesera, Gatsibo, Ngoma, Kirehe, Rwamagana, Kayonza, and Nyagatare. Kazo Sector is one of the sectors of Ngoma District. It has a 70.08Km2 total area. Its total population from the census done in 2012 was 27318, 13207 males and 14111 females (City Population, 2017). Of 4254 people aged 7-12 years, 92.5% attended school, 1.1% quit school, and 6.3% never attended school (Population, 2017). Of 3238 people aged 13-18 years, 71.2% attended school, 24.6% dropped out, and 4.1% never attended (City Population, 2017). The employment rate among youth aged from 15-to 17, males are employed at 27.4%, and females are at 24.6% (National Institute of Statistics of Rwanda, 2015). Kazo is a 100% rural area. Most of the population are farmers, and they cultivate beans, cassava, banana, potatoes, sweet potatoes, legumes, rice, maize, chia seeds but still new, coffee, and avocado. Technology is still under-utilized, but most houses have at least a telephone. Many houses and businesses do not have electricity (Rwanda Land Use, 2014). Those who can buy solar, they use off-grid power.

People have created small savings and credit groups to increase their savings; they share the savings every year (Care International, n.d).

Stakeholder analysis

In order to increase knowledge and change the behaviors and attitudes of young people aged 15-26, the Let's Talk Program will be engaging with a variety of stakeholders at Kazo Sector Murusenyi Village. Those stakeholders are categorized into three categories. First, the Let's Talk Program will engage Government institutions, such as local leaders, NGOs and NPOs like Rwanda Scout Association, and churches, and public sectors like community health workers.

Type of Stakeholders	Name of person/org & short description	Relationship to project	Incentives, motivation, and risks	How to engage
Government	Local leaders	Manages issues raised by lack of SRE and place provider	Decrease number of early pregnancies	Inform and schedule the meeting and request for approval before the project begins. Local leaders will motivate young people to join our activities

Public sector	School headmaster	Provide formal education and permission to start a school clubs	Students who will be in this club will have expert facilitators, and chances of early pregnancy will decrease What incentives does the headmaster have? Students, especially girls, are more likely to stay in school.	Site visit to present the project. Help create clubs in their schools and give us a teacher to follow up on these clubs.
Public sector	Community health worker	They are the first health providers as they live with the community. When a young lady is pregnant,	They will be trained and given equipment to facilitate their work. They also want to improve SRE	Through local leaders, we shall have a meeting. They will work hand in hand with the peer

		they are the first to help them.	and reduce early pregnancy. Risk: They are already too busy with other things.	counselors to motivate them and support them where it is necessary.
NGO	Rwanda Scouts Association	They work with young people, and their vision is to create a better world. They work in all country districts, and they have expert trainers. They are willing to volunteer in the youth projects.	Facilitation fees market their brand,	Send a letter and the project requesting to partner with them. Their trained trainers will help us in training; furthermore, we shall use their units in the implementation.
NGO	Voluntary Service Overseas (VSO)	Its mission is to create lasting change by empowering the	Help them achieve their mission	Send them an email, but also meet them physically

		community. VSO already have a project of SRH in Mozambique, and I saw that it had an impact, so I would use their curriculum or methods to address the same issue They would also give us some volunteers		They will help us in curriculum development
UN Agency	United Nations Sexual and Reproductive Health Agency (UNFPA)	Their vision is to ensure that every pregnancy is wanted. In order to achieve this, young people need to be trained. Their	I will help them achieve their mission.	Send an email and request time to present the project. Approve the project

		vision aligns with one of my projects. They are potential funders.		
NGO	Health Development Initiative	They already have the same project of educating young people on sexual and reproductive health. I will learn from them and partner with them, i.e., they are potential funders.	I will help them achieve their mission and bring that Program to the rural areas.	Send an email and request time to present the project. Approve the project
	Catholic Church in Rwanda	Churches have great impact in the society. They lead many people and their	Teaching young people about natural contraceptive methods would	Church people will be the one to preach that course

		followers understand and try to follow what they preach. Normally, they have a program of training couples about natural contraceptive method. It would be helpful to partner with them do solve this issue of lack of literacy among young people.	facilitate them one grew up to get married.	
Civil Society	Community members	Young people who faces this problem of unplanned	Support young people who faced this problem and	Through “Umuganda” (Community work) and

		pregnancy live in the community. Community can hurt or support young people who face this problem	help others who have not yet stop early pregnancies and be educated	“Inteko” (weekly village meeting) platforms we shall pass our message about how to treat young people who faced this problem and how to protect the remaining.
Civil Society	Family members- Parents or guardians, brothers and sisters, aunts and uncles, etc.	On a daily basis, family members are the one who live with young people. They are the first to reach out young people and advice or teach them.	I shall engage them as they are the one to remain with young people even when we are not around. They should learn and participate in	There is a designed course for parents and we shall request them to go back home and discuss with the remaining in the family about what they gained in the courses.

educating young people. Furthermore, through the above platforms, “Umuganda” (Community work) and “Inteko” (weekly village meeting), we shall be able to reach out to all the family members and provide the message and received different inquiries they might have.

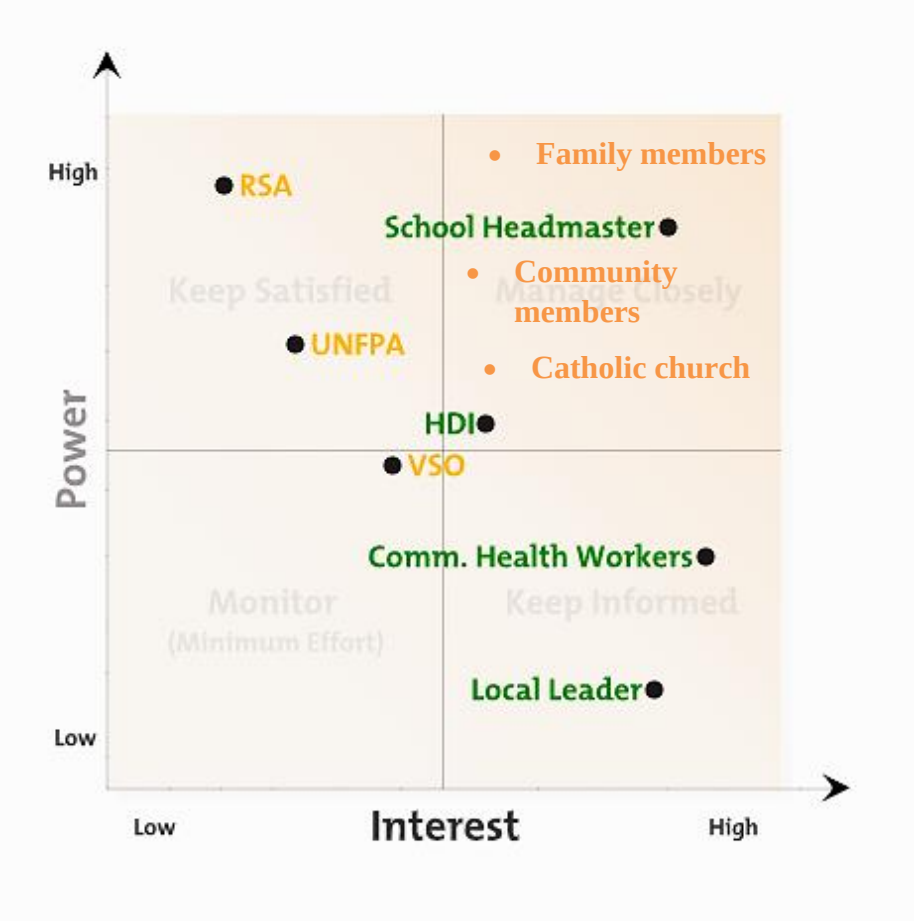
Stakeholder Prioritization

During this time of preparation, I was not able to interview stakeholders, after, I will conduct stakeholder interviews to know more about the. Here is a sample of questions to ask.

- What financial interest do they have in the outcome of the Let's Talk Program?
- What type of information do they want? What is the best way to communicate with them?
- What is their opinion on this work and the Let's Talk Program in general?
- What are their suggestions of what should be changed or improved in the Let's Talk Program?
- Who else might be influenced or interested in the Let's Talk Program vision?

Prioritization Diagram

Stakeholders who have high interest and high power in the program will be managed closely as they will impact high the program. Stakeholders with high interest and low power shall be kept informed about the program. Then, the Let's Talk Program will keep satisfied stakeholders with low interest and high power. Finally, Stakeholders with low interest and low power shall be monitored. All these stakeholders will impact the Let's Talk Program in one way or another in terms of finance, advice, equipment, and training. After the interview with stakeholders, then Let's Talk Program will make another analysis and learn how to work with them.


High
Low
Power
Low
Interest
High
RSA
School Headmaster
UNFPA
HDI
VSO
Comm. Health Workers
Local Leader
Family members
Community members
Catholic church
Keep Satisfied
Manage Closely
Monitor
(Minimum Effort)
Keep Informed

Needs assessment

Background

The transition from childhood to early adulthood often includes significant life changes. Young people encounter different behavior and attitudinal changes throughout this time (Corder et al., 2017). Changes affect health-related behavior, and sexuality is one of the earliest changes in the transition. Mostly, it has long-term consequences for the health and well-being of young people (Ugwu & Odimegwu, 2021). If these behaviors are not well managed, they have harmful impacts due to a lack of independent decision-making. It ends ups in early pregnancies.[ii]Sexually transmitted diseases[iii], drug-use[iv]In Rwanda, early pregnancies have been an issue. In the recent Rwanda Demographic and health survey 2019-2020, 5% of women aged 15-19 have begun childbearing. Rural areas have many childbearing compared to urban areas. The Eastern Province counts 6% of young people who have begun childbearing, and it is the highest number (NISR, 2020). Sexual and reproductive health literacy is still a problem among young people, and there are limited studies on this topic. Therefore, this study aims to analyze the sexual and reproductive health literacy among young people in the Kazo sector.

Method

Kazo sector, Murusenyi Village, the study area, was chosen because it is my workplace and where I live. A qualitative method was used to conduct this study. Short individual interviews were conducted on January 31, 2022, with 10 participants, four males and six females (Two of the females were single mothers) aged between 18 and 25. The participants had former working

experience with the interviewer, and they were selected nonrandom. Participants were chosen based on their availability and their age. All participants are natives of Murusenyi Village. Confidential individual interviews allowed participants to be open and free to share. Participants provided their consent verbally. The study aimed at conducting interviews with parents, single fathers, single mothers, and young unmarried people, but due to limited time, the study will continue after.

Interview questions were grouped into five categories: Background information, Parent-child communication about sexual and reproductive health, knowledge about sexual and reproductive health such as the use of contraceptive methods, basic information about reproductive health and unplanned pregnancy, source of information, and suggestions of what could be done. During the interview, participants were asked to be open about their lived experiences, making the discussion very sensitive. The average time used during the interview was 14 minutes per participant. See the Appendix A.

Results

Background information

The majority of the participants were females (6/10), and most of them were able to finish primary school education (6/10); only one could reach third-year secondary school. Few of the participants have both parents (4/10). They are all native. None of them have ever drank coffee, and they find coffee farming a great way to increase their income.

Parent-child communication about sexual and reproductive health

The majority of the male participants reported that they have never had any discussion with their parents specifically about sexual and reproductive health. For some girls, their mother would hear them talking about reproductive health and profit from that to tell them more about menstruation. Mother's parents educate their young girls only about menstruation and that they are ready to get pregnant. Participant A said that: “my mother told me that if I speak a lot to boys, I will end up getting pregnant. So, from that time, I stopped and thought that if a boy touches me I will immediately get pregnant."

Furthermore, girls do not feel comfortable talking about that with their parents. Participant B said that: “my mother taught me how to use pads, and when she started to talk about other things, I stopped her because I didn't want to hear them. I was nervous". Other female participants never had any discussion with their parents; instead, they could have heard that somewhere, from peers, grand sisters talking, any female they lived together, and tried to handle the situation alone.

Again, all participants, both girls and boys, said that they would feel free to talk to their mother compared to fathers for those who live with both if they have any critical health problems that require them to say it; otherwise, they would keep it as a secret. They all showed that if they had discussed this with their parents would have had a significant impact on them and how they conducted themselves in different situations.

All male participants said that to attract girls, they use money and other valuable things that young girls cannot access by themselves. Female participants agreed that it is due to culture

that they are weak. They grew up with their parents telling them this is for boys and this is for girls; girls should conduct themselves like this, girls should not talk in front of men, sometimes, if at home do not have enough means, boys are the ones to attend schools, All these things that a young lady grew up listing and doing that is what shape her when she grew up and become a woman.

Knowledge about sexual and reproductive health

All participants in the interview showed that they knew different contraceptive methods though some might have never used any. However, the two single mothers who participated in the interview showed that they did not know about them before getting pregnant. One was 20, and the other was under 18 when they got pregnant. For male participants buying a condom is not a problem, but for female participants, they do not feel comfortable going to a boutique to buy a condom. They mostly know condoms as a contraceptive method, but few females showed they do not know how to use them and never saw them. Both females and males see unplanned pregnancy as a problem because most of the young ladies who get pregnant without a husband suffer from bullying, are hated by family members, and do not get help from the child's father. All participants were aware that if they could do unprotected sex, they could get some sexually transmitted diseases.

Source of information

Reproductive information is obtained in various ways. Most of the participants were able to finish primary school, and for them, the main source of information was from schools as they studied them. Participant F said: "We studied this in class; however, students wouldn't feel comfortable when the teacher was teaching us. We would be shy and don't ask questions.

However, on our way going back home, we could start our discussion and those who had many information would tell us, whether they are correct or not.” All participants showed that information also came from elder peers. “I have my elder sisters that we live together. They were the one I heard them saying that they were in their periods. They told me that periods are a sign that I have grown up and I should not talk to boys as they can get me pregnant," Participant F said. Another participant said that: "Her mother told her that “when you will see your first period, you should never allow any boy to touch you again because you can get pregnant," and I grew up thinking that anywhere a boy would touch me, I could get pregnant until my friend explained me more about that.” Other resources were radio, at the hospital, and via telephone.

Suggestions of what could be done

All participants were willing to participate in any educational program as they had never had an opportunity like that. Male participants emphasized the point of educating young girls as they are affected mainly by ignorance about their sexual and reproductive health and end up getting pregnant.

Discussion

This study aimed to examine the sexual and reproductive health literacy in the Kazo sector, Murusenyi village. However, still afterward, the study will continue after as shown in the implementation plan. The result analysis showed that young people aged from 12, the puberty period, up to 25 years old lack sufficient knowledge about sexual and reproductive health, which could help them decide on sexual and reproductive health. This finding is similar to Coast

(2019) that young people, especially girls, know very little about puberty, particularly periods and menstrual hygiene, and due to this, menarche can be a terrifying experience for many girls. Parents do not take the lead to educate their children about the topic. Most of their knowledge is from school, even if it is not enough. Another researcher has also found that young people receive limited information on sexual and reproductive health at school, and based on the culture; many Rwandans were shy to talk about it with parents at home (Kayiranga et al., 2019). When mother parents educate girls about sexual and reproductive health, they mainly focus on periods and the negative impact of what could happen if they talk to boys. Earlier research showed that the top 3 sexuality issues discussed at home were boy-girl relationships, HIV/AIDS, and pregnancy prevention (Kinaro, 2013).

Condom use is still an issue for female participants. They do not feel comfortable buying and using them. This finding is in line with a study in Kenya that showed that sexual information from both parents and teachers had limited influence on contraceptive use, and sometimes at school, the course was left to a teacher who provided a negative message on contraceptive use (Kinaro, 2013).

Education is the top way to solve ignorance about sexual and reproductive health, which has been the same for different researchers. There is a need for educational sessions in secondary schools to raise young people's awareness of growth changes and sexual reproductive health (Kayiranga et al., 2019).

Conclusion

Educational programs would improve sexual and reproductive health literacy among young people aged between 15 and 25 though it would be better to start from less than 15. More emphasis needs on the school's curriculum as most young educated people get the knowledge from the school. Parents need more knowledge about sexual information and learn how to transmit them to their young children.

Theory of change

Background

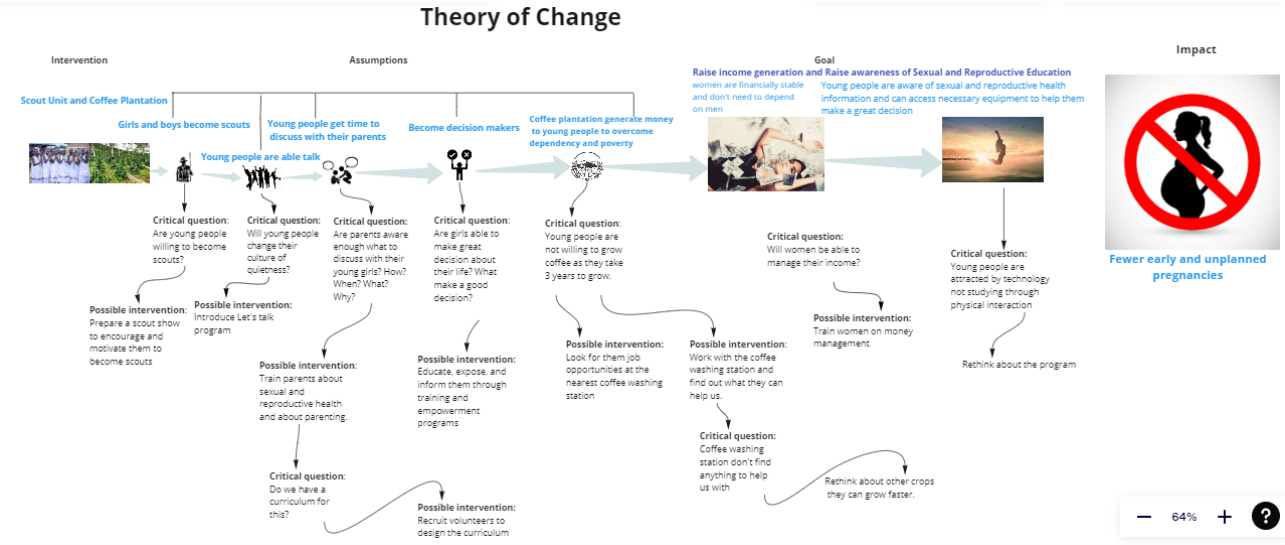
Let's Talk Program is still an on-thinking program implemented in the coming years. It was designed to respond to the problem of low literacy about sexual and reproductive health, as the need assessment revealed. The Program was thought of due to the increased unplanned pregnancies among young people at Murusenyi Village. Let's Talk Program; its long-term goal is to create an income generation activity and increase health literacy about sexual and reproductive health among young people aged 15 to 25. It has the following assumption:

1. Young people are willing to become scouts as we shall use the scout method to provide sexual and reproductive health courses.
2. Young people can change and talk.
3. Young people get time to discuss with their parents, and parents are open to them
4. Become independent of their life and decision-makers
5. Coffee plantations generate money for young people to overcome dependency and poverty

Indicators

In order to succeed, the following will prove it:

- Number of graduates
- Number of graduates who can distinguish different types of contraceptive methods
- Number of graduates who will be able to teach learned the lesson to others



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Program Design

Program Description

Let's Talk Program is designed to respond to the problems of sexual and reproductive health literacy problems in the Kazo sector in Rwanda, specifically at Murusenyi Village. It has not yet started as it is still in the learning process. Let's Talk Program will connect young people

aged 16-25 to learn more about themselves and their parents or guardians. Let's Talk Program will combine girls and boys as both are affected by early pregnancy. Let's Talk Program will have three categories, sexual and reproductive health education, income generation activities, and parenting.

Sexual and reproductive health education

In the category of sexual and reproductive education, the following courses will be covered:

- Reproductive anatomy and physiology
- Gender and sex about adolescent sexuality
- Adolescent sexuality
- Life skills in developing positive sexual behaviors
- Sexually transmitted infection and HIV/AIDS
- Contraceptive Methods
- Peer counseling service

These courses will be provided using the scouting methods. Usually, the youth or young people's program is designed according to the need of young people. For this case, as there is a need to improve sexual and reproductive health literacy at Kazo, it would be easy to work on the scouting method to solve that need. The participants will be taught about scouting and becoming scouts. Usually, Scout Movement is "a voluntary, non-political educational movement for young people open to all without distinction of gender, origin, race, or creed, following the purpose, principles, and method conceived by Baden Powell" (World Scout Bureau Global Support Center. (n.d.), p. 9). Its mission is "to contribute to the education of young people through a value system based on the Scout Promise and Law to help build a better world where people are

self-fulfilled as individuals and play a constructive role in society" ("Mission, vision and strategy," n.d. para. 1).

The purpose of the Scout Movement is "to contribute to the development of young people in achieving their complete physical, intellectual, emotional, social, and spiritual potential as individuals, responsible citizens, and members of their local, national, and international communities" (World Scout Bureau Global Support Center. (n.d.), p. 9). To achieve their mission and purpose, they use the Scout Method, which will be used to provide these courses about sexual and reproductive health, which is defined as a system of progressive self-education. As stated on the WOSM website, the scout method is "based on the interaction of equally important elements that work together as a cohesive system and the implementation of these elements in a coordinated and balanced manner" (World Scout Bureau Global Support Center. (n.d.), p. 11). It consists of eight elements that are:

- The Scout promise and law: a personal commitment to a set of shared values that involves what a scout does and wants to be (World Organization of Scout Movement, n.d.)
- Learning by doing: it involves the use of practical actions and reflection to facilitate ongoing learning and development (World Organization of Scout Movement, n.d.)
- Nature: learning opportunities outdoors which develop a better understanding of and a relationship with the environment (World Organization of Scout Movement, n.d.)
- Symbolic framework: unifying structure of themes and symbols to facilitate learning and the development of a unique identity as a scout (World Organization of Scout Movement, n.d.)
- Adult support: adult facilitating and supporting young people to create learning opportunities (World Organization of Scout Movement, n.d.)

- Personal progression: this is a progressive learning journey focused on motivating and challenging an individual to develop through a wide variety of learning opportunities continually (World Organization of Scout Movement, n.d.)
- Team system: use of small teams to boost collaborative learning as a result of practical teamwork, interpersonal skills, leadership, and a building sense of responsibility and belonging (World Organization of Scout Movement, n.d.)
- Community involvement: become an active explorer and commit to communities and the wider world (World Organization of Scout Movement, n.d.)

Primarily, the Scout movement believes that "every person is unique and education has to be from within instead of receiving instructions while the person is not perfectly present. So the individual is the primary actor in the educational process" (World Scout Bureau Global Support Center. (n.d.), p. 15). So the scout method guides and encourages each young person along this growth path. The Scout Method is

> Intended to help teach young people to use and develop their capacities, interests, and experience of life, to stimulate the discovery and development of new capacities and interests; to help them find constructive ways of meeting needs at different stages of development, and to open doors to further stages at their own individual pace. Importantly, self-education can happen individually or within group settings (World Scout Bureau Global Support Center. (n.d.), p. 15)

Income generation activities

For the income generation activities, as young people showed the need of increasing their income to be self-depended, we shall do coffee farming as in this region, there is a coffee washing station ready to help out in case the Program starts. All participants said that the most used method to attract young ladies to sexual intercourse is money; teaching and helping them generate their funds would make them independent.

Coffee plays a significant role in the economy of the Rwandan country, “contributing significantly to foreign exchange earnings and the monetization of the rural economy. The annual quantity produced in Rwanda ranges from 20,000 to 22,000 metric tons”. The most produced and there an increase of thoroughly washed and ordinary coffee export volumes and revenues every year. The major markets for Rwandan coffee are the United States, Europe, and Asia (Switzerland, UK, Belgium, and Singapore). There are anomalous coffee exporters in Rwanda; however, the production has started to decrease (CBI, 2018). The involvement of youth in the coffee industry is low. Rwanda has a critical issue in its production due to the age of the farmers. According to United Nations, Food and Agricultural Organization (FAO), the average age of African farmers is 60, while 60% of the continent's population is under 24. For example, in Rwanda, 400,000 smallholder farmers responsible for coffee production will be too old to continue farming (Baker-Woodside, 2020).

Due to the coffee price crisis, mass urban migration, and the period taken to grow coffee, young people do not find themselves in this industry (Baker-Woodside, 2020). According to the Ministry of Agriculture and Animal Resources, despite the decrease, coffee income has increased from $38 million in 1994 to more than $62.4 million in 2020. Farmers are happy as

planting coffee has changed their lifestyle. For example, Cecile Kagirinka, a 64 resident in Kigarama Village, Rwarenga Cell, Remera Sector, Gatsibo District, has been a coffee farmer since 1983, and she said this crop has helped her raise her children and pay for their education. One of her children has graduated from university (Nsabimana, 2020). Growing coffee is more helpful and life-changing than staying home doing nothing despite the decrease. Price keeps increasing yearly, making it a promising income-generating activity that would last for a long time.

Parenting

The last category of the Program will focus more on parents. Parents play a significant role in changing the behavior of their children. The interview conducted showed that parents do not feel open to their children being able to talk to them. Even though interviews with parents were not conducted during this time, other research showed that parents have limited knowledge about sexual and reproductive health and do not know how to transmit that information to their children (Kinaro, 2013). The Program will help parents gain knowledge and get ready to talk to their children.

Goals and Objectives

Let's Talk Program has the following goals:

- Eradicating ignorance related to sexual and reproductive health, which results in wrong decisions among young people at Murusenyi Village

- Enhancing and re-enforcing skills and knowledge of sexual and reproductive health to parents so that they can educate their young children and help them make a good decision for themselves
- Re-enforcing the working culture among young people, especially young girls, so that they stop depending on men
- Live the reality of young people and stop deciding for them what they want while we do not even know what they want.

Activities

Let's Talk Program will be carrying out different activities in its implementation phase. Those activities are:

Recruitment Month

Let's Talk Program will take one month to recruit the first cohort. It will start with 20 young people, ten boys, and ten girls. Their parents will be automatically recruited, and those who do not have them will bring their guardians. The team on the field will determine some of the criteria to follow. Other announcements will be posted in different locations so that all people can access them.

Sexual and reproductive health education courses

The recruited team will meet twice a week to learn more about sexual and reproductive health. The meeting will last for 1 hour. During this time, the first 20 minutes will be more about moral time, and 40 minutes will be more about training. The training will last for three months.

Parenting courses

Parents will have a particular curriculum to learn about sexual and reproductive health and how to provide and discuss this information with their children. The training will last for three months and one day a week and 1.5h.

Gathering Party

Once parents have graduated from the parenting courses, there will be a gathering of parents and young people where parents will be free to talk and young people free to talk. There will be different gatherings, educated parents with educated young people, educated parents with the rest of their children at home, and peer counseling after the Program.

Coffee Plantation and follow-up

Let's Talk Program will write a letter to the Sector level requesting to borrow land for at least 20 years. There are available free lands that youth could use to plan coffee. So the letter will be drafted, and once the land is available, the Let's Talk Program will work with Rwacof-Kazo to help the team plant the coffee. If the sector does not give the land, parents will be requested for the land and manage to plant in that available land.

Once they graduate from the Program, they will always have two days to come to the plot to take care of the coffee plantation.

Partners

Let's Talk Program plan to work with different partners, but Rwacof Kazo is the only available partner. There is a plan of approaching Kazo Sector so that they can help us get the land. Rwacof Kazo would help more in the coffee plantation as they would provide coffee seedlings. Ni Nyampinga, Rwanda Scouts Association, and UNFPA are other partners to approach. Ni Nyampinga, as an experience program, could help out with the curriculum planning and give us trainers. Rwanda Scouts Association would also help award graduates, and through them, it would be easy to apply for funds at the Scout Foundation. UNFPA would also be the primary source of funds.

Backlash

Given that the program will be teaching topic that society takes it as taboo, there are possible pushback or backlash that might rise including Churches which don't believe specifically in the use of modern contraceptive method. In order to avoid this, I plan to partner with Catholic Church at the beginning and involve them in every step the program will make. Furthermore, I will work with them to design the course about nature contraceptive methods.

Sustainability

It is crucial to think about the sustainability of the Program. In order to sustain, within a year, the Let's Talk Program will have two intakes. The graduates will continue to shift to coffee, and

Let's Talk Program staff will continue to visit them. Parents will also be working with their children on the coffee plantation.

As coffee generates money after like four years, the Let's Talk Program will live based on the funds in the first four years. However, after four years, 60% of the income will be for the graduates, and 40% will come back to the Let's Talk Program and be used to run it. However, the funds will continue to be raised.

Evaluation

Evaluation will be done in two phases, during the program evaluation, which is process evaluation and will be done, and at the end of the Program, impact evaluation.

Process evaluation

Process evaluation will focus more on ongoing activities. It will use a quantitative method to conduct this evaluation. We have different targets, and we shall collect data about the number of beneficiaries who have been attending the sessions, number of books distributed, quantity of materials used to educate, hectares borrowed, number of coffee seedlings planted, number of partners agreed to work with, funds received several radios who agreed to market for us. At the end of each session, educators will conduct a short evaluation of how the session was and what the beneficiaries benefited from it.

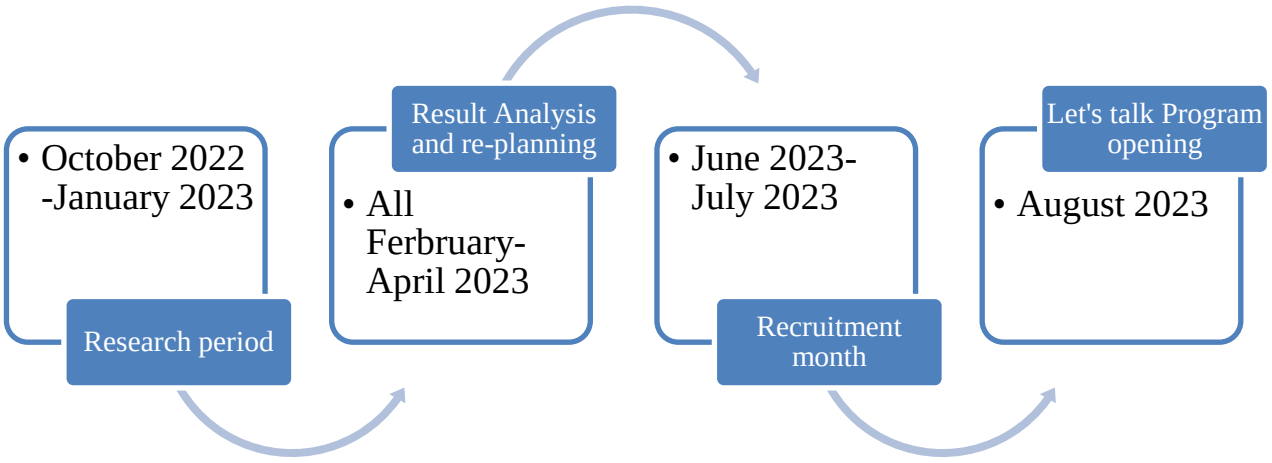
Impact evaluation

This Program intends to impart knowledge, attitude, and behavior. At the end of the Program, the evaluation will be conducted to see if this impact has been achieved. In order to evaluate it, at the end of the Program, surveys will be conducted to evaluate if at least know beneficiaries are able to explain how to use contraceptive methods both theoretically and practically. Educated young people will be required to go to the nearest primary schools and start the clubs of Let's Talk.

Implementation

Let's Talk Program will be implemented after conducting another remaining interview with parents, single fathers, and other few single mothers and young unmarried people. This interview will be conducted in October 2022. They will last for three months. After the interviews, one month will be taken to re-analyze the Let's Talk Program based on the results.

Timeline



Once the Let's Talk Program starts, participants will be asked to agree on the meeting time as long as it is twice a week. Parents also will be asked to select a perfect time for them.

Implementation Plan of Let's Talk Program

Activities	2022			2023												2024			
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Continue the research about the need assessment as there is a team of people that still	x	x	x	x															

need to be interviewed																		
Analyze the results and re-plan					x	x	x											
Apply for funds								x	x	x	x	x	x					
Partner with a different organization									x	x	x	x						
Recruit 5 educators										x	x							
Develop curriculum											x	x						
Train educators											x							
Hire two staffs												x						
Recruit 20 beneficiaries, both young people and parents													x					
Buy necessary materials to use in the sessions.													x					

Order T-shirts														x				
Implement weekly group sessions														x	x	x	x	x	x
Look for land to plan a coffee								x	x	x	x	x	x	x					
Prepare the evaluation															x				
Mid program evaluation																	x		

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Appendix A: The questionnaire used for the interview

Survey for my capstone

Nitwa Nikuze Sandrine, nkaba ndi umunyeshuri mu ishuri rya Regis University aho ndi gukurikirana amashuri ikiciro cya gatatu cya kaminuza. Ubu ndimo ndakora igitabo cyanjye cyanyuma aho ndimo gukora ku Ubumenyi kubijyanye n'imibonano n'ubuzima bw'imyororokere mu Rwanda, Kazo ku bantu bafite imyaka hagati ya 15-26.

Nkaba nafashe uyu mwanya kugirango nkusanye amakuru kuri iyo ngingo nababwiye ruguru. Aya makuru ntahandi azakoreshwa cg azashyikirizwa bihabanye n'amategeko bitari mu mpamvu z'amasomo. Niyo mpamvu mbasaba ngo munyemerere mbabaze ibi bibazo.
Ibisubizo byanyu ni ingenzi

Murakoze kwemera kugira uruhare.

1. Are you a student? In which level?/ Uri umunyeshuri? wiga muwakangahe?

2. Do you have some clubs at schools?/ Mugira amatsinda ku ishuri?

3. Would like to become a scout?/ Wumva waba umuskuti

4. How do you feel about farming?/ Ibyubuhinzi ubyumva ute?

5. Did you ever drink coffee?/ Waba warigeze kunywaho ikawa?

_____

6. What is your age/ Ufite imyaka ingahe?

_____

7. Do you live with your parents? If not, with whom do you live?/ Waba ubana n'ababyeyi? Niba utabafite ubana nande?

_____

8. Who in your family do you feel comfortable talking to about sexual issues?/ Ese mu muryango wawe ninde wiyumvamo wasangiza ibibazo by'imyororokere?

_____

9. Who else do you feel comfortable talking to about sexual issues?/ Ninde wundi wumva wisanzuyeho mwaganira ibyubuzima bw'imyororokere?

_____

10. What other places do you get sexual health information? Nihe waba ukuru amakuru yerekeye imyororokere? ese ni

Mark only one oval.

- ◯ TV
- ◯ Radio
- ◯ Social media
- ◯ Online
- ◯ Peer
- ◯ Other: _____

11. What have you learned about how to prevent unwanted pregnancies? Ese waba uzi uburo bwo kwirinda iza zitateguwe?

12. What are dome of the different contraceptive methods do you know? Ese ni ubuhe buryo bwo kuboneza urubyaro waba uzi?

13. How easy or difficult is contraception to access by young people in your community? Is it available? Affordable? Accessible? Ese biroroshye kubona uburyo bwo kuboneza urubyaro? Ese buragurika? Burahari se? Ese byorohere urubyiruko kubona ubwo buryo?

14. Have you heard of women in your community having unwanted pregnancies? What were the outcomes of these pregnancies? Waba wamvise abantu baba barasamye inda zitateguwe aho uba? Ese byaba byararangiye gute cg byabagizeho izihe ngaruka?

15. How do people in your community feel about young women having unwanted pregnancies? Ese abakobwa baterwa inda zitateguwe bafatwa gute aho muba?

16. How do you think we can reduce unwanted pregnancies in he community? Wumva ikibazo cy'inda zitateguwe cyacyemurwa gute?

17. If you would be taught about sexual and reproductive health, would you like to study in a mixture of boys and girls or you would prefer in a single sex/gender class? Ese habayeho kwiga ibijyanye n'imyororokere, wumva wakwiga mu ishuri rivanze cg wahitamo kwiga mu ishuri ritavanze ry'igitsina kimwe?

Mark only one oval.

- ◯ Mixed class
- ◯ Single class
- ◯ Other: _____

18. What do men do to attract ladies and then convince them to have sex? Ese niki abahungu bashukisha abakobwa ngo baryamane?

19. Do you find theaters about sexual and reproductive health more helpful? Ese ubona inkinamico zerekeye imyororokere cg ibiganiro byo kuri radio hari icyo bifasha?

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

20. Do you have any other thoughts or idea about this topic that you would like to share? Haba hari ikindi kintu kubijyane nibi twavugaga watubwira?

For single mothers

21. How old were you when your got pregnant? Ese wari ufite imyaka ingahe igihe wasamaga?

22. What sort of support do you get from the father of your child? Ese hari icyo papa w'umwana agufasha?

23. Was your pregnancy planned or unplanned?

Mark only one oval.

- ◯ Planned
- ◯ Unplanned

24. What sexual health information would have been helpful for you to have in order to understand pregnancy and contraception to prevent pregnancy? Ese ni ubuhe bumenyi warukeneye kugirango ube wakwirinda gusama inda utari wateguye?

25. How the society did welcomed you after getting pregnant? Ese ni gute aho utuye bakwakiriye?

26. Did your parents, family, or guardians helped you? Accepted it? Ese nigute ababyeyi, umuryango, cg ukurere yava yarakwakiriye?

27. What services have been helpful for you as a single mother? Ese ni izihe service zaba zarakugiriye akamaro nk'umubyeyi w'ibana cg uba murugo?

28. What other additional support would you like to see available to you in the community? Ese ni ubuhe bunganizi bundi wumva wakwegerezwa?

29. What is your relationship with you child? Ese wangereranyiriza urukundo ufitiye umwana wawe ukimutwita nanyuma yo kumubyara?

30. Did you ever have discussions with your parents about sexual and reproductive health before you get pregnant? Waba warigize uganira n'ababyeyi bawe ibijyanye n'ubuzima bw'imyororokere?

31. Who do you feel comfortable talking to about sexual and reproductive health? Ese ninde wisanzuraho kuganira ibijyanye n'imyororokere?

Mark only one oval.

- ◯ Parents
- ◯ Friends
- ◯ Professionals?
- ◯ Other: _____

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[i] * I changed her name due to her privacy

[ii] Ortiz-Echevarria, L., Greeley, M., Bawoke, T., Zimmerman, L., Robinson, C., & Schlecht, J. (2017). Understanding the unique experiences, perspectives, and sexual and reproductive health needs of very young adolescents: Somali refugees in Ethiopia. *Conflict and Health*, *11*(S1). https://doi.org/10.1186/s13031-017-0129-6

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