



**FACTORS INFLUENCING THE SUCCESS OF YOUTH BASED REPRODUCTIVE HEALTH
PROJECTS IN RWANDA: CASE OF CYBERRWANDA**

BY

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ABSTRACT:

Despite commitment, various youth based reproductive health projects in Rwanda were initiated but the problem lies in their success and sustainability; moreover, to achieve the Sustainable Development Goal number three, which is to ensure healthy lives and promote well-being for all persons of all ages, youth must be assured of universal access to sexual and reproductive healthcare. Therefore, this study assessed factors influencing the success of youth based Reproductive Health projects in Rwanda". Specifically, the study had three objectives: To assess the effect of stakeholders' engagement to the success and sustainability of reproductive health projects in Rwanda, to find out the effect of socio-economic factors to the success and sustainability of Reproductive Health projects in Rwanda and to examine the effect of Residential setting to the success and sustainability of Reproductive Health projects in Rwanda. The study considered the case of Cyber Rwanda and. The type of data crossed sectional while type of research was descriptive. Total population was 971 including direct beneficiaries of Cyber Rwanda of 959, and 12 staff of the project. Sample size was 294 while sampling techniques were purposive, stratified and random. Three tools used to collect data; questionnaire, interview and documentary review. Both Qualitative and Quantitative data were collected whereas SPSS were employed to analyze quantitative data while content analysis to analyze qualitative data. The study recommended to consistently organize campaigns that aims to inform youth where they can get trusted information related to Reproductive Health; to invest hugely in poverty reduction and eradication particularly in remote areas; to always involve project stakeholders since the inception of the project and during execution of the project; to empower remote residents' youth and to address society beliefs towards sexual related topics.

Keywords: *Reproductive Health projects, Success of Reproductive Health projects, Cyber Rwanda*

1. INTRODUCTION

Globally, youth who require sexual and reproductive health services such as accurate information, contraception, and treatment for sexually transmitted diseases, are either not available or are provided in a way that makes youth feel unwelcome and embarrassed (UNFPA, 2014).

To engage youth, health services must be attentive to their needs and developmental characteristics. Youth Friendly Health Services (AFHS) was designed by World Health Organization (WHO) to tackle these problems and make it simpler for teenagers to access the necessary services.

The report of the United Nations Population Fund (UNFPA) of 2020, stated that 1.8 billion young people aged between 10-19 make up more than 16 percent of the world's population. At least 777,000 births to youth aged 15 years old take place in underdeveloped nations every year; globally, an estimated 21 million girls aged 15 to 19 years in these countries become pregnant and about 12 million of them give birth. (WHO, 2020); challenges of sexual and reproductive health are among those problems that affect the well-being of youth.

The 1994 International Conference on Population and Development (ICPD) recognized at the reproductive health needs of young people had largely been ignored by existing health, education, and other social programs. (WHO, 2002). Unwanted pregnancy is one of the problems that are facing youth globally which has an indirect effect in the next generation. Beginning sexual intercourse before having the necessary knowledge and abilities, negative attitudes toward sexual health education, ineffective communication skills, inadequate teaching materials, as well as insufficient awareness of parents particularly in many developing countries have prevented youth' access to basic knowledge about Reproductive Health care (Fariba, 2020).

Worldwide teenagers have a number of challenges when trying to get services for sexual and reproductive health. (Samah 2020).

Social norms are a very powerful control of the expression of human sexuality. In sociology, a norm (or social norm) is a rule that is socially enforced. Social sanctioning identifies the differences between norms and other products or social creations such as meaning and values, morals, taboos, laws, and religious beliefs that influence not only the sexual behavior of individuals but also the way they perceive and

2. STATEMENT OF THE PROBLEM

Not only in developing countries but also in developed countries, project success is a major challenge, where the large number of projects implemented at huge costs often tends to have

describe it (WHO, 2018). Lack of RH knowledge and unfavorable attitudes among Muslim women affect their access to and use of RH services (Alomair, 2020). Muslim women faced a number of obstacles to using contraception, including misunderstandings, negative attitudes, a lack of awareness about contraception, and basic reproductive information (Samah 2020).

Despite Africa being the continent with the youngest population worldwide indicated by the report of the United Nations (2015); Rwanda is aspired to be in middle-income countries by 2035 and in high-income countries by 2050 and invest in promoting the development of all citizens; however, there is a persistent increase in unwanted pregnancies among Rwandan youth (O'Neill, 2022).

Moreover, the Government of Rwanda has discovered that empowering women from an early age is one of the key steps to accelerating sustainable development; the recent Gender Gap Report 2020 of the World Economic Forum ranked Rwanda as the first country in Africa and the 09th country globally in promoting gender parity between men and women (MIGEPROF, 2020). However, 19,832 young girls got pregnant in 2018, up from 17,337 in 2017 and 23,544 children were born to teen mothers in 2019 (Tasamba, 2021).

Daily youth require information on and access to modern contraception, emergency contraception, menstruation, and sexually transmitted infection) testing and treatment, gynecology, pregnancy counseling services, safe abortion, counseling, gender-based violence-related counseling, harmful practices counseling, etc. (CyberRwanda, 2022). Therefore, the present study seeks to assess factors influencing the success of youth based Reproductive Health projects in Rwanda, considering evidence from CyberRwanda

trouble with success and sustainability (Khan, 2000). All major donors, such as the World Bank, the African Development Bank, and the bilateral aid agencies have been expressing concerns on

this matter (Augustin, 2016). This implies that while huge expenditures are incurred in implementing projects, always the success and sustainability of implemented projects is a critical issue that keeps raising. Project facilitators design projects with the intention to benefit the target beneficiaries. However, due to the lack of success and sustainability component, many projects implemented that target to address the issue of Reproductive Health have failed to reach their goals and even failed to sustain after the leave of donors and project initiators. The Rwandan government offers comprehensive sexuality education in secondary schools to improve

3. OBJECTIVES

This study's main aim was to assess the effect of COVID-19 containment measures on project performance analysis. The study sought to:

- [1] To assess the effect of stakeholders' engagement on the success and sustainability of Reproductive Health projects in Rwanda

4. RESEARCH QUESTIONS

Research questions is an approach that enable the researcher to specify the issues or problem he/she wants to focus on. They break down the project into more manageable tasks that would need to be investigated and completed. The following are the questions formulated for further investigation:

5. THEORETICAL REVIEW

Theory of Reasoned Action

The Theory of Reasoned Action was developed by psychologists Martin Fishbein and Icek Ajzen in 1975 and the theory linked to teenagers' sexuality by Mary Rogers Gillmore (2014). The theory of Reasoned Action developed out of social psychological research on attitudes and the attitude-behavior relationship. The model argues that most socially relevant actions, including those related to health, are under volitional control and that a person's intention to engage in a behavior is both its primary cause and its most accurate prediction (Science, 2020).

knowledge of puberty, reproduction, pregnancy, Gender - Based Violence (GBV), sexual risk behavior, and HIV/sexually transmitted infections (STIs). However, a meta-synthesis of qualitative studies found the quality of instruction in school-based FP/RH. Previous studies suggest that youth are reluctant to initiate conversations about stigmatized topics with teachers and family members and predominantly learn about sexual reproductive through friends, among whom misinformation is common. This study seeks to assess factors influencing the success of youth-based Reproductive Health projects in Rwanda.

- [2] To find out the effect of socio-economic factors on the success and sustainability of Reproductive Health projects in Rwanda
- [3] To examine the effect of Residential setting on the success and sustainability of Reproductive Health projects in Rwanda

Q 1. To what extent does stakeholders' engagement affect the success and sustainability of Reproductive Health projects in Rwanda?

Q 2. How do social and economic factors affect the success and sustainability of Reproductive Health projects in Rwanda?

Q 3. How Residential setting affect the success and sustainability of Reproductive Health projects in Rwanda?

In turn, it is believed that intention depends on two fundamental factors: attitude toward the conduct (the individual's overall assessment of engaging in the behavior) and subjective norm (the perceived expectations of important others with regard to the individual performing the behavior in question).

Generally, speaking, people will have strong intentions to perform a given action if they evaluate it positively and if they believe that important others think they should perform it. In the recently updated theory developed by Mary Rogers which he linked with sexuality. Because

girls bear greater costs associated with sexual intercourse (e.g., unplanned pregnancy and greater susceptibility to STDs), girls and boys are presumed to balance the costs and rewards of sexual activities differently. They also give different reasons for not having sex. Rogers suggests that factors influencing a youth's decision to have sex may depend on whether the youth is sexually experienced. The theory of reasoned action suggests that such factor influence decisions about having sex. That is, although there may be different factors that influence a virgin's decision to initiate sex relative to those that influence a sexually experienced youth's decision to have sex again.

Theory of Planned Behavior

The Theory of Planned Behavior (TPB), which was developed after the Theory of Reasoned Action, was discussed in 2018 by showcasing how TPB has been able to predict and explain a variety of health behaviors and intentions, including, among others, smoking, drinking, using health services, breastfeeding, and substance use. (Wayne, 2019).

The TPB states that behavioral achievement depends on both motivation (intention) and ability (behavioral control). It distinguishes between three types of beliefs (behavioral, normative, and control). The individual's desire to engage in a behavior, which is impacted by the values the individual sets on the behavior, determines whether or not the behavior is performed, the ease with which it can be performed, and the views of significant others) and the perception that the behavior is within his / her control (Starting et al 2016).

One of the assumptions underlying this theory is that while a person chooses to engage in substance use, substance use often is not planned or even intended. A second supposition is that

6. EMPIRICAL REVIEW

At a global level, sexual and reproductive health (RH) is seen as a pressing issue, especially during youth since this age group has particular sexual health needs, including a variety of information gaps, societal stigmas, laws around contraception and abortion, and judgmental attitudes. (Marjan Havaei, 2021).

Several researchers have recommended extending the Theory of Planned Behavior to include perceived objective (descriptive) norms (Staats, 2004).

Research also reliably indicates that sexual intercourse is associated with overestimation of how frequency and how much other people think about it, how easy to do it, and reputation during the discussion with colleagues. Therefore, this theory is linked with the present research subject due to the fact that the success of Reproductive Health projects lies in how people perceived and reason about the project itself. With a good perception and reasoning, every Reproductive Health project might be successful and vice versa.

people's usage of substances is associated with specific societal stereotypes (typology of a person rather than description). These prototypes are associated with behavioral willingness such that the more favorable the image of a substance user, the more likely they are to engage in substance use and to accept the social consequences of being seen as a substance user. This theory is useful to the present study whereby some of the factors that affect the success of sexual health projects are linked to how people behave about the sexually related subject in society.

Therefore, both two mentioned theories are relevant to the present study however, the theory of Reasoned Action is very central to the present study due to the fact that, factors leading to the success of sexual health projects or factors that hinder the success of sexual health projects In Rwanda linked with how students and community reasoning about it. Peer pressure and religion hinder the success of sexual reproductive projects which is the fact people didn't spend time and reason about them in regard to the consequences of violating projects related to sexual reproductive projects.

Statistics indicate that 10 million cases of sexually transmitted diseases (STDs) occur annually among youth in the United States (US). Additionally, estimates indicate that this age group experiences 40% more new HIV infections each year than the national average. (Marjan Havaei, 2021).

Iranians believe that the only way to achieve sexual ideals is through marriage in light of their culture and religion. Nevertheless, cultural change has led to a rising trend in high-risk sexual behaviors. Among youth (Marjan Havaei, 2021). The prevalence rate of unsafe sex has also caused the third wave of HIV/acquired immunodeficiency syndrome (AIDS) infections in Iran (Daniel et al, 2017).

The fear of parents finding out about visits and among health professionals was the perceived barrier to psychological accessibility. These feelings were induced by negative cultural attitudes toward premarital sex and included feelings of shyness and embarrassment. (Souksamone Thongmixay D. R., 2019). Additionally, there are geographical accessibility challenges, including a lack of youth-friendly medical facilities. (Souksamone Thongmixay, 2019). In addition to the above-listed problems, the disproportionate burden of RH concerns that young people experience is frequently made

Availability, access and utilization of these services in low and middle-income countries have been criticized for not being comprehensive. (Chama Mulubwa A.-K. H., 2020).

In Senegalese study, 4% of youth women and 7% of youth men surveyed have ever visited of family planning clinic. Reasons cited for non-use of services include unmarried status among women, embarrassment, cost, poor reception by clinic staff, lack of knowledge about sexuality, concern about the efficacy and side effects of contraceptives, and contradictory social perceptions around premarital sex and contraceptive use (Katz & Tolley, 2006).

Nigeria has implemented several crucial policy measures to support the provision of reproductive health care for young people, including the creation and implementation of a national youth reproductive health policy by the government; In Nigeria, reproductive health is a topic for concurrent legislation (James E. Rosen, 2004). Therefore, the Federal Ministry of Education approved the teaching of sexuality and life planning education in secondary schools. This policy direction facilitated the creation of a national curriculum that was recently approved

worse by a lack of RH knowledge and a lack of access to RH services. (Chandra-Mouli V, 2015). Awareness of RH services, sociocultural norms about youth sexual behavior, the availability of RH services, and the quality of the services they offer all have an impact on how accessible these services are. (Souksamone Thongmixay, 2019). Youth RH requirements are frequently underappreciated for a variety of reasons, including social stigmas, information gaps, misperceptions, and societal norms. (Marjan Havaei, Sara Esmaelzadeh, Leili Salehi, 2021).

In Zambia, just as in other low- and middle-income countries, a good number of youth lack access to health services that consider their Reproductive Health and rights needs with respect (Chama Mulubwa A.-K. H., 2020). Despite challenges associated with adult-centered health care, a number of limitations have been pointed out in Zambia. First, youth-friendly Reproductive Health services have not worked as anticipated.

following thorough stakeholder assessment and discussion (James E. Rosen, 2004).

Limited access to health services is one of the causes of poor RH indicators in Liberia such as early-unintended pregnancies, challenges in having access to either contraceptive services or the contraceptive, and challenges accessing safe abortion services. In Liberia, contraceptive use among the youth is low (Pack, 2014). According to the Demographic Health Survey, report (2019), the unmet need for family planning in Liberia is 42.7% age 15 -19 years and 35.8 for age 20-24 years, in addition, 49.1% of women age 15 -19 years have had a live birth, by the age of 18, up to 48 percent of girls have begun childbearing (Kpangbala, 2020).

The government of Uganda in collaboration with the United Nations Children's Fund (UNICEF) has implemented youth-friendly reproductive health education to prevent early pregnancy using various platforms like clubs, sports, music, dance, and drama.

The Republic of Rwanda is ranked fifth (5) of the countries with the highest percentage increase in the youth population with a proportional increase

in youth girls of 75% (WHO, 2018).the study undertaken by Aimable at al. on the breaking barriers in the prevention of youth pregnancies program on sexual and reproductive health showed that youth pregnancies have increased from 6.3% in 2010 up to 7.3% in 2015 (Aimable Nkurunziza, 2020). However, when examining more precisely the distribution, a serious problem exists in youth attending secondary school whereby 85% of all youth pregnancies is

for in school children in Kirehe district: a mixed method for the development of a peer education

observed in youth attending school (Aimable Nkurunziza, 2020).The recent research conducted by Katherine et al (2022) showed that many youths and youths reported significant difficulties accessing RH information and services, including stigmatization among service providers. Provider biases and negative attitudes were cited as barriers (Katherine, 2022).

7. CONCEPTUAL FRAMEWORK

Independent variable

(Factors associated with the success of RH Projects in Rwanda)

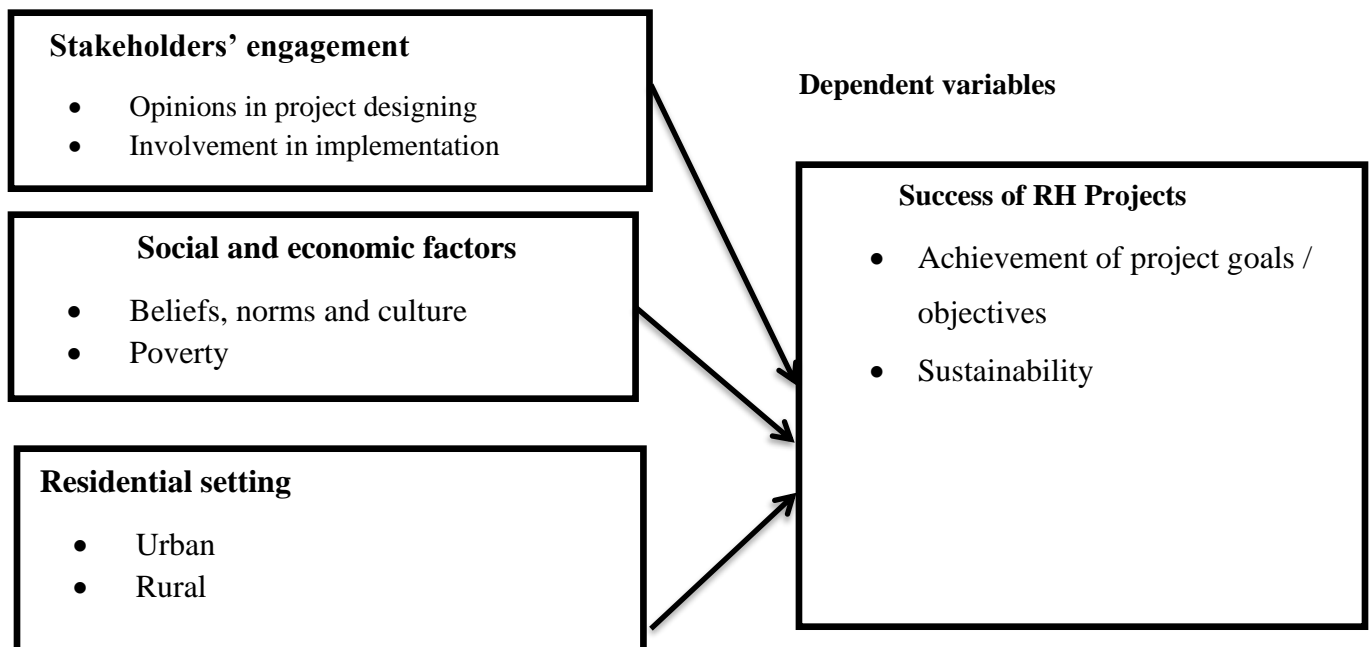


Figure 1:Conceptual framework, 2022

8. MATERIALS AND METHODS

This study employed cross sectional data because the data collected at a single point of time; both quantitative and qualitative data has been collected. Among type of study, the present is descriptive due to the fact that researcher described the factors influencing the success of youth-based Reproductive Health projects in Rwanda evidenced by CyberRwanda.

The population of this study was the direct beneficiaries of CyberRwanda including youth and students who are in secondary school from

both public and private. The total target population was 971 whereby 959 were youth who have been collaborating with CyberRwanda and 12 staff of CyberRwanda. Data was collected in Gasabo (Rwanda) and Bugesera district in the Eastern province. Stratified random sampling is used by researchers when trying to evaluate data from different subgroups or strata.

Purposive sampling, also known as judgmental, selective, or subjective sampling, is a form of non-probability sampling in which researchers

rely on their own judgment when choosing members of the population to participate in their surveys. There are two sources of data collection in this study including primary data and secondary data. Primary data have been collected directly through the administration of questionnaires, interviews, focus, and group discussions. Secondary data have been collected from previous documentation, reports, and journals concerning factors that influence the success of youth-based Reproductive Health projects not only in Rwanda but also in the rest of

the world. A questionnaire is a tool that consists of a set of questions to the subject used to answer research questions. A focus group is a research method that brings together a small group of people to answer questions in a moderated setting. An interview is a face-to-face conversation between the interviewer and the interviewee, where the interviewer seeks to notice a direct understanding of the interviewee on certain issues or topics. Descriptive statistics helped in describing quantitative data which was summarized in a meaningful way.

9. FINDINGS AND DISCUSSIONS OF THE RESULTS

Access to Reproductive Health Services before the coming of CyberRwanda

Access to RH Services	Frequency	Percent
Yes	232	78.9
No	62	21.1
Total	294	100.0

Source: Primary data, 2022

Majority concurred that, they have access to Reproductive Health services represented by 78.9% even before the coming of CyberRwanda through social media, press, being told by parents, discuss with elder brothers and sisters and learn from colleagues. However, during the interview, respondents from Bugesera said that:

“When you show interest to know more about Reproductive Health services or keep asking about sexual reproductive health; your colleagues consider you as you do sexual intercourse or you are planning to do. A good platform should be well organized but limited by community understanding, and norms toward sex in

Source of information, advice on sexual reproductive health

Source of information, advice on RH	Frequency	Percent
Hospital, Health center and Health post	16	5.4
Classmates	68	23.1
Family members (Apart from parents)	30	10.2
Parents	63	21.4
School	29	9.9
Church	7	2.4
Youth center	3	1.0
Refuse to answer	78	26.5
Total	294	100.0

Source: Field data, 2022

The findings showed that, high proportional of the respondents (26%) refused to answer where they get information or advice related to sexual reproductive health; followed by 23.1% who trust their classmates while 21.4% shared information and get advice from their parents and 10.2% get information from other family members (apart from parents). The least source of information includes school, hospital, church and youth center represented by 9.9%, 5.4%, 2.4% and 1%

respectively. The study revealed that, there is a gap in where youth get information concerned to Reproductive Health because the reliable and truth source of information represented by low rate (hospitals, schools and parents). Respondents have suggested to organize campaigns in schools and mobilize youth to know where they have to get information related to Reproductive Health and they have suggested to appoint personnel especially for those who share the same school

who should always be in the office waiting to provide the right information concerning to sexual reproductive health.

Influence of socio -economic factors influencing the success of RH projects in Rwanda

Statements	Mean	Std. Dev	Std. Error
Beliefs, norms and culture influence the success youth RH projects in Rwanda	4.68	0.492	0.022
Poverty influences the success of youth-based RH projects in Rwanda	4.58	0.520	0.025

Source: Primary data, 2022

There is a high influence between beliefs, norms, culture, and poverty on the success of youth-based RH projects in Rwanda demonstrated by calculated means which are greater than 4, and standard error which are less than 2

Influence of Residential setting the success of youth-based RH projects in Rwanda

Statements	Mean	Std. Dev	Std. Error
Living in urban area influence the success of youth-based RH projects	4.49	0.515	0.021
Living in rural area influence the success of youth-based RH projects in Rwanda	4.35	0.502	0.034

Source: Primary data, 2022

Following that calculated means which are greater than 4 and standard error, the findings showed that living in urban are and living in rural are influence the success of youth-based RH projects in Rwanda. The following table show respondents perception

Correlation matrix

Statement		Stakeholders	Economic factors	Success of youth-based RH projects	Residential setting
Stakeholders	Pearson Correlation	1	.427**	.017	.317**
	Sig. (2-tailed)		.000	.778	.000
	N	294	294	294	294
Economic factors	Pearson Correlation	.427**	1	.163**	.405**
	Sig. (2-tailed)	.000		.005	.000
	N	294	294	294	294
Success of youth-based RH projects	Pearson Correlation	.017	.163**	1	.083
	Sig. (2-tailed)	.778	.005		.155
	N	294	294	294	294
Residential setting	Pearson Correlation	.317**	.405**	.083	1
	Sig. (2-tailed)	.000	.000	.155	
	N	294	294	294	294

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation analysis showed that, though stakeholders’ engagement, economic factors, and

residential setting have a relationship with the success of youth-based reproductive health

projects, but economic factors have a highly positive correlation with the success of youth-based reproductive health. Therefore, there is a

need to invest in eradicating poverty in Rwanda's households.

10. CONCLUSION AND RECOMMENDATIONS

Based on the interpretation of collected the findings demonstrated that there is a highly positive relationship Between stakeholder engagement, socio-economic factors, and Residential settings with the success of youth-based Reproductive Health projects in Rwanda. The study recommends:

- i. Break society's beliefs towards sexually related topics
- ii. Empower remote residents' youth

- iii. Always involve project stakeholders since the inception of the project and during the execution of the project
- iv. Set measures to regulate the use of social media to urban youth
- v. Invest hugely in poverty reduction and eradication, particularly in remote areas
- vi. Consistently organize campaigns that aim to inform youth where they can get trusted information related to Reproductive Health

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