THERAPEUTIC ADVANCES in
Reproductive Health

Original Research

A qualitative study of parents and healthcare providers' partnership in improving adolescent sexual and reproductive health services in Rwanda

Ther Adv Reprod Health

2025, Vol. 19: 1–13

DOI: 10.1177/26334941251337534

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Abstract

Background: Adolescents in Africa encounter various sexual and reproductive health (SRH) challenges, such as insufficient information, societal stigma, inadequate services, and cultural obstacles. Enhancing collaboration between parents and healthcare providers can foster trust, improve communication, and provide better support, ultimately leading to improved access, quality, and utilization of SRH services (SRHS) for adolescents.

Objective: This paper offers perspectives from parents and healthcare providers on the roles of their partnerships in improving adolescent SRHS.

Design: The research employed a qualitative phenomenological study design.

Methods: The study included eight focus group discussions with parents whose adolescents attended selected youth centers and four face-to-face in-depth interviews with healthcare providers who worked there.

Results: The research revealed two prominent themes regarding the partnership between parents and healthcare professionals in adolescent SRH. The initial theme represents the perspectives of healthcare providers, emphasizing the importance of service awareness, cultural norms, geographic obstacles, and the necessity of parental consent as critical subthemes. The following theme reflects the viewpoints of parents, concentrating on the dialogue surrounding sexual health, the role of healthcare providers in promoting family conversations, and the request for support in providing sexual health information to their adolescents.

Conclusion: Collaboration between healthcare providers and parents is essential for improving adolescents' access to SRHS, which can greatly mitigate health-related risks. Nonetheless, this partnership encounters obstacles stemming from insufficient awareness of available services, sociocultural influences, and a lack of parental understanding regarding SRH topics. It is imperative to tackle these challenges through focused educational initiatives and enhanced communication strategies to create a supportive atmosphere that enables both adolescents and their parents to effectively address SRH concerns.

Plain language summary

The importance of collaboration between parents and healthcare providers to improve access to adolescent sexual and reproductive health services

Background: Adolescents in Africa often struggle with a lack of reliable information, societal stigma, inadequate services, and cultural barriers that hinder their ability to

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access SRH resources. These challenges can lead to negative health outcomes, including unintended pregnancies and sexually transmitted infections.
Objective: The research aims to gather insights from both parents and healthcare providers about how their partnership can enhance SRH services for adolescents.
Design and Methods: The study utilised a qualitative phenomenological approach, conducting eight focus group discussions with parents of adolescents attending youth centers and four in-depth interviews with healthcare providers working at those centers.
Results: The study revealed two primary themes concerning the collaboration between parents and healthcare professionals in the context of adolescent sexual and reproductive health. From the perspective of healthcare providers, there is significant emphasis on the importance of awareness regarding available services, comprehension of cultural norms, the need to address geographic obstacles, and the critical role of parental consent. Conversely, parents underscored the importance of fostering open dialogue about sexual health, the healthcare system's role in aiding family discussions, and their need for assistance in delivering sexual health information to their children.
Conclusion: Effective cooperation between parents and healthcare providers is essential for improving adolescents' access to SRH services. However, this partnership faces challenges, such as a lack of awareness about available services, sociocultural influences, and insufficient parental understanding of SRH topics. To overcome these hurdles, targeted educational initiatives and enhanced communication strategies are crucial to create an environment where both adolescents and their parents can openly discuss and address SRH issues.

Keywords: adolescent sexual and reproductive health services (ASRHS), healthcare providers, parents, partnership

Received: 14 June 2024; revised manuscript accepted: 27 March 2025.

Background

Worldwide, adolescents are frequently involved in sexual behaviors that expose them to risks of harmful outcomes, including unintended pregnancies and sexually transmitted infections (STIs).[1] In Africa, studies indicate that healthcare providers blame parents for not allowing adolescents to access reproductive health services, stating that this can encourage risky sexual behaviors.[2,3] In Rwanda, social and religious norms forbid premarital sex; consequently, unmarried adolescents facing sexual challenges often address these issues in isolation or confide only in trusted peers to avoid societal judgment, which ultimately leads them to potential health risks.[1,2]

Adolescence is characterized by rapid physical, mental, emotional, and social development.[3,4] During this time, adolescents are vulnerable to various risks, particularly concerning their sexual health.[1] Sexual risk behaviors are defined as any behavior that increases the probability of negative consequences associated with sexual contact, including HIV or other sexually transmitted diseases (STDs), abortion, and unplanned pregnancies.[5] It also includes behaviors like having multiple partners, early sexual initiation, and failure to discuss risk topics before intercourse, as well as failure to take protective actions such as using a condom.[6–8]

Even though adolescent health is an important priority that requires the engagement of parents, healthcare providers, and adolescents themselves; adolescents often lack access to adequate information, counseling, and services that are crucial to their developmental needs; and are then exposed to risky sexual behaviors. Schools, peers,

and family members may provide information on sexual and reproductive health; however, healthcare providers and parents play critical roles.[9]

To promote adolescent health and well-being, we need to ensure close communication in healthcare settings and encourage open communication between parents and adolescents about sexual reproductive health (SRH) issues.[10]

The previous generation often lacked access to accurate information about SRH, as these topics were rarely discussed within families or communities. As a result, many parents today may not view conversations about SRH with their adolescents as essential, and this may result in many consequences that our young people are facing today, namely teenage pregnancies, early marriage, HIV transmission, gender-based violence, and other harmful practices.[11,12] Effective parent–healthcare providers' communication on sexual reproductive health issues is a factor that can influence adolescents toward adopting safer sexual behavior and, therefore, prevent teenage pregnancies and STDs.[13] Adolescents, like people of all ages, should have opportunities to achieve their right to the highest standards of health and well-being.[1] This will enable them to contribute to more significant social and economic development.[14] Adolescents who access proper healthcare will finally have a better foundation to reach their full adulthood potential.[15] Reproductive health communications are most likely promoting healthy sexual development and reducing sexual risks.[16]

Adolescents encounter various challenges when trying to access reproductive health services. These include difficulties in having alone time during a visit with a healthcare provider, the influence of parents' religious and cultural beliefs, and traditional taboos of parents who think that exposing adolescents to sexual information puts them at risk of SRH issues. However, the collaboration between parents and healthcare providers, which may make this channel easy, has been explored less.[3,9,16] Therefore, the purpose of this manuscript was to assess healthcare providers' and parents' perspectives regarding the role of their partnership in the improvement of adolescent reproductive health to reduce adolescent sexual risk behaviors.

Methods

We have complied with the COREQ guidelines,[17] ensuring that our research design and reporting align with the highest standards of quality and transparency (Supplemental Material). This loyalty not only reinforces the credibility of our findings but also promotes an understanding of our methodology for readers and stakeholders.

Study design

A phenomenological study design was used to explore parents' and healthcare providers' perceptions of the role of their partnership in promoting adolescents' SRH and reducing adolescent health risks. Eight focus group discussions (FGDs) comprising 96 parents were conducted in December 2020 and January 2021 with parents whose adolescents attended selected youth centers, and four face-to-face in-depth interviews with four healthcare providers who worked there.

Study site

The research was conducted in youth centers in both rural and urban areas of Rwanda. Three centers were chosen for their comprehensive provision of essential youth development services, including Entrepreneurship, Information and Communication Technology, and Sexual and Reproductive Health Services (SRHS). These centers are the Kimisagara Youth-Friendly Center in the Kimisagara Sector of Nyarugenge District, the Rafiki Youth-Friendly Center in the Nyamirambo Sector of Nyarugenge District, and the Kamonyi Youth-Friendly Center in the Gacurabwenge Sector of Kamonyi District in the Southern Province.

Data collection

The FGDs comprised 21 male and 75 female parents selected in their villages by healthcare providers collaborating with their children attending youth centers. These individuals were interviewed regarding the significance of their collaboration with healthcare providers in addressing adolescent health risks. The information was gathered through four in-depth interviews with healthcare providers employed at youth centers, including two nurses and two midwives. None dropped out of the study.

The selection of participants was determined by information redundancy or saturation, which occurs when the data no longer yield new information, themes, or codes. The data were assessed after each discussion and interview day to identify codes or categories and evaluate the need for additional discussion and/or interviews to confirm saturation.

Sampling technique

Purposive sampling was employed to select participants, specifically parents and healthcare providers, who fulfilled the inclusion criteria and could offer comprehensive information. The primary author explained the study's particulars. After participants consented to participate, the researcher engaged with them and guided them to the interview. Factors such as the relationship status of parents and children attending youth centers, educational background, and years of experience in the SRHS of healthcare providers were considered during the selection process.

Inclusion and exclusion criteria for parents

Parents of adolescents who utilized services at youth-friendly centers during the data collection period and agreed to participate in the study were included. Conversely, parents of adolescents who had never visited the youth center were excluded from the study.

Inclusion and exclusion criteria for healthcare providers

Healthcare providers responsible for providing SRHS to adolescents at the specified youth center, who also provided written consent to participate in the study, were included. Those healthcare providers who did not consent to participate in the study were excluded.

Data collection techniques and tools

A semi-structured interview guide was employed to collect data from healthcare providers, while a focus group guide was used to collect data from parents. Before the official data collection phase, the interview guide underwent pretesting to verify its accuracy and consistency, enhancing its validity. The focus group guide and the consent form were translated into Kinyarwanda to benefit parents as participants who were not proficient in English. The original interview and focus group guide were crafted in English, translated into Kinyarwanda by team members, and subsequently translated into English by an independent individual to ensure consistency.

Group discussions facilitated an environment where parents could share their thoughts influenced by the experiences of others. In-depth face-to-face interviews were conducted with healthcare providers to gather data based on their experiences at the youth center. The primary author (a female PhD student with qualitative research skills) and qualified female and male research assistants who were well-versed in qualitative research were designated to conduct the interviews, group discussions, and document field notes after data collection, and no interview was repeated. The researcher pretested the focus group guide and in-depth interview guide with a group comprising 12 parents and 2 healthcare providers who met the eligibility criteria; however, the results from this pretest were not included in the main study.

Before conducting interviews and FGDs, any relationship between the research team members and participants was identified to understand potential biases and dynamics that may influence group interaction and data collection. The principal investigator explained every detail of the interview and focus group guide to the study participants, including the purpose of the study and its benefit to adolescents and the community itself. The interviews and FGDs took place face-to-face in youth centers to maintain the confidentiality of the research, and none of the other people remained in the discussion room apart from the participants.

The research assistant audio-recorded the interviews, which lasted 45 min to 1 h, and took notes during the sessions. Furthermore, the primary author posed follow-up questions to participants regarding the topics discussed during the interviews to better understand their perspectives.

Data analysis

The data were analyzed using a thematic content analysis methodology using NVivo 11 (QSR International). The interviews were reviewed several times to grasp the context and implications thoroughly. Two research team members extracted significant units from the transcripts, summarized

Table 1. Demographic characteristics of participants (parents).

Characteristics	Names of youth centers (total number)			
	Kamonyi Youth Center (number)	Kimisagara Youth Center (number)	Rafiki Youth Center (number)	Total
Educational background				
None	8	5	4	17
Primary	20	15	10	45
Lower high school	4	8	10	22
Upper high school	2	4	6	12
Religion				
Christian	29	28	20	77
Muslim	3	3	13	19
Gender				
Male	8	6	7	21
Female	35	20	20	75

them, and assigned codes. These codes were subsequently organized into categories. The research encompassed three levels of coding: Level 1 focused on generating codes derived from the participants' language, Level 2 involved aggregating coded data into subthemes, and Level 3 centered on identifying a central theme from these subthemes.

All FGDs were held at youth-friendly centers and conducted in Kinyarwanda, the language understood by all participants. The principal investigator examined and compared the transcripts in both Kinyarwanda and English to ensure the consistency of meaning units, codes, and themes.

Discrepancies in the identified codes among coders were resolved through discussion, and adjustments to the coding were made in collaboration with the investigator to clarify the research outcomes. The identified codes were categorized into subthemes based on their similarities and differences. Themes were developed by consolidating related subthemes. Ultimately, the subthemes and codes were recognized as representations of the text's underlying meaning. Quotations from participants were utilized, and codes were assigned to present the study findings. These statements were also employed to illustrate the primary themes of the research.

Results

In this research, 100 individuals participated, comprising 96 parents and 4 healthcare providers. Table 1 shows the background characteristics of 21 males and 75 females participating in FGDs. Four healthcare providers participated in in-depth face-to-face interviews.

The 96 participants had a range of education levels: 45 had completed primary education, 22 had a lower high school level, 22 had an upper high school level, and 17 had no formal education. In terms of religion, 77 of the participants were Christians, while 19 were Muslims.

Two significant themes were identified regarding the perceptions of parents and healthcare providers concerning their collaborative relationship.

The first theme focused on healthcare providers' perspectives on their partnership with parents about adolescent SRH; this theme encompasses four subthemes: awareness of services among parents, cultural norms, geographic challenges, and consent from parents/guardians.

The second theme addressed parents' perceptions of their collaboration with healthcare providers on adolescent SRH, which includes three

subthemes: discussions on SRH between parents and healthcare providers, the role of healthcare in assisting parents in engaging SRH discussions within families, and the need for guidance on the content of SRH messages.

The details about each theme are outlined below.

Theme 1: Healthcare providers' views on their partnership with parents concerning adolescent sexual and reproductive health

Subtheme 1: Parents' service awareness. According to healthcare providers, parents' awareness of available SRHS in their communities is limited, so their ability to understand and comprehend adolescent reproductive health services is a critical factor in adolescent access.

Our study found that the way services are delivered and available constantly changes, so healthcare providers must adjust their communication methods accordingly. Providers suggested using social media and community outreach to inform adolescents and their parents about the available services.

> *"If the awareness campaign for the service were effectively implemented within the community, it would facilitate communication with parents. Otherwise, there exists a perception that we are endorsing negative behaviors among adolescents, as parents are often unaware of the activities occurring at youth centers, and some adolescents are reluctant to share this information with their parents."*—A healthcare provider rural youth center

Subtheme 2: Cultural norms. Participants mentioned the historical distrust of healthcare systems among parents from various cultures as a barrier to adolescent access. Participants also discussed how religiosity and mindset influenced the acceptability of services by contributing to the stigmatization of certain aspects of care, such as mental and sexual health. During the discussions, a participant remarked, "*They don't want to go as they don't want their friends to see them, or they don't want to be judged by colleagues and neighbors, or they don't want parents to get upset because they're coming to these services; however, they're struggling*"—A healthcare provider from the urban youth center.

A different healthcare provider from the rural youth center stated: "*I think there's a lot of stigmas, especially in some of our more rural communities. I've had a parent who is like, 'Yeah, my kid can access service, but nobody at the school can know, and nobody in the community can know because then they're all going to know he has a problem, and everybody talks.'*" For these reasons, participants emphasized the need for organizational staff to possess in-depth knowledge of their communities and be sensitive to cultural norms.

Subtheme 3: Geographical issues. Geographic barriers such as travel time to appointments and the scarcity of primary and speciality care providers in rural communities reduce adolescent access to care. Limited public transportation options can also facilitate access in urban areas. Several participants, each representing different youth centers, described how rural youth centers often require patients to travel 45 min or more for care. "*However, strategically placed urban health centers and non-traditional modes of access including telehealth or mobile healthcare clinics have to be increased and allow opportunities for youth living in underresourced areas to access and receive care*"—Healthcare provider from the rural youth center.

Subtheme 4: Parent/guardian consent. Policies that involve parents/guardians' consent for health services limit youth access to healthcare. For example, "*early adolescents who cannot legally consent for their healthcare are raised by informal guardians (e.g., grandparents, aunts, uncles, and other relatives) who cannot legally provide consent for the adolescents to be served, and if they are allowed to do so, they're fearing to be judged*"—A healthcare provider from an urban youth center.

Theme 2: Parents' views on collaborating with healthcare providers concerning adolescent SRH

Many parents understand the potential benefit of their child trusting the physician to keep their information confidential. Nevertheless, some parents question whether they can trust a physician to keep information from them. Some parents feel their responsibility is to know what their adolescent shares with a physician. By contrast, others are comfortable with the physician taking the responsibility of managing a sensitive matter. Some parents believe that confidentiality should be assured for sensitive or intimate problems, such as mental health or STDs. By contrast, others feel the opposite or are concerned that they should be informed if a matter is serious.

Subtheme 1: Parents' SRH conversations with healthcare providers. Both male and female parents involved in this study concurred that engaging in open dialogues with healthcare providers is essential for assisting adolescents in managing health risks associated with their developmental stage. They emphasized the importance of discussions surrounding SRH, noting that such conversations significantly enhance parents' understanding, particularly since many view discussions about sex as taboo. This reluctance to address these topics within families can hinder adolescent access to necessary health services.

> Healthcare providers must clarify the services they provide for adolescents within our community. Many parents hold the misconception that adolescents frequenting youth centers are engaged in prostitution.—A parent from a group discussion conducted in a rural area

Subtheme 2: Role of healthcare providers in supporting parents in introducing SRH conversations in families. Parents of both sexes mentioned that they lack sufficient knowledge about sexual reproductive health to feel confident introducing SRH conversations with their adolescents, so they need guidance and assistance from healthcare providers.

A parent from a group discussion in an urban area stated, "*Our children are studying and discussing various topics with their teachers. Therefore, I don't see a need to introduce conversations about reproductive health, as my knowledge on the subject is somewhat limited*."

Subtheme 3: Need for guidance in the content of messages about sexual reproductive health. Parents believe that they should talk to their teenagers about the risks of unintended pregnancies, especially teen pregnancy, and the challenges associated with premarital sex, HIV, and other STDs. However, some parents also believe that they should set limits on discussions about abstinence to prevent early sexual practices.

> Healthcare providers are well-positioned to guide the messages we convey to adolescents concerning sexual and reproductive health. While some parents, especially fathers, are open to engaging in discussions with young people, many experience discomfort when addressing subjects related to relationships and sexuality.—A parent from a group discussion in the urban youth center

Discussion

This study aimed to explore parents' and healthcare providers' perspectives on their partnerships in improving adolescent SRHS. Collaboration between healthcare providers and parents is essential for improving adolescents' access to SRH. Several factors can impede this collaboration, such as parents' insufficient knowledge and confidence in addressing SRH issues.[9,18] This study found that although healthcare providers can significantly contribute to fostering these discussions, numerous parents indicate that they receive insufficient information from healthcare resources.[19] By tackling these obstacles through effective communication strategies and support, the overall quality of SRHS for adolescents can be enhanced, as supported by various studies conducted throughout Africa.[6,9,20]

This study found that while adolescents often feel more comfortable discussing SRH issues with their peers, the role of healthcare providers is essential. Healthcare providers can greatly influence adolescents' ability to make informed SRH decisions by creating trust, ensuring confidentiality, and involving parents in the conversation. This collaborative approach not only supports individual health outcomes but also promotes broader public health goals by reducing rates of unintended pregnancies and STIs among young people.[21]

Many parents worry that discussing sexuality might unintentionally encourage their children to engage in sexual behavior, leading them to avoid such conversations. This problem is worsened by adolescents' feelings of distrust toward their parents, as they fear being judged or facing negative consequences if they raise questions about sexual issues. Consequently, many adolescents seek information from their peers or online sources, which often fail to provide accurate or safe education about sexuality.[12,19,22–24]

In addition, the sociocultural stigma associated with youth sexuality fosters an unwelcoming atmosphere for accessing SRHS. Adolescents frequently encounter embarrassment or fear of being judged when utilizing these services, which hinders open dialogue about their needs with healthcare providers. Dominant societal norms often deem premarital sexual activity as inappropriate, further alienating adolescents who may require guidance or support.[1,25] This stigma not only

impacts individual experiences but also influences the overall efficacy of youth-friendly SRHS, as these initiatives struggle to engage adolescents in an environment perceived as critical and unaccommodating. This study, like others conducted in Rwanda, shows that overcoming these barriers necessitates a comprehensive strategy that includes community education and training for parents on effective communication about sexuality, alongside the development of more inclusive and empathetic healthcare settings for adolescents.[26,27]

Cultural contexts influence parental attitudes toward SRH communication. In many rural African communities, for example, traditional beliefs often make discussions about sex taboo. As a result, parents may lack the knowledge and readiness to address these topics effectively. This communication gap can have serious consequences for adolescents, particularly concerning risks such as unintended pregnancies and STIs, including HIV.[23,28]

Studies across Africa highlight that although parents often serve as their children's primary source of SRH information, many lack the knowledge and confidence to engage in these discussions effectively. This observation aligns with the findings of this study, which reveal that parents frequently feel unprepared to address sensitive subjects due to cultural expectations and insufficient information.

Research also shows that parents often have difficulty recognizing how their behaviors and motivations affect adolescent sexual risk behaviors. For example, studies indicate that mothers who frequently discuss sexual topics with their teens tend to influence their children's sexual expectations positively. By contrast, when mothers avoid these discussions or provide inaccurate information, such as advocating for complete abstinence while their children may already be sexually active, they may inadvertently contribute to risky behaviors among adolescents.[22,23]

Evidence from across the sub-Saharan African region highlights the crucial role of healthcare providers in promoting open communication between parents and adolescents, thereby normalizing discussions surrounding SRH.[29,30] However, a significant distinction arises regarding the methods of support; they advocate for structured educational programs to improve parents' communication skills, while the findings of this study underscore the importance of healthcare providers actively engaging in these conversations during clinical interactions. This difference suggests a comprehensive approach where parental education and provider involvement are essential for enhancing SRH communication.[30,31]

Furthermore, healthcare providers play a vital role in fostering parental engagement in discussions about adolescent health, which can lead to improved health outcomes. Previous research across Rwanda underscores the importance of effective communication strategies between healthcare providers and families, which is essential for empowering parents to take an active role in their children's health behaviors.[32,33] It is asserted that when parents have accurate information and strong communication skills, they are better equipped to support their adolescents in making healthier choices. This collaboration enhances individual health outcomes and creates a supportive environment where adolescents feel comfortable seeking necessary services, thereby reducing access barriers. Evidence underscores the importance of building trust and rapport between healthcare providers and families, which is crucial for promoting open discussions about sensitive health issues.[34,35]

Literature indicates that healthcare providers are uniquely positioned to facilitate discussions between parents and adolescents about SRH. Many parents feel unprepared to engage in these conversations due to a lack of knowledge and confidence. Conversely, research evidence shows that adolescents often perceive healthcare providers as unapproachable or judgmental, which can hinder open dialogue on sensitive issues. This contrast underscores the need for healthcare providers to adopt a more supportive attitude to encourage parental involvement and adolescent participation in SRH discussions.[7,36–38]

Healthcare providers are also vital in closing the communication gap between parents and adolescents concerning SRH. Literature across Africa asserts that healthcare providers are ideally situated to assist parents by supplying trustworthy information and resources that promote effective communication with their children. Evidence

indicates that when parents receive guidance from healthcare professionals, they are more inclined to discuss SRH topics with their adolescents. However, current practices reveal that fewer than one in five adolescents report having received support from their providers to discuss health issues with their parents, indicating a significant opportunity for improvement in clinical practices.[38,39]

In this study, the confidentiality of health services was emphasized as a concern. Study participants suggested several potential solutions for improving confidentiality in health services delivery: providing suitable and private rooms and time for service delivery, offering in-depth assistance in navigating insurance, utilizing mobile clinics to deliver services closer to adolescents and their parents, planning for community outreach to discuss available services at youth centers, and working closely with parents to enhance their understanding and trust in adolescent care. Furthermore, parents in this study desired comprehensive healthcare from providers who are knowledgeable, respectful, and trustworthy, as there are some reported cases of healthcare providers who behave unprofessionally and abuse their children. Communication is critical to address the most pressing health concerns for parents.[40,41]

Lastly, participants stated that trust is a precondition to discussing sensitive topics with adolescents, yet it is difficult to establish. Supportive youth center policies, such as visit time with providers and adolescents, as well as improved provider communication, can be used to build rapport and trust with adolescent patients.[12,42]

Study limitations

The results obtained from two districts within a country may not accurately reflect the conditions of other districts, as each district possesses distinct characteristics, including cultural beliefs and geographical features. Consequently, the conclusions drawn from this research may not apply to varying contexts, thereby restricting the study's generalizability. In addition, there is a potential for information bias arising from the sensitive nature of the subject matter being investigated, which may hinder participants from fully disclosing information during FGDs and interviews.

Recommendations

Based on the findings of this study, several recommendations have been proposed to enhance adolescent SRH in Rwanda:

1. *Develop a multi-component strategy:* A comprehensive approach should be established that includes promoting SRHS within the community, creating a formal referral system between the community and SRHS, and implementing community support interventions. It is crucial to involve entire communities and governments in raising awareness about the values related to adolescent SRHS.
2. *Enhance healthcare provider training:* Improve the capacity of healthcare providers to deliver evidence-based care while taking into account the cultural, religious, and traditional norms that continuously influence SRH practices.
3. *Engage religious and faith leaders:* In sub-Saharan Africa, religious and faith leaders play a significant role in shaping community attitudes. Engaging these leaders in discussions about adolescent health can help reduce resistance and promote understanding of the importance of adolescent sexual and reproductive health (ASRH) services. Their involvement can lead to more positive perceptions and substantial support for these essential health services.
4. *Create supportive environments:* It is vital to establish settings where adolescents feel safe discussing their needs. This involves ensuring confidentiality in healthcare environments and facilitating positive conversations about adolescent sexuality through community dialogue.
5. *Conduct awareness-raising activities:* Educating parents, community leaders, and adolescents about the importance of SRHS can help dismantle stigma. Joint training sessions for healthcare providers and youth can foster mutual understanding and reduce biases.
6. *Implement community awareness campaigns:* Campaigns that promote adolescent SRH and address resistance, misconceptions, and negative social attitudes can help dispel myths and improve social perceptions. These campaigns must be contextually

appropriate and culturally relevant to effectively address community resistance.

7. *Utilize various platforms for engagement:* Contextually responsive and culturally relevant interventions can be delivered through multi-level programs in schools and healthcare settings, as well as through community centers, faith-based venues, and media channels by involving trusted sources, opinion leaders, influencers, peers, and existing social networks.
8. *Consider mobile clinics for ASRH:* The government and its partners could establish an ASRH mobile clinic that collaborates with health services to visit communities on specific days, helping to raise awareness of SRHS.
9. *Integrate youth-friendly services:* Integrate youth-friendly services within existing reproductive health offerings at provincial, district, and health center levels to promote awareness of the importance of early access to ASRH through community forums.
10. *Encourage further research:* Additional research is needed to explore the applicability of integrating SRHS within all health-related services.

Conclusion

The study emphasizes the crucial role of parents and healthcare providers in promoting adolescent reproductive health and mitigating health risks for teenagers. It is important to focus not only on adolescents themselves but also on the contributions of parents and healthcare providers. Solutions should encompass comprehensive changes that extend beyond individual efforts. By working together, healthcare providers and parents can enhance healthcare experiences through collaborative actions and organizational improvements.

Declarations

Ethics approval and consent to participate

The Institutional Review Board (IRB) of the University of Rwanda, College of Medicine and Health Sciences (CMHS) provided ethical permission for this study (040/CMHSIRB/2020). In addition, authorization to enter youth facilities was obtained from the appropriate district authorities. Before data collection, participants received information about the study, namely its goals and rewards for participating. Each participant signed a written informed consent form to participate in the research and to publish data. Participants had the right to withdraw from the study at any moment without facing any repercussions. Furthermore, they were assured that data from the study would be treated with the highest confidentiality and utilized exclusively for the study. Participants were given a personal identification number and signed a confidentiality agreement to keep group talks confidential.

Consent for publication

Each participant signed a written informed consent form to publish data.

Author contributions

Josephine Uzayisenga: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Writing – original draft; Writing – review & editing.

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Acknowledgments

We thank the Center of International Reproductive Health Training at the University of Michigan (CIRHT-UM) for their financial support of this study. We also extend our appreciation to the local government authorities for granting us access to youth centers within their districts, sectors, and villages, as well as to the youth center coordinators and healthcare providers for facilitating the participation of study subjects. Furthermore, we recognize the Pre-Publication Support Service's (PREPSS) contributions to enhance our capabilities through scientific communication training and ongoing support, including pre-publication peer review and editing. Lastly, we recognize Mrs. Prettyosa Muyambi Kusemwa for her significant support in reviewing the manuscript and offering suggestions for improvement.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: CIRHT, a prominent organization in the field of integrating family planning and comprehensive abortion care training into pre-service health education and expanding research capacity in partner institutions, is the funding body for this study. Its mission is to decrease maternal mortality by enhancing access to reproductive health services. CIRHT collaborates with academic institutions in developing nations to ensure the sustainability of essential reproductive health services. This is achieved through the incorporation of competency-based pre-service training in family planning and comprehensive abortion care, which aims to revive a culture of research and elevate the standard of care provided.

Competing interests

The authors declare that there is no conflict of interest.

Availability of data and materials

The data produced in the present study are not publicly accessible to maintain the confidentiality of the research participants; however, they can be obtained from the corresponding author upon reasonable request.

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Supplemental material

Supplemental material for this article is available online.

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