

PREFACE

Thank you for choosing to play “*Ishema R yanje Cards Game*”—a fun, engaging way to network, relax, and enjoy quality time with friends, family, and others, all while learning. This handbook contains the rules and instructions that govern gameplay, along with reliable information on Sexual and Reproductive Health and Rights (SRHR).

The Ishema R yanje Cards Game, as outlined in this handbook, is played in a manner similar to the well-known poker card game, with a key difference in the visual content depicted on the cards. The unique appeal of this innovation lies in its ability to merge entertainment with education. As players enjoy the game, they simultaneously gain valuable insights on SRHR topics, including adolescence and its characteristics, Sexually Transmitted Infections (STIs), unintended pregnancies, and Gender-Based Violence.

The knowledge provided in this handbook is relevant and accessible to a wide audience—

adolescents, youth, parents, and elders—making learning inclusive and interactive for all.

Ishema Ryanje Cards Game was conceptualized, designed, and brought to life by Health Promotion Organization (HPO), in collaboration with the Rwanda Biomedical Center (RBC), with support from the World Health Organization (WHO).

Health Promotion Organization encourages adolescents and youth to play the Ishema Ryanje Cards Game, as it offers a joyful experience that combines fun and learning.

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MEANING OF THE ILLUSTRATIONS DEPICTED ON ISHEMA RYANJYE CARDS



Imyumvire ku gakingirizo

Wabaza ibibazo bigendanye n'imyumvire ku gakingirizo.

Urugero:

Ni yihe myumvire itaboneye kubijyanye no gukoresha agakingirizo?

Ni akahe kamaro k'agakingirizo?

Pg 47-51



Agakingirizo k'abagabo

Wabaza ibibazo byose bijyanye n'agakingirizo k'abagoba

Urugero:

Agakingirizo ni iki?

Agakingirizo k'abagabo gakoreshwa gate?

Pg 48-49



Sugar daddy na + sugar mummy

Wabaza ibibazo ku ruhare rwa sugardaddy na sugar mummy mu buzima bw'imyororokere.

Urugero:

Shuga mami cg shuga dadi ni abande?

Ni zihe ngamba zo kwirinda ba shuga mami na shuga dadi?

Pg 63-64



Uburinganire n'ubwuzuzanye mu muryango

Wabaza ibibazo byijyanye n'akamaro k'uburinganire n'ubwuzuzanye

Urugero:

Ni izihe nyungu zo kwimakaza uburinganire n'ubwuzuzanye?

Pg 65-67



Ihezwa

Wabaza ibibazo byose bijyanye n'ihezwa.

Urugero:

Ihezwa ni iki?

Ni ayahe moko y'ihezwa?

Pg 42



Kuboneza urubyaro bya burundu ku bagore

Wabaza ibibazo byose bijyanye no kuboneza urubyaro mu buryo bwa burundu ku bagore

Urugero:

Ese ni iki uzi ku kuboneza urubyaro mu buryo bwa burundu ku bagore?

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Kuboneza urubyaro bya burundu ku bagabo

Wabaza ibibazo byose bijyanye no kuboneza urubyaro mu buryo bwa burundu ku bagabo.

Urugero:

Ese umuntu uwari we wese ashobora kwifungisha burundi, sobanura?

Pg 52



Ingaruka z'ibiyobyabwenge

Wabaza ibibazo byose bijyanye n'ingaruka zo gukoresha ibiyobyabwenge.

Urugero:

Ni izihe ngaruka z'ibiyobyabwenge ku buzima bw'imyororokere?

Pg 71-73



Umwangavu

Wabaza ibibazo byose bijyanye n'ubwangavu.

Urugero:

Ubwangavu ni iki?

Ni izihe mpinduka ziba k'umubiri mu gihe cy'ubwangavu?

Pg 27-28



Ihohoterwa rishingiye ku gitsina

Wabaza ibibazo byose bijyanye n'iuhohoterwa rishingiye ku gitsina

Urugero:

Iyo bavuze ihohoterwa rishingiye ku gitsina wumva iki?

Pg 53-58



Ubugimbi

Wabaza ibibazo byose bijyanye n'ubugimbi mu buzima bw'imyororokere.

Urugero:

Ni izihe mpinduka ziba ku mubiri w'umusore ugeze mu gihe cy'ubugimbi?

Pg 27-28



Uburyo bwo kuboneza urubyaro

Wabaza ibibazo byose bijyanye n'uburyo bwo kuboneza urubyaro

Urugero:

Ni ubuhe buryo bwo kuboneza urubyaro ku mugore?

Pg 45-52



Virusi na mikorobe

Wabaza ibibazo byose bijyanye n'indwara zandurira mu mibonano mpuzabigtsina ziterwa na virusi cg mikorobe.

Urugero:

Vuga indwara zandurira mu mibonanompuzabitsinda ziterwa na virusi?

Pg 35-41



Ingaruka zo gutwita ku bangavu

Wabaza ibibazo byose bijyanye n'ingaruka abangavu biga bahura nazo mu gihe batwaye inda zitateganijwe.

Urugero:

Ni izihe ngaruka gutwita inda itateganijwe bigira ku myigire y' umwangavu?

Pg 34



Ibiyobyabwenge

Wabaza ibibazo byose bijyanye n'uruhare rw'ibiyobyabwenge ku buzima bw'imyororokere.

Urugero:

Ni irihe sano ibiyobyabwenge bifitanye n'ubuzima bw'imyororokere?

Kubera iki tugomba kwirinda ibiyobyabwenge ?

Pg 71-73



Indwara zandurira mu mibonano mpuzabitsina

Wabaza ibibazo byose bijyanye n'indwara zandurira mu mibonanompuzabitsina.

Urugero:

Mbwira nibura indwara enye (4) waba uzi zandurira mu mibonanompuzabitsina idakingiye?

Pg 35-36

5

**Ihohoterwa rishingiye
ku gitsina rikorerwa
umwana**

Wabaza ibibazo byose bijyanye n'ihohoterwa rishingiye ku gitsina rikorerwa abana.

Urugero:

Umwana ni inde?

Ese ni izihe ngaruka zo gusambanya umwana?

Pg 58-60

5

Akato

Wabaza ibibazo byose bijyanye n'akato.

Urugero:

Akato ni iki?

Vuga amoko y'akato.

Pg 41

5

**Gutwara inda no
kubyara ku abangavu**

Wabaza ibibazo byose bijyanye n'ingaruka ndetse n'ibibazo abangavu bahura nabyo nyuma yo gitwita cg kubyara.

Urugero:

Gusama no gutwita bitandukan-ira he?

Ni ryari tuvugako umuntu yatwaye inda akiri muto bikaba byamugiraho ingaruka?

Pg 34-35

5

**Serivise z'ubuzima
bw'imyororokere
zitangirwa kwa muganga**

Wabaza ibibazo byose bijyanye na serivise z'ubuzima bw'imyororokere zitangirwa mu bitaro cg mu bigo nderabuzima.

Urugero:

Ni izihe serivise ebyiri (2) waba uzi zitangirwa ku kigo nderabuzima zijiyanje n'ubuzima bw'imyororokere?

Pg 43



**Gukoresha
ibiyobyabwenge**

Wabaza ibibazo byose bijyanye n'ingaruka zo gukoresha ibiyobyabwenge.

Urugero:

Ibiyobyabwenge ni iki ?

Amako y'ibiyobyabwenge ni ayahe?

Pg 71-73

Pg 67- 68



**Uburenganzira k'ubuzima
bw'imyororokere**

Wabaza ibibazo byose bijyanye n' uburenganzira k'ubuzima bw'imyororokere.

Urugero:

Ni ubuhe burenganzira ufite ku buzima bw'imyororokere?



**Ubujyanama ku buzima
bw'imyororokere**

Wabaza ibibazo byose ku bujyanama umuntu yakenera ku buzima bw'imyororokere.

Urugero:

Ni he wasanga ubajyanama ku buzima bw'imyororokere?

Ni inde ukeneye ubujyanama ku buzima bw'imyororokere?

Pg 74



**Ikigare
(Gitutu cy'urungano)**

Wabaza ibibazo byose byerekanye n'ikigare.

Urugero:

Ni ibihe bishuko bituruka ku gitutu cy'urungano cg ikigare?

Pg 64, Pg 73



Ukwezi k'umukobwa

Wabaza ibibazo byose bijyanye n'ukwezi k'umukobwa.

Urugero:

Ese ubusanzwe imihango imara iminsi ingahe?

Ni gute umenya iminsi igize ukwezi kwawe?

Ese umukobwa ufite iminsi ihindagurika ya menya iminsi ye y'uburumbuke gute?

Pg 29-32



Uburyo bwo kuboneza + urubyaro ku bagore

Wabaza ibibazo byose bijyanye n'uburyo bwo kuboneza urubyaro harimo agakingirizo k'abagore n'urunigi.

Urugero:

Ese umugore ukoresha uburyo bw'urunigi mu kuboneza urubyaro ashobora kwandura virusi itera sida?

Pg 45-52



Ukwezi k'umugore cg umukobwa

Wabaza ibibazo byose bijyanye n'ukwezi ku mugore cg umukobwa ku buzima bw'imyororokere

Urugero:

Ni gute namenya ukwezi kwanje?

Ese 18 na 11 bivuga iki ku kwezi ku mukobwa cg umugore?



Kubyarira kwa muganga



Wabaza ibibazo byose bijyanye no kubyarira kwa muganga

Urugero:

Ese birashoboka ko mu gihe umubyeyi ari kubyara yakwandumza umwana we virusi itera SIDA?

Pg 29-32

Pg 43



Ihohoterwa rishingiye ku gitsina mu kazi

Wabaza ibibazo byose bijyanye n'ihohoterwa rishingiye ku gitsina iryariryo ryose.

Urugero:

Amoko y'ihohoterwa rishingiye ku gitsina ni ayahe?

Ni izihe ngaruka z'ihohoterwa rishingiye ku gitsina?

Pg 53-58



Ubumenyi buhagije ku mibereho

Wabaza ibibazo byose bijyanye n'ubumenyi ku mibereho rusange.

Urugero:

Ni ubuhe bumenyi ukeneye mu gufata ibyemezo bikwiye?

Pg 69-70



Uburinganire n'ubwuzuzanye mu muryango

Wabaza ibibazo byijyanye n'akamaro k'uburinganire n'ubwuzuzanye

Urugero:

Uburinganire ni iki?

Pg 65-67



Ingaruka za virusi itera SIDA



Wabaza ibibazo byose bijyanye n'ingaruka no kubana virus itera SIDA

Urugero:

Ni izihe ngaruka waba uzi ziterwa no kwandura virusi itera SIDA?

Pg 37



**Ihohoterwa rishingiye
ku gitsina**

mu bangavu no mu mashuri

Wabaza ibibazo byose bijyanye nihohoterwa ku bangavu bari mu mashuri n'abatiga.

Urugero:

Ni gute twakumira isambanywa ry'abana?

Pg 53-58



**Ingaruka zo gutwita
inda zitatenganijwe**

Wabaza ibibazo byose bijyanye n'ingaruka zo gutwita inda zitateganijwe.

Urugero:

Ese ni izihe ngaruka inda zitateganijwe zigira ku miryango?

Pg 34



Kutaboneza urubyaro



Wabaza ibibazo byose bifitanye isano n'ingaruka zo kutaboneza urubyaro mu buzima bw'imyororokere.

Urugero:

Kuboneza urubyaro ni iki?

Ni ubuhe buryo bwizewe bwakoreshwa mu kuboneza urubyaro?

Pg 43-52



Kuboneza urubyaro



Wabaza ibibazo byose bifitanye isano no kuboneza urubyaro.

Urugero:

kuboneza urubyaro ni iki?

Pg 43-52

10
♠

Agaciro k'ubuzima

Wabaza ibibazo byose bijyanye n'agaciro k'ubuzima.

Urugero:

Ni ibihe bintu bigize agaciro k'ubuzima?

Ni iki wakora kugirango wiheshe agaciro mu bandi?

Pg 69-70

10
♣

Kwiteza imbere ku bari n'abategarugori

Wabaza ibibazo byose bijyanye no guteza imbere abari n'abategarugori.

Urugero:

Ni he twakura amakuru cyangwa inama bijyanye no kwiteza imbere cg kwihangira imirimbo?

Pg 74

10
♥

Ingaruka z'icuruzwa ry'abantu

Wabaza ibibazo bijyanje nicuruzwa ry'abantu.

Urugero:

Ese ni izihe ngaruka ziterwa n'icuruzwa ry'abantu ku bantu babikorewe?

Pg 61-63

10
♦

Isuku mu gihe cy'imihango

Wabaza ibibazo byose bifitanye isano n'imihango

Urugero:

Imihango ni iki?

Ni ibihe bikoresho byifashishwa mu gihe cy'imihango?

Pg 32-34



**Uburenganzira k'ubuzima
bw'imyororokere**

Wabaza ibibazo bigendanye n'uburenganzira k'ubuzima bw'imyororokere.

Urugero:

Ese uburenganzira bwa muntu ni iki?

Ese uburenganzira bushingiye ku buzima bw'imyororokere ni iki?

Pg 67-68



Imihango

Wabaza ibibazo byose bijyanye n'imihango.

Urugero:

Ni ryari umukobwa atangira kujya mu mihango?

Ese imihango imara iminsi ingahe?

Pg 29-32



**Ukwezi k'umugore cg
umukobwa**

Wabaza ibibazo byose bijyanye n'ukwezi ku mugore cg umukobwa ku buzima bw'imyororokere.

Urugero:

Ni ryari tuvugako umukobwa ari mu mihango?

Imibare 1 na 7 bisobanuye iki mu kwezi k'umugore?

Pg 29-32



**Ubusumbane mu
muryango**

Wabaza ibibazo byose bijyanye n'ubusumbane mu muryango (kutimakaza ihame ry'uburinganire)

Urugero:

Ni izihe ngaruka zo kutimakaza ihame ry'uburinganire n'ubwuzuzanye?

Pg 66-67



Uburinganire n'ubwuzuzanye

Wabaza ibibazo byose bijyanye n'iherizo cg ico uburinganire n'ubwuzuzanye bisobanura.

Urugero:

Ubwuzuzanye n'uburinganire bitandukanirahe?

Pg 65-67



Icuruzwa ry'abantu

Wabaza ibibazo byose bijyanye n'icuruzwa ry'abantu, ikibitera n'uburyo ryakirindwa

Urugero:

Icuruzwa ry'abantu ni iki?

Ni iki wakora mu gukumira no kurwanya icuruzwa ry'abantu?

Pg 61-63



Ihohoterwa rishingiye ku gitsina

Wabaza ibibazo byose bijya no gusaba ubufasha igihe uhuye cg ubonye ahari kubera ihohoterwa rishingiye ku gitsina mu muryango mugari.

Urugero:

Ni izihe serivise zashiyizweho mu gufasha abahohotewe?

Pg 53-57



Urungano

Wabaza ibibazo byose byerekeranye no kubana neza n'urungano.

Urugero:

Ni ubuhe bumenyi ukeneye mu mibereho rusange bwagufasha kubana neza n'urungano?

Pg 69-70



Virusi Itera SIDA

Wabaza ibibazo byose bijyanye n'agakoko ka virusi itera SIDA ndetse n'indwara ya SIDA

Urugero:

Ni ubuhe buryo virusi itera SIDA yanduriramo?

Vuga itandukaniro riri hagati ya virusi itera SIDA n'indwara ya

Pg 38-41



Umwuga w'uburaya



Wabaza ibibazo byose bijyanye n'umwuga w'uburaya.

Urugero:

Ese abantu bakora umwuga w'uburaya bafite ibyago byinshi byo kwandura virusi itera SIDA?

Pg 41, Pg 62



Ibyiyumviro by'urukundo

Wabaza ibibazo byose bifitanye isano n'urukundo hagati y'ingimbi na bangavu mu buzima bw'imyororokere.

Urugero:

Ese abantu bakundana ni ihame ko bakora imibonano mpuzabitsina?

Pg 70



Serivise z'ubuzima bw'imyororokere

Wabaza ibibazo bigendanye na serivise z'ubuzima bw'imyororokere zitangirwa kwa muganga.

Urugero:

Nihe wasanga serivise zagenewe urubyiruko?

Pg 74

Jokeri

Ubujyanama

Ikoreshwa igihe hari gukina abantu babiri gusa.

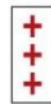
Ikoreshwa igihe uftite ikibazo ushaka kugisha inama umuntu wumva wizeye wagufasha, mugakina kugirango abanze yinjire mu kiganiro neza nyuma ubone kumubaza.

Iyi karita iyo ubonye ujyeze aho ugomba kugisha inama urayifata ukayiha uwo muri gukinana, umukino uhita uhagarara akabanza akagutega amatwi, nyuma yo kuganira cg kukugira inama umukino ushobora gukomeza nkibisanzwe cg ugahagarara.

Akamenyetso k'umusaraba



Ikarita cyangwa uyu muntu afite virusi itera SIDA.



Ikarita cyangwa uyu muntu afite indwara zandurira mu mibonanompuzabitsina.

RULES THAT GOVERN ISHEMA RYANJYE CARDS GAME

The Ishema Ryanje Cards Game is modeled on the rules and structure of the traditional 54-card poker game. It incorporates educational illustrations and scenarios that promote understanding of sexual and reproductive health (SRH), Gender-Based Violence (GBV), gender equality, and life skills, while reinforcing national values.

The game can be played by two or more players. In two-player mode, participants follow the rules designed for the standard six-player format of traditional poker game, ensuring continued engagement and learning through competitive play.

What does a score mean in this game?

- A.** In a six-player game, there are multiple occasions to win based on different rules. Therefore, even when playing a two-player version, players follow the six-player game format to maintain consistency and maximize learning opportunities.

Some examples of scoring scenarios include:

- A regular win through standard point accumulation
- Declaring “three” as a trump and winning based on that strategy
- When the Ace (A) of the declared trump suit captures the Seven of the same suit from the opposing team,
- Winning the first game without declaring a trump
- Winning the first game with “three” as the declared trump
- Other context-specific mutually agreed by players

B. After a score is settled in the Ishema Ryanje Cards Game, the winning team presents the losing team with a question from the Ishema Ryanje booklet. If the losing team answers correctly, the score is nullified, allowing the game to continue as if the round had not been won. However, if they fail to respond correctly, the score stands and the next round proceeds. Additionally, the responsibility of asking the question alternates based on the outcome: if the team that shuffled the cards loses, the player who shuffled must ask the question to the first player who began the game. The shuffler’s, if the shuffler’s team

wins, the first player will pose the question to the one who shuffled.

C. When a player is asked a question during the Ishema Ryanje Cards Game and cannot answer it, teammates are allowed to contribute or assist in formulating the response. Other members of the team may also volunteer to answer on behalf of the original respondent—but only after obtaining their permission.

This rule not only promotes teamwork and respectful communication but also encourages open dialogue and collective learning around sexual and reproductive health topics. It turns the game into a safe, inclusive space for sharing knowledge and challenging misconceptions.

How are the questions asked?

At the end of the game, the winning team shuffles the 36 playable cards, and a member of the losing team randomly selects one card. After drawing the card, they check its number or illustration, which corresponds to a specific learning topic in the *Ishema Ryanje* booklet. Based on that topic, the losing team member

may ask any question of their choice to a player from the winning team.

1. You may ask any question related to the illustration, number, or name displayed on the selected card. For example, if a player draws the "King of Hearts," you can consult the *Ishema Ryanje* booklet to identify the topic associated with that specific card and ask any relevant questions about that topic.
2. It is strongly recommended that players read the *Ishema Ryanje* booklet—or other sexual and reproductive health learning materials—before engaging in the game. This preparation equips participants with accurate, evidence-based knowledge, allowing them to both formulate meaningful questions and confidently answer those posed during gameplay.
3. If you ask a question and don't have the answer yourself—but the question is drawn directly from the *Ishema Ryanje* booklet—and the opposing team fails to respond correctly, it is acceptable to immediately consult the booklet, find the accurate answer, and award the point. However, if your question is not sourced from the booklet, it is recommended that you or your teammates

already know the answer in advance. This ensures that if the opposing team cannot provide a correct response, you can promptly deliver the answer and back it up with credible proof.

4. Sometimes, a player may ask a question that is not directly found in the *Ishema Ryanjye* booklet but is based on a topic they wish to learn more about. In such cases, asking the question openly is encouraged, as it provides a valuable opportunity for shared learning—both for the person asking and for others who may not know the answer. If the person being questioned responds correctly, the goal is cancelled. However, if neither the respondent nor their teammates know the correct answer—and the questioning team also doesn't have an answer, the goal is still cancelled. To deepen understanding, both teams are encouraged to search for the correct information using trusted sources, such as books, online platforms, and publications. They may also consult sexual and reproductive health experts, including healthcare professionals, teachers, trained parents, or any trusted individuals with relevant knowledge.

5. If a team scores a goal but fails to ask the opposing team a question relevant to the illustration on the drawn card, that goal is immediately canceled.
6. The game officially ends once all the playable cards have been used. At that point, the team with the highest total score is declared the winner. Any points scored earlier in the game do not signal the end of gameplay—they are simply part of the ongoing tally.
7. In the Ishema Ryanje Cards Game, a team concedes ***two goals*** if it ends the game without reaching the minimum score threshold—***15 points in a game of six players or more***, or ***30 points in a game of four players or fewer***. When this occurs, the losing team selects ***two cards*** from the 36 playable ones. The winning team then formulates ***two questions***, each based on the image or illustration from the selected cards. These questions are directed at ***two members*** of the losing team, chosen by the winners. However, it is mandatory that the ***player who shuffled the cards ("the card***

toaster") is included among the two selected respondents.

8. In the Ishema Ryanje Cards Game, *Aces are ranked higher than Sevens*. When an Ace is matched with a Seven of the same suits, the player who drew the Ace gains the right to ask a question to the player holding the Seven. The question must be related to the illustration, number, or theme on either the Ace or the Seven involved in the match. For example, if the Clubs Ace is matched with the Clubs Seven, and the card image represents a scenario involving a woman with an STI having unprotected sex with a man of unknown status, the Ace holder may ask a question that explores sexual health risks, prevention methods, or ethical decision-making based on that context.
9. **a.** In the Ishema Ryanje Cards Game, if Three (3) trump suit card win during the first play, the player who secured the win is entitled to ask a question to the last player on the opposing team who failed to outrank the three. The question must relate to the “Three” trump card that won the round.

However, the questioner is also allowed to reference a non-played pip card, which must be selected randomly by the opposing team. The question asked is based on the image or illustration on the chosen card.

If non-played pip cards are being used for scoring purposes, the questioner selects one card from their team's remaining pip cards. Meanwhile, the opposing team randomly designates one of their players to respond, regardless of how many pip cards they still hold. In cases where a team has only one or two cards left due to previous rounds, the chosen respondent will select from those available options. The question will then be derived from the design of the selected card, as determined at the discretion of the questioner.

- b.** During shuffling, if the dealer or stopper picks a Three (3), it counts as a goal. The shuffling team then asks them questions related to the designs on the 3-trump suit card. However, teams are allowed to ask questions based on non-played pip cards as well.

10. When a trick-taking game occurs on the first play, it counts as a goal. Players follow game rules by asking questions based on matching cards, such as between Ace and 7 as specified in Rule No. 8. The questioner is considered the winner within the winning team. If the winner initiated the play and no one outmatched them, they question the last player from the opposing team who lost the round, using the card that either won or matched.

Note.1: This rule does not apply in two-player mode

11. Depending on the game rules, additional scores may apply—such as penalties for cheating or failing to follow the rules. The penalized player is asked a question based on the topic represented by the first card played. If no card has been played yet, the penalized player may select one card from the low-value or pip cards that haven't been used (i.e., 2, 8, 9, or 10).

1. When the game ends in a scoreless forfeit—meaning the losing team fails to win a single point—the winning team is

granted the privilege of asking one question for each player on the losing team, without needing to draw a card.

If a member of the losing team answers a question correctly, the forfeit is nullified, and the team earns one point for each unanswered or incorrectly answered question.

Team members may support one another in answering questions, but only if the winning team grants permission.

- 2.** Teaching and playing with individuals unfamiliar with card games is essential for fostering learning through fun and engagement. New learners can receive support from their teammates whenever possible to help prevent unnecessary losses and encourage a positive playing experience.

- 3.** We recommend that governments, relevant institutions, civil society organizations, and other stakeholders involved in distributing these cards appoint a responsible individual or trained peer educator with advanced knowledge of sexual and reproductive health and rights (SRHR). This

person should be available to support colleagues who may require additional information beyond what is provided in the booklet.

12. When the game ends in a draw, both teams enter a “death game” round. In this round, the first team to score earns two goals, as is standard in traditional card games. The winning team is then granted the privilege of asking two questions. Meanwhile, the losing team randomly selects two cards, which determine the specific topics for the questions posed by the winning team.

Joker Card: The Joker card is reserved for two-player games and is used when a player wishes to ask a confidential question to someone they trust. To ease tension and create a comfortable atmosphere, players begin by engaging in a regular two-player game.

As the game progresses and the player feels ready to open up, they hand the Joker card to the other person—at which point the game stops immediately to allow for a safe and private discussion. After the conversation, players may choose to resume the game or end it, based on how they feel.

Note. 2:

- i. When adolescents and youth play Ishema Ryanje Cards Game in settings like schools or other environments with limited access to reliable sexual and reproductive health (SRH) resources, it is recommended that they ask only those questions that can be answered using the Ishema Ryanje booklet or other approved comprehensive sexuality education materials available at the location. Prior to playing, players are encouraged to study a variety of learning tools to improve their chances of winning. Importantly, it is not permitted to ask questions whose answers cannot be found in the material provided, nor is it allowed to use the internet while formulating or searching for answers.
- ii. The Ishema Ryanje Cards Game is primarily designed for adolescents and youth aged between 10 and 24. However, individuals above the age of 24 are also welcome to participate. They can use the game to strengthen their sexual and reproductive health knowledge and actively support the education of younger players through mentorship and guidance.

Good News!

The winning player or team is allowed to use Ishema R yanje booklet or other SRHR learning materials when asking questions.

However, the losing player or team may not use any of these resources while answering. They can only consult the materials after giving their answer, for cross-checking purposes.



Enjoy the game!!!!!!!!!!!!!!

1. INTRODUCTION TO SEXUAL AND REPRODUCTIVE HEALTH

1.1. Characteristics of sexual and reproductive health in adolescence

Adolescence is a transitional period between the end of childhood and the beginning of adulthood. It is marked by significant changes in physical appearance, emotional regulation, and social behavior.

Typically, adolescence begins between the ages of 10 and 14, although it can start earlier or later depending on individual differences in physical and emotional development.

1.1.1. Physical secondary sexual characteristics.

Girls	Boys
<ul style="list-style-type: none">- Growth in body size- Enlargement of breasts- Pubic hair growth- Growth of hair in the armpits- Broader hips- Facial acne- Onset of menstruation cycle, which means she can become pregnant if she engages in unprotected sexual intercourse	<ul style="list-style-type: none">- Growth in body size- Pubic hair growth- Increase in physical strength- Growth of hair in the armpits and on the chest- Deepening of the voice- Broader shoulders and a more muscular chest- Facial acne- Growth in the size of reproductive organs (testicles and penis)- Wet dreams, which means he can cause pregnancy through unprotected sex

1.1.2.Psychosocial and behavioral characteristics

- Striving for Independence and Connection
 - Desire for autonomy and decision-making
 - Beginning to form close emotional bonds with peers
- Peer Influence and Social Dynamics
 - Increased sensitivity to peer opinions and behaviors
 - Strong interest in following trends and fitting in
 - Susceptibility to peer pressure
- Emerging Romantic and Sexual Interests
 - Curiosity about romantic relationships
 - Sexual attraction toward peers of the opposite sex
 - Heightened sexual desires
- Body Awareness and Self-Presentation
 - Concerns about bodily changes associated with puberty
 - Greater attention to hygiene, grooming, and stylish dressing
- Identity Exploration and Risk-Taking
 - Desire for self-satisfaction and self-expression
 - Occasional boasting or exaggerated confidence

- Overconfidence and disregard for the consequences of one's actions

Note: Secondary sexual characteristics develop at different times for each individual. Some adolescents may experience these changes earlier, while others may develop them later.

It's important during this stage to overcome fear, stay informed, and speak openly with trusted adults—such as parents, teachers, or healthcare providers—to better understand and navigate the changes that occur during adolescence.

1.1.3. What to prevent during Adolescence?

During adolescence, it's important to avoid engaging in risky behaviors that may lead to early sexual activity. Instead, seek out and learn from positive role models among your peers. Be mindful of peer pressure and take active steps to protect yourself from being influenced into harmful decisions.

1.1.4. What is Menstruation Cycle?

The menstrual cycle refers to the interval between the first day of one menstruation and the day before the start of the next. This cycle can vary from person to person—some women or girls experience regular cycles, while others may have irregular ones. Typically, a normal menstrual cycle ranges from 21 to 35 days.

If your cycle is shorter than 21 days or longer than 35 days, it is advisable to visit a healthcare facility for a proper assessment to understand the underlying cause. However, it's important to note that adolescents may experience irregular or varying cycle lengths without necessarily having any health problems. This is because their bodies are still adjusting to the hormonal changes of adolescence.

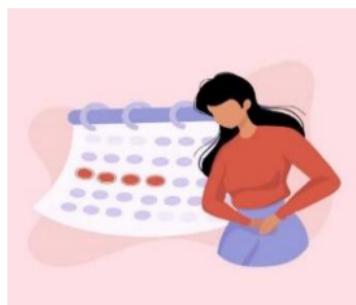


Menstruation is a natural biological process where the lining of the uterus—prepared for a potential pregnancy—is shed and released through the vagina.

This discharge, made up of blood and tissue, is commonly known as menstrual blood, a period, or menses. Menstruation typically occurs once a month and usually lasts between **three and seven days**. Most girls begin menstruating between the ages of **10 and 14**, though this can vary based on individual development.

1.1.5.Calculating Menstrual Cycle

Understanding Your Menstrual Cycle



To determine the length of your menstrual cycle, start counting from the first day of your period up to the day before your next period begins.

To assess whether your cycle is regular or irregular, track the cycle length each month for at least six consecutive months.

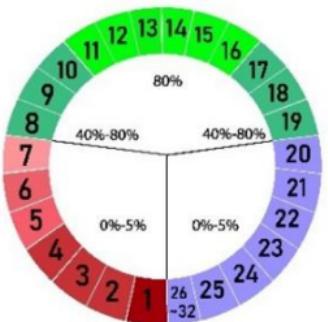
*- If the cycle length remains consistent, it is considered **regular**.*

- If it varies from month to month, it is considered **irregular**. Tracking helps identify your shortest and longest cycles.

Note: A menstrual cycle is not the same as a calendar month. Its length varies between individuals.

Fertility Periods (for cycles ranging between 26–32 days), below is a general guide to pregnancy likelihood during different stages of the cycle:

Cycle days	Stage	Chance of pregnancy
Days 1–7	Menstruation	Low (0–5%)
Days 8–10	Transition Phase	Medium (40–80%)
Days 11–16	Fertile Window	High (~80%)
Days 17–19	Post-Fertility Phase	Medium (40–80%)
Day 20 onward	Late Cycle	Low (0–5%)



If you have a regular menstrual cycle, you can estimate your fertile window using the following steps:

1. *Start with your cycle length (e.g., 28 days).*
2. *Subtract 14 days to estimate ovulation.*
 - *This gives you Day X: the approximate day of ovulation.*
 - *Example: $28 - 14 = \text{Day 14}$ (likely ovulation day).*
3. *Determine the fertile range around Day X:*
 - *Subtract 5 days → accounts for sperm lifespan inside the female body (up to 5 days).*
 - *Day X - 5 = Start of fertile window.*
 - *Add 5 days → covers the lifespan of the ovum (2 days), plus 3 precautionary days.*
 - *Day X + 5 = End of fertile window.*

So, the fertile period spans from 5 days before ovulation to 5 days after, totaling roughly 10 days where the chances of pregnancy are highest.

Example for Regular Menstrual Cycle (29 Days):
A girl, after monitoring her menstrual cycle for six months, found that her cycle is regular, lasting 29 days.

- To estimate her ovulation day: **29 – 14 = Day 15**
- To calculate the start of her fertile window:
Day 15 – 5 = Day 10
- To calculate the end of her fertile window:
Day 15 + 5 = Day 20

Therefore, her fertile period spans from the **10th** to the **20th** day of her cycle.

Example for Irregular Menstrual Cycle:

For girls or women with irregular cycles, use the following method:

- Subtract **18 days** from the shortest cycle in the past six months
- Subtract **11 days** from the longest cycle in the past six months

Example:

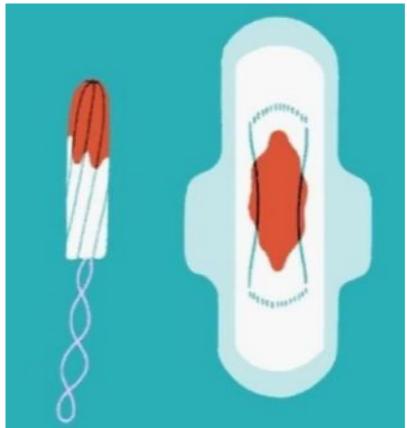
A girl monitored her cycle for six months and found that her shortest cycle was 27 days, and her longest cycle was 31 days.

- **27 – 18 = Day 9** (start of fertile window)
- **31 – 11 = Day 20** (end of fertile window)

Thus, her **fertile period** is from the **9th to the 20th day** of her cycle.

Note:

Menstrual cycles vary from person to person. Some girls and women have regular cycles, while others experience irregular ones due to differences in bodily functions, diet, stress levels, illnesses, and other factors.



If you notice any abnormalities or have concerns about your cycle, it's important to consult a healthcare provider for proper assessment and guidance.

1.1.6. Menstrual Hygiene

During menstruation, it is essential for girls and women to maintain a high standard of personal hygiene.

Poor menstrual hygiene can increase the risk of vaginal infections and other reproductive health concerns.

It is recommended to bathe at least twice a day, or more frequently if needed, and to use appropriate menstrual hygiene products.

Menstrual Hygiene materials

- i. **Sanitary Pads (Reusable):** These are designed to fit securely within underwear and offer a sustainable menstrual hygiene option. After each use, they must be thoroughly washed, disinfected, and dried in direct sunlight to maintain hygiene and prevent infections. These pads are strictly personal items and must not be shared under any circumstances.
- ii. **Disposable Sanitary Pads:** These are single-use menstrual hygiene products designed to be worn with underwear. After use, they should be safely discarded in latrines, covered waste bins, or incinerators. Do not flush disposable pads down household toilets, as this can cause blockages in the drainage system.
- iii. **Tampons:** These are inserted into the vagina to absorb menstrual blood. As they absorb blood, they expand. Each tampon has a small string left outside the vagina for easy removal. Always wash your hands with soap before and after inserting or re-

moving a tampon. Change tampons frequently, at least every 8 hours, to prevent infections or complications.

- iv. **Menstrual Cup:** A menstrual cup is a flexible, cup-shaped device inserted into the vagina to collect menstrual blood.



Menstrual cup



Tampons



Sanitary pads

1.2. Fertilization and pregnancy

Fertilization occurs when sperm meets a female egg (ovum) during unprotected sexual intercourse, resulting in the formation of a zygote.

Fertilization typically takes place in the Fallopian tubes, and once the zygote forms, it travels to the uterus, where pregnancy begins and develops.

Pregnancy is the period from the moment of fertilization until childbirth, usually lasting between 38 and 42 weeks.

A common early sign of pregnancy is the cessation of menstruation, but missing a period alone is not a reliable confirmation. It is strongly advised to visit a healthcare facility for a proper medical examination to confirm pregnancy and receive guidance.

1.2.1. Consequences of teenage pregnancy and early childbearing

Adolescents who experience pregnancy face a range of social, emotional, and health-related challenges, including:

- *Interrupted Education:* School dropout or temporary suspension due to pregnancy, childbirth, or childcare responsibilities.
- *Psychological Impact:* Feelings of loneliness, anxiety, low self-confidence, stigma, and reduced self-esteem.
- *Difficult Living Conditions:* Hardships for both the adolescent and her child, including lack of financial stability and support.
- *Mental Health Struggles:* Emotional distress and depression resulting from overwhelming responsibilities at a young age.
- *Reproductive Health Risks:* Increased likelihood of complications such as fistula, espe-

cially when giving birth with immature reproductive organs, or in cases of home deliveries without adequate antenatal care.

- *Childbirth Complications:* Higher risk of premature birth, low birth weight, stillbirth, or losing the baby during delivery.
- *Child Development Concerns:* Elevated risk of malnutrition, absence of parental love and care, and delayed physical or mental development.

2. SEXUAL TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) are infectious diseases caused by bacteria, viruses, or other pathogens that are primarily transmitted through unprotected sexual intercourse.

2.1. Sexual Transmitted Infections

Some examples of sexual transmitted infections:

Bacteria	Parasites	Viruses
Syphilis Chlamydia Gonorrhea	Trichomoniasis Genital candidiasis	Zona Herpes HIV/AIDS Hepatitis A&B

		Genital warts known as Human papillomavirus (HPV)
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Signs and symptoms for sexual transmitted diseases

In Males	In Females
Pus discharge during urination	Abnormal vaginal discharge or pus
Swollen lymph nodes (ganglia)	Swollen lymph nodes (ganglia)
Swollen testicles	Itching and irritation around the genital area
Burning sensation during urination	Discomfort in the lower abdomen
Itching and genital irritation	Burning sensation during urination
Inflammation of the penis	Blisters or rashes around the genital area

Fever	Fever
Painful sexual intercourse	Pain during sexual intercourse

Note: If you experience any of the signs or symptoms mentioned above, it is essential to seek immediate medical attention. Untreated STDs can result in serious health complications and even death.

Effect of Sexual Transmitted Diseases (STDs)

Sexually transmitted diseases (STDs) can lead to serious and life-threatening complications if left untreated. These include reproductive health issues such as cervical cancer, fallopian tube obstruction, ectopic pregnancy, infertility, and an increased risk of contracting HIV/AIDS. During pregnancy and childbirth, STDs can be passed from mother to child, resulting in multiple miscarriages, premature birth, stillbirth, or early infant death. Children born with STDs may suffer from visual impairments, developmental challenges, and are more likely to experience malnutrition and a lack of parental care.

Sexually transmitted diseases (STDs) can be effectively prevented through a combination of safe practices and medical interventions. Key prevention strategies include:

- Abstain from sex or remain faithful to one uninfected partner
- Use condoms properly and consistently
- Avoid having multiple sexual partners
- Get vaccinated against cervical cancer (HPV) and Hepatitis B
- Maintain proper genital hygiene
- Consider male circumcision as a preventive measure
- Seek medical testing and treatment promptly if symptoms occur
- Ensure your sexual partner also receives testing and treatment, if needed
- Follow prescribed medications and medical advice precisely
- Avoid self-medication and traditional remedies, as they can worsen health conditions

2.2. HIV/ AIDS

HIV (Human Immunodeficiency Virus):

HIV is a virus that attacks and weakens the body's immune system, reducing its ability to fight off infections and illnesses. As the virus progresses, it targets and destroys crucial immune cells, making the individual more vulnerable to opportunistic infections.

AIDS (Acquired Immunodeficiency Syndrome):

AIDS is the advanced stage of HIV infection. It occurs when the immune system becomes severely damaged and can no longer protect the body against life-threatening infections and diseases. AIDS develops over time in individuals who do not receive effective treatment for HIV.

Methods of HIV/AIDS transmission

- Engaging in unprotected sex with an HIV-positive person
- Sharing sharp objects (e.g. needles, syringes, razors) with someone who is HIV-infected
- Mother-to-child transmission during childbirth or breastfeeding, especially if not medically managed

- Having other sexually transmitted diseases (STDs), particularly those that cause genital sores, which increase susceptibility during unprotected sex

How to Prevent Stigma and Discrimination Around HIV/AIDS

People living with HIV are encouraged to seek regular medical care and adhere to Antiretroviral Therapy (ART) as prescribed.

Following healthcare provider advice helps individuals lead long, healthy lives and significantly reduces the risk of transmission.

It's equally important to empower families and communities with accurate information about HIV. Educating others helps prevent stigma **and** discrimination, fostering a more supportive and inclusive environment.

Without care and emotional support, PLHIV may experience anxiety, loneliness, depression, and low self-esteem, which can negatively affect their health and deter them from seeking treatment. These barriers not only impact individual well-being but also increase the risk of further spread of HIV.

What can I do to live a long and healthy life with HIV/AIDS?

- Eat a balanced diet and engage in regular physical exercise
- Get enough rest and avoid isolation
- Attend regular medical checkups
- Take antiretroviral (ART) medications consistently and on time
- Avoid substance abuse (alcohol, tobacco, and drugs)
- Abstain from sex or always use condoms to protect yourself and others
- Seek prompt medical treatment for any illnesses
- Inform your healthcare provider about any bodily changes
- Avoid behaviors that can lead to the spread of the virus to others
- Maintain a normal work routine, set personal goals, and actively work toward achieving them

Which ways cannot transmit HIV/AIDS?

HIV/AIDS cannot be transmitted through:

- Kissing an HIV-positive person
- Sharing kitchen utensils (cups, plates, etc.)

- Shaking hands
- Playing or eating together
- Sharing toilets
- Visiting someone who has HIV/AIDS
- Mosquito bites

Who is at high risk of contaminating HIV/AIDS?

- Married or cohabiting couples where one partner is HIV-positive
- Sex workers
- Men who have sex with men

3. STIGMA/DISCRIMINATION AND SOCIAL ISOLATION

3.1. Stigma and discrimination

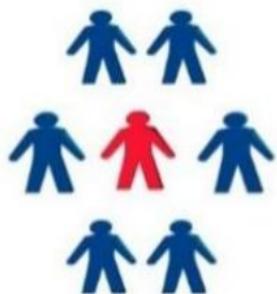
Stigma and discrimination involve dehumanization or unfair treatment of individuals within a family, community, or society based on factors such as their physical appearance, beliefs, or behaviors.



Stigmatizing someone violates their fundamental human rights, undermines their dignity, and can lead to emotional, psychological,

and social harm. Building an inclusive and respectful environment is essential for promoting equality, empathy, and well-being.

3.2. Social isolation



Social isolation is a common consequence of stigma and discrimination, often resulting from rejection, denial of basic rights, or neglect rooted in cultural beliefs, family background, or other value-based judgments.

When individuals are excluded due to perceived differences, they may experience deep loneliness, a sense of being unwanted, and limited access to social, educational, or healthcare resources.

Categories of stigma and social isolation

Category of stigma /Discrimination	Categories of social isolation
Gender-based discrimination	Self-isolation: When individuals exclude themselves due to internalized stigma or fear of judgment
Discrimination rooted in culture or historical beliefs	Family and social isolation: Exclusion by family members or social circles
Discrimination based on physical appearance	Service-based isolation: Denial or unequal treatment by professionals such as teachers, healthcare workers, or other service providers
Ethnic discrimination	
Discrimination based on skin color, pregnancy, religion, language, nationality, disease status, etc.	

4. PREVENTION OF UNWANTED PREGNANCY AND CONTRACEPTION.

What is Contraception?

Contraception refers to a range of methods used by individuals of reproductive age to plan and achieve the number of children they desire, at a time of their choosing, while preventing unwanted pregnancy. It empowers people to make informed decisions about their sexual and reproductive health.



These methods are readily available through community health workers, medical professionals at health centers, and other authorized health facilities.

If any complications arise during the use of contraceptive or pregnancy prevention methods, it is important to visit a nearby health facility for medical evaluation and guidance on alternative methods that may better suit the individual's body. Once a person stops using contraception, they can become pregnant whenever they choose.

Note: Individuals who have not given birth typically use pregnancy prevention methods rather than long-term contraceptive options.

Advantages of preventing unwanted pregnancy

- Protects adolescents and youth from teenage and unintended pregnancies
- Reduces child and maternal mortality (death of mothers and infants)
- Enables couples to have the number of children they want when they choose
- Lowers daily household expenses
- Promotes family well-being, peace, and stability
- Contributes to national development
- Increases life expectancy and builds hope for a brighter future
- Enhances love and unity between couples, reducing family conflicts and misunderstandings
- Improves literacy rates and lowers school dropout rates

Note:

The consequences of unwanted pregnancy are the opposite of the benefits listed above.



Household that has adopted family planning



Household that didn't adopt family planning

4.2. Contraceptive methods or prevention of unwanted pregnancy.

Natural methods: Abstinence, monitoring vaginal discharge, breastfeeding, and menstrual cycle tracking

Short-term methods: Male and female condoms, daily pills, and contraceptive injections

Long-term methods: Intrauterine Devices (IUDs) and implants lasting 3 to 10 years

Permanent methods: Vasectomy (for men) and tubal ligation (for women).

4.2.1. Natural Methods

- *Breastfeeding (Lactational Amenorrhea Method):*

This method is effective for women who breastfeed frequently day and night during the first six months after childbirth and have not resumed menstruation. It naturally delays ovulation, reducing the chance of pregnancy.

- *Menstrual Cycle Tracking:*

Used by women with regular menstrual cycles after at least six months of consistent tracking. This method relies on identifying the fertile window using ovulation-based calculations (see cycle length method above).

- *Monitoring Vaginal Discharge:*

During fertile days, vaginal discharge becomes clear, whitish, and stretchy. This indicates increased chances of pregnancy. Unprotected sex should be avoided during this time to prevent conception.

How to Use cycle beads



The cycle bead has a ring that you move every day.

Meaning of the bead's colors:

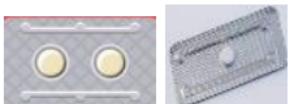
- Red bead: First day of menstruation
- 6 grey beads: Days with low chance of pregnancy
- 12 white beads: Fertile days
- 13 grey beads: Days with low chance of pregnancy

4.2.2. Short-term methods

Condoms	There are male and female condoms
Pills <i>Pills for prevention of unwanted pregnancy</i>	Contraceptive pills are taken once daily for 30 consecutive days to effectively prevent unwanted pregnancy. These pills work by



Emergency contraceptive pill



inhibiting ovulation, which means they stop or prevent the release of a female egg each month.

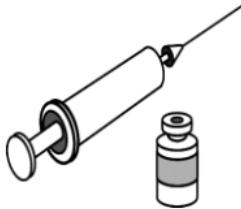
Importantly, taking these pills does not stop menstruation. To ensure maximum effectiveness, a girl or woman must take each prescribed pill consistently and on time, without missing any doses.

Emergency contraceptive pills are intended to prevent pregnancy after unprotected sexual intercourse. For best effectiveness, they should be taken within 72 hours, the sooner, the better.

Emergency contraceptives are readily available at health facilities and pharmacies nationwide.

Injections

Injectable contraceptives are methods used to prevent unwanted pregnancy

	<p>through hormone injections. A girl or woman receives the injection either once a month or once every three months, depending on the type.</p>
Spermicide.	<p>This contraceptive method involves the insertion of chemical substances into the female genitals before sexual intercourse. They work by killing or immobilizing sperm, preventing them from reaching the Fallopian tubes, where fertilization typically occurs.</p>

Condom

A condom is a thin, sack-like barrier made from latex or plastic that is worn during sexual intercourse to help prevent pregnancy and reduce the risk of HIV and other sexually transmitted infections (STIs). There are male and female condoms.



Male Condom



Female Condom

Advantages of using condoms

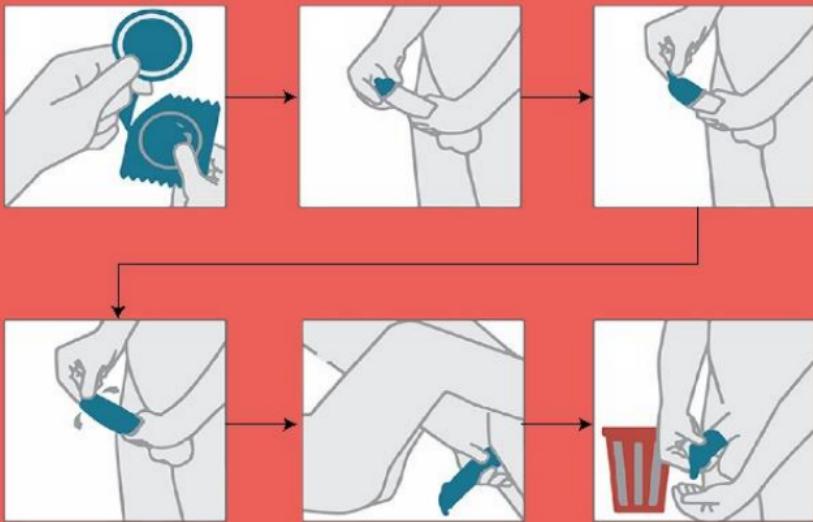
- Prevents pregnancy by blocking sperm from entering the female reproductive system
- Protect against sexually transmitted infections (STIs), including HIV/AIDS
- Easy to use and suitable for both males and females
- Affordable and widely available in health facilities, pharmacies, and community centers across Rwanda.

How is condom used?

The male condom is worn on the erect penis before sexual intercourse, while the female condom is inserted into the vagina prior to sex. Both male and female condoms are designed for single-use only—they should be discarded immediately after one sexual act to ensure safety and effectiveness.

Procedures for male condom use:

- Check the expiration date on the condom package
- Inspect the package to ensure it's undamaged and contains air (a puffed foil indicates it's sealed properly)
- Open carefully using hands—avoid using teeth or sharp objects to prevent tearing
- Pinch the tip of the condom to release trapped air and leave room for semen
- Roll the condom onto the erect penis while continuing to pinch the tip
- After ejaculation, hold the condom at the base and withdraw while still erect
- Tie the used condom securely and dispose of it in a dustbin—never flush it in a toilet.



Procedures for female condom use

- Check the expiration date to ensure the condom is still safe to use.
- Gently open the package with your hands, starting from the right side. Avoid using teeth or sharp objects to prevent tearing.
- Pinch or press the top (closed end) of the condom to make insertion easier.
- Choose a comfortable position—you may stand with one leg raised, sit, or lie down.

- Insert the condom into the vagina by placing the closed end first, making sure it doesn't fold or twist inside.
- Use your index finger (second from thumb) to push the condom deeper into the vagina until only the outer ring remains outside.
- During intercourse, guide the penis inside the condom and ensure it doesn't slip sideways or outside.
- After intercourse, fold the outer ring and gently pull out the condom to avoid spilling.
- Wrap the used condom in paper and dispose of it in a dustbin—never flush it down a toilet.



Myths and Misconceptions about condoms

- Belief that condoms reduce sexual pleasure
- Thinking condom use implies a lack of love, trust, or commitment between partners
- Assuming one-time unprotected sex is harmless and cannot transmit HIV/AIDS or other STDs
- Fear that the condom might get stuck inside the vagina



4.2.3. Long-term method

Implants



This method involves the insertion of a small, flexible rod under the skin of the upper arm of a girl or woman. The rod contains hormones that prevent ovulation, thereby protecting against unwanted pregnancy. The procedure is carried out only by licensed healthcare professionals and requires a prescription.

	<p>There are two types of implants:</p> <ul style="list-style-type: none">- <i>Implanon</i>: Provides protection for up to three years- <i>Jadelle</i>: Offers pregnancy prevention for up to five years
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Intra-uterine device (IUDs)



An IUD is a small, T-shaped contraceptive device that is inserted into the uterus by a trained healthcare professional. It works by blocking sperm from reaching and fertilizing the egg, either through hormonal regulation or a copper barrier.

Depending on the type, an IUD can offer protection against unwanted pregnancy for 5 to 10 years.

4.2.4. Permanent methods

Permanent Methods of Contraception

Permanent contraception involves surgical procedures designed to prevent pregnancy for life. These methods are considered suitable for couples who are married or already have children and have no intention of having more.

- For Men – *Vasectomy*:

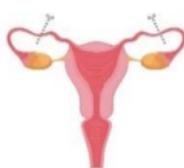
A procedure in which the vas deferens (the tube that carries semen) is cut and sealed. This prevents sperm from being present in ejaculation, making it impossible to impregnate a partner.

- For Women – *Tubal Ligation*:

A procedure where the fallopian tubes are blocked or sealed, preventing the egg from traveling to meet sperm for fertilization.



Vasectomy



Tubal ligation

Note: Only abstinence and correct condom use can effectively prevent both unwanted pregnancy and sexually transmitted infections (STIs), including HIV/AIDS. Other contraceptive methods offer protection against pregnancy only, not STIs.

If any contraceptive method causes complications or undesirable side effects, it is essential to visit a nearby health facility. A qualified healthcare provider will assess your condition

and help you choose a safe and suitable method that matches your body and needs.

5. UNDERSTANDING GENDER-BASED VIOLENCE AND ITS PREVENTION

Gender-Based Violence (GBV) refers to any harmful act inflicted upon an individual based on their gender. These acts may affect a person's physical body, genital area, mental well-being, or deny them the right to own or access property. GBV violates fundamental human rights and results in negative impacts on the victim's health, safety, and dignity. Such violence can occur within households or in other environments, including workplaces, schools, or community settings.

5.1. Gender-Based Violence and its forms

Gender-Based Violence (GBV) manifests in four primary forms, as outlined:

- ***Sexual violence***

Sexual violence refers to any sexually related act inflicted on a person without their consent. It may include

- Defilement
- Rape
- Unwanted touching or manipulation of genital areas

- ***Psychological violence***

Psychological violence includes actions that negatively impact a person's mental and emotional well-being. Common forms include:

- Social exclusion or devaluation
- Verbal abuse and harsh language
- Discrimination based on physical appearance or disability

- ***Physical violence***

Physical violence involves bodily harm or injury. Examples include

- Murder or attempted killing
- Physical assault (e.g., beating)
- Excessive or abusive punishment

- ***Economic-related violence***

This category involves denying individuals access to resources or entitlements. It includes

- Denial of the right to own or control property or materials

- Prevention from accessing work opportunities
- Exclusion from inheritance rights
- Failure to provide basic household necessities, such as food

5.2. Causes of Gender-Based Violence

Gender-Based Violence (GBV) arises from a combination of social, cultural, and individual factors. Some of the key causes include:

Violation of Human Dignity

- Devaluing an individual and denying their basic human rights
- misunderstanding or lack of awareness about human rights

Family and Social Neglect

- Parental negligence and lack of guidance
- Lack of meaningful time to discuss pressing issues within the household
- Inability or reluctance to engage in family planning

Harmful Individual Behaviors

- Selfishness and disregard for others

- Greed, drug abuse, infidelity, violence, and other behaviors that disrupt social harmony

Cultural and Structural Inequalities

- Harmful myths and negative stereotypes surrounding gender equality
- Inequal power dynamics in decision-making within couples and families

5.3. Consequences of Gender-Based Violence (GBV)

To the victim

Gender-Based Violence can have devastating effects on individuals, affecting their physical, emotional, and social well-being. The consequences include:

- *Physical and Health Impacts*
 - Risk of death due to severe physical harm
 - Transmission of HIV and other STIs, particularly in cases involving unprotected sexual violence
 - Infertility and related physical disabilities resulting from trauma and untreated injuries

- *Reproductive and Emotional Effects*
 - unwanted pregnancies including among teenagers
 - Psychological trauma such as depression, anxiety, and post-traumatic stress
- *Social and Interpersonal Strain*
 - Family conflicts and breakdowns in trust or relationships
 - Low self-esteem and diminished self-worth
 - Loss of hope for the future, leading to disengagement from education, work, or community life.

To the culprit

Individuals who commit Gender-Based Violence face a range of consequences that affect their personal, social, and economic well-being. These include:

- *Legal and Social Repercussions*
 - Imprisonment, resulting in separation from family and becoming a burden to both households and national systems
 - Loss of respect and dignity within society, leading to social exclusion and stigma
- *Health risks*
 - Risk of contracting HIV and other STIs, particularly through unprotected sexual acts.
- *Emotional and psychological impact*
 - Persistent guilt and shame, which can lead to emotional distress and mental health challenges
- *Developmental setbacks*
 - Disrupted personal growth and opportunities, which in turn hinders the development and well-being of the family.



To the society and the entire country

- Rising family conflicts
- Widespread poverty, both at the household and national levels
- Increased morbidity due to sexually transmitted infections (STIs) contracted during incidents
- Growing number of children living on the streets
- And other related social challenges

5.4. How to support a GBV victim?

- Support them in seeking justice through appropriate legal channels and by connecting them with organizations that offer legal aid.
- Preserve Evidence to Support Medical Examination and Confirmation of GBV Cases
- Be mindful of their emotional and psychological well-being—avoid any words or actions that could retraumatize or diminish their sense of self-worth.
- Help them access rehabilitation services and provide encouragement as they work to rebuild their dignity and self-confidence. If they are homeless, assist them in finding a safe and stable place to stay.

- Never judge or stigmatize them and discourage others from isolating or criticizing them, they need inclusion, not shame.
- Offer practical assistance, such as food and basic necessities for her and the baby, to support her immediate needs as she regains stability.

5.5. Services available in Rwanda to address Gender-Based Violence (GBV)

To effectively respond to and prevent crimes related to Gender-Based Violence, the Government of Rwanda has established a comprehensive set of services aimed at supporting victims and promoting justice. These include:

- Isange One Stop Centers (IOSCs): Multidisciplinary facilities that offer free medical care, psychosocial support, forensic services, and legal assistance to GBV survivors—available 24/7 in district hospitals across the country.
- Access to Justice Bureaus (Maisons d'Accès à la Justice - MAJ): Community-based

- offices that provide legal information, assistance, and referrals to ensure survivors of GBV can access justice without barriers.
- GBV-Focused Court Services: Specialized mechanisms within Rwanda's judicial system designed to handle GBV cases efficiently and sensitively, ensuring survivors' protection and accountability for perpetrators.

Isange One Stop Center (IOSC)

The Isange One Stop Center was established by the Government of Rwanda to provide comprehensive, rapid, and survivor-centered services to victims of Gender-Based Violence (GBV) in one convenient location.

What Services Are Offered at the Isange One Stop Center?

Upon arrival at an Isange One Stop Center, a GBV victim receives the following integrated services:

i. Health Services

Victims undergo timely medical examinations within 72 hours of the incident. Services include:

- Testing for HIV and other infections
- Emergency contraception and pregnancy screening
- Post-exposure prophylaxis (PEP)
- Vaccinations and treatment of physical injuries

ii. Psychosocial Support

- Trained counselors provide emotional and psychological support to help survivors process trauma and regain a sense of safety.
- Temporary shelter may be arranged for survivors in need of immediate protection.
- Comfort and reassurance are prioritized to promote healing and dignity.

iii. Legal and Justice Services

- Officers from the Rwanda Investigation Bureau (RIB) assist in documenting the case, collecting evidence, and preparing files for prosecution.
- Survivors are guided through the legal process with confidentiality and respect for their rights.

iv. Rehabilitation Services

- In addition to immediate health and legal interventions, survivors receive long-term

- support aimed at restoring confidence, dignity, and reintegration into society.
- This may include life-skills support, social services.

6. AVOID AND PREVENT CHILD DEFILEMENT

Who Is Considered a Child?

According to Law No. 71/2018 of 31/08/2018, a child is defined as any person, male or female, under the age of 18 years.

What Constitutes Child Defilement?

Based on Article 133 of Law No. 68/2018 of 30/08/2018 on crimes and their penalties, any person who engages in sexual acts with a child is considered to have committed rape (sexual violence).

The law broadly defines such acts to include:

- Vaginal, anal, or oral sexual intercourse
- Insertion of any body part (e.g., fingers) or object into the vagina or anus of a child
- Engaging in any act involving a child's body for sexual gratification, even if it does not involve penetration or intercourse



These actions are strictly prohibited and constitute a serious criminal offense under Rwandan law, with severe legal consequences to protect children's rights and dignity.

Consequences of Child Defilement

Child defilement is a grave violation with devastating short- and long-term effects on a child's well-being.

The consequences include:

- *Psychological Trauma:* Survivors often experience deep emotional distress, including anxiety, depression, PTSD, and long-lasting fear or mistrust.

- *Early Pregnancy:* In cases involving girls, pregnancy may occur, leading to disrupted education, social stigma, and isolation from family or community.
- *Sexually Transmitted Infections (STIs):* Survivors are at high risk of contracting STIs, including HIV, due to forced and unprotected sexual contact.
- *Physical Injuries and Disabilities:* Some survivors may suffer permanent physical damage or disabilities resulting from violent acts during abuse.



How Can We Prevent Child Defilement?

Protecting children from sexual violence requires proactive efforts from families, communities, and institutions.

Here are key preventive actions:

- *Commit to Parental Care and Guidance:* Be actively involved in your child's life.

Show love, listen attentively, and provide consistent support that builds trust and confidence.

- *Create Safe Spaces for Dialogue:* Encourage open conversations about sexual and reproductive health and rights. Let children know they can speak freely without fear of judgment or punishment.
- *Reduce Family Conflicts:* Strive for peaceful and respectful interactions at home. Family instability often drives children away in search of safety, leaving them vulnerable to abuse.
- *Promote Positive Values and Purpose:* Teach children the importance of hard work, responsibility, and self-respect. Help them develop resilience and avoid risky behaviors.
- *Report Suspected Abuse Immediately:* If you witness or suspect any form of child sexual abuse, report it to the nearest authorities or protection services without hesitation.
- *Ensure Family Well-being and Accountability:* A stable, well-cared-for family environment is one of the strongest defenses against child exploitation. Parents and guardians must take full responsibility for their children's protection.

How to Support a Child Survivor of GBV Who Has Conceived

When a child becomes pregnant due to Gender-Based Violence, it is vital to respond with care, justice, and dignity.

Here are essential steps to support her:

- *Ensure Access to Justice:* Help the survivor pursue legal action against the perpetrator by connecting her with authorities, legal aid services, and protection mechanisms that prioritize child rights and confidentiality.
- *Provide Unconditional Support:* Refrain from criticism, blame, or judgment. Instead, they offer empathy, protection, and encouragement to foster a safe environment for healing.
- *Facilitate Rehabilitation and Restoration:* Support the child through tailored rehabilitation programs—including medical care, trauma counseling, educational reintegration, and dignity restoration—to help her regain self-worth and agency.
- *Treat Her with Deep Compassion and Respect:* Care for her as you would your own, physically, mentally, and emotionally.

Recognize that healing requires time, patience, and unwavering support from family, community, and professionals.

7. KNOW, AVOID, AND PREVENT HUMAN TRAFFICKING

What Is Human Trafficking?

Human trafficking refers to the illegal practice of treating people as commodities for the purpose of exploitation and profit.

This crime involves the use of threats, deception, coercion, or force to recruit, transport, or harbor individuals, often violating their freedom and dignity. These acts can occur both within national borders and across countries.



How Does Human Trafficking Occur?

Traffickers often lure victims through false promises and deceptive offers, such as:

- Attractive job opportunities within the country or abroad
- Fake educational scholarships or overseas study programs

- Promises of modeling careers, sports contracts, or marriage proposals
- Exploiting vulnerable situations like poverty, family conflict, or displacement
- Once deceived, victims may be forced into:
- Sexual exploitation
- Forced labor or domestic servitude
- Organ trafficking
- Forced begging or criminal activities

Who Are the Targets of Human Trafficking?

Human traffickers often prey on individuals who are vulnerable due to age, social instability, or economic hardship. Key at-risk groups include:

- *Youth and Adolescents*: particularly girls, who are disproportionately targeted for sexual exploitation, domestic servitude, or forced marriage.
- *Children from Conflicted or Unstable Families*: Instability at home can push children into unsafe environments or onto the streets, increasing their risk.
- *Out-of-School Children*: Those who have dropped out of school may lack supervision, opportunities, and awareness of trafficking risks.

- *Orphans and Children without Guardians:* Children with no family protection are especially susceptible to exploitation by traffickers.
- *Unemployed Youth:* Young people seeking jobs are often deceived by traffickers promising attractive work opportunities, especially abroad.

What are Victims of Human Trafficking exploited for?

Trafficked individuals are subjected to various forms of severe abuse and exploitation, including:

- *Sexual Exploitation:* Victims may be forced into commercial sex work, including prostitution and acting in pornographic content, often under threats or deception.
- *Forced Labor and Slavery:* Many are coerced into working in inhumane conditions, receiving little or no compensation, and deprived of freedom and dignity.
- *Organ Trafficking:* Some victims are subjected to the illegal removal and sale of vital organs, posing extreme risks to their lives and health.

- *Involvement in Criminal Activities:* Trafficked individuals, especially children, may be exploited to carry out crimes such as drug trafficking, theft, or begging.

Consequences of Human Trafficking

Human trafficking has devastating and far-reaching effects on individuals, families, and society at large.

Key consequences include:

- *Loss of Life:* Many victims suffer fatal outcomes due to abuse, unsafe conditions, or organ trafficking.
- *Forced Organ Removal:* Victims may be subjected to non-consensual surgeries to harvest essential organs for illicit sale.
- *Early and Unintended Pregnancies:* Especially among trafficked girls and women, sexual exploitation leads to pregnancies that disrupt their health, safety, and education.
- *Transmission of HIV and Other STIs:* Victims often face repeated, unprotected sexual abuse—greatly increasing their risk of contracting infections.
- *Educational Disruption:* Children and youth who are trafficked are denied the right to

education, often forced to drop out or never return to school.

- *Loss of Future Opportunities:* Trafficking robs individuals of their potential, dignity, and freedom leading long-lasting psychological, physical, and economic scars.

How to Avoid and Prevent Human Trafficking

Protecting individuals, especially children and youth from trafficking requires proactive community vigilance and responsible decision-making. Key preventive actions include:

- *Report Immediately:* Inform the authorities if you see, hear, or suspect any activity linked to human trafficking.
- *Strengthen Parental Guidance:* Parents and guardians should provide consistent care, supervision, and open communication to reduce children's vulnerability.
- *Verify Offers Carefully:* Be cautious when a child claims to have been offered a scholarship or job, especially abroad. Investigate the source thoroughly before making any decisions.
- *Be Wary of Suspicious Promises:* Remain skeptical of anyone who offers you money

or promises a prosperous future abroad in exchange for travel or assistance.

- *Monitor Hospitality Establishments:* Hotels, motels, clubs, bars, and guesthouses must actively screen guests and report any suspicious behavior or activities linked to human trafficking.

Emergency Contacts in Rwanda for Reporting Human Trafficking

- Rwanda Investigation Bureau (RIB):  3512
- Rwanda National Police (RNP):  3511
- Supreme Court of Rwanda:  3677
- Gender Monitoring Organization:  5798
- Ministry of Gender and Family Promotion:  9059
- Isange One Stop Center (IOSC):  3029

8. “SUGAR DADDY” AND “SUGAR MUMMY” RELATIONSHIPS

A “**Sugar Daddy**” or “**Sugar Mummy**” refers to an older adult who provides adolescents or young people with money, gifts, or favors in exchange for sexual relationships. While these arrangements may appear as beneficial to vulnerable youth especially those experiencing poverty, peer pressure, or exposure to drugs, they are deeply exploitative and harmful.

Why Do Adolescents Fall into These Relationships?

- Economic hardship and survival needs
- Lack of parental guidance or supervision
- Peer influence and the desire for luxury or social status
- Low self-esteem or lack of awareness about their rights

Consequences for the Young Person Include:



Sugar mummy



Sugar daddy

- *Teenage Pregnancy*: Which can lead to health risks, disrupted education, and social stigma
- *HIV and STI Infections*: Due to unprotected or coerced sex
- *School Dropouts*: As adolescent girls, in particular, may be forced to leave school due to pregnancy or shame
- *Emotional and Psychological Harm*: Including trauma, manipulation, and loss of self-worth
- *Loss of Future Opportunities*: As education and long-term well-being are compromised.

Strategies to Avoid “Sugar Daddy” and “Sugar Mummy” Exploitation

To prevent young people from falling into exploitative relationships with older individuals in exchange for money or gifts, the following protective measures are recommended:

- *Empower Young People to Say No*: Equip adolescents with the confidence and life skills to reject exploitative offers, reinforce that their bodies and futures are not for sale.
- *Foster Open Communication at Home*: Parents and caregivers should create safe,

non-judgmental spaces where teens can freely discuss sexual and reproductive health, including peer pressure, romantic relationships, and exploitation.

- *Enforce Age Restrictions in Lodging Facilities:* Hotels, guesthouses, bars, and other venues should implement and uphold strict policies against hosting minors, especially when accompanied by unrelated adults.
- *Help Youth Recognize Manipulative Tactics:* Educate adolescents to be critical of false promises, such as flashy gifts, trips, or attention from much older individuals that may lead to exploitation disguised as affection.

9. KNOW AND PROMOTE GENDER EQUALITY AND EQUITY IN FAMILIES

What Is Gender Equality and Equity?

Gender Equality means that all individuals, regardless of gender, have equal rights, responsibilities, and opportunities to reach their full potential. This includes equal participation in political, social, and economic spheres at both family and national levels.



Gender Equity goes a step further by recognizing that fairness sometimes requires different approaches for different people.

It means giving everyone what they need to succeed such as tailored support or resources, so that both men and women can enjoy true equality in practice.

Together, these principles ensure that:

- Men and women share responsibilities and decision-making in the home

- Both girls and boys are encouraged to pursue education and leadership
- No one is disadvantaged due to cultural stereotypes or traditional gender roles
- Economic benefits and household duties are distributed fairly within the family

9.1. Why Promoting Gender Equality and Equity Matters

Promoting gender equality and equity is not only a matter of fairness, but also a driver of sustainable progress for families, communities, and nations.

Here's why it's essential:

- *Upholds Human Rights:* Ensures that every individual enjoys full dignity, freedom, and justice regardless of gender.
- *Fuels Inclusive National Development:* When all people—women, men, boys, and girls can contribute equally, no one is left behind in a nation's progress.
- *Strengthens Family Growth:* Families thrive when responsibilities, decision-making, and opportunities are shared equitably.

- *Unlocks Talent and Opportunity:* Equal access allows everyone to discover their potential, pursue education and careers, and benefit from available resources.
- *Reduces Gender-Based Burdens:* Promotes fair sharing of responsibilities at home and in the workplace lightening the load traditionally borne by women or men alone.

9.2. Consequences of Undermining Gender Equality and Equity

Failing to uphold gender equality and equity has far-reaching effects on families, communities, and national progress.



Key consequences include:

1. *Hindered Development of Families and Nations:* When one gender is excluded or undervalued, the full potential of individuals and communities is left untapped, slowing social, economic, and political progress.
2. *Poor Child Upbringing:* Children raised in households that reinforce gender inequality may lack positive role models, adopt harmful stereotypes, or experience neglect and

conflict, impacting their emotional and moral development.

3. *Violation of Human Rights and Freedoms:* Inequality leads to unequal access to education, healthcare, leadership, and justice, particularly disadvantaging women and girls and denying them basic rights.
4. *Source of Family and Social Instability:* Gender imbalance in household roles and responsibilities can create tension, unfair burdens, and resentment, often becoming the root cause of violence, poverty, and poor well-being.

9.3. Role of Local Leaders in Promoting Gender Equality

Local leaders play a vital role in advancing gender equality within their communities.

Their responsibilities include:

- *Upholding Gender Equality as a Fundamental Human Right:* Recognize and consistently reinforce the principle of gender equality as a non-negotiable right for all individuals, regardless of gender.
- *Raising Awareness and Shifting Mindsets:* Actively engage in educating community

members about the importance and benefits of gender equality in improving social harmony, development, and well-being.

- *Ensuring Equal Access and Inclusive Representation:* Guarantee that men, women, boys, and girls receive equal rights, services, and opportunities. Acknowledge that different genders may face unique challenges and tailor responses accordingly.
- *Instilling Values of Respect and Collaboration in Children:* Promote values of mutual respect, equality, and partnership in schools, families, and youth programs—so that children grow up understanding cooperation and shared responsibility between genders.

10. SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR)

Sexual and Reproductive Health Rights are part of the broader spectrum of universal human rights, legal guarantees that protect individuals and groups from actions or conditions that threaten their freedoms, dignity, and well-being. These rights are inherent to every person, regardless of nationality, gender, ethnicity, religion, language, or social status. They exist simply because we are human.

Sexual and Reproductive Health Rights Are Inviolable: Legal Foundation

According to Law No. 21/2016 of 20/05/2016, sexual and reproductive health (SRH) rights are recognized as fundamental human rights in Rwanda.

This means:

- Every individual, regardless of gender, age, social status, or background has the right to access, enjoy, and exercise SRH rights.
- These rights include the freedom to make informed decisions about one's body, health, sexuality, relationships, and family planning.

- No one, under any circumstances, has the authority to violate, deny, or limit someone else's SRH rights.
- The law requires that these rights be respected, protected, and fulfilled by individuals, communities, institutions, and government authorities.

Key SRHR entitlements include:

- *Right to Information*: To understand the physiological changes that occur at different stages of life, including puberty, fertility, and aging.
- *Right to Protection from Unintended Pregnancies*: Access to accurate information and services that empower individuals to make informed decisions about family planning.
- *Right to SRHR Services*: Everyone has the right to access sexual and reproductive health services that meet their needs, regardless of age, gender, ability, or location.
- *Right to Gender Equality*: Equal rights and opportunities must be guaranteed for all

genders, especially in decision-making related to health, relationships, and bodily autonomy.

- *Right to Justice in Cases of GBV:* Survivors of Gender-Based Violence deserve access to justice, protection, and comprehensive support services without discrimination or stigma.

11. ESSENTIAL LIFE SKILLS AND KNOWLEDGE TO HELP YOU THRIVE

11.1. Categories of Essential Life Skills

11.1.1. Know Yourself

- Understand what you like and dislike
- Identify your strengths and weaknesses
- Practice self-respect, trustworthiness, and integrity
- Believe in yourself - you can do it

11.1.2. Know, Respect, and Live harmoniously with Others

- Learn how to build positive relationships
- Show empathy
- Resist peer pressure
- Listen actively and engage meaningfully
- Discuss and agree on what benefits both parties

11.1.3. Decision-Making Skills

- Apply critical thinking
- Say firmly “No” and avoid those who drive you into unwanted choices
- Solve problems effectively
- Embrace innovation and creativity

11.2. The Significance (Value) of Life

- Life is the greatest gift to any person
- Everyone has the responsibility to protect their own life and the lives of others
- Life distinguishes the living from the dead
- A wise person seeks life, not death
- Every decision we make has future consequences—positive or negative

11.3. Love and Affection

- It's completely natural to feel love or attraction towards someone
- Love and affection can be expressed in many ways
- Loving and caring for someone doesn't mean having sex with them
- Abstinence is the most reliable way to prevent sexually transmitted infections, including HIV/AIDS.

12. DRUG ABUSE

Drug abuse refers to the use of substances, whether ingested, inhaled, or injected that negatively affect a person's mental, emotional, or physical functioning. These substances alter how the brain and body work, often causing people to behave in ways that are irrational, dangerous, or socially disruptive.



Avoid drug and substance abuse



Drug and substance abuse

12.1. Types of Commonly Abused Substances

Category	Examples
Alcohol-based substance	<ul style="list-style-type: none">- Traditional brews (banana, sorghum)- Ethanol (pure alcohol)- Industrial beverages (beer, wine, spirits)

Tobacco products	- Cigarettes - Tobacco leaves (smoked or chewed)
Cannabis products	Cannabis (marijuana)
Inhalants and industrial chemicals	Cole (glue or solvents)
Other drugs and narcotics	- Cocaine - Other illegal or harmful substances

Consequences of Drug Abuse

On the Individual

- Weakened immune system
- Premature aging and physical deterioration
- Addiction and psychological dependency
- Respiratory and cardiovascular diseases (from smoking)
- Cancers (mouth, lungs, throat, etc.)
- Liver and kidney damage
- Risky sexual behaviors, leading to HIV/STIs and unintended pregnancies
- Harm to unborn babies during pregnancy

On the Family

- Increased poverty due to reduced productivity
- Marital conflicts and breakdown of family unity
- Lack of parental responsibility and poor role modeling
- Emotional distress and shame among family members
- Domestic violence and conflict
- Strained relationships and loss of trust
- Poor parenting and neglected children
- Constant family tensions and disruptions

On the Country

- Slowed economic development at national and local levels
- Burden on national health systems
- Insecurity from drug-related crimes
- Loss of skilled human capital
- Increased criminal activity and instability
- Higher rates of school dropout and youth unemployment
- Erosion of national values and social fabric
- Need for costly prevention and rehabilitation programs.

Causes of Drug and Substance Abuse among Youth and Adolescents

Drug and Substance abuse is rarely random, it often stems from a combination of social, emotional, and environmental factors.

Key causes include:

- *Peer Pressure:* The desire to fit in or gain approval from friends can lead young people to experiment with substances.
- *Curiosity and Risk-taking Behavior:* Adolescents are naturally curious and may try drugs just to “see what it's like,” especially without awareness of the risks.
- *Stress and False Coping Mechanisms:* Some youth believe that drugs help them escape from stress, trauma, or emotional struggles—when in reality, they worsen them.
- *Desire for Independence:* Adolescents may feel they're mature enough to handle anything, including drugs often underestimating the dangers of addiction.



- *Lack of Parental Supervision and Support:* Absence of guidance, emotional connection, or consistent discipline increases vulnerability to harmful behaviors.
- *Negative Community Influences:* Growing up in environments where drug use is normalized can blur the line between right and wrong.
- *Media and Social Media Influence:* Glamorized portrayals of substance use in music, films, or online platforms can desensitize youth and make drug use seem trendy or acceptable.
- *Parental Role Modeling:* When adults or caregivers use drugs at home, it sends a powerful often damaging—message that influences children’s behavior

13. ADOLESCENT- AND YOUTH-TAILORED HEALTH AND EMPOWERMENT SER- VICES

To ensure the well-being and self-determination of young people, services must be designed with their unique needs in mind.

The following services should be youth-friendly, accessible, and delivered with confidentiality and respect:

- *Comprehensive Sexual and Reproductive Health Information:* Age-appropriate, culturally sensitive education on puberty, fertility, relationships, consent, and rights.
- *Access to Contraceptive Services:* Provision of a wide range of contraceptives, along with counseling to support informed and voluntary choice.
- *STI Prevention, Testing, and Treatment:* Free or low-cost services for preventing, diagnosing, and treating sexually transmitted infections, including HIV.
- *Gender-Based Violence (GBV) Response Services:* Support for survivors, including medical care, psychosocial support, legal aid, and referral systems.
- *Voluntary HIV Counseling and Testing (VCT):* Confidential and youth-friendly testing with

pre- and post-test counseling to reduce stigma and increase awareness.

- *Prevention of Teenage Pregnancy:* Community education, youth mentorship, and empowerment initiatives that promote future planning and safe choices.
- *Follow-up Support for Pregnant Adolescents:* Tailored antenatal care, reintegration into school, psychosocial counseling, and preparation for parenting.
- *Abortion-Related Services (Within Legal Framework):* Accurate information and services provided in accordance with national laws, prioritizing safety, compassion, and dignity.
- *Male Circumcision and Related Health Services:* Access to safe voluntary medical male circumcision services as part of HIV prevention efforts.
- *Youth Empowerment and Self-Employment Programs:* Skills training, entrepreneurship support, and economic opportunities to promote independence and reduce vulnerability.

Where to find adolescent and youth-related services

- Community Health Workers
- Health facilities
- Youth centers

- Schools
- Pharmacies and other places

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"Understanding Sexual and Reproductive Health and Rights is a shared responsibility—and a key to living a safer, healthier, and more empowered life."