

- **Your Excellency Mrs Hinda Deby Itno, First Lady of Chad and President of OAFLA,**
- **Mrs Ban Ki Moon,**
- **Your Excellencies, my fellow sisters,**
- **UNFPA Executive Director, Dr. Babatunde Osotimehin,**
- **Distinguished ladies and gentlemen,**

Good morning,

I wish to begin by saying that, I am pleased we are dedicating time to address the state of our young people's health – specifically adolescent reproductive and sexual health.

As First Ladies, and mothers, we know too well how beautiful, yet fragile life can be. It is therefore our responsibility to nurture and accompany our children, through the different phases of their lives. I am sure the fathers can relate, especially with the special bond between fathers and daughters.

Think of a baby girl and the special care that is needed to nourish and nurture the new born. The baby grows and eventually becomes an adolescent.

As a young girl, she will experience another phase of fragility - her body goes through major changes, namely menstruation and others. It is also an age of discovery, many adolescents may feel invincible, they want to push the boundaries and feel they are grown enough to make adult decisions, without necessarily having the right skills.

At this point, adults need to tell adolescents that they have the right to adequate education and information about sexual and reproductive health, to enable them to make responsible choices. This is also when parents' levels of alertness needs to be very high.

Although it can be uncomfortable for parents to discuss sensitive topics, such as sexuality and reproduction with adolescents, the reality is that it is no longer an option not to talk about it. In today's boundary less world, we can rest assured that our precious children will acquire this information one way or another. Part of providing them with a complete education, involves talking with them about what the changes are, why they happen and how to manage them effectively.

In 2004, as OAFLA members, we decided to conduct a campaign named: *Treat Every Child as Your Own*". Indeed we had to break the taboos and demystify talking about sexuality. We reached out to the community with this values based campaign anchored on our tradition, of caring for the community's children. We believe it was successful, as it helped start the conversation.

Peer education has been another positive approach that we continue to use in Rwanda. Youth are empowered with the right information on sexuality and reproductive health and given the responsibility to share it with their peers, in a school club setting. Being amidst peers allows for more open debate to occur.

Because of how important it is, as a country, as leaders and as parents, we continue to promote open dialogue and provide platforms for parents and adolescents to talk

about sexuality and reproductive health. Through these different approaches, adolescents, especially young girls have the opportunity to receive the right information, digest and analyse it, train their minds to be critical so that they know what is right and what is wrong. Continuous dialogue helps to create a sense of confidence so that the girl can say no to sex, or protect herself from disease, violence and/or unwanted pregnancies.

In Rwanda, there is a law that stipulates the legal marriage age as 21 years. This law was enacted to protect adolescent girls from early marriages and the consequences that are often attached to this. To complement the law, initiatives are in place to encourage girls to complete at least their secondary education. For instance, my foundation holds annual national campaigns to motivate girls to excel at school. We recognize the girls in front of the community and raise awareness on the value of girls' education.

For girls, whatever happens during adolescence, lays the foundation for adulthood, and future motherhood. We should avail all the resources we can and pay special attention to them, during this period so we can prepare them to enter into motherhood, with no risks to her as a mother, or her baby.

Distinguished audience,

It is easy to connect sexual behaviour or misbehaviour to poverty, especially in areas where poverty levels are high. Adolescence however is a phase that all young people, from all walks of life, all over the world, go through.

Vulnerability in this sense is not necessarily connected to economic class. All adolescents equally require the dialogue, information and capacity to make informed decisions.

There is also the prevailing victim narrative we have all heard about girls being lured into the sex trade, or being taken advantage of just because they are girls. We should exercise caution, as there may be some young women who require mentorship on individual responsibility and making good choices.

The dialogue with adolescents should really emphasize individual responsibility. Having the right structures in place does not diminish or excuse any young person from assuming personal responsibility for his or her body.

If you allow, I would like to highlight the motherhood phase using some of our experiences in Rwanda. I will also share some practises that have worked for us:

- 1.** We have instituted, what we call the maternal death audit. This is a system that monitors maternal deaths at all places where they can occur: hospitals, health centres and the community. The audit puts a face and a name behind each statistic. The circumstances of maternal deaths are investigated and lessons are drawn to prevent similar deaths. This has helped to reduce maternal deaths from 8 a day to less than 1 every day.
- 2.** We have 45,000 community health workers based in all the villages in Rwanda. Part of their duties are to: follow-up on pregnancies, counsel

mothers and advise them to deliver in the health facilities; they continue to follow up on the mother after she leaves the healthcare facility. Thanks to their important work, now 80% of Rwandan women deliver in health facilities, under the care of skilled professionals.

3. We have “*Mother and child health week*”, which is conducted twice a year. During that week we promote antenatal consultations and teach mothers how to recognize risks during pregnancy. An integrated package of interventions for prevention for maternal and child death and sensitization on family planning is shared. These weeks are also an occasion to raise awareness on breastfeeding, the fight against HIV/AIDS, vaccination, community health insurance, hygiene, and nutrition.
4. In 2011, Rwanda was the first African country where the Human Papilloma Virus vaccine was administered. Today 93% of girls aged 12-17 are vaccinated for cervical cancer. This is an on going activity and has been significant accomplishment, as cervical cancer kills *almost* as many women as death during childbirth and finally,
5. The presence of committed leaders at all levels that understand the importance of timely action in our health settings.

As I conclude my statement, ladies and gentlemen, I would like to say that these practises have kept Rwanda on track for the MDGs on reducing child mortality and improving maternal health.

If we want to keep making progress, our duty as OAFLA members, leaders and parents is to pay attention to the youth and avail every resource within our means, to support them to face various pressures and make the right decisions, with regard to their health.

I believe that all the policies, programs and messages should ultimately be about turning the fragility of adolescence and youth into dignity and self worth for future generations. I trust that with the solidarity of different partners present today, we can ensure dignity throughout the life cycle from infancy to adolescence to motherhood.

Thank you for your kind attention.