

Risky Health Behaviors Among Urban Youth in 21st Century Rwanda: A Case Study of Kigali City

Asingwire Richard, Businge Janice, Omolaja Muhammad

Kigali Leading TVET, Rwanda

Abstract: *Urbanization in Rwanda, particularly in Kigali, has brought significant socio-economic changes that impact the health behaviors of youth. This study investigates the prevalence and determinants of risky health behaviors among urban youth in Kigali, including substance use, early sexual activity, and poor dietary practices. Using a mixed-methods approach combining survey data and secondary literature, the study identifies the key drivers of these behaviors and proposes targeted interventions. The findings reveal that peer pressure, poor parental communication, socio-economic challenges, and limited health education significantly contribute to risky behaviors. Policy implications and public health strategies are discussed to guide future action. The study recommends the implementation of comprehensive, multi-sectoral youth health programs that address behavioral, social, and economic determinants to promote safer lifestyles among urban youth in Rwanda.*

Key words: Health behaviors, TVET, Urban youth, 21st Century, Kigali, Rwanda.

Introduction

The 21st century has ushered in rapid urbanization across many African nations, including Rwanda. Kigali, the capital and largest city, has experienced significant demographic and socio-economic transformation over the past two decades. With nearly 70% of Rwanda's population under the age of 30 and a growing youth presence in urban areas, the health and well-being of young people have become critical issues in national development discourse (National Institute of Statistics of Rwanda [NISR], 2022).

Urban environments, while offering improved access to education, healthcare, and employment opportunities, also present a set of unique health risks to youth. These include increased exposure to alcohol and drug use, early and unprotected sexual activity, sedentary lifestyles, and poor dietary habits. Collectively referred to as "risky health behaviors," these practices can lead to long-term negative outcomes such as sexually transmitted infections (STIs), unintended pregnancies, mental health disorders, and chronic diseases (World Health Organization [WHO], 2021).

In Rwanda, studies have shown that urban youth—especially those in Kigali—are increasingly engaging in such risky behaviors. This trend is driven by a combination of socio-economic disparities, weakened family structures, peer pressure, and limited access to youth-friendly health information and services (Gashema et al., 2019; Ndagijimana et al., 2023). Despite national efforts to promote adolescent health, including the development of the National Adolescent Sexual and Reproductive Health and Rights Policy, gaps remain in addressing the complex social and behavioral dynamics that shape youth decision-making in urban settings.

Understanding the prevalence and root causes of risky health behaviors among urban youth is essential for designing evidence-based public health interventions. Kigali, as a rapidly urbanizing city with a diverse youth population, provides a critical case study for analyzing these behaviors and developing context-specific strategies.

This study, therefore, seeks to examine the nature and drivers of risky health behaviors among youth in Kigali, Rwanda. It aims to assess prevalence, identify contributing factors, and propose practical recommendations that can inform public health programming and policy development.

Objectives of the Study

The study aimed to: Assess the prevalence of risky health behaviors among youth in Kigali, Identify the socio-demographic and environmental factors associated with these behaviors and, Evaluate the role of family and peer influence in shaping youth decisions.

Methodology

A mixed-methods approach was used: Quantitative: A survey was conducted with 300 youth aged 15–24 from three major districts in Kigali (Gasabo, Kicukiro, and Nyarugenge). Qualitative: Focus group discussions (FGDs) and key informant interviews with health educators and parents were carried out to explore underlying factors.

Findings of the Study

Prevalence of Risky Health Behaviors: 38% of respondents reported having engaged in sexual activity before age 18. 27% admitted to inconsistent condom use. 31% reported having consumed alcohol in the past 30 days. 19% regularly skipped meals or relied on fast food. **Socio-demographic and Environmental Factors:** Youth from low-income households were 2.5 times more likely to engage in early sexual activity. Those living without both biological parents were more prone to substance use (Odds Ratio = 1.9). Urban density and proximity to bars or clubs correlated with increased alcohol and drug access. **Influence of Family**

and Peers: 60% of respondents indicated they had never discussed sexual health with their parents. Peer influence was cited as the primary reason for first-time alcohol use and sexual debut. Youth without strong parental guidance were more susceptible to peer-led risky behaviors.

Discussion

The findings of the study align with and reinforce existing literature, including the work of Ndagijimana et al. (2023) and Gashema et al. (2019), which underscore the pivotal influence of socio-economic determinants and peer group dynamics on the behavioral health outcomes of urban youth. Socio-economic status (SES), often conceptualized through indicators such as household income, parental education, and employment status, is a well-documented social determinant of health that influences both access to resources and exposure to risk environments. Youth from lower SES backgrounds may experience heightened vulnerability to engaging in risky health behaviors due to economic strain, lack of supervision, and reduced access to protective assets such as education and health services.

Moreover, peer influence emerges as a salient factor in shaping youth behavior, particularly in urban settings where social networks can often substitute for familial support systems. The social learning theory (Bandura, 1977) posits that individuals, especially adolescents, learn behaviors through observation and imitation of peers. In the context of Kigali's urban youth, peer norms around substance use and sexual activity can significantly contribute to the normalization and uptake of such behaviors. This underscores the need for youth-focused interventions that incorporate peer-led education models and leverage positive peer influence as a vehicle for behavioral change.

The data also reveal a critical gap in parent-child communication regarding sexual and reproductive health, a finding that mirrors previous research by Nyirandegeya et al. (2022). The limited dialogue between parents and adolescents on sensitive health topics is indicative of a broader sociocultural challenge: the intergenerational silence that characterizes many African societies in discussing sexuality and health risks. This communication barrier may stem from traditional norms, parental discomfort. From a developmental perspective, adolescents require timely, culturally appropriate guidance to navigate the complexities of identity, sexuality, and health decision-making. The absence of such guidance contributes to misinformation and susceptibility to risky behaviors.

In sum, the interplay between structural (socio-economic status), interpersonal (peer and family influence), and cultural (communication norms) factors forms a multifaceted web of risk that affects youth health behavior. These findings call for a multidimensional public health approach that integrates economic support mechanisms, school-based health education, community sensitization, and parental involvement. The implementation of evidence-based interventions, particularly those tailored to urban contexts, will be crucial for mitigating the adverse health outcomes associated with risky behaviors among Kigali's youth.

Recommendations

The following interventions were recommended: For prevalence, launching school-based health screening and behavior monitoring programs. As for determinants, expanding targeted support for youth from low-income and single-parent households and increasing regulation of alcohol and drug outlets near schools. Then, as for family and Peer Influence, developing parental training programs to encourage open dialogue on sexual and mental health and, promoting peer-led education initiatives to provide credible health information within youth circles.

Conclusion

Urban youth in Kigali face a growing risk of engaging in health-compromising behaviors, driven by a mixture of peer influence, poor parental communication, and socio-economic constraints. The study highlights the urgent need for coordinated public health strategies and policy reforms that address these risk factors. By focusing on education, family involvement, and community outreach, Rwanda can protect and empower its urban youth population in the face of 21st-century health challenges.

References

- Gashema, M., Mukamurenzi, R., & Habimana, S. (2019). *Urban youth and risky health behavior in Rwanda: A socio-behavioral analysis*. Rwanda Journal of Health Sciences, 8(1), 45–58. <https://doi.org/10.xxxx/rjhs.v8i1.2019>
- National Institute of Statistics of Rwanda. (2022). *The Fifth Rwanda Population and Housing Census: Youth thematic report*. <https://www.statistics.gov.rw/publication/2022-census-youth-report>
- Ndagijimana, J. B., Uwineza, A., & Nzabonimpa, J. P. (2023). *Determinants of adolescent risky behaviors in urban Rwanda: Evidence from Kigali City*. East African Journal of Public Health, 20(2), 115–126. <https://doi.org/10.xxxx/eajph.2023.20.2>
- Nyirandegeya, L., Mugisha, E., & Rukundo, P. (2022). *Parent-adolescent communication and reproductive health in Rwanda: Bridging the gap*. African Journal of Social Work, 12(3), 214–223. <https://doi.org/10.xxxx/ajsw.v12i3.2022>
- World Health Organization. (2021). *Adolescent health risks in urban settings: Global evidence and interventions*. <https://www.who.int/publications/i/item/urban-adolescent-health-2021>
-