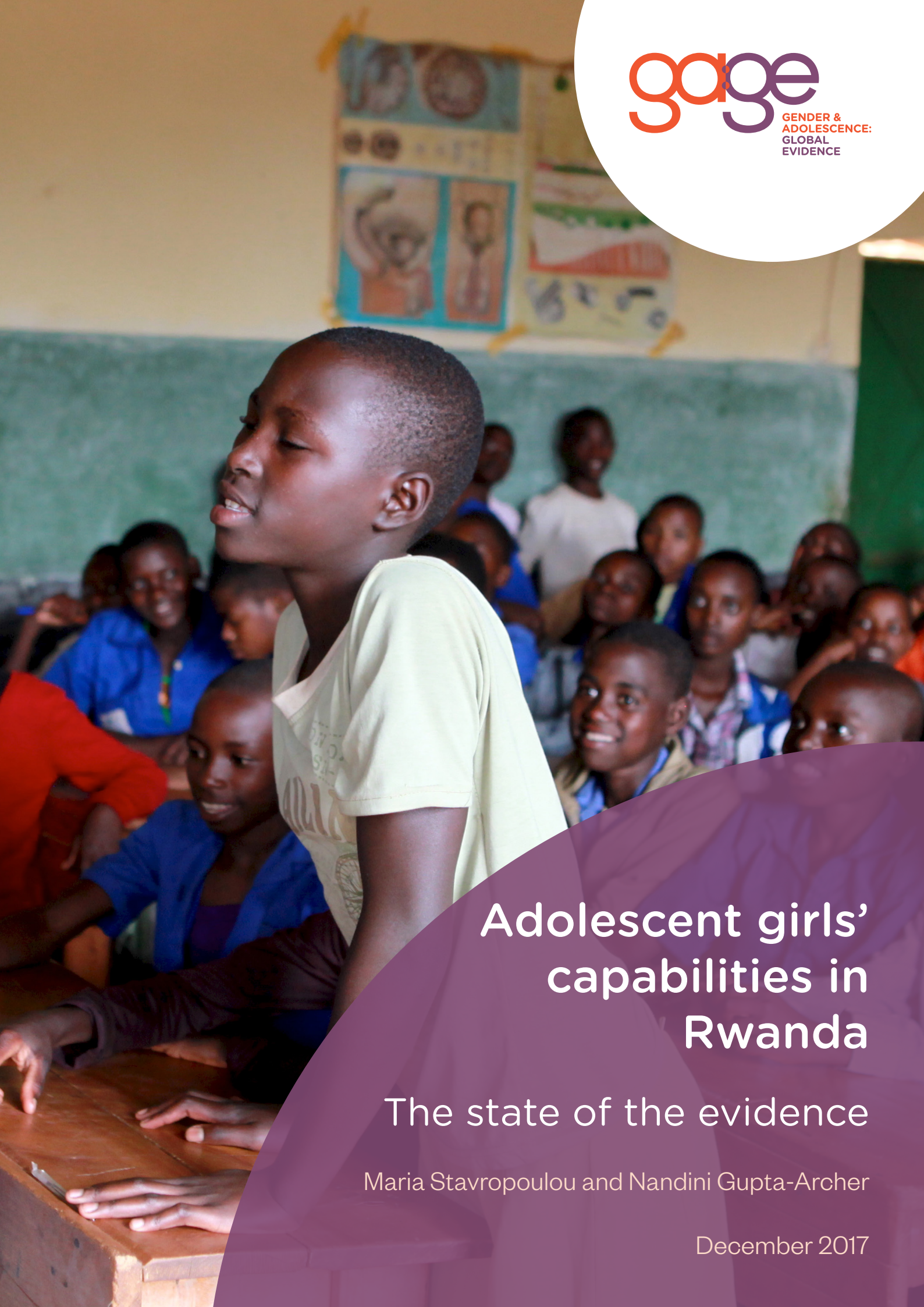

GENDER & ADOLESCENCE: GLOBAL EVIDENCE

Adolescent girls' capabilities in Rwanda

The state of the evidence

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Disclaimer

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme building knowledge on good practice programmes and policies that support adolescent girls in the Global South to reach their full potential.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BMI	Body Mass Index
DFID	Department for International Development
DHS	Demographic and Health Survey
DRC	Demographic Republic of the Congo
EICV	Enquête Intégrale sur les Conditions de Vie des Ménages (Integrated Household Living Conditions Survey)
EPPI	Evidence for Policy and Practice Information
GAGE	Gender and Adolescence: Global Evidence
GAR	Gross attendance ratio
GBV	Gender-based violence
GoR	Government of Rwanda
HIV	Human Immunodeficiency Virus
ICT	Information and communications technology
ILO	International Labour Organization
LBT	Lesbian, bisexual and transgender
INGO	International non-governmental organisation
MIGEPROF	Ministry of Gender and Family Promotion
MP	Member of Parliament
NAR	Net attendance ratio
NER	Net enrolment ratio
NGO	Non-governmental organisation
NISR	National Institute of Statistics
ODI	Overseas Development Institute
OVC	Orphans and Vulnerable Children
PISA	Programme for International Student Assessment
PTSD	Post-traumatic stress disorder
RDHS	Rwanda Demographic and Health Survey
ROSCA	Rotating Saving and Credit Association
RWAMREC	Rwanda Men's Resource Centre
SACCO	Savings and Credit Cooperative
STI	Sexually transmitted infection
TIMSS	Trends in International Mathematics and Science Study
TVET	Technical and Vocational Education and Training
UNCDF	United Nations Capital Development Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
Unicef	United Nations Children's Fund
USAID	United States Agency for International Development
VSLA	Village Savings and Loans Associations
VTC	Vocational Training Centres
WFP	World Food Programme
WHO	World Health Organization
9YBE	Nine Year Basic Education
12YBE	Twelve Year Basic Education

Executive summary

Report objectives

This rapid country review brings together key evidence on the wellbeing of adolescent girls (aged 10-19) in Rwanda and the factors that influence their capability development. A companion report examines what is known about the effectiveness of interventions affecting adolescent girls' capabilities. This report discusses the availability of evidence and important knowledge gaps in the six core capability domains of Gender and Adolescence: Global Evidence (GAGE) programme and it is not intended as a comprehensive situation analysis. It focuses specifically on adolescent girls and does not attempt to synthesise the body of literature on gender and development issues in the country. Where possible, the presentation of evidence draws on and reflects Rwanda's recent history of genocide, vigorous post-genocide development efforts and broader factors such as developments in the country's economy, and challenges such as HIV and AIDS. However, many analyses of adolescent girls only make passing reference to this broader context, and so the presentation of evidence below necessarily reflects this.

This report has been produced to inform GAGE programming and to feed into the design of the longitudinal impact evaluation study. In addition, it aims to provide a resource for researchers, programme designers and policy makers to better understand what is known about the capabilities of adolescent girls in Rwanda and what the key evidence gaps are so that GAGE and other research programmes can best contribute to a robust evidence base to support evidence-informed policy and programming.

Methodology

This report draws on the analysis of 220 thematic studies, obtained through a systematic search process conducted in Google Scholar and specific searches of key websites and development databases. The majority of these studies (53%) were grey literature, with a large proportion produced by government, international agencies and non-governmental organisations to inform programme development. As far as possible, we organise our discussion thematically but, because girls' lives do not divide neatly into sectoral areas, there is inevitably some cross-over between sections. We also conducted targeted searches and thus this report also brings together evidence on particularly vulnerable groups of girls with the greatest volume of evidence related to orphans and vulnerable children as well as girls affected by HIV and AIDS.

State of the evidence base on adolescent girls in Rwanda

The literature on adolescent girls in Rwanda is varied, with the greatest focus on education and skills development, adolescent sexual and reproductive health, youth employment and access to credit, child labour, and girls' voice and agency. There is relatively less information about younger adolescent girls, as they are primarily considered to be children, with most studies focusing on their schooling and the impact of child labour. On the other hand, older girls' issues are often discussed within the context of youth (defined as those aged 14-35) in the case of employment issues, or married women's experience, particularly in the literature on sexual and reproductive health and intimate partner violence. Although there are limited studies that bring adolescent girls' voices to the fore, one recent study captured qualitative insights from over 4,000 girls about their aspirations, priorities and the challenges that they face, while several qualitative evaluations have foregrounded girls' perspectives.

Key findings

Education and learning

Overview of the evidence: Our search generated 87 sources with information about adolescent girls' education and learning. Of these, 68 sources were grey literature, largely reports produced by the government and NGOs.

Key findings: The Rwandan government and its development partners are committed to girls' education and over the past 15 years they have supported it as a key component of all strategies for inclusive education and national development. Thus Rwandan girls' primary and secondary school enrolment rates have improved significantly and are currently among the highest in sub-Saharan Africa. In 2014, girls accounted for 51% of all enrolled students in primary education. Data indicate that girls tend to enter primary school at the correct age more often than boys, progress through primary grades more quickly and complete primary school at the correct age in greater numbers than boys. However, between 2010 and 2014, primary school completion, transition and promotion rates declined for girls, while girls are doing worse than boys in primary school leaving national examinations. In 2014, girls also accounted for 53% of all enrolled students in secondary education, yet overall rates are low, girls perform worse than boys in national examinations, are underrepresented in science, technology and engineering classes, and their numbers gradually decline with almost equal numbers of boys and girls in the final grade of secondary school.

Increased investment in infrastructure, financial and human resources and curriculum change along with a rapid and significant shift in social norms prompting parents to send their daughters to school, have all resulted in the remarkable progress achieved in increasing access to education for girls. However, significant challenges remain, including poverty, gender-based violence in school, early pregnancy, persistent discriminatory norms and expectations, child labour and domestic work – from the age of 10 to 14, girls spend four hours more weekly than boys of the same age on domestic tasks, and by age 15 they spend six hours more than boys.

Economic empowerment

Overview of the evidence: Our search generated 55 sources with information about adolescent girls' economic empowerment, the majority of which are grey literature. The evidence in this section is based primarily on government, international organisations and NGO reports on youth and women's economic opportunities. There is also some analysis of the impacts of particular reforms, especially land legislation and girls' and women's rights. In addition, there is an NGO-derived analysis of working children and adolescents, but little emphasis on girls' voices and perspectives.

Key findings: Over the last 15 years, poverty rates have declined, yet poverty continues to be a major obstacle to girls' capability development; in 2013-14, 39% of adolescent girls aged 14-19 were poor and 17% extremely poor. Nonetheless, adolescent girls and young women have benefited from stable economic growth, service sector expansion and new opportunities. Despite some progress, the Rwandan labour market is still characterised by skills shortage and gender segregation with young women concentrated in low productivity and poorly remunerated jobs. Young women's disadvantage in the labour market is more likely a combination of factors such as discriminatory norms, self-selection into agriculture or lack of non-farm self-employment, limited vocational and business opportunities, low access to credit, and poor information. In 2014-15, 52.5% of adolescent girls aged 15-19 were employed. The majority – 72% of girls – remain in agriculture, with most girls being independent farmers. Those in non-farm wage employment are mostly in the informal economy with low and insecure earnings. Poor skills, low financial literacy and limited access to start-up capital are part of the problem. Youth unemployment tends to be an urban phenomenon, and in Kigali it affects both secondary school and university graduates, particularly females.

Adolescent girls report earning money themselves through small business or accessing money through parents, boyfriends or sugar daddies, but also through informal associations and groups. While their access to savings and credit is improving, it is still low. Only 3% of girls aged 15-19 have joint ownership of housing and 0.5% own a house alone, while 4% own land alone and 4% jointly. Most adolescent girls thus cultivate land owned by their parents or others. When they marry, girls are expected to access but not to control land through their husbands. Parents also pass land to their daughters in the form of gifts, but girls receive smaller land gifts than boys. Despite the progressive land laws, traditional beliefs and practices are still major obstacles to female land ownership.

Sexual and reproductive health, health and nutrition

Overview of the evidence: Our search generated 81 sources with information about adolescent girls' physical wellbeing. The vast majority of evidence focuses on adolescent girls' sexual and reproductive health issues. These findings are derived both from large-scale surveys, such as the Demographic and Health Survey (DHS), and small-scale studies of specific issues or within particular groups of health service users.

Key findings: Adolescent girls have benefited from the health sector reforms with 71.5% of girls aged 15-19 covered by health insurance. Yet 55% of girls also experience at least one problem accessing health care. Knowledge about sexual and reproductive health issues remains low and most adolescents access such information from their peers, thus resulting to various misconceptions. However, adolescents are keen to fill this knowledge gap.

Only 7% of girls aged 15-19 report having had their first sexual intercourse by age 15, while the median age at first sexual intercourse is 21.8 years, almost identical to the median age at first union. Education level influences when girls start having sex as the higher the level of education, the higher the median age at first sexual intercourse. In general, girls start having sex with older men and transactional sex is common. The latest data show that 65% of married girls and 88% of unmarried sexually active girls do not use any contraception, with 93% of adolescent girls who are not using contraception reporting not discussing family planning at a health facility or with a health worker. Norms around sexuality mean that girls are deterred from seeking contraceptive services or asking their partners to use a condom because they fear embarrassment or being perceived as 'bad girls'.

Adolescent fertility declined from 11% in 1992 to 4% in 2005, but increased in 2014-15 with 7% of girls aged 15-19 having already begun childbearing. Those with no education and those in the lowest wealth quintile tend to start childbearing earlier. Rwandan women aged 15-24 account for 47% of maternal deaths in the country. However, in 2014-15, almost all adolescent girls with a live birth received antenatal care from a skilled provider and almost 95% delivered in a public health facility. Yet only 43% had a postnatal check-up in the first two days after birth.

Girls have a higher HIV prevalence rate than boys in every age group, with girls aged 18-19 being 10 times more likely to acquire HIV than young men of the same age. The HIV prevalence rate is higher among young women who report early sexual debut.

The majority of older adolescent girls have a normal mean Body Mass Index (BMI), while 11% are thin and only 3% are considered to be moderately or severely thin. In addition, almost one in five adolescent girls aged 15-19 has some level of anaemia, while 13.5% of girls are overweight or obese.

Bodily autonomy, integrity and freedom from violence

Overview of the evidence: Our search generated 37 sources with information about girls' bodily integrity issues. Almost all of these sources focus on sexual and physical violence against girls. The majority are studies undertaken by international and local NGOs, reports by donors and government policy documents. The evidence base includes medium- and large-scale surveys investigating the prevalence and types of violence

affecting adolescent girls along with a few small-scale qualitative studies which enable girls to voice their own experiences.

Key findings: Adolescent girls are at risk of physical and sexual violence and abuse in their homes, schools and the community. The threat of violence and concerns about their safety in public spaces limit girls' participation in education, employment and community activities. According to the latest 2014-15 DHS, 33% of adolescent girls aged 15-19 have experienced physical or sexual violence. The first national household survey on gender-based violence in 2010 also reported that more than half of all women respondents were exposed to sexual, physical or psychological violence during childhood, most often perpetrated by parents, peers and teachers. Common perpetrators also include sugar daddies who provide money or gifts and force girls to have sex. Girls who depend financially on perpetrators do not report rape to the police, particularly if they are impregnated and have to raise a child, and may remain in abusive relationships.

Only 39% of girls aged 15-19 who had experienced sexual or physical violence sought help to stop the violence, while 28% remained silent and did not do anything. Rape, in particular, is surrounded by a culture of silence and girls are often too scared to report this as they feel that they will not be believed or will even be accused of provoking the perpetrator. The view that men have the right to control the behaviour and actions of their wives and daughters, including disciplining them, is still widespread; in the latest DHS, 45% of adolescent girls aged 15-19 also believed that wife-beating was justifiable under certain conditions.

Corporal punishment is still seen as a normal and acceptable way to discipline or punish children and is practised by parents and teachers. On the other hand, child marriage is not common in Rwanda with the median age at first marriage among women being 22 years.

Psychosocial wellbeing

Overview of the evidence: Our search generated 41 thematic sources with information about girls' psychosocial wellbeing – the majority are papers published in academic journals. While the academic sources focus on the effects of the genocide on young people's mental health, the more recent grey literature sources have more of a focus on adolescent girls' psychosocial wellbeing.

Key findings: Adolescent girls consider being able to go to school and perform well, having some control over their life, enjoying parental support and having friends as important factors for their happiness. On the other hand, they report that unplanned pregnancy, early motherhood and poverty lead to stress and negative thoughts. Poverty is a key factor associated with anxiety and depression, while physical, sexual or family violence also negatively affects the psychosocial wellbeing of girls.

Knowledge about the mental health problems affecting young Rwandans is limited. Girls have slightly higher rates of attempted suicide than boys, often in response to gender-based violence or family rejection in the event of pregnancy. Existing evidence also indicates that HIV-affected and HIV-positive adolescents demonstrate much higher levels of depression, anxiety, conduct problems and functional impairment compared to HIV-unaffected youth. Young female heads of households also report higher depression rates and are more likely to have attempted suicide. Most of the research on mental health in Rwanda is linked to the genocide and the trauma of survivors. Yet the particular relationship between exposure to genocide violence and family violence and their effect on the mental health of the Rwandan population remains poorly understood.

Voice and agency

Overview of the evidence: Our search generated 53 thematic sources with the evidence being primarily qualitative, describing prevailing social norms and the ways in which they affect adolescent girls. There is also some evidence from DHS and small-scale surveys of attitudes such as those towards older adolescents girls' decision-making.

Key findings: Over the last 15 years Rwanda has achieved impressive progress and is one of the two countries globally that made the greatest improvements in UN's Gender Equality Index. In particular, considerable progress took place in promoting gender equality and changing discriminatory norms and practices, especially those related to girls' education. Apart from being part of government efforts to improve the status of Rwandan women, attention to girls' rights and education is often linked to the high female parliamentary representation.

The government and its partners have also aimed to strengthen youth representation and participation in public decision-making with girls being able to participate in child and youth councils, committees and forums. In the 2014-15 DHS survey, 74% of married girls aged 15-19 reported being able to make decisions about their own health care, 62% about major household purchases and 77% about visiting their family or relatives. Apart from improving girls' education and participation in public decision-making, NGOs have also been trying to tackle gender-based violence through working with boys and men to promote more positive models of masculinity.

Despite the remarkable progress in gender norms, patriarchal attitudes that favour boys and men over girls and women persist. From an early age, girls are socialised to be caring and put others' needs before their own aspirations, accept parental decisions with which they may disagree, and work hard to meet social expectations and maintain a good reputation. Two sets of traditional marriage practices – bride price and polygamy – also continue to take place, reinforcing discriminatory norms. Traditional norms perceive bride price to be a necessary condition for a marriage, yet it often leads to women's subordination within the family and contributes to the idea that women are the property of men.

Overall, girls and young women remain disproportionately underrepresented in decision-making at household and community levels as men are perceived to be the major decision-makers. Girls feel that their ability to decide and control their lives is limited by a number of factors, including their own limited knowledge and self-confidence, parental decisions and gender inequality. They also report that although gender roles are changing and new opportunities are emerging, some norms are particularly rigid and their lives are still in the hands of others. Some evidence also indicates the risk of a backlash as boys may feel that the attention paid to girls' empowerment discriminates against them.

Key evidence gaps

This review uncovered a number of key evidence gaps. Thus GAGE research could usefully focus on the following gaps in order to contribute to a more robust and comprehensive evidence base on adolescent girls' capabilities and programmatic responses:

- Identify the key factors and analyse trends in school enrolment, completion and exam pass rates, which have seen notable changes in recent years
- Study girls' access to information and communications technology and implications for their wellbeing across different capability domains
- Provide robust evidence about adolescent girls' economic empowerment, given that although there is a considerable body of literature on youth economic empowerment, concrete evidence about adolescents is limited and fragmented
- Investigate the health issues that apart from sexual and reproductive health also affect girls' physical wellbeing
- Explore adolescent girls' psychosocial wellbeing where more research is necessary to identify resilience factors and coping strategies
- Generate evidence on younger adolescent girls aged 10-14 years, especially in the areas of sexual and reproductive health and economic empowerment

- Provide evidence on marginalised groups of girls other than orphans, particularly girls with disabilities and adolescent mothers
- While girls' voices do come across in several qualitative or mixed methods studies, there is very little evidence on the voice and agency of girls at household and community levels and thus there is scope for GAGE to promote a more consistent recording of girls' perspectives along with survey data on relevant attitudes and practices.

1. Introduction

This rapid country evidence-mapping report outlines the key evidence on six main areas of adolescent[1] girls' capabilities as highlighted in the Gender and Adolescence: Global Evidence (GAGE) conceptual framework: education and learning, economic empowerment, sexual and reproductive health, health and nutrition, bodily autonomy, integrity and freedom from violence, psychosocial wellbeing, and voice and agency. This evidence mapping is intended to highlight areas where knowledge on adolescent girls is strongest, and to identify key gaps to inform the design of GAGE's programming. It is intended as a background reference resource with data on adolescent girls in Rwanda for GAGE consortium members and other researchers, and it is not a comprehensive situation analysis. The report also synthesises existing evidence on particularly marginalised groups of girls, such as girls affected by HIV and AIDS, child workers, girls with disabilities, and returnee and refugee girls. The report is intended as a living document and may be updated over the course of GAGE.

1.1 Methodology and overview of the literature

This rapid country evidence mapping is based on a systematic search process. The main search locations were Google Scholar, academic and development databases, and websites of organisations known to be active in Rwanda. Full details of search terms and locations are provided in the Annex. The sources found were uploaded to and coded in EPPI Reviewer (a systematic review software) to facilitate the analysis. Inclusion and methodological assessment decisions were made by one researcher as is common in rapid evidence assessments.

The search process returned 315 relevant documents of which 220 documents were thematic studies or situation analyses and 14 were reports with statistical data. More than half of the thematic studies (53%) were grey literature. All six areas of GAGE focus were well represented among these studies, with the largest number relating to girls' education and learning, and the smallest number relating to bodily autonomy, integrity and freedom from violence (see Table 1 below).

Table 1: Thematic distribution of studies

Thematic distribution of studies	Number of studies
Education and learning	87
Sexual and reproductive health, health and nutrition	81
Economic empowerment	55
Voice and agency	53
Psychosocial wellbeing	41
Bodily autonomy, integrity and freedom from violence	37
Total:	220

Note: many studies provide information about multiple capabilities and hence numbers add up to more than 220.

1.2 Limitations

The rapid and desk-based nature of this study means that some key literature may have been missed. Some relevant studies may have been discarded as the age group was not specified precisely enough to be sure that these studies were relevant to adolescent girls. This is linked to the fact that the category 'youth' in Rwanda is used for people aged 14-35. Some other relevant studies may have also been discarded because inclusion and exclusion decisions were made by a single researcher.

1 Adolescents are defined as ages 10-19 inclusive.

2. Education and learning

Key points

- The Rwandan government and its partners are committed to girls' education and over the past 15 years have supported it as a key component of all strategies for inclusive education and national development. Thus Rwandan girls have been able to significantly improve their primary and secondary school enrolment, which are among the highest in sub-Saharan Africa
- In 2014, girls accounted for 51% of all enrolled students in primary education. Data indicates that girls tend to enter primary school at the correct age more often than boys, progress through primary grades more quickly, and complete primary school at the correct age in greater numbers than boys. However, between 2010 and 2014, completion, transition and promotion rates declined for girls, while girls are doing worse than boys in primary school leaving national examinations
- In 2014, girls also accounted for 53% of all enrolled students in secondary education, yet overall rates are low, girls perform worse than boys in national examinations, are underrepresented in science, technology and engineering classes, and their numbers gradually decline with almost equal numbers of boys and girls in the final grade of secondary school
- Increased investment in infrastructure, financial and human resources and curriculum change along with a rapid and significant shift in social norms prompting parents to send their daughters to school, have all resulted in the remarkable progress achieved in increasing access to education for girls
- Yet significant challenges remain, including poverty, gender-based violence in school, early pregnancy, persistent discriminatory norms and expectations, child labour and domestic tasks – from the age of 10 to 14, girls spend four hours more weekly than boys of the same age on such tasks, and by age 15 they spend six hours more than boys

2.1 Overview of the evidence

Our search generated 87 sources with information about adolescent girls' education and learning. The vast majority of these sources (68 sources) were grey literature, with a considerable number of government documents, international organisations' country reports, sectoral and programme analyses, NGO reports and a few analytical papers prepared by independent consultants. The remaining 19 sources were academic papers. Only 10 of these 87 sources had a specific focus on adolescents – three of them explicitly on adolescent girls. Our search also generated eight sources with statistical data on girls' education. Data presented in the following pages is largely derived from the latest national household surveys (EICV4 and EICV3) and the latest data published by the Ministry of Education (MINEDUC, 2015).

2.2 Education and adolescent girls in Rwanda

The Rwandan government considers quality education to be critical for national economic growth and development. Over the past 15 years, it has invested over 5% of gross domestic product (up from 3% in 1996) in the education sector (Bigombe et al., 2008; Unicef, 2012). Indeed, lack of education appears to be 'by far the main correlate of poverty, both in rural and urban areas' (World Bank, 2015a: 72). In urban areas, compared to households with an uneducated head, complete primary education adds 27% to consumption, while completion of only a couple of secondary school levels adds 70%, and completion of secondary education doubles consumption. In rural areas, just a couple of years of primary education have positive

effects, and Technical and Vocational Education and Training (TVET) seems to be twice as effective in raising consumption levels there than it does in urban areas (World Bank, 2015a).

The government and its partners are also committed to girls' education and support it as a key component of all strategies for an inclusive basic education and national development. In particular, the 2008 Girls' Education Policy and the 2009 Girls' Education Strategic Plan provide the framework for interventions to increase girls' participation and achievement at all education levels (GoR, 2013). Thanks to these targeted efforts, Rwandan girls have been able to improve their primary and secondary school enrolment, which are among the highest in sub-Saharan Africa (Pro-Femmes Twese Hamwe and VSO, 2013). However, as the following sections will reveal, significant challenges remain as secondary school transition rates are low, girls perform worse than boys in national examinations, and girls are underrepresented in science, technology and engineering classes, thus contributing to the persistent gender segmentation that characterises the Rwandan labour market (GoR, 2015).

2.3 Primary education

In Rwanda, primary education is expected to last six years with the official school attendance age at this level being from 7 years to 12 years. Between 2010 and 2014, girls slightly increased their primary school enrolment and accounted for 51% of all enrolled students. In 2014, the ratio of girls to boys in primary education was 1.03 (see Table 3). Girls' gross enrolment ratio[2] (%) increased from 128 to 135 and their net enrolment ratio (NER) (%) increased from 96 to 97 (NISR, 2015b).

In 2014-15, gross attendance ratio (GAR) (%) was slightly higher for boys (137) than for girls (135). Net attendance ratio (NAR) (%) was 92 for girls, which means that more than 9 in 10 Rwandese girls aged 7-12 attended primary school. The ratio was higher among girls in the middle (95) and fourth higher quintiles (95) than in the lowest (87), in rural areas (93) than in urban areas (90), and higher in the Northern (94) than in the Southern Province (91) (NISR et al., 2016). There were also more girl students than boys in all districts apart from the three districts of Kigali City, where there were slightly more boys than girls (see Table 2).

Table 2: Primary school students by sex per province, 2014

Province	Boys	Girls	Total
Kigali City	88,424	87,189	175,613
Southern Province	295,158	300,056	595,214
Western Province	294,996	305,610	600,606
Northern Province	203,219	214,285	417,504
Eastern Province	299,918	310,584	610,502
Rwanda – All Provinces	1,181,715	1,217,724	2,399,439

Source: NISR (2015b)

The high GAR rates indicate that children under 7 or over 12 years attending primary school represented almost 51% of the primary-school age population (NISR et al., 2016). In 2013-14, 30% of those attending primary school were over-aged (13+ years), boys slightly more than girls (NISR, 2015a). Overall, the data show that girls tend to enter primary school at the correct age more often than boys, while they also progress through primary grades more quickly and tend to complete primary school in greater numbers at the correct age compared to boys (GoR, 2015). However, girls' repetition rates increased from 13% to 18% between 2010

2 UNESCO defines this as the total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school year. On the other hand, NER is the enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population. Likewise, GAR and NAR refer to attendance ratios.

and 2013 (see Table 3). Late entry and repetition at primary level produce over-aged students and contribute to higher dropout rates.

Table 3: Basic primary school indicators by sex, 2010-2014

	2010	2011	2012	2013	2014
Gross Enrollment Rate (GER)	126.5	127.3	123.2	138.5	134.3
GER Boys	125.2	125.7	121.7	137.5	133.2
GER Girls	127.6	128.9	124.8	139.4	135.5
Net Enrolment Rate (NER)	95.4	95.9	96.5	96.6	96.8
NER Boys	94.2	94.3	95	95.7	96.2
NER Girls	96.5	97.5	98	97.5	97.3
Completion Rate Overall	75.6	78.6	72.7	69	61.3
Completion Rate Boys	71.4	75.1	67.5	63.8	56.4
Completion Rate Girls	79.8	81.8	77.7	74.1	66.1
Transition Rate Overall	93.8	86.2	74.4	73.4	These indicators will be available after 2013 data collection
Transition Rate Boys	96.4	87.7	74.9	74.9	
Transition Rate Girls	91.1	84.9	73.9	72.3	
Promotion Rate Overall	75	76.4	76.4	67.6	
Promotion Rate Boys	76.2	75.6	75.6	65.8	
Promotion Rate Girls	75.6	77.1	77.2	69.4	
Repetition Rate Overall	13.5	12.7	12.5	18.3	
Repetition Rate Boys	12.5	13.2	12.8	18.8	
Repetition Rate Girls	13	12.2	12.2	17.9	
Dropout Rate Overall	11.5	10.9	11.1	14.3	
Dropout Rate Boys	13.5	11.2	11.6	15.7	
Dropout Rate Girls	11.4	10.7	10.6	12.9	

Source: NISR (2015b)

Between 2010 and 2014, completion, transition and promotion rates declined for both girls and boys (see Table 3). Of particular note, girls' primary school completion rate declined from 80% to 66% and their rate of transition to secondary school also declined from 91% to 72% (NISR, 2015b). In 2013-14, the majority of young people aged 14-19 (56%) had not completed primary education and 2% had never been to school. Poor children are more disadvantaged: it was estimated that 10% of youths (those aged 14-35) in the lowest quintile have never been to school and 67% did not complete their primary education (NISR, 2016). Boys are doing better than girls in primary school leaving national examinations, with 86% of boys passing compared to 83% of girls (MINEDUC, 2015).

2.4 Secondary education

Secondary education lasts six years and the official age for this level is from 13 years to 18 years; this level consists of lower secondary (the first three years) and upper secondary (the following three years). Upon completion of lower secondary education, students enter five different fields of study, such as sciences, humanities, languages, teacher training or technical studies. In 2014, there were more boys than girls in technical upper secondary education, while girls dominated languages and humanities (MINEDUC, 2015).

The ratio of girls to boys in secondary school was 0.51 in 2000, but by 2014 girls outnumbered boys by a ratio of 1.12 to 1. Between 2010 and 2014, girls increased their secondary school enrolment rate from 51% to 53% while boys' enrolment rate declined by 2%[3]. During this period, girls' NER (%) increased from 14 to 38 and that of boys went from 14 to 34. In 2013-14, the NER (%) in secondary education was also higher in urban areas and in Kigali City, and much higher for the better-off than for the poorest – 40 compared to 10 respectively (NISR, 2015a). Some data on the numbers of girls and boys in secondary education by level and province can be found in Table 4.

Table 4: Secondary school students by level, sex and province

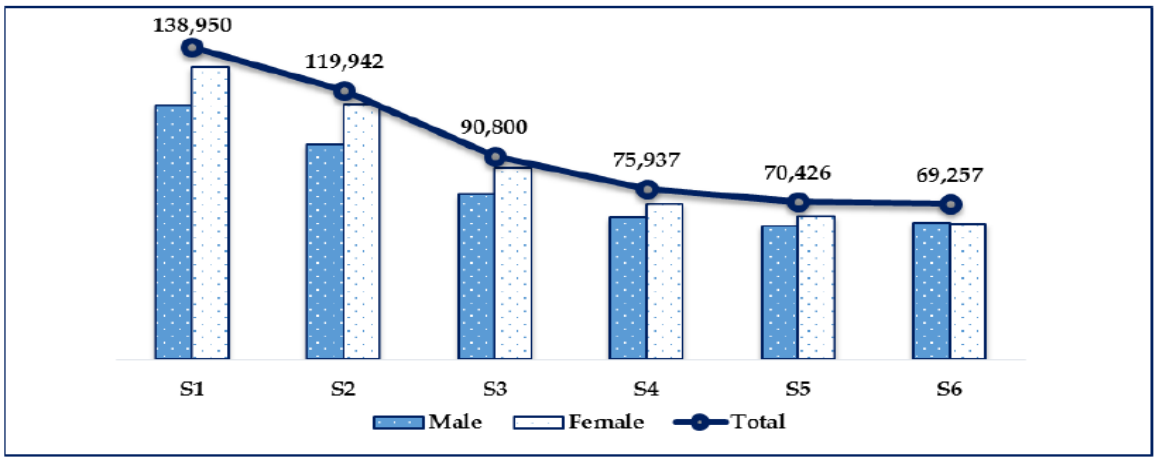
Province	Lower Secondary			Upper Secondary			Total
	Male	Female	Total	Male	Female	Total	
Kigali City	14,556	15,347	29,903	12,171	11,495	23,666	53,569
Southern Province	40,199	48,884	89,083	28,663	30,641	59,304	148,387
Western Province	39,452	45,813	85,265	24,474	26,532	51,006	136,271
Northern province	28,082	35,350	63,432	17,983	37,308	46,065	100,740
Eastern Province	39,288	42,721	82,009	21,711	22,625	44,336	126,345
Rwanda – All Provinces	161,577	188,115	349,692	105,002	110,618	215,620	565,312

Source: MINEDUC (2015)

In 2014-15, NAR was 31.5 for girls and 26.5 for boys. It was higher among girls in urban (39) than in rural areas (30), in the Western (38) than in the Eastern Province (25) and among those in the wealthiest quintile (43) than in the lowest (15.5). Girls' GAR was 43 and boys' 37, and it was higher among girls in urban (51) than in rural areas (41), in the Western (53) than in the Eastern Province (35), and among the highest quintile (58) than in the lowest (21). The GAR is low either because official secondary school age children are still in primary school, or have already dropped out of secondary school, or have never attended (NISR et al., 2016).

In addition, although transition from lower to upper secondary rates increased for boys and girls between 2008 and 2012, in 2013 they declined, much more so for girls than for boys (NISR, 2015b). Moreover, although there are more girls than boys in lower secondary school, their numbers gradually decline, and in the final grade of secondary school there are almost equal numbers of boys and girls (see Figure 1).

Figure 1: Secondary education students by level and sex, 2014



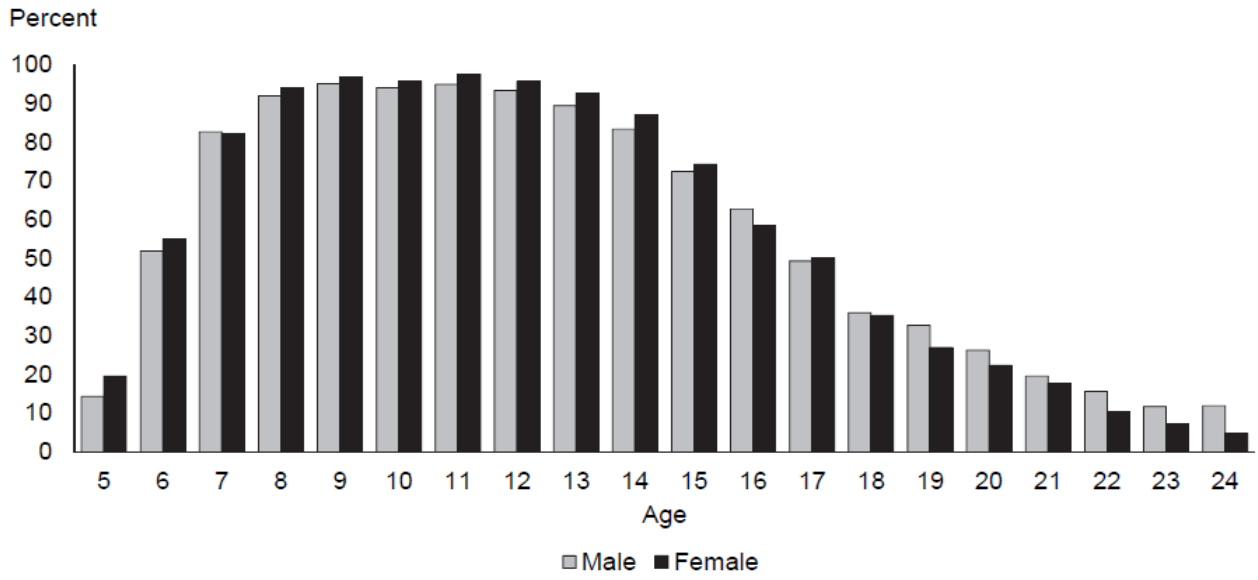
Source: NISR (2015b)

3 We found no explanation for this finding in any of the studies examined.

In particular, in lower secondary education, male and female promotion rates decreased, while repetition rates and dropout rates increased between 2011 and 2013. Promotion rates for girls went down from 81% to 74%, while repetition rates increased from 6% to 6.4% and dropout rates from 13% to 18%. Likewise, in upper secondary, both male and female promotion rates declined during this period, while repetition and dropout rates also increased. Girls' promotion rates declined from 96% to 90%, repetition rates increased from 2% to 3%, and dropout rates from 2.5% to 7% (NISR, 2015b). We found no explanation of these trends. The proportion of over-aged students (19+ years) in secondary school was 43%, and much higher for boys (46%) compared to girls (40%) (NISR, 2015a).

The latest Rwanda Demographic and Health Survey (RDHS) data provide age-specific attendance rates which shows that the rate of school attendance reaches its highest level between 9 and 12 years (classes 3-6 in primary school), and starts to decline after age 12 at secondary school and reverses at age 16 for girls (NISR et al., 2016) (see Figure 2).

Figure 2: Age-specific school attendance rates by sex, RDHS 2014-15



Source: NISR et al. (2016)

Boys do better than girls in the lower secondary national leaving examinations, with over 91% passing their exams compared to 83% of girls. In upper secondary school leaving examinations, over 92% of boys are successful compared to 85% of girls (MINEDUC, 2015). However, there are serious concerns over learning achievements in both primary and secondary education in Rwanda. While we were unable to find such evidence based on internationally comparable test scores (for instance, PISA or TIMMS), a number of internationally supported studies of learning achievements in primary schools (which, as noted above, a significant proportion of adolescents attend) have been conducted in Rwanda. In 2011, with UNESCO and Unicef support, the Ministry of Education conducted a study on Learning Achievement in Rwandan Schools (LARS) to assess literacy and numeracy levels at Primary Grade 3 (P3) and to inform curriculum change and improvement. According to LARS, the majority of students met (55%) and some exceeded (8%) curricular expectations. However, 37% of students did not meet the expectations for P3. A large number of students that failed were over-aged students (GoR, 2015). Average reading literacy scores were found to be high with the majority of Primary Grade 4 (P4) students meeting (71%) or exceeding (9%) curricular expectations in reading for P3. Average numeracy scores were also positive as the majority of P4 students met (27%) or exceeded (27%) P3 curricular expectations in numeracy. In 2014, the second phase of LARS was initiated to assess the performance of students in P2 and P5 (GoR, 2015).

In 2010, the United States Agency for International Development (USAID) conducted the Early Grade Reading Assessment (EGRA) and found that students in P6 could read simple text more fluently than students in P4 and girls in P6 had a higher reading fluency than boys. However, after three years of instruction, 13% of students in P4 could not read a single word of a P2–P3-level text and oral reading fluency appeared to be low for students. Many students were not learning to read well enough in either Kinyarwanda (the national Rwandan language) or English (also an official language in Rwanda), and did not receive adequate instruction. Mathematics skills appeared to have been better taught than reading, although students were not learning to automatically perform basic calculations (GoR, 2015). More recently, in 2014, another reading and mathematics assessment was conducted by the Education Development Centre and the Rwanda Education Board on 1,237 early primary students in 62 schools in 14 districts. The assessment found that P2 and P3 students did better in reading than in mathematics; 60% of P2 students were able to read at grade level; girls tended to be more fluent readers, while boys were slightly more successful in mathematics; and urban students performed significantly higher than rural children in reading but not in mathematics (GoR, 2015). The Government of Rwanda also notes that the 2009 shift to English as the language of instruction in P4 has probably affected the quality of instruction as teachers struggled to make the transition. Of 29,000 teachers assessed on English language proficiency by the British Council, 3% scored at or above the target level of B1 (lower Intermediate), 40% scored at A1 (beginner level) and 53.5% at A2 (elementary level) (GoR, 2015).

2.5 Technical and vocational education and training (TVET)

The Rwandan TVET system consists of Vocational Training Centres (VTCs), Technical Secondary Schools, and Technical Tertiary Institutions that offer different levels of technical education. The first, VTCs, are community-based and aim at developing skills with minimum academic entry requirements; the second are comprehensive secondary schools offering technical and vocational subjects; and the third provide tertiary level training in technical subjects. The main areas of focus in the Rwandan TVET curriculum include construction, carpentry, electrical work, plumbing, engineering, information and communication technology, mining and geology (MINEDUC, 2015).

Over the last five years the government has been prioritising technical and vocational education, and investing in linking it to labour market demands as an integral part of its strategy for a knowledge-based economy and non-farm youth employment and entrepreneurship (UNDP, 2007). The 2008 national TVET policy pays explicit attention to women, and provides for special programmes to enable them to update their knowledge and work skills (GoR, 2014).

Consequently, the number of training centres more than doubled between 2010 and 2014, and the number of trainees increased from 52,000 to 93,000. The data show that although females accounted for the majority of trainees in 2010 and their numbers continued to increase, since 2011 more males have been entering TVET education and currently account for 56% of all trainees (MINEDUC, 2015). The government is aware that TVET is male-dominated in specific trades that are perceived to suit males more than females (GoR, 2015). Indeed, data show that female students in VTCs are more interested in field crop production (accounting for 98% of all trainees), beauty therapy (93%) and dressmaking (93%), while male students are interested in motor vehicle engine mechanics (92%), masonry (88%) and carpentry (84%) (MINEDUC, 2015). In 2013-14, just 3.3% of those aged 14-19 have attended TVET; the majority were in secondary education (NISR, 2016).

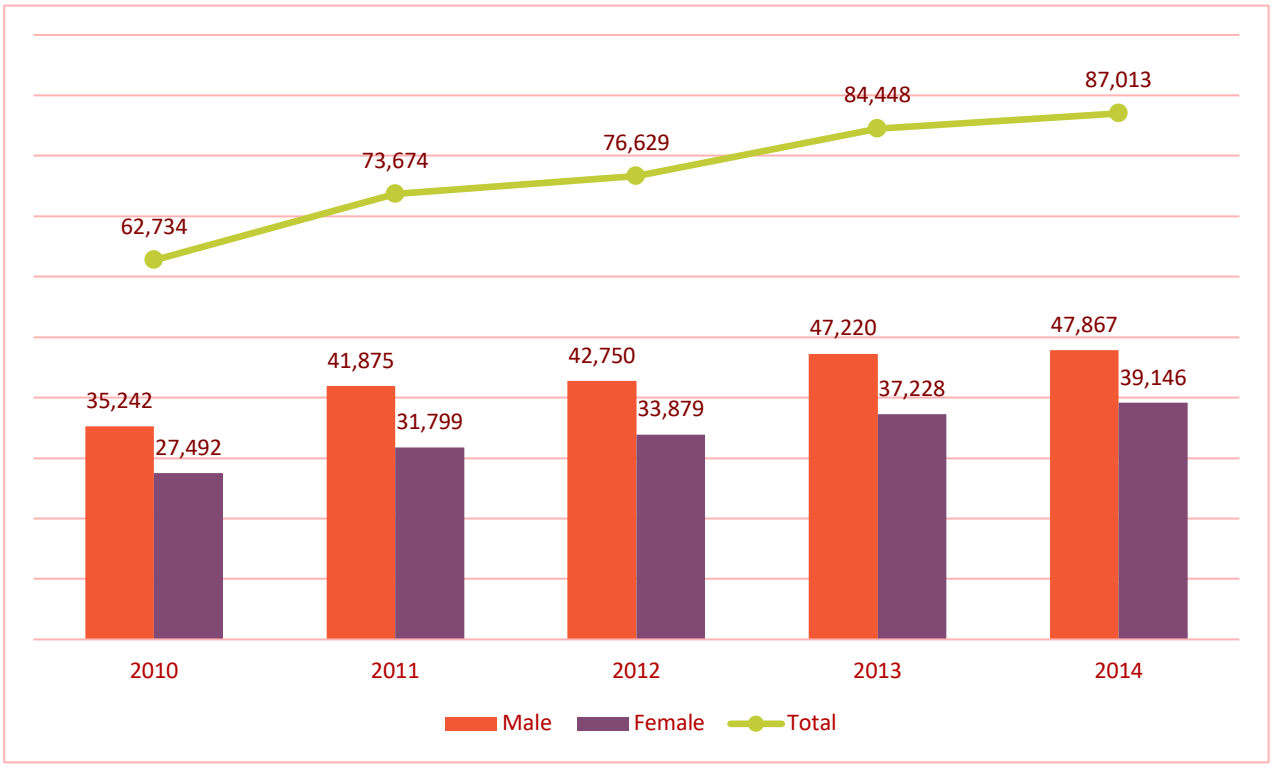
2.6 Higher education

While the number of higher education students have been increasing since 2010 (see Figure 3), it is still low. Data from 2013-14 shows that young men aged 16-30 years were more likely to attend higher education institutions than young women (3.5% compared to 2.5%). Only 0.3% of the poorest youth were able to do so compared to 8% of the wealthiest. Data also show that another significant disparity in higher education is regional: in 2013, 8.5% of those in urban areas and 9% of those in Kigali City attended university compared to 1% of rural youth and 1.5% of those in Western Province (NISR, 2015a).

In 2014, there were 45 higher education institutions of which 17 were public and 28 private. Between 2010 and 2014, student numbers increased steadily, particularly in private institutions, where the majority (57%) of all Rwandan students are currently enrolled. Young women also increased their numbers and account for 45% of all students, yet they represent 54% of those in private institutions and 33% in public ones.[4] More female than male students are studying services (63%),[5] social sciences, business and law (53%), and health and welfare (49%), while males account for the majority of students in engineering, manufacturing and construction (78%), agriculture (68%) and science (63%). The majority of staff are male with only one in four being a female (MINEDUC, 2015).

The key obstacles young women face in accessing higher education according to the literature include lower pass rates; the low number of female academic staff in secondary and higher education, and particularly in specific disciplines to act as role models; limited gender-mainstreaming in higher education and persistent institutional gender bias; and early pregnancy along with household and care responsibilities, especially in rural areas (Randell and Fish, 2008).

Figure 3: Higher education enrolment by sex between 2010 and 2014



Source: NISR (2015b)

2.7 Literacy

Literacy levels of those aged 15-24 have steadily improved from 57% in 2000 to 86% in 2014 (NISR, 2015b). Rates were higher in urban areas, in Kigali City (94%), and among the better-off (91%), and lowest in the Eastern Province (83%) and among the poorest (78%). More young women are literate (88%) than men (85%) (NISR, 2015a). In particular, almost 91% of girls aged 15-19 are literate compared to 88% of their male counterparts (NISR et al., 2016). Fee-free and compulsory basic education has contributed to the high youth literacy rates, while community learning centres focusing on literacy and numeracy improved national rates

4 We found no explanation for this. Bunyi's (2008) evidence from East Africa suggests that the over-representation of young women in private institutions may reflect a strong commitment to all children's education among well-off families who can afford not to discriminate between their children, and a greater emphasis on arts-based courses, which disproportionately attract young women, in private institutions.

5 What 'services' covers is not explained.

with women accounting for the majority (62%) of their participants (MINEDUC, 2015). A 2005 survey of literacy programme participants showed that the majority are young (half of them were under 25 years), women and very poor (USAID and OTF, 2010). However, the number of participants in such programmes has steadily decreased since 2012 due to the closure of some NGOs and their projects devoted to strengthening learning centres' capacity.[6] The government has identified three key related problems: the low value given to literacy programmes by some adults; limited funds for such programmes; and lack of qualified and motivated instructors (GoR, 2015).

2.8 Computer literacy and access to information and mass media

The government considers information and communications technology (ICT) to be a key tool for the economic transformation of the country, and since 2000 has introduced computers into schools and into the education curriculum (Rubagiza et al., 2011). Thus the vast majority (78%) of schools have access to computers (with 32 students per computer) and 17% of all secondary schools have an internet connection (MINEDUC, 2015). By 2017, all secondary schools are to be connected to the internet (Rubagiza et al., 2011). The government also supports girls' ICT training programmes to help them find technology-related jobs and use mobile solutions in their work (2CV, 2015).

Although the computer literacy of those aged 14-35 has increased from 6.5% to 10% between 2010 and 2013, it is still low. Young men have a higher rate (12%) compared to young women (8%). However, significant regional and wealth disparities exist as 28% of the urban youth population (27% in Kigali City) are computer literate compared to just 6% and 8% of the youth population in rural areas and in the Eastern province, respectively. In addition, while more than one in four better-off youths are computer literate, only 2% of the poorest youths are (NISR, 2016). Only 2.5% of Rwandan households own a computer, and those are concentrated in Kigali City and among the better-off (NISR, 2015a). Data from the 2013-14 national household survey show that 51% of those aged 14-19, both boys and girls, never use public internet service facilities and 41% are unaware of their existence. Only 1% reported using it regularly and 5% were computer literate, boys more so than girls (NISR, 2016). Research for a DFID-funded project found that boys visit public internet facilities more often than girls as girls tend to stay at home and take care of the household chores, while boys have the freedom and the time to be outside (Rubagiza et al., 2011).

Rwanda has one of the fastest growing ICT and mobile sectors in Africa with mobile networks covering 98% of the population and 11.8 million mobile phone subscribers (as one person often has multiple SIM cards). Mobile phone ownership is the second most common type of ICT ownership after radio. Data show that one in three mobile phones is owned by women, yet girls' access to mobiles and mobile ownership is low (2CV, 2015). Small-scale surveys also report that many young people have mobile phones, but fewer use emails and internet (IYF, 2011). Older adolescent girls are more likely to own mobile phones but they are costly and may also imply that the girl has a sugar daddy who pays for her (2CV, 2014). A small-scale survey in one of the capital's districts and a rural community in the Eastern province by the Girl Research Unit found that all 150 participating girls had access to a mobile but not all were using it on a weekly basis. Only 16% of girls owned a mobile, and these were mostly older girls aged 16-19. Only 6% of the girls used social media, with many girls lacking knowledge about how to access and use the internet and Facebook. Low digital literacy, limited phone time, illiteracy and language barriers limited mobile use. Rural girls faced higher barriers, not only in terms of mobile phone costs but also less understanding among parents of the benefits of having a mobile (2CV, 2015).

While watching television is rather uncommon due to electricity supply problems and high purchase costs, radio appears to be the most common form of media exposure in the country; 67% of girls aged 15-19 listen to the radio at least once a week, while 21% watch television and only 10% read a newspaper at least once a week. However, 29% of girls do not access any of these – more so in rural areas, outside Kigali City, and in

6 Literacy centres are owned mostly by churches (57%), government (35%), NGOs (6%) or individuals (2%).

the lowest quintile (NISR et al., 2016). Radio drama is the most popular type of radio programme for young people, and is used to provide them with various types of information, including livelihood or sexual and reproductive training (SFCG, 2011; HPA, 2013; GoR, 2014). Girls often share radios and listen in groups. However, research by the Girl Hub/Effect Rwanda found that girls' busy schedules mean that they can often listen 30 minutes to one hour at the most. There are three main listening times: in early morning, between 7 and 8 am, when girls listen with their family while on Sundays they listen to religious/gospel programmes; in the afternoon, between 2 and 4 pm, when they listen along with other girls; and in the evening, between 6 and 8 pm, when they listen along with their family and neighbours and it is this time when parents influence what they listen to. Girls tend to listen to news bulletins, talk shows and radio dramas providing information about issues concerning youth, and they often view the drama characters as role models to follow (2CV, 2014).

2.9 Progress in girls' education, but challenges remain

The literature reviewed consistently noted the remarkable progress achieved in increasing access to education for girls in Rwanda. The government, its development partners, civil society and communities have all joined forces and contributed to this success story. Apart from increased investment in infrastructure, financial and human resources, and curriculum change, another crucial factor has been the rapid and significant change in social norms as most parents who have the means choose to keep their daughters in school, even when children repeat the same grade several time or are discouraged. However, in some cases, the desire to keep girls in school is linked to parental belief that education improves girls' marriage prospects (Calder and Huda, 2013). Adolescent girls themselves appear to value education and want to complete their schooling; in one study, interviewed adolescent girls ranked insufficient education as one of the most critical blockers to achieving their life aspirations, higher than early marriage and pregnancy, but second to household poverty (Calder and Huda, 2013).

Although there are no significant gender differences at primary education, with girls more likely than boys to complete it on time, serious challenges remain. **Poverty** continues to be the principal barrier to secondary education, especially for girls. If we compare secondary school NAR data from 2010-11 and 2013-14, we find that the gap between the poorest students attending secondary education and the better-off increased from 28% to 30%, while the gap in primary education increased from 9% to 10%.

Although school fees have been eliminated, families still have considerable expenses, such as uniforms, school materials, exam fees and contributions to teachers, a common practice that supplements teachers' salaries (Abbott, 2013; Williams, 2013). A Ministry of Education report noted that less than 5% of poor girls in rural areas completed lower secondary school as a result of their family's inability to meet the costs. These families also have to spend a higher proportion of their income on their daughters' education (MINEDUC, 2013 cited in GoR, 2015). Girls whose households are unable to afford these costs may attend school irregularly, taking time off to work and earn money. However, irregular attendance increases the likelihood of poor performance, repetition or dropout (Williams, 2013). Girls from poor households may also be forced to get sugar daddies, older men who offer money or gifts to girls in return for sexual favours (USAID, 2014), but the extent of the problem remains unknown.

Poor households also consider the **opportunity costs** of sending their children to secondary school, which can often be prohibitive. Household poverty along with cultural acceptance of **child labour**, poor school facilities and quality of education, and insufficient monitoring and support for vulnerable children are key obstacles to eliminating exploitative child labour and enabling both boys and girls to focus on and complete their schooling (Winrock International, 2013) (also see section 8 on child workers).

In addition, adolescents are expected to contribute to **domestic work**. Data show that apart from their other activities (school or child labour), they do spend a considerable amount of time on domestic tasks, girls more than boys. From the age of 10 to 14, girls are spending four hours more weekly than boys of the same age on

such tasks, and by age 15 they spend six hours more than boys. Girls spend more time cooking, while boys spend more time searching for fodder or grazing household animals (NISR, 2012) (see Table 5). Their work burden may lead to physical and mental fatigue, absenteeism and poor performance. A study of gender and birth order found that being the oldest has a negative effect on school attendance for both boys and girls, but more so for girls than for boys. Being the youngest in the household, however, has a positive effect on girls' education (Nkurunziza et al., 2012). The literature also links the amount of domestic work girls have to perform with their poor performance in national school examinations, showing that girls have less time for their homework and for revision for exams compared to their brothers (Abbott et al., 2015; Pro-Femmes Twese Hamwe and VSO, 2013).

Table 5: Domestic tasks by adolescent age group and sex, EICV3

Domestic tasks (last seven days)	Male		Female	
	10-14	15-19	10-14	15-19
Foraging firewood for household - % of adolescents doing this	52.5	46.1	56.8	54.7
Median hours spent	4	3	4	4
Fodder searching or grazing for household animals - % of adolescents doing this	57.5	62.2	44.2	49.9
Median hours spent	6	7	4	4
Water searching or fetching - % of adolescents doing this	83.7	81.5	85.3	84.3
Median hours spent	4	4	4	4
Going to the market for household - % of adolescents doing this	7.3	10.0	12.5	21.6
Median hours spent	2	3	2	2
Cooking for household - % of adolescents doing this	38.2	43.0	70.6	83.6
Median hours spent	4	4	6	7
Other household chores; laundry, cleaning, looking after children, etc. - % of adolescents doing this	44.8	55.9	75.9	84.3
Median hours spent	2	2	3	3
Total time spent on domestic tasks (median)	13	15	17	21

Source: NISR (2012)

Gender-based violence in school is also identified as a barrier to girls' schooling. Apart from sugar daddies who often abuse and impregnate girls (Gerver, 2013), girls are vulnerable to their classmates, teachers and other men they meet on their way to and from school (USAID, 2014). An often-cited study (Pontalti, 2013) found that adolescent girls are coerced into sexual acts by teachers in exchange for good grades, but the extent of the problem is difficult to estimate. The study also found that 11% of participants reported sexual proposals from teachers, that one in four reported being exposed to sexual comments and proposals from other students that made them feel uncomfortable, and one in six said that they occasionally stopped attending school due to fear of being attacked there. In addition, 52% of girls and 49% of boys also reported that their teachers physically punish them (Pontalti, 2013). Similarly, an evaluation of a Plan Rwanda intervention found that corporal punishment, mainly with a stick, is still commonly used and perceived as an efficient disciplining tool. Although boys and girls do not seem to be affected differently by corporal punishment, bullying, or physical or verbal abuse, this report also found that girls are more vulnerable to sexual abuse than boys (Laterite and Plan Rwanda, 2014).

Early and unplanned/unwanted pregnancy also stops girls' education. The extent of the problem is not documented and we were unable to find any specific data. However, it is consistently identified as a challenge

in government education plans (e.g. the 2008-2012 Ministry of Education's Strategic Plan). The Ministry of Education urges schools to keep records and follow up on pregnant girls so that they can return to school in line with the official policy allowing girls to return to school after childbirth. However, in practice, returning to school appears to be difficult (USAID, 2014). Parents often reject a daughter who gets pregnant, and even when they do not expel her from home, they may stop paying her school fees. Teachers are expected to welcome girls back to school after they give birth, but young mothers may face stigma and rejection or lack parental help with childcare (Laterite and Plan Rwanda, 2014; Pro-Femmes Twese Hamwe and VSO, 2013).

Social norms and expectations about girls getting married and having children can discourage parents from investing in their education and lead them instead to help their sons who tend to face higher pressures to provide for their families. A study found that although the majority of parents believed that both sons and daughters can be given the same priority, even when money is scarce, more than one in four said that they would prioritise sons. Poor households that can pay for secondary education tend to prioritise boys for traditional and economic reasons, as sons are more likely to get higher paying jobs and help their parents. Girls from poor households with parents of no or limited literacy face greater difficulty due to limited parental understanding (USAID, 2014).

Moreover, social norms and expectations may have a negative impact on girls' academic performance and advancement. Girls are expected to be low achievers compared to boys as their ultimate role is to become good wives and mothers. They are thus expected to be passive and less assertive and outspoken. Teachers' attitudes in the classroom may further reinforce that – particularly if teachers have not received training on how to recognise and respond to girls' needs, or if they have low expectations of what girls can achieve (USAID, 2014). Such expectations negatively affect girls' academic performance (Pro-Femmes Twese Hamwe and VSO, 2013). A survey found that very few parents are involved in their daughters' schooling, meaning that they do not help them with homework or talk to their teachers about their progress (GK Consulting, 2015). The reviewed literature also identifies a few other factors that have a negative impact on girls' education, including limited numbers of secondary school female teachers as role models; menstruation issues and poor water and sanitation facilities in schools; poor school quality; and girls' lack of interest or confidence.

What is of critical importance is to identify when girls are more likely to drop out of school and the key factors that precipitate it. In their study in seven districts,[7] Calder and Huda (2013) note that according to their data, girls begin to drop out at the transition between primary and lower secondary education (grade 7) and then again at the transition from lower to upper secondary education (grade 9) (the same also applies to adolescent boys). The authors thus suggest that a particularly critical age is around 15-16 for girls, and it is then that they may fail to continue to secondary education. As we have already seen in Figure 2, the latest RDHS data also identify age 16 as the critical age when most girls drop out of school. Government data identify particular dropout points at the end of primary grade 5 (before national examinations in primary grade 6) – dropout rates are 27% for girls and 30% for boys; and at senior secondary grade 2 – dropout rates are 19% for girls and 17% for boys (GoR, 2015). However, these national averages may mask the situation in different districts and areas; further investigation is thus necessary to identify the key factors involved.

2.10 Assessment of the evidence and key gaps

Although our search identified only three sources explicitly on adolescent girls' education, there is a considerable body of literature on girls' education in Rwanda, which provides a good overview of the progress achieved and the various barriers remaining that affect girls' access to education. However, there is very limited information on the gendered classroom experience or evidence concerning learning outcomes, including girls' worse performance on exams. In addition, there is limited qualitative research on the

7 For their study, Calder and Huda (2013) targeted adolescent girls and boys in 7 selected districts – Bugesera, Karongi, Ngororero, Nyabihu, Rwamagana, Rulindo and Rusizi – and used a mixed methodology approach with a survey along with a literature review, stakeholder interviews and desk analysis.

particular factors that interact and affect girls' school participation, learning and completion, particularly poor girls or girls in areas with high dropout rates, on how and by whom the decision to drop out of school is taken, and on how change can take place. Although there is a good amount of statistical data in several areas, including time spent on household tasks, there is also need for more data in some critical areas such as the proportion of girls leaving school due to early pregnancy.

3. Economic empowerment

Key points

- Over the last 15 years, poverty rates have declined, yet poverty continues to be a major obstacle to girls' capability development; in 2013-14, 39% of adolescent girls aged 14-19 were poor and 17% extremely poor
- Adolescent girls and young women have benefited from stable economic growth, service sector expansion and new opportunities. Yet the Rwandan labour market is still characterised by skills shortage and gender segregation with young women concentrated in low productivity and more poorly remunerated jobs. Young women's disadvantage in the labour market is more likely a combination of factors such as discriminatory norms, self-selection into agriculture or lack of non-farm self-employment, limited vocational and business opportunities, low access to credit and poor information
- In 2014-15, 52.5% of adolescent girls aged 15-19 were employed. The majority – 72% of girls – remain in agriculture, with most girls being independent farmers. Those in non-farm wage employment are mostly in the informal economy with low and insecure earnings. Poor skills, low financial literacy and limited access to start-up capital are part of the problem. Youth unemployment tends to be an urban phenomenon, and in Kigali it affects both secondary school and university graduates, particularly females
- Adolescent girls report earning money themselves through small business or accessing money through parents, boyfriends, sugar daddies but also informal associations and groups. While their access to savings and credit is improving, it is still low
- Only 3% of girls aged 15-19 have joint ownership of housing and 0.5% own a house alone, while 4% own land alone and 4% jointly. Most adolescent girls thus cultivate land owned by their parents or others. Parents pass land to their daughters in the form of gifts, but girls receive smaller land gifts than boys. When they marry, girls are expected to access but not to control land through their husbands. Despite the progressive land laws, traditional beliefs and practices are still major obstacles to female land ownership

3.1 Overview of the evidence

Our search generated 55 sources with information about the economic empowerment of adolescent girls. The vast majority (41 sources) were grey literature, and include a considerable body of publications, mostly programme-related reports, by international agencies, donors and INGOs, followed by government policy documents. Almost 30% of these sources focus on youth employment and access to credit, while almost 55% on girls, women or gender issues. There is also a smaller proportion of qualitative studies. The 14 sources classified as academic literature are mostly journal papers focusing on women's rights and almost one in three on their land rights (see Table 6).

Table 6: Key themes of economic empowerment sources

Key themes	No. of sources
Child and youth employment	12
Land rights	9
Access to financial services	5

3.2 Economic wellbeing and adolescent girls in Rwanda

Although poverty rates have declined in recent years, poverty continues to be a major obstacle to girls' capability development. Headcount rates declined from 59% to 39% and extreme poverty from 40% to 16% between 2000-01 and 2013-14. Poverty is lowest in Kigali City, but significant pockets remain in the Northern and Western Provinces (NISR, 2015a). Published data on youth poverty show that in 2013-14, 39% of adolescent girls aged 14-19 were poor and 17% extremely poor; adolescent boys had the same rates (NISR, 2016).

Rwandan youth (defined as those aged 14-35), including adolescent girls and young women, have benefited from stable economic growth, service sector expansion and new opportunities. For instance, their share in wage employment rose by 15 percentage points between 2005-06 and 2010-11, more than the increase for the general population (AfDB, 2014). The revised 2009 Labour Law provides for equal gender opportunities in employment and equal pay for equal competencies, while it prohibits gender-based discrimination and harassment at the workplace (GoR, 2014). It also does not allow adolescents under the age of 16 to undertake any employment (Winrock International, 2013).

The majority of young women and men remain in agriculture. However, agricultural employment is associated with poverty, and youths in such employment face high levels of underemployment and informality along with low earnings (AfDB, 2014). Those in non-farm wage employment are mostly in the informal economy with low and insecure earnings. Poor vocational skills, low financial literacy and limited access to start-up capital are part of the problem (UNCDF, 2015). In addition, the Rwandan labour market is still characterised by gender segregation with young women concentrated in low productivity and more poorly remunerated jobs (Abbott et al., 2015). The government and its development partners have identified the provision of quality training, suitable financial services and entrepreneurship support as crucial to enhancing Rwandan youth employability. As part of the national strategy to shift from a low-productivity agriculture-dependent economy to a service-based knowledge economy, they are increasingly investing in youth skills training, financial inclusion and entrepreneurship (UNCDF, 2015).

3.3 Labour force participation

The latest data from EICV4[8] show that in 2013-14, 60% of those aged 16-19 years were employed compared to 49% in 2010; 34.5% were students compared to 47% in 2010; and 0.6% were unemployed compared to 0.5% in 2010 (NISR, 2015a). In particular, 47% of girls aged 14-19 were employed compared to 49% of their male counterparts (NISR, 2016). The latest RDHS data also found that 52.5% girls aged 15-19 were employed in 2014-15 (NISR et al., 2016). While it is rather common in Rwanda to have multiple jobs, the majority (55%) of working adolescents aged 16-19 had just one. Overall, employment was higher in rural areas and in the Northern Province, while it was the lowest in Kigali City; and females had a slightly higher unemployment rate than males (NISR, 2015a).

Latest data on adolescent employment from the EICV4 show that both girls and boys aged 14-19 had similar economic activity rates with slightly more girls than boys studying (see Table 7). However, there were significant differences among regions, with particularly high rates of unemployment and involvement in domestic duties for females compared to males in Kigali City (see Table 8). According to the UN Rwanda (2014), youth unemployment tends to be an urban phenomenon, and in Kigali it affects both secondary school and university graduates, particularly females.

8 The Integrated Household Living Conditions Survey (EICV – Enquête Intégrale sur les Conditions de Vie des Ménages) 2013-14.

Table 7: Economic activity among those aged 14-19 by sex, EICV4

Situation	Male	Female
Employed	48.9	46.8
Unemployed	0.5	0.3
Student	34	35.8
Domestic duties	2.1	3
Disability/illness	0.5	0.4

Source: NISR (2016)

Table 8: Economic activity and unemployment rates among youth by sex and province, EICV4

	Employed		Unemployed		Student		Domestic duties		Disability/illness	
Province	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Kigali City	72.3	63.1	2.5	5.8	20.3	18.3	0.9	7.7	0.4	1
Southern Province	73.7	73.4	0.4	0.4	17.9	18.1	1.2	1.6	0.8	0.8
Western Province	78.9	81	0.5	0.9	15.4	13.2	0.8	1.1	0.5	0.6
Northern Province	80.7	82.1	0.3	0.4	12.7	12.1	0.5	0.6	0.7	0.5
Eastern Province	76.9	75.4	0.4	0.5	16	16.4	0.8	1.7	0.4	0.7
Total	76.5	75.6	0.7	1.3	16.4	15.6	0.8	2.2	0.5	0.7

Source: NISR (2016)

The majority of Rwandan youth (aged 16-35) work in agriculture – 50% as independent farmers and 13% in wage farm work (NISR, 2015a). Only one in four is engaged in non-farm wage employment (NISR, 2015a). The public works component of the Vision 2020 Umurenge Programme, the country's flagship social protection programme, provides an important source of youth employment in poorer districts (World Bank, 2015b). Data from the 2013-14 household survey show that 72% of adolescent girls (aged 14-19) work in agriculture compared to 64% of their male counterparts. Although this proportion decreases for older age groups for male youths, it actually increases for older female youths, indicating that males have a higher chance to leave farming as they get older than females. One in five girls was in wage non-farm employment (NISR, 2016) (see Table 9). The vast majority (90%) of adolescent girls aged 14-19 in wage employment were in the informal private sector where there is little legal protection against exploitation, sexual abuse and harassment (USAID, 2015a). The latest 2014-15 RDHS also found that the vast majority of girls (72%) aged 15-19 work in agriculture, 13% in domestic service, 9% in sales and services, and 3% in unskilled manual employment. On the other hand, 60% of boys aged 15-19 work in agriculture, 16% in unskilled manual labour, 8% in sales and services, and 7% in skilled manual as well as in domestic service (NISR et al., 2016). The median hours worked by adolescent boys were 32 per week compared with 30.5 hours by adolescent girls (NISR, 2016).

Table 9: Employment type of youths aged 14-19 by sex, EICV4

Activity	Male	Female
Wage farm	15.9	12.9
Wage non-farm	28.1	20.2
Independent farmer	48	58.7
Independent non-farm	6	6
Unpaid non farmer	2	1

Source: NISR (2016)

The literature points out that since 2000 overall employment rates remained the same, but two important shifts have taken place: females have moved into low-quality employment, and youth participation in non-farm employment rose from 10% to 30% (AfDB, 2014). Although youths particularly benefited from the increase in wage employment opportunities (AfDB, 2014), there are significant gender differences: while young men abandon agriculture and move into non-farm occupations, young women aged 16-30 have been moving from unpaid farming in the family farm to paid farming, often on somebody else's farm (World Bank, 2015b).

In general, young women are overrepresented in agriculture and lower-quality jobs compared to their male counterparts of the same education levels. They are more likely than young men to be engaged in unpaid family labour as their main occupation, while young men with similar education levels are more likely to engage in non-farm wage employment. The World Bank notes that the main reason for young women's disadvantage in the labour market in terms of job types and earnings is not lack of education; it is more likely a combination of factors such as gender norms, self-selection into agriculture or lack of non-farm self-employment, and barriers to enter the private sector (World Bank, 2015b). Several reports, including those issued by the government, also stress the role of traditional norms and attitudes about appropriate gender roles and professions reinforced by poverty and illiteracy that continue to limit adolescent girls' training and employment opportunities (GoR, 2014). Indeed, many trades continue to be male- or female-dominated: for instance, young men are expected to work in construction, while young women in hairdressing and tourism (USAID, 2015a). However, more data and analysis are needed to adequately explain these patterns (World Bank, 2015b).

Qualitative research with young men and women aged 18-25 revealed that while they acknowledge the importance of agriculture in their communities, they felt that non-farm economic opportunities were expanding and that they would like to start their own business. However, respondents perceived two main obstacles: lack of collateral, which makes it difficult to obtain a loan, and lack of appropriate technical skills and training, despite having higher levels of education than do older generations (World Bank, 2015b).

The literature identifies skills shortage and gender segmentation as key barriers to youth employment in the country (Malunda, 2011). In response, the government and its partners are paying particular attention to the connection between education and market demand, and to the provision of training in sectors with more employment opportunities: construction, ICT, tourism and agriculture (UNCDF, 2015). However, young men and women also lack traditional soft skills such as critical thinking and problem-solving as well as 'work-readiness' skills such as punctuality, communication and basic IT competency that can be developed through targeted training and coaching. Rwandan employers also tend to have negative perceptions of young people and believe they lack a work ethic and interpersonal skills (UNCDF, 2015). An additional problem is that youths are often unaware or lack information about employment and entrepreneurship opportunities (USAID, 2015a; UN Rwanda, 2014; UNCDF, 2015).

Internal migration rates have been increasing in the last five years, and the latest data show that 9% of those aged 10-14 migrate compared to 15% of those aged 15-19. Kigali City has the highest percentage of internal migrants (NISR, 2015a). In the published national youth data from 2013-14, 73% of those aged 14-19 reported migrating for family reasons, and 21.5% migrated seeking employment. Moving to be with their family is the most important reason for the youngest age groups. Although young males and females migrate at similar rates, females tend to move more for family reasons than males, who are twice as likely to move seeking employment (NISR, 2016).

3.4 Access to financial assets and services: cash income, savings and credit

Adolescent girls report earning money themselves through small business such as selling goods in the market, work in cultivation or construction, and sex work. They also obtain access to money through various sources,

including parents, friends, boyfriends and sugar daddies (Calder and Huda, 2013). Another study found that while boys and young men aged 12-24 access income through small jobs, girls and young women obtain credit from Rotating Savings and Credit Associations (ROSCAs). Parents provided the second highest source of income for both groups, followed by stealing (for males) and money obtained from boyfriends (for females) (UNCDF, 2011).

Young Rwandans tend to spend their money on clothing, shoes and school supplies and save when they can (UNCDF, 2011). Girls aged 13-14 years complained of not having enough money to buy what they needed, while older adolescents had their own money and spent it, boys more so than girls as they were more frequent earners. The majority of interviewed girls felt that having money and managing it, protected them by offering some independence and limiting their reliance on others (Calder and Huda, 2013).

There is no official and updated data on the cash earnings of adolescents. In 2014-15, the majority (80%) of married adolescent girls aged 15-19[9] had less cash earnings than their husband. Yet 84% of married adolescent girls were working, but only 29% received cash and 11% were not paid. In the majority of cases both the girl and her husband jointly decided how to use her cash earnings, but in 18% of cases it was mainly the husband who took such a decision (NISR et al., 2016). Based on EICV3 data, Abbott et al. (2015) estimated that Rwandan men are more likely to have a cash income than women: 78% of men and 61% of women aged 16 and over, and not in education, earn a cash income from wages and/or running a non-farm business; in urban areas this increases to 86% of men and 65% of women. In the case of married couples, 78% of married men earn a cash income compared to 59% of married women.

Rwandan adolescents can only open a bank account and access formal financial services when they turn 18, although 16 is the legal age to start working and to sign contracts (UNCDF, 2011). The latest data show that although access to savings and credit is improving, it is still low. Only 30% of the population aged 18 and over have a savings account (43% in urban areas and 27% in rural areas). Kigali has the highest percentage (45%) of people with a savings account and the Northern Province has the lowest. Only 17% of the poorest have a savings account compared to 46% of the better-off. While 40% of males have one, only 22% of females do so. Women are also less likely than men to request or get a loan (NISR, 2015b).

Adolescents recognise the importance of having savings and older adolescent girls expressed their need to know more about effective money management in terms of saving and investing in productive activities. However, they often lack parental financial guidance, have limited financial education and are unable to access suitable savings mechanisms (Calder and Huda, 2013). Indeed, an often-cited obstacle for youth entrepreneurship is access to the necessary capital to start a business. By 2012, financial exclusion, defined as difficulty to access and use formal financial services, was higher among youths aged 18-20 (43%), females (32%), and those living in rural areas (29%) (UNCDF, 2015). In particular, young women starting a small business tend to have less education than men and are less likely to seek any formal financing for their business, so they rely more on personal savings or family funds (USAID, 2015a).

Recognising the need to improve access to credit for women and young people, the government's 2012 Youth and Women Access to Finance Strategy intended to strengthen capacity building in financial literacy and to improve access to financial services and business advisory support (GoR, 2014). Aimed at increasing access to affordable financial services in rural areas, the sector-level Savings and Credit Cooperatives (Umurenge-SACCOs) were formed in 2009 to mobilise Rwandans to save and borrow. Their creation has enabled individuals and households to transition to self-employment activities outside farming, with sector-SACCOs now accounting for the majority of all microfinance institutions (World Bank, 2015a). By 2012, women accounted for 38% of the membership in SACCOs countrywide and held 23% of the loans (GoR, 2014). Youths are able to join the cooperatives at the age of 16 (Calder and Huda, 2013) and they have benefited from

9 This is a relatively small group as the average age of marriage in Rwanda for women was 25 in 2012 (www.statistics.gov.rw/publications/article/average-age-first-marriage-increased-rwanda-last-three-decades). However, because 20% of 19-year-olds have started childbearing, the average age of forming informal unions, on which we found no data, is notably younger.

accessing credit. However, young users of SACCOs are still underrepresented as a proportion of the total population (UNCDF, 2015). In particular, many poor youths face difficulty joining SACCOs due to the relatively high interest rates and the timing of loan repayments (World Bank, 2015a).

Youth and women, especially the poor, also access credit through more informal sources such as their family and friends, the Village Savings and Loans Associations (VSLAs) and ROSCAs (World Bank, 2015a). A common component of economic empowerment interventions implemented by development partners and NGOs, VSLAs target beneficiaries geographically and teach them to save and invest. Members have to make fixed weekly contributions and can ask and receive a loan which must be paid back within three months at a 10% interest rate (USAID and OTF, 2010). Although they seldom target adolescent girls explicitly, some VSLAs also include girls among their participants (Calder and Huda, 2013). Girls can also participate in informal savings and loans groups, such as ROSCAs, also known as *tontines*. Indeed, research by the Union of Savings and Credit Cooperative Umutanguha found that most young people aged 12-24 save through informal associations and groups such as *tontines* and development project-related services such as the CARE Rwanda VSLAs and the Catholic Relief Services' Savings and Internal Lending Communities (UNCDF, 2011).

Mobile phones can also enable youth to access mobile financial services such as Mobile Money to manage their finances or Mobile Agriculture (M-Agri), a service helping smallholder farmers (Abbott et al., 2015). Many telecommunications companies and most Rwandan banks currently offer mobile financial services, and mobile money transfer (MMT) services have already facilitated the growth of micro, small and medium enterprises and could bridge the gaps between rural and urban areas (UNCDF, 2015).

3.5 Access to land and property

Latest RDHS data show that only 3% of girls aged 15-19 had joint ownership of housing and 0.5% owned a house alone. In addition, 4% owned land alone and 4% jointly (NISR et al., 2016). Land is the key asset in agriculture-dependent Rwanda: it can provide a stable income and access to credit, increase social status and influence, ensure independence and increase influence within the household. Progressive laws and processes have enabled women to claim their right to land ownership (Abbott et al., 2015). Land registration data from 2013 shows that more women than men have rights over land: 22% of all land plots in the country are registered to women only, 12% to men only, and 58% jointly to couples (Rugege, 2015). However, women tend to own smaller plots of land, are more likely to be in subsistence agriculture, and are less likely to have a surplus to sell (Abbott et al., 2015). Male-headed households are also more likely to own big farm animals, such as cattle, while female-headed households have goats and benefit more from social protection schemes and NGO programmes distributing animals to vulnerable households (NISR, 2015a). As already pointed out, the majority of adolescent girls of working age are employed in agriculture and cultivate the land owned by their parents or others (2CV and Girl Hub, 2014). Wives and daughters living in the parental house are likely to work as dependent family workers on the family farm (Abbott et al., 2015).

Under Rwandan customary law, land inheritance is patrilineal from father to sons, and daughters are expected to access (but not control) land through their husbands when they marry. However, there are customary practices of passing land to daughters and sons in the form of gifts during their father's lifetime instead of inheriting it after his death. Parents provide these land gifts ('*umunani*') as part of their duty to raise children and provide them with a personal patrimony. There are different types of land gifts to daughters, particularly married ones – for example, following the wedding ceremony to accompany the daughter to her new home, or when she presents a newborn baby to the paternal family. However, daughters receive smaller shares of *umunani* compared to sons (Ndangiza et al., 2013).

The 1999 Succession Law, the combined outcome of women's and civil society mobilisation and political support, grants equal rights to male and female children to inherit property, including land; it also introduced the joint management of matrimonial property for legally married spouses; and recognised all children's right to land gifts ('ascending partition' or '*umunani*'), but without provisioning for equal portions of gifted land

for sons and daughters. The 2005 Organic Land Law and the new 2013 Land Law provide for shared land rights to couples married under civil law. Under the 2013 Land Law, land rights may be transferred through succession, gift, inheritance, rent, sale or any other transaction (Ndangiza et al., 2013).

A gender assessment of the law's implementation concluded that traditional beliefs and practices are still major obstacles to land ownership (GoR, 2014). One study found that men are still more likely to be seen as the main owner of land, even when women are joint owners, a fact that some respondents acknowledged and others denied, claiming that the jointly owned land belongs to their husband. While there is widespread awareness of gender equality laws and policies such as the inheritance and land laws, understanding of their provisions is poor, especially in rural areas and among the poor. Women also noted a lack of resources to take legal action when their land rights are violated (Abbott et al., 2015). Indeed, only a small proportion of inheritance disputes actually make it to court (Rugege, 2015). The majority of land disputes are dealt with by customary bodies, because many women cannot afford to take a case to the formal court, and as the local dispute resolution mechanisms arbitrate conflict rather than impose laws, women often report agreeing to accept less land than their legal entitlement so as to maintain good relationships with their family. Still other women are not even aware of their land rights. Overall, lack of knowledge, lack of legal support, fear of violence, and customary practices are identified as the key barriers not allowing women and girls to benefit from the law (Abbott and Malunda, 2015). Moreover, daughters continue to receive smaller land gifts, while fathers may donate land to sons before their death, leaving less land to be inherited and shared equally (Ndangiza et al., 2013).

Women in informal unions (about 30%) and polygamous marriages and their dependents also have little legal protection for land and property rights, because the law only recognises monogamous marriages and children born inside a civil marriage. Those in informal unions can become destitute in case of spousal abandonment or death as the law does not recognise their right to own land or property unless their names are included in the land registration certificate. Children of such unions also have no right to inherit their father's property unless he recognises them; but even then, the Family Court may decide to allocate the administration of the land to another relative until the children reach the age of majority. Women report that the main reasons for informal unions are (1) inability to meet marriage costs and (2) age, as those under 21 cannot legally marry. Men, in contrast, say that they are reluctant to marry formally in order to keep full property rights (Abbott et al., 2015).

3.6 Assessment of the evidence and key gaps

The accessed literature on Rwandan adolescent girls' economic empowerment is almost exclusively focused on older adolescent girls who are classified as youth and not children, and are considered to be of legal working age. Therefore we know very little about the economic wellbeing of younger adolescent girls aged 10-14. What we do know comes from a few qualitative studies. In addition, the majority of sources with information on adolescent girls' livelihoods focus either on youth employment issues or women's economic empowerment, with only a few studies published over the past five years having an explicit focus on adolescent girls.

Although sex-disaggregated data collection has improved and such data on older adolescents exists, there are no official data on younger adolescent girls, with the exception of child labour statistics (see section 8 on child workers). Existing data show that in the last five years older adolescent girls have increased their labour force participation and their access to financial services and entrepreneurship support. However, there is very little differentiated information on the economic vulnerabilities of particular groups of girls, including poor girls, girls in rural and urban settings, or married girls. The majority of sources agree that girls continue to be discriminated against in the labour market and cite factors such as gendered social norms, poverty, limited vocational and business opportunities, low access to credit and poor information. However, more research and analysis is necessary to identify the particular factors and ways in which older girls and young women end up being disadvantaged in the labour market despite improved educational outcomes and

targeted government policies. For instance, the role of social capital and family support in helping older girls and young women secure jobs is so far absent from the literature. Research and analysis is also necessary on the implementation of progressive laws such as those that grant adolescent daughters equal access to paternal and family land and their impact on girls' lives.

4. Sexual and reproductive health, health and nutrition

Key points

- Adolescent girls have benefited from the health sector reforms with 71.5% of girls aged 15-19 covered by health insurance. Yet 55% of girls also experience at least one problem accessing health care
- Only 7% of girls aged 15-19 report having had their first sexual intercourse by age 15, while the median age at first sexual intercourse is 21.8 years, almost identical to the median age at first union. Education level influences when girls start having sex as the higher the level of education, the higher the median age at first sexual intercourse. In general, girls start having sex with older men and transactional sex is common
- Latest data shows that 65% of married girls and 88% of unmarried sexually active girls do not use any contraception, with 93% of adolescent girls not using contraception reporting not discussing family planning at a health facility or with a health worker
- Adolescent fertility declined from 11% in 1992 to 4% in 2005, but increased in 2014-15 with 7% of girls aged 15-19 having already begun childbearing. Those with no education and those in the lowest wealth quintile tend to start childbearing earlier
- Rwandan women aged 15-24 account for 47% of maternal deaths in the country. However, in 2014-15 almost all adolescent girls with a live birth received antenatal care from a skilled provider and almost 95% delivered in a public health facility. Yet only 43% had a postnatal checkup in the first two days after birth
- Girls have a higher HIV prevalence rate than boys in every age group, with girls aged 18-19 being 10 times more likely to acquire HIV than young men of the same age. The HIV prevalence rate is higher among young women who report early sexual debut
- Knowledge about sexual and reproductive health issues remains low and most adolescents access such information from their peers, thus resulting to various misconceptions. Adolescents are keen to fill this knowledge gap
- The majority of older adolescent girls have a normal mean Body Mass Index (BMI), while 11% are thin and only 3% are considered to be moderately or severely thin. In addition, almost one in five adolescent girls aged 15-19 has some level of anaemia, while 13.5% of girls are overweight or obese

4.1 Overview of the evidence

Our search generated 81 thematic studies and situation analyses with information about adolescent girls' physical health and wellbeing. The evidence base is a mixture of documents from international NGOs, UN agencies and donor organisations, as well as government policy and strategic papers. While 39 documents were academic journal articles, 42 were grey literature. Much of the reviewed literature includes documents relating to all aspects of health for various population groups in Rwanda, but the documents that are primarily focused on the health of adolescent girls discuss almost exclusively their sexual and reproductive health capabilities.

4.2 Rwanda's health system

The Rwandan genocide and civil war contributed to the deterioration of the infrastructure and services in the country, including the health system. Once the conflict came to an end, the government decided to embark on a radical decentralisation of the health system, with the aim of strengthening communities' role in

managing and co-financing health-care provision (Unicef, 2012). A key example of this is Rwanda's community-based health insurance scheme called *Mutuelles de Santé*, estimated to cover 91% of the population – while formal health insurance is estimated to cover only 6% of the population (WHO, 2014). Latest RDHS data show that 71.5% of girls aged 15-19 were covered by health insurance, the vast majority by the *Mutuelles* (NISR et al., 2016).

The health sector reforms over the past twenty years have contributed to Rwanda's overall achievements in public health, as access to health care increased from 31% in 2003 to 95% in 2010, and the life expectancy of Rwandans increased from under 50 in 2000 to 64.5 by 2012 (UNDP, 2015). Despite those achievements, large numbers of the Rwandan population continue to use traditional medical services. The country still faces a severe shortage of qualified health workers, with fewer than five doctors or nurses for every 10,000 people – far less than the 23 doctors and nurses recommended by WHO (IntraHealth, n.d.). Moreover, most health centres and hospitals at district level lack the necessary equipment for performing basic medical procedures (UNDP, 2007).

4.3 Access to health care

Access to health care varies by geographic location and wealth. For instance, approximately 60% of households in the bottom quintile have to walk for at least one hour to reach the closest health centre, market or public transport stop, while fewer than 30% of households in the top quintile face such difficulty (World Bank, 2015a).

Adolescent girls face particular problems in accessing health services. The latest RDHS showed that 55% of girls aged 15-19 experienced at least one problem accessing health care with the majority (43%) having difficulty to get money for treatment, one in five not wanting to go alone, and 17.5% being concerned about the distance to health facility. Only 4% reported having to get permission to go for treatment (NISR et al., 2016).

4.4 Adolescent sexual activity

According to the Ministry of Health (2011), 92% of adolescents reported being sexually active, with a reported average age of sexual debut being 12 for girls and 15 for boys. However, other studies have found the median age of consensual sexual debut to be 17 years – a figure that does not differ significantly for females and males. Binagwaho (2009) has highlighted that the self-reported start of sexual activity for girls and young women differs dramatically depending on whether they are asked in privacy or not – in privacy, almost all young women age 15 and above acknowledged being sexually active. In addition, one study found that living within the same household as their father, tends to protect girls from early sexual experimentation, but has no noticeable effect on boys (Babalola et al., 2002). In the latest RDHS, only 7% of girls aged 15-19 reported having had their first sexual intercourse by age 15, while the median age at first sexual intercourse is 21.8 years, almost identical to the median age at first union. Education level appears to influence when girls start having sex as the higher the level of education, the higher the median age at first sexual intercourse (NISR et al., 2016).

Generally, young women start having sex with older men, with one study illustrating a median age difference of nine years at first sex between young women and their partners (Test et al., 2012). In the latest RDHS, 13.5% of girls aged 15-17 and 8% of those aged 18-19 reported having sex with a partner ten or more years older (NISR et al., 2016). Transactional sex is also fairly common, with the same study revealing that 66% of girls and 17% of boys reported receiving money in exchange for sex (Test et al., 2012). Only 0.5% of adolescent girls aged 15-19 reported having had more than one partner in the past 12 months (NISR et al., 2016).

4.5 Contraception

Since the 1980s, the government has implemented strategies to control population growth and reduce fertility through use of trained communicators, promotion of family planning and improved access to services (NISR et al., 2016). Thus there has been a clear increase in overall contraceptive use, as the proportion of married women with an unmet need for contraception has fallen from 36% in 2000 to 19% in 2010 (Basinga et al., 2012a). This owes partly to the fact that between 2005 and 2010 emergency contraception became legal and available (Basinga et al., 2012b).

However, since adolescents are often sexually active long before marriage and unmarried girls face particular stigmatisation for sexual activity, they are less likely to feel comfortable attending a health centre to access contraception (Binagwaho, 2009). Health-care providers have the right to refuse to provide contraceptives or to perform an HIV test for a minor (Basinga et al., 2012b). Girls are generally not empowered to negotiate sexual issues, given prevalent social norms and general economic weakness (WHO, 2005). For instance, they are frequently too ashamed to ask their partners to use a condom, as it may come across that they want to have sex and therefore are not 'good girls' (2CV, 2014). Likewise, the Ministry of Health (2011) details that Rwandan girls generally do not openly consent to sexual intercourse, and as a result, boys do not want to waste time putting on a condom, in case girls change their mind.

It is therefore not surprising that the most recent RDHS found that although almost all married girls aged 15-19 have heard of a contraceptive method, 65% of married girls do not use any form of contraception, while 19% use injectables, 6% implants and 3% use male condoms. Similarly, 88% of unmarried sexually active girls do not use any contraception, while 6% use male condom, 2% implants, 2% pill and 2% injectables. Use of contraception increases with age, with highest use among women aged 35-39 and 30-34. Only 4% of unmarried girls reported unmet need for family planning along with 3% of those not currently married (NISR et al., 2016).

Interestingly, the latest RDHS also examined the role of mass media in communicating family-planning messages. The report found that the radio is the most widely accessed source with 44% of older adolescent girls being exposed to radio family-planning messages and 9% to newspapers and magazines; yet 53% reported not having been exposed to any family-planning message in any of the three media sources. Urban location, higher education level and higher socioeconomic status increase such exposure. On the other hand, 93% of adolescent girls not using contraception reported not discussing family planning at a health facility or with a health worker (NISR et al., 2016).

4.6 Adolescent pregnancy

The overall fertility rate in Rwanda for all women has been declining steadily, from a rate of 6.2 in 1992 to 4.2 in 2014-15 (NISR et al., 2016). The latest RDHS note that although adolescent fertility also declined from 11% in 1992 to 4% in 2005, it increased to 6% in 2010 and 7% in 2014-15. Data from 2014-15 show that approximately 7% of girls aged 15-19 have already begun childbearing in Rwanda (see Table 10), but this figure is substantially lower than in other countries in the sub-Saharan region, such as Ethiopia (12%) and Zambia (28%) (Walker et al., 2014). The proportion of adolescent pregnancies increases sharply with age, from 1% at age 15 to 21% at age 19 and a particular rise between ages 18 and 19 (see Table 10). Adolescent girls with no education and those in the lowest wealth quintile tend to start childbearing earlier than others (NISR et al., 2016), while girls in Eastern Province and Kigali City are about twice as likely to start childbearing earlier than their counterparts (see Table 10). A study by the Overseas Development Institute illustrates that adolescent girls are highly concerned about pregnancy, as 46% of respondents aged 16-19 focused on pregnancy and the vast majority were negative (Walker et al., 2014). Interestingly, pregnancy appeared more in stories from urban girls compared to rural girls, and it was implied that urban girls were more likely to face an unwanted pregnancy than rural respondents and in-school girls. The mean ideal number of children for girls aged 15-19 is three (NISR et al., 2016).

Table 10: Adolescent pregnancy and motherhood, RDHS 2014-15

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Rwanda 2014-2015

Background characteristic	Percentage of women age 15-19 who:		Percentage who ave begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	0.9	0.1	1.0	666
16	1.7	0.3	2.0	559
17	2.9	1.4	4.3	518
18	8.4	3.1	11.5	557
19	15.9	4.9	20.8	468
Residence				
Urban	5.6	2.3	7.9	564
Rural	5.4	1.7	7.1	2,204
Province				
City of Kigali	6.5	3.7	10.2	357
South	4.1	1.5	5.6	665
West	4.8	0.9	5.8	592
North	4.0	0.9	4.9	525
East	8.1	2.6	10.7	628
Education				
No education	(12.7)	(0.0)	(12.7)	30
Primary	6.9	2.3	9.2	1,632
Secondary and higher	3.2	1.1	4.3	1,106
Wealth quintile				
Lowest	9.0	2.1	11.1	433
Second	6.1	2.0	8.2	509
Middle	5.4	1.9	7.3	501
Fourth	4.0	1.4	5.5	599
Highest	4.1	1.7	5.8	726
TOTAL	5.5	1.8	7.3	2,768

Source: NISR et al. (2016)

Adolescent pregnancy has an overall negative impact on young women's health, education and employment opportunities in Rwanda. Pregnant adolescents are at a high risk of health complications as they lack the biological maturity for reproduction, and they also lack experience in caring for new-born babies (GoR, 2012). Adolescent girls therefore face a greater risk of dying from a pregnancy-related cause (Abbott et al., 2012), with Rwandan women aged 15-24 accounting for 47% of maternal deaths in the country (Unicef, 2012). Nonetheless, Rwanda's overall Maternal Mortality Ratio decreased by 50% from 2000 to 2010, and these declines are associated with skilled birth attendance. Between 2000 and 2010, the presence of a skilled

provider during childbirth increased from 31% to 69% (Unicef, 2012). Along with skilled birth attendance, the Ministry of Health's 2011 Adolescent Sexual Reproductive Health and Rights Policy focused on access to information on family planning, antenatal care, delivery and postnatal care. Indeed, in 2014-15 almost all adolescent girls with a live birth received antenatal care from a skilled provider, the vast majority from a nurse, and almost 95% also delivered in a public health facility with assistance by a skilled provider. However, only 43% had a postnatal check-up in the first two days after birth (NISR et al., 2016).

4.7 Abortion

Since many sexually active adolescent girls are not using contraception, and strong sanctions exist against having a child while unmarried, adolescent girls often have no other choice but to obtain an abortion in secret (Basinga et al., 2012a). Indeed, an estimated 22% of unintended pregnancies in Rwanda end in induced abortion, and one-third of these take place in Kigali (Basinga et al., 2012a). This is probably because young women from various districts travel to the capital where it may be easier to have an abortion.

Young women did manage to successfully lobby for reform of the Rwandan abortion law in 2012 (Umuhoza et al., 2013). Previously, abortion was only permitted when two physicians certified that it was needed to protect a woman's physical health, but the reform expanded legal grounds for abortion and now include cases of rape, incest, forced marriage and foetal impairment. Yet the law remains extremely restrictive and thus virtually no safe legal abortions take place in Rwanda (Basinga et al., 2012a). It is estimated that 1 in 40 women of reproductive age has an abortion every year and 1 in 100 will experience life-threatening complications (Abbott et al., 2014).

These unsafe procedures can result in increased risk of maternal mortality and morbidity, including obstetrical fistula and secondary infertility (GoR, 2012). Approximately 40% of abortions lead to complications requiring treatment, but only a third of those obtain treatment (Basinga et al., 2012b). The punishment for women who are convicted of having an illegal abortion is severe, including fines and lengthy prison sentences.

4.8 Vulnerability to HIV and AIDS

Women and girls have a higher HIV prevalence rate than their male counterparts in every age group (also see section 8 on girls living with HIV and AIDS). The average HIV prevalence rate – stable over the past decade – is 4% among women of reproductive age and 2% among men. Among girls aged 15-19, it is 0.9% compared to 0.3% of their male counterparts (NISR et al., 2016). The gender differentiation is particularly pronounced among young people, where young women aged 18-19 are 10 times more likely to acquire HIV than young men of the same age (Bloom et al., 2014). Data from the last two RDHS surveys show that the percentage of HIV-positive girls increased from 0.8% to 0.9%, while the percentage of HIV positive boys remained the same (NISR et al., 2016).

The HIV prevalence rate is higher among women who report early sexual debut (6% among those whose sexual debut was before age 18) than those who delay sexual initiation (RBC and UNAIDS, 2013). The latest RDHS reports that 7% of girls younger than 16 who had sex and were tested for HIV were HIV positive compared to 8% of those aged 16-17 and 5% of those aged 18-19. The same percentages for boys were much lower: 0.9%, 3% and 4% respectively (NISR et al., 2016). Binagwaho (2009) highlights that transmission from older men to younger women is one of the most likely modes of transmission. The literature also notes that 30% of Rwandan men have been circumcised, including one in four adolescent boys aged 15-19 (NISR et al., 2016), but this is expected to increase in the future as the government looks for additional protection from HIV and AIDS as well as other sexually transmitted infections (STIs) (Binagwaho, 2009).

All adolescent girls aged 15-19 have heard of AIDS and the vast majority can identify ways to reduce the risk of getting the virus such as using condoms (89%) as well as show a comprehensive knowledge (62%) about the disease such as that AIDS cannot be transmitted by supernatural means, by mosquito bites or by sharing

food. In addition, 74% of girls believe that a woman is justified in refusing to have sex with her husband if she knows he has sex with other women, and 95% that she is justified in asking to use a condom if her husband has an STI. Almost all girls (98%) know where to get an HIV test and 58% were tested at some point. Almost 15% of girls reported having STI problems in the past year (NISR et al., 2016).

4.9 Adolescent sex education

Knowledge about sexual and reproductive health is vital for adolescent girls. Yet their need for such information remains unmet and they have partial and often inaccurate knowledge based on information they get from their peers and the radio (Abbott et al., 2014). Misinformation is particularly common in rural settings where girls are less likely to be in school. For instance, one common misconception is girls fearing that condoms will get stuck inside their bodies and will have to be removed by clinicians who will then become aware that they have had sex (2CV, 2014). Other common myths in Rwanda include the idea that having sex will prevent pain during menstruation or improve a skin condition. Girl Hub (2011) reports that this type of misinformation comes from various sources, including friends and boyfriends. Girls stated that they are frequently forced to sift through scanty information and decide themselves about what is accurate (Girl Hub, 2011). Parents are also unable to provide sexual health information, while social norms instructing abstinence before marriage mean that parents often avoid discussing the sexual behaviour of their daughters (2CV, 2014). For instance, in one study, 81% of parents reported that they did not discuss sexual matters with adolescents due to socio-demographic, cultural, individual and socio-environmental barriers (Bushaija et al., 2013).

The proportion of adolescent girls and boys with comprehensive knowledge of sexual and reproductive health issues generally increases with age, educational attainment and wealth. For instance, the likelihood that a girl in Kigali would claim to know a lot about health and menstruation is on average 52%, compared to 39% in the Northern Province and just 31-33% in the remaining provinces (Walker et al., 2014).

Michielsen et al.'s qualitative study (2014) in Bugesera district demonstrates that adolescents are keen for this knowledge gap to be filled. Mailboxes were installed in five secondary schools and students were invited to write about their ideas about relationships. Of the 186 letters collected, 154 addressed sexual and reproductive health topics – a large number of letters requested such training and many asked related questions. The government acknowledges the need and aims to improve young people's (15-24) access to sexual and reproductive health information, services and commodities by integrating HIV and sex education into the school curricula, and conducting outreach activities through student anti-AIDS clubs (RBC and UNAIDS, 2013). Several strategic policies and plans work towards ensuring that such issues are taught in schools.[10]

4.10 Cervical cancer

Although it is highly preventable and treatable, cervical cancer is the most common and most deadly cancer among women in Rwanda. In 2011-12, Rwanda vaccinated 227,246 girls with all three doses of the human papillomavirus (HPV) vaccine (Binagwaho et al., 2013). The Adolescent Sexual Reproductive Health and Rights Policy (2011-2015) made provision for information, counselling and vaccination against cervical cancer (Abbott et al., 2014).

4.11 Nutrition

It is difficult to find much information on nutrition in relation to adolescent girls in Rwanda. Malnutrition is perceived as a more general issue in the country, and most attention is focused on children under five.

10 These include the National Reproductive Health Policy, the National Youth Policy, the Health Sector Strategic Plan II (2008-2012), the National Strategic Plan on HIV and AIDS (2009-2012), the National Accelerated Plan for Women, Girls, Gender Equality and HIV (2010-2014), the National School Health Policy and Strategic Plan (2013-2018), and the National Curriculum and Assessment Review and Reform (2014-15).

Binagwaho (2009) reports that the least important health concern raised by interviewed experts in Rwanda was nutrition along with injuries/accidents. The proportion of undernourished people in the country decreased from 52% in 1991 to 34% in 2014 (Global Nutrition Report, 2014), So far, there is no evidence to suggest that malnutrition is a specific problem facing adolescents in need of policy response, and any areas of concern are expected to be addressed with the New National Nutrition Policy (Binagwaho, 2009).

Data from RDHS surveys show that women's nutritional status improved over the last decade with the proportion of thin women decreasing while that of overweight or obese women is increasing. The latest RDHS data found that the majority of older adolescent girls have a normal mean Body Mass Index (BMI), while 11% are considered to be thin and only 3% are considered to be moderately or severely thin. The highest proportions of women with a low BMI are found in rural areas, in the Southern Province, among those with no education and in the lowest quintiles. On the other hand, 13.5% of girls are overweight or obese. Higher proportions of women with a mean BMI over the normal range are found in urban areas, in Kigali City, among those with higher education, and those in the highest quintile. In addition, 5% of girls are less than 1.45 metres in height (NISR et al., 2016).

The prevalence of anaemia among women of reproductive age in Rwanda has also decreased between 2005 and 2015. Higher prevalence is found among pregnant women, those smoking, those in rural areas, in the Southern Province, with no education and in the lowest quintile. While almost one in five adolescent girls aged 15-19 have some level of anaemia, the majority are mildly anaemic and only 2% are moderately anaemic (NISR et al., 2016).

4.12 Tobacco use

The latest RDHS reported that only 0.1% of girls aged 15-19 smoke cigarettes or other tobacco products compared to 1.4% of their male counterparts (NISR et al., 2016).

4.13 Malaria

Over the past decade, Rwanda has significantly reduced the burden of malaria: data show an 86% decline in malaria incidence and a 74% reduction in inpatient malaria deaths between 2005 and 2011. Interventions have also used media such as radio and television to improve public knowledge and behaviour. However, since 2012 malaria cases have been increasing, especially in the Eastern region, although malaria mortality has remained constant. Latest data show that 51.5% of those aged 5-14 and 61.5% of those aged 15-34 sleep under mosquito nets, with higher percentages recorded in urban areas and in the highest quintile. In addition, 73% of pregnant women of reproductive age also sleep under a net. As part of the 2014-15 RDHS, 99% of eligible women were tested and 0.5% of those aged 15-19 were found to be positive for malaria (NISR et al., 2016).

4.14 Assessment of the evidence and key gaps

Although we have found data on a range of issues of relevance to adolescent girls, including access to health care, contraceptive use, rate of HIV, fertility rate and maternal mortality rate, one of the clearest gaps is that much of the official data does not report on adolescent girls as a specific group. For instance, the most recent official statistical data on issues including maternal deaths, anaemia and nutrition does not break down the health status of different age and sex groups. Adolescent girls are often included with women of reproductive age in the age group of 15-49 years, and although there is increasingly separate data on adolescent girls aged 15-19, adolescent girls aged 10-14 are entirely absent from many of these data sources and are instead subsumed in the category of children. While there is some information on the health differences between districts, it is difficult to garner a very clear picture of where access to health care and adolescent girls' health status is better and where it is worse.

Overall, the literature focused on adolescent girls is almost entirely concerned with sexual and reproductive health, and particularly issues that affect older adolescent girls, such as sex education, HIV and AIDS, adolescent pregnancy, contraception and youth-friendly services. Despite the focus on adolescent pregnancy, none of the accessed documents comprehensively addressed the issue and its consequences. There was very little research found on issues that affect younger adolescent girls, such as sanitation, puberty and menstruation knowledge, and sexual and reproductive health knowledge.

5. Bodily autonomy, integrity and freedom from violence

Key points

- Adolescent girls are at risk of physical and sexual violence and abuse in their homes, schools and the community. The threat of violence and concerns about their safety in public spaces limit girls' participation in education, employment and community activities
- According to the latest 2014-15 RDHS, 33% of adolescent girls aged 15-19 have experienced physical or sexual violence. The first national household survey on GBV in 2010 also reported that more than half of all women respondents were exposed to sexual, physical or psychological violence during childhood, most often perpetrated by parents, peers and teachers
- Common perpetrators also include sugar daddies who provide money or gifts and force girls to have sex. Girls who financially depend on perpetrators do not report rape to the police, particularly if they are impregnated and have to raise a child, and may remain in abusive relationships
- Only 39% of girls aged 15-19 who had experienced sexual or physical violence sought help to stop the violence, and 28% remained silent and did not do anything. In particular, rape is surrounded by a culture of silence and girls are often too scared to report this as they feel that they will not be believed or they will even be accused for provoking the perpetrator
- Corporal punishment is still seen as a normal and acceptable way to discipline or punish children and is practised by parents and teachers
- The view that men have the right to control the behaviour and actions of their wives and daughters, including disciplining them, is still widespread; in the latest RDHS, 45% of adolescent girls aged 15-19 also believed that wife-beating was justifiable under certain conditions
- Child marriage is not common in Rwanda with the median age at first marriage among women being 22 years

5.1 Overview of the evidence

Our search generated 37 sources with information about girls' bodily autonomy, integrity and freedom from violence issues. Given that child marriage is not a common practice in Rwanda, almost all of these sources focused on physical and sexual violence against girls. While 11 of these sources were academic literature, the remaining 26 were grey literature with a considerable number of government policy documents, programme reports by donors and studies undertaken by both international and local NGOs. The evidence base includes both surveys investigating the prevalence and types of violence affecting adolescent girls and a few small-scale qualitative studies which enable girls to voice their own experiences.

5.2 Sexual violence

Adolescent girls are at risk of physical and sexual violence and exploitation in their homes, schools and the community (Abbott, 2013). In two studies with participatory methodologies, violence emerged as a common and prominent topic concerning girls and threatening their wellbeing (Walker et al., 2014; Girl Hub, 2011). Official data from district hospitals reported that 11,951 women accessed gender-based violence (GBV) services in 2014, with 4,629 cases involving physical violence and 7,322 sexual violence (NISR, 2015b). Published data from 2010 on child rape convictions show that most victims were girls and that the victim was younger than 15 years in 56% of the cases (RWAMREC, 2012). The government acknowledges that GBV rates are still high but widely underreported with official statistics revealing only part of the problem (GoR, 2014).

According to the latest 2014-15 RDHS, 33% of adolescent girls aged 15-19 have experienced physical or sexual violence (NISR et al., 2016). In particular, 14.5% of girls aged 15-19 reported having experienced sexual violence. Survey data also specify that 7% of girls experienced sexual violence by age 15, while 11% of young women aged 20-24 experienced it by age 18. Women living in Kigali City, having secondary and higher education and belonging to the highest wealth quintile were more likely to report experience of sexual violence. The most commonly reported perpetrator was girls' current boyfriend or husband/partner. Interestingly, 3% of boys aged 15-19 also reported experience of sexual violence, perpetrated mostly by their current girlfriend (NISR et al., 2016).

A mixed-methods study in 13 districts[11] also found high prevalence of GBV with more than 73% of all respondents reporting its existence in their communities. The two most common types reported were sexual abuse and hitting with 59% and 39% of respondents having heard or witnessed such a case. Respondents also noted that children are at higher risk of sexual abuse than adults, while women and girls are six times more vulnerable than men and boys. The most common place for GBV cases is the home and the most common perpetrators are intimate partners and neighbours (RWAMREC, 2013).

The first national household survey on GBV and perceptions of masculinity in 2010 also reported that more than half of all women and men were exposed to sexual, physical or psychological violence during childhood, most often perpetrated by parents, peers and teachers. One in three male respondents admitted having sexually abused an adolescent girl when they were in school (Slegh and Kimonyo, 2010).

In a small-scale study of children aged 5-18 in three districts, nearly one in five children, especially girls aged 12 years and over and living in urban areas, reported sexual violence to be a common abuse they face in their communities. Most common perpetrators reported were sugar daddies (Rampazzo and Twahirwa, 2010). In another study of 285 senior secondary school students in Bugesera district, 15.5% reported forced sexual intercourse, with girls being more at risk of sexual coercion than boys. Acceptance of gifts and money increased girls' vulnerability, as it made it difficult to refuse sexual intercourse as a 'pay back' (Van Decraen et al., 2012). In a Plan survey in two districts (Bugesera and Gatsibo), 24% of respondents reported sexual proposals by classmates and teachers – with girls more at risk than boys (Pontalti, 2013).

Adolescent girls are particularly vulnerable to pressures to engage in early sexual activity and thus are at particularly high risk of manipulation and sexual abuse by older men (Bertrand-Farmer et al., n.d.; Ministry of Health, 2011). Sugar daddies provide money or gifts and force girls to have sex. Girls report leaving school as a result of the harassment they experienced by these men on their way to and from school (Abbott et al., 2015), while girls who financially depend on perpetrators do not report rape to the police, particularly if they are impregnated and have to raise a child. The perpetrator can also try to bribe the girl to stay silent after rape or agree to pay her school fees, and girls may be pressured to forgive and move on with their lives instead of involving the police (Gerver, 2013).

Indeed, the examined literature emphasises that gender inequality, discriminatory social norms, poverty, limited education and economic opportunities, and poor awareness and understanding of rights and laws often force girls and young women to enter transactional relationships or get involved with older men and remain in abusive relationships (Abbott et al., 2015; GoR, 2014; MIGEPROF 2011a). The latest RDHS data shows that only 39% of girls aged 15-19 who had experienced sexual or physical violence sought help to stop the violence, while 28% remained silent and did not do anything. The most common sources of help were neighbours, followed by family members (NISR et al., 2016). In the Rwanda Men's Resource Centre (RWAMREC) survey, respondents also felt that reporting is low as survivors feel that nothing would be done after reporting, are afraid of stigma, or depend on perpetrators (RWAMREC, 2013). In particular, rape is surrounded by a culture of silence and girls are often too scared to report this to their family as they feel that they will not be believed or they will even be accused for provoking the perpetrator; some girls keep silent

11 These were Bugesera, Burera, Nyarugenge, Gakenke, Kamonyi, Rulindo, Munsanze, Nyagatare, Gatsibo, Ngororero, Nyaruguru, Karongi and Kayonza (RWAMREC, 2013).

to avoid creating a problem in the family; others are financially dependent on the perpetrator; and some are afraid of losing value and thus becoming unable to get married and be respected in their community (Girl Hub, 2011). Thus it is not a coincidence that the numbers of child and adolescent survivors of sexual violence seeking medical assistance are much higher than the numbers reported to the police, suggesting an underreporting (Abbott, 2013).

Exposure to sexual violence has serious consequences for survivors. However, the threat of violence and concerns about their safety in public spaces also limit girls' participation in education, employment and community activities. Female respondents living in informal settlements in the capital noted that fear of sexual harassment and abuse restricted their mobility — particularly after dark — and limited their opportunities for education, employment, community participation or leisure (Abbott et al., 2015).

5.3 Physical violence

Nearly one in four (24%) girls aged 15-19 reported having ever experienced physical violence. Living in the Northern Province, not having any education, or belonging to the lowest wealth quintile increased the likelihood of having experienced physical violence. Most married girls reported that the perpetrator was their current husband or partner, while non-married girls reported their teacher, mother/stepmother, siblings and father/stepfather. Moreover, a higher proportion (28%) of boys aged 15-19 reported having experienced physical violence since age 15 (NISR et al., 2016).

Corporal punishment is still seen as a normal and acceptable way to discipline or punish children. A 2008 survey reported that 45.5% of children had been disciplined in a rather abusive way, with no significant gender differentials noted. Over 80% of parents believed that hitting or beating a child is justified if the child is disobedient, impolite or embarrassing the family (Abbott, 2013). Corporal punishment, mainly with a stick, is also common in schools as a disciplinary tool and affects both girls and boys (Laterite and Plan Rwanda, 2014). In the Plan survey in Bugesera and Gatsibo districts, 52% of girls and 49% of boys reported that they were physically punished the week prior to the study. Moreover, 66% of girls and 58% of boys said that during their childhood (when they were aged 5-10) they were kicked or punched by an adult in their home (Pontalti, 2013).

Likewise, in participatory research with children aged 5-18 in urban and rural areas in three districts (Gasabo, Gicumbi and Nyrugenge), the most common issue reported by children was corporal punishment; nearly 50% of participating boys and girls reported that this was the most common abuse they face, with girls younger than 12 years and living in rural areas being the most affected. In most cases corporal punishment was combined with insults. Children reported that parents, foster parents and teachers were the main perpetrators using corporal punishment to discipline and educate them, sometimes without any specific reason. While 48% of respondents were aware that they should refer the abuse to the local leader and the police, they did not admit whether they had actually done so (Rampazzo and Twahirwa, 2010). One of the few studies with adolescent girls also revealed that physical violence is a key concern of girls, which they often link to fathers' heavy drinking (Girl Hub, 2011). The role of alcohol abuse in violence against women and children at home is a common theme, also mentioned by male perpetrators themselves (Abbott et al., 2015).

5.4 Attitudes towards gender-based violence

Surveys exploring attitudes towards violence in Rwanda reveal that the view that men have the right to control the behaviour and actions of their wives and daughters, including disciplining them, is still widespread. Such views are held by both men and women, boys and girls, and shape attitudes towards violence (Abbott et al., 2015). In the 2010 national study on GBV and masculinities, 44% of men and 54% of women aged 18-60 agreed that 'a woman should tolerate violence in order to keep the family together'.

Likewise, 45% of men and 53.5% of women agreed that a woman should 'respect her husband and accept everything' (Slegh and Kimonyo, 2010).

In the latest RDHS, 45% of adolescent girls aged 15-19 believed that wife-beating was justifiable under certain conditions: 33% in case the wife neglects the children, 25% in case she refuses to have sex with her husband, and 24.5% if she goes out without telling him. These percentages were the highest among all women's age groups with the exception of older women. Yet the percentages were lower among adolescent boys aged 15-19, with only 24% agreeing that a husband is justified in hitting or beating his wife for at least one reason (NISR et al., 2016).

In a qualitative study, both male and female respondents agreed that a man has the right to control his wife even if he needs to use violence. Many felt that the incidence of violence remains high or is even increasing because traditional gender roles are shifting and women have started claiming their rights, leading men to violence in order to reassert their authority and 'keep women in their place' (Abbott et al., 2015). In the national GBV survey, respondents also identified women's increasing lack of respect to their husband and behaviours such as leaving the house without permission or neglecting their household duties as the main reasons for violence (Slegh and Kimonyo, 2010).

5.5 Legal, policy and programming responses

The literature pays particular attention to the systematic use of sexual violence and rape during the 1994 genocide and how it shaped government's response to the problem (Cherry and Hategekimana, 2013; MIGEPROF, 2011a). Indeed, the country has made a strong commitment to promote the rights of children and women and protect them against violence (Abbott, 2013; Bernath and Gahongayire, 2013; GoR, 2014). The government has paid particular attention to GBV and child abuse, included it as a priority issue in the latest national development strategy which explicitly states that gender equality should be prioritised and gender-based violence reduced, and developed a robust legal and policy framework (Abbott, 2013; GoR, 2014; Rugege, 2015).

The legal framework includes the 2001 Law on the Rights and Protection of Children against Violence and the 2008 Law on the Prevention and Punishment of Gender-Based Violence (Abbott, 2013; GoR, 2014). Rwanda is thus a regional leader in action against GBV and one of the six sub-Saharan countries to outlaw marital rape (Rugege, 2015). Yet the Law has also been criticised for a heavy penalty orientation and failure to recognise that women's right to be free of violence is closely linked to their human rights. Moreover, penalties for intimate partner violence and marital rape suggest that these crimes are less serious than violence and rape committed by non-partners (Abbott et al., 2015), while offences will only be prosecuted upon complaint of either spouse, with some women not reporting cases of domestic violence to avoid losing their home or more violence from their husband (Rugege, 2015).

The government has also designed the National Strategic Plan for Fighting against GBV (2011-2016) to improve prevention and response efforts and maximise their effectiveness through a multi-sectoral approach (MIGEPROF, 2011a). As part of the strategy, the government has established a Gender Desk staffed by at least a trained judicial police officer in each of Rwanda's 75 police stations to encourage reporting and deal effectively with GBV cases (Abbott, 2013). In addition, there is an Access to Justice Office (AJO) at each district with one of three staff in charge of working on violence (RWAMREC, 2013). Survivors can seek appropriate medical treatment in district hospitals (Abbott, 2013). Since 2009, One Stop Centres have been established in a number of district hospitals to provide medical assistance, counselling and legal aid to survivors; there are 30 planned by the end of 2017, one for every district (GoR, 2014). Toll-free telephone hotlines are also available to survivors and witnesses to report cases, access information or seek help (GoR, 2014; MIGEPROF and Unicef, 2011).

The capital is one of the cities implementing the pilot Safe Cities programme which sought to increase girls' and women's safety in public spaces (GoR, 2014). Several international and local NGOs have incorporated

into their programmes components seeking to reduce domestic violence and promote more gender-equitable norms, or have implemented projects explicitly aiming to reduce GBV, helping girls and women, targeting men and boys with intensive gender training and promotion of positive masculine ideals, and organising community dialogues (Abbott et al., 2015). For instance, since 2006, the local NGO RWAMREC has used the MenEngage approach to train boys who then form clubs and educate their communities promoting gender equality and preventing violence (GoR, 2014). Community awareness-raising campaigns are also carried out (GoR, 2014). Leaflets, brochures, billboards and radio campaigns are also used to increase parental awareness about child rights, the dangers of corporal punishment and the existence of other ways to effectively discipline their children (MIGEPROF and Unicef, 2011).

The problem of school-based GBV is also tackled through NGO-led interventions addressing violence in schools, including corporal punishment and bullying. The government has also aimed to include a new GBV prevention module into the national curriculum, while many non-formal education programmes use curricula seeking to stop violence against girls (Fancy and McAslan Fraser, 2014). In addition, anti-GBV clubs along with local child protection committees have been established to raise awareness, coordinate efforts and prevent GBV (GoR, 2014). These anti-GBV clubs in schools involve both boys and girls and aim to promote attitude and behavioural change and empower participants to fight GBV in school, particularly sexual harassment and abuse by teachers and students (RWAMREC, 2013). Anti-GBV initiatives have also been implemented in refugee camps with government support and in collaboration with the UNHCR, and NGOs also implement several projects to prevent and improve response to GBV (GoR, 2014; UNHCR and CPC, 2014).

The government acknowledges that despite progress, there are still considerable problems with implementation and enforcement mechanisms (Gerver, 2013; GoR, 2014; MIGEPROF, 2011a). Lack of accurate data on the numbers and forms of GBV also hinder efforts to better respond to the problem (MIGEPROF, 2011a). Interventions by several organisations and institutions have often been characterised by fragmentation, limited coordination and duplication (MIGEPROF, 2011a). Although services are increasing across the country, they are not well coordinated, comprehensive or of high quality (Bernath and Gahongayire, 2013).

Another problem is the use of local dispute mechanisms involving community leaders to deal with GBV cases. However, the capacity and appropriateness of these mechanisms to deal with such cases have been questioned, given their emphasis on reconciliation. Even when male perpetrators agree repeatedly with the local mediation committees to stop the abuse, they continue doing it. On the other hand, the police is reportedly unsympathetic, saying that they are unable to act and that survivors should talk to community leaders. As a result, only a small proportion of abused girls and women report their partners to the police (Abbott et al., 2015).

5.6 Child marriage

Data show that the practice is not common in Rwanda with the median age at first marriage among women being 22 years (NISR et al., 2016). In 2014-15 more than 96% of girls aged 15-19 were never married, 3% were living with a partner, and only 0.1% were married (ibid.). The RWAMREC survey in 13 districts reported a prevalence rate of 0.9% — slightly higher in rural areas at 1.1% (RWAMREC, 2013). In the 2008 GBV mapping, undertaken by the Ministry of Gender and Family Promotion (MIGEPROF) and UNFPA, child marriage cases were found mostly in the Gakenge district, Northern Province and in the Kirehe district, Eastern Province and were attributed to poverty, lack of knowledge and polygamy. Parents tend to marry off their daughter early in order to access bride price and avoid unwanted pregnancies which would devalue her chances of bringing some financial assistance to her family (UN Rwanda, n.d.).

5.7 Assessment of the evidence and key gaps

There is a growing body of evidence on bodily integrity and freedom from violence issues that affect adolescent girls in Rwanda. Most of the literature focuses on physical and sexual violence and abuse of older adolescent girls by their partners, boyfriends, teachers and family members. In several cases, there is no data disaggregation by age and thus sources refer to violence against women more broadly. There are also a few studies exploring corporal punishment at home and in school, yet they tend to focus on child abuse without disaggregating by sex and age. Although evidence indicates that younger adolescent girls are at high risk of sexual violence, there is very little comprehensive knowledge about this issue and data is rare. Moreover, there is need for more participatory studies enabling girls to voice their concerns and fears, and to identify the full range of outcomes violence has on their lives and capabilities.

6. Psychosocial wellbeing

Key points

- Adolescent girls consider being able to go to school and to perform well, having some control over their life, enjoying parental support and having friends as important factors for their happiness
- On the other hand, they report that unplanned pregnancy, early motherhood and poverty lead to stress and negative thoughts. Poverty is a key factor associated with anxiety and depression, while physical, sexual or family violence negatively affects the psychosocial wellbeing of girls
- Knowledge about the mental health problems affecting Rwandan youth is limited. Girls have slightly higher rates of attempted suicide than boys, often in response to gender-based violence or family rejection in the event of pregnancy. HIV-affected and HIV-positive adolescents demonstrate much higher levels of depression, anxiety, conduct problems and functional impairment compared to HIV-unaffected youth. Young female heads of households report higher depression rates and are more likely to have attempted suicide
- Most of the research on mental health in Rwanda is linked to the genocide and the trauma of survivors. Yet the particular relationship between exposure to genocide violence and family violence and their effect on the mental health of the Rwandan population remains poorly understood

6.1 Overview of the evidence

Our thematic search generated 41 thematic sources with information about the psychosocial wellbeing of adolescent girls. The majority (30 sources) were published in academic journals, and almost all explored mental health issues. Slightly less than half focused on the mental health of youth affected by the genocide, poverty, orphanhood and HIV, and particularly those heading households. None of them had an explicit focus on girls. The remaining 11 sources were grey literature, comprised of project reports and, interestingly, several sources focused on adolescent girls. In fact, almost one in two of the grey literature sources had an explicit adolescent girl focus and were published in recent years (2011-2014).

6.2 Adolescent girls and psychosocial wellbeing

A few studies reported that adolescent girls consider going to school very important as it provides them with knowledge that enhances their self-confidence and enables them to establish some control over their life (Girl Hub, 2011). Key issues that girls participating in the 12+ Programme identified as 'making them happy' included being able to go to school and perform well, having some control over their life, and enjoying parental support (Goh, 2012). Apart from a supportive family, having friends with whom to speak about education, future hopes and dreams, household problems, relationships with men, and even issues of rape and violence, improves adolescent girls' life satisfaction (World Bank, 2014).

On the contrary, girls get frustrated, angry or sad when they are forced to do something they do not want to, such as dropping out of school. They also express dissatisfaction with having to take care of younger siblings or help their mothers instead of being able to have some leisure time as their brothers do (Goh, 2012). They also report that unplanned pregnancy, struggling to raise a child and poverty contribute to stress and negative thoughts: 'it makes you feel lost, isolated and hurt', 'one loses hope for future', 'you always feel sad and depressed' (Botea et al., 2015).

One study found that compared to in-school girls, out-of-school girls were 18% less likely to say that they were usually happy with their situation or that they had some control over their own future (Walker et al., 2014). In another study of school youth (aged 13-17), all reported some life satisfaction with boys being

slightly happier than girls, and no notable difference across age. Reported life satisfaction[12] was negatively influenced by punishment by teachers and domestic violence (Pontalti, 2013).

Physical, sexual or family violence negatively affects the psychosocial wellbeing of girls, and those living with foster families may be particularly vulnerable (Johnsson, 2014). Both adolescent girls and boys are exposed to violence at school and at home (also see section 5); yet girls are at higher risk of sexual violence and abuse (RWAMREC, 2013). Reasons often cited to explain the high levels of violence in the country include the traditional culture of obedience enforced through physical violence; the perception that girls are family property; the legacy of the genocide; and parental stress deriving from poverty (Pontalti, 2013).

Poverty is also a key factor associated with anxiety and depression, especially among adolescents growing up in very poor conditions and those heading households with limited resources (Johnsson, 2014; Rieder and Elbert, 2013). A combination of factors, such as weakened social cohesion and support, HIV and orphanhood along with poverty, can threaten adolescent psychosocial wellbeing (Betancourt et al., 2012).

6.3 Youth and mental health problems

Knowledge about the mental health problems affecting young Rwandans is limited. In the aftermath of the 1994 genocide, public awareness of the scale of mental health problems increased thanks to various government measures, but many challenges remain, particularly among those with low education levels and in rural areas. Stigma is still an issue and, as a result, families in some communities may deny that their children have mental health problems, and patients sometimes return home after treatment to face rejection. Funding remains low, and professionals and facilities focused on children and youth are few. Overall, WHO estimates that there are 0.05 psychiatrists per 100,000 Rwandans, and another study mentions the existence of only 382 psychiatric beds across the country (Johnsson, 2014). Official data show that the number of mental health workers is still low, at just 149 workers in 2014 (NISR, 2015b). Girls have slightly higher rates of attempted suicide, often in response to gender-based violence or family rejection in the event of pregnancy (RWAMREC, 2013), but boys have higher rates of substance abuse (Johnsson, 2014).

Johnsson's study (2014) found that professionals working with children and youth reported that symptoms of mental illness were common, including abnormal behaviour, impaired social interaction ability and withdrawal, psychiatric disorder and somatic symptoms. While they pointed out that parents still suffer from what they experienced in the genocide, when asked about the factors responsible for youth mental health problems, interviewees stressed the role of growing up and living in very poor conditions, family conflict, domestic violence, and substance abuse (drugs, alcohol and glue).

The professionals also spoke about gender differences in coping with significant life challenges, in expressing mental health problems, and in developing responses. However, their views appear to be greatly influenced by dominant gendered norms. Girls are considered to be weaker and more emotional by nature and thus more likely to experience mental health problems than boys. Interviewees recognised that girls face higher social discrimination than boys, are more often forced to stop school and comply with parental decisions, and are more vulnerable to sexual violence and abuse. Girls are also perceived to have limited ability to deal with their problems effectively and may engage in sex work, start relationships with older men, get pregnant or infected with HIV. Orphaned adolescent girls and those abused by their parents are considered to be more likely to get involved in sex work and face mental health problems. On the other hand, adolescent boys may face difficulty coping with increased family responsibilities in the event of paternal absence and are more likely to resort to substance abuse than girls, but they are considered more capable of handling problems on their own (Johnsson, 2014).

12 Among the Rwandan adult population, life satisfaction appears to be generally low. A 2012 nationwide survey found a mean of 5 on a 10-point scale, with no difference between men and women (Abbott and Malunda, 2015).

6.4 Mental health of orphans and youth affected by HIV and AIDS

Several sources focus on the mental health of youth with HIV and AIDS as well as those orphaned by the epidemic, especially those who have become caregivers of their younger siblings. A study of 10-17-year-olds found that HIV-affected and HIV-positive children demonstrated much higher levels of depression, anxiety, conduct problems, and functional impairment compared to HIV-unaffected children (Betancourt et al., 2014). Given that the cultural context shapes the experience of mental health problems, another study of HIV-affected youths identified several local syndrome terms. Although these terms share some similarities with Western mood, anxiety and conduct disorders, they also contain important culture-specific features and gradations of severity. Thus '*Umushiha*' (persistent irritability/anger) was the local syndrome most heavily influenced by repeated experiences of loss and stigma due to HIV and AIDS (Betancourt et al., 2011). Maternal loss may particularly increase young adolescent girls' vulnerability as they may have to take over their mother's tasks, while also facing a higher risk of abuse or emotional neglect (Rieder and Elbert, 2013). The literature also points out that orphaned youth heading households, often girls, struggle to care for younger family members and are exposed to high levels of distress. A study found that 86% of youths heading households felt rejected by the community, and 57% felt the community would rather hurt than help them. The less adult support young people had, the more marginalised they felt (Mukabutera et al., 2013). Young female heads of household tend to report higher depression rates and are more likely to have attempted suicide. On the other hand, male heads report more externalising behaviours, like substance use and physical abuse (Brown et al., 2005).

6.5 Mental health and genocide

A considerable amount of the reviewed literature focuses on the effects of the genocide on the mental health and psychosocial wellbeing of the Rwandan population. Indeed, Johnsson (2014) remarks that most of the research on mental health in Rwanda is linked to the genocide and the trauma of survivors. For instance, one study estimated that 14 years after the genocide, the prevalence of post-traumatic stress disorder (PTSD) was 26% and therefore still a significant health problem (Munyandamutsa et al., 2012 cited in Johnsson, 2014).

Several studies have also investigated the impact of genocide on the mental health of children and youth survivors who are now adults. Many witnessed brutal forms of violence, including the killing of their families and destruction of their homes (Blewitt, 2009). In a set of interviews conducted 13 months after the genocide, 90% of children reported that they thought they would die; most had to hide to survive, and 15% had to hide under dead bodies (Dyregrov et al., 2000). Many women and girls were raped and abused during the genocide, which left many HIV-positive (Blewitt, 2009). Such experiences led to high rates of post-traumatic stress, depression and anxiety (Rieder and Elbert, 2013; Mukamana and Brysiewicz, 2008). Ten years after the genocide, a study of orphans exposed to extreme violence found that 44% had PTSD (Schaal and Elbert, 2006).

There are also studies that investigate transgenerational trauma – how children and youths are affected indirectly by the traumatic experience of their elders – in combination with the direct experiences of poverty, HIV and family conflict. However, it is not yet established that Rwandan children with parents suffering from PTSD are more likely to develop mental health problems; some studies report that these children do have higher levels of anxiety and depression, but others fail to find such a connection (Johnsson, 2014). The particular relationship between exposure to genocide violence and family violence and their effect on the mental health of the Rwandan population also remains poorly understood (Rieder and Elbert, 2013).

6.6 Assessment of the evidence and key gaps

The literature reviewed shows that there are still significant knowledge and data gaps about the psychosocial wellbeing of young Rwandans, both male and female. Most of the related literature focuses on the impact of

the traumatic experiences of genocide on the mental health of survivors. A fair amount of literature also centres on orphanhood, poverty and AIDS, once again without an explicit focus on girls. Data on mental health in Rwanda is difficult to find, because relevant questions are not included in population surveys and mental illness is often surrounded by stigma. However, more recent studies on adolescent girls tend to pay some attention to their psychosocial wellbeing and the key factors involved, including the role of discriminatory social norms. Most importantly, qualitative research enables girls to express their thoughts and feelings and identify what is most important for their daily emotional wellbeing.

7. Voice and agency

Key points

- Over the past 15 years Rwanda has achieved impressive progress and is one of the two countries globally that made the greatest improvements in UN's Gender Equality Index. In particular, considerable progress took place in promoting gender equality and changing discriminatory norms and practices, especially those related to girls' education
- Apart from being part of government efforts to improve the status of Rwandan women, attention to girls' rights and education is often linked to the high female parliamentary representation
- The government and its partners have also aimed to strengthen youth representation and participation in public decision-making with girls being able to participate in child and youth councils, committees and forums
- In the 2014-15 RDHS survey, 74% of married girls aged 15-19 reported being able to make decisions about their own health care, 62% about major household purchases and 77% about visiting their family or relatives
- Apart from improving girls' education and participation in public decision-making, NGOs have also been trying to tackle gender-based violence through working with boys and men to promote more positive models of masculinity
- Despite remarkable progress in gender norms, patriarchal attitudes that favour boys and men over girls and women persist. From an early age, girls are socialised to be caring and put others' needs before their own aspirations, accept parental decisions with which they may disagree, work hard to meet social expectations and maintain a good reputation
- Two sets of traditional marriage practices – bride price and polygamy – also continue to take place, reinforcing discriminatory norms. Traditional norms perceive bride price to be a necessary condition for a marriage, yet it often leads to women's subordination within the family and contributes to the idea that women are the property of men
- Overall, girls and young women remain disproportionately underrepresented in decision-making at household and community levels as men are perceived to be the major decision-makers
- Girls feel that their ability to decide and control their lives is limited by a number of factors, including their own limited knowledge and self-confidence, parental decisions and gender inequality. They also report that although gender roles change and new opportunities emerge, some norms are particularly rigid and their lives are still in the hands of others. Some evidence also indicates the risk of a backlash as boys may feel that the attention paid to girls' empowerment discriminates against them

7.1 Overview of the evidence

Our thematic search identified 53 sources on voice, agency and related norms. The majority of these sources (29 sources) are grey literature. One in three sources focus on girls and the impact of discriminatory norms on their education, economic opportunities, safety and wellbeing, while the vast majority discuss gender issues and women's rights. A considerable number of sources are linked to projects undertaken by donors and NGOs.

7.2 Women's empowerment and norm change

Since 2000, Rwanda has achieved impressive progress and is one of the two countries globally that made the greatest improvements in UN's Gender Equality Index as calculated on the basis of school enrolment, labour market participation and empowerment (Unternaehrer, 2013). The reviewed sources note considerable progress in promoting gender equality and changing discriminatory norms and practices in recent years. This appears to be the outcome of increased investment by the government, international organisations and civil society in gender-responsive laws, policies and programmes providing equal opportunities to girls and women, raising awareness of their rights, and challenging gender stereotypes and patriarchal attitudes (GoR, 2014; USAID, 2015b).

The latest RDHS collected data on married girls and women's participation in decision-making as an indicator of their empowerment. In the 2014-15 survey, 74% of married girls aged 15-19 reported being able to make decisions about their own health care, 62% about major household purchases and 77% about visiting their family or relatives. Yet only 51% were able to make all three decisions and 12% were unable to make any, which are the lowest and highest percentages of all age groups respectively (NISR et al., 2016).

A considerable body of the reviewed literature pays particular attention to the role of increased women's representation in parliament, particulary after the 2003 constitutional provision for a 30% quota for women in decision-making. Before the genocide, women had never held more than 18% of parliamentary seats; by 2014, 64% of MPs were women (GoR, 2014; Powley, 2007).

The increase in women MPs is also directly linked to the fact that after the civil war and the genocide, gender roles changed as women and girls accounted for almost 70% of the population. Women were forced to assume traditional male roles — household heads, breadwinners and community leaders — and to increase their participation in public life (Debusscher and Ansoms, 2013; Powley, 2007). In addition, women's organisations provided essential social services and support, while the women's movement grew significantly during these years and played a key role in initiating and pushing for gender equality legislation and policies such as the 1999 Inheritance Law (Burnet, 2011; Debusscher and Ansoms, 2013).

As a result, women's empowerment and gender issues are now more easily and more often raised in the national policy agenda than before, while they also attract attention at international level (Devlin and Elgie, 2008). However, there is some external and internal criticism that women MPs could have a larger impact on Rwandan society in terms of policy and implementation instead of focusing primarily on initiating pro-gender and pro-child legislation (Devlin and Elgie, 2008; Powley, 2007). Moreover, several sources agree that the high female parliamentary representation does not reflect the situation experienced by many Rwandan girls and women in their home and communities (USAID, 2015b).

7.3 Women's political empowerment and adolescent girls

Qualitative research with older adolescent girls revealed that girls are well aware of government efforts to promote gender equality and support girls' education (Girl Hub, 2011). Some sources directly link this attention to girls' rights and education to the high female parliamentary representation and the related introduction of gender-responsive legislation (Burnet, 2011; Gervais et al., 2009). It is thus argued that national campaigns to sensitise families and communities about the importance of girls' education along with more opportunities for educated girls, have succeeded in persuading many rural families that educating their daughters is a better investment than keeping them at home to clean and cook. Although these campaigns are not explicitly linked to increased women's visibility in formal politics, in the minds of rural parents gender quotas have been associated with increased girls' schooling as part of the government policy to improve the status of Rwandan women (Burnet, 2011). In addition, some studies suggested that women MPs have apparently become role models to girls and young women, encouraging them to raise their aspirations and life goals (Powley, 2007; USAID, 2012; Women for Women International, 2004).

Government documents point out that high female parliamentary representation has increased women's involvement at the community level and, along with initiatives undertaken by the First Lady, benefited women's and girls' rights. In particular, girls have benefited from various scholarships and mentoring programmes to help them enter new trades and succeed in traditionally male-dominated fields such as science and technology (GoR, 2014).

The government and its partners have also aimed to strengthen youth representation and participation in public decision-making. Since 1998 the National Youth Council represents Rwandan youth in public life, while the 2003 Constitution stipulates that a third of the seats in executive committees should be reserved for youth representatives. However, there is no accessible data on the participation of girls in these committees, and it is likely that adolescent girls are underrepresented. In general, programmes to enhance youth participation tend to target children and young people without distinguishing between age groups and different needs (Gervais et al., 2009). In the 2013 parliamentary election, the National Electoral Commission organised specific civic and voter education sessions for women and youth. Moreover, the Ministry of Gender and Family Promotion established a Women Leaders Network to provide mentorship, political leadership and public speaking training to girls and young women (GoR, 2014). Adolescent girls may also benefit from initiatives such as Children's Forums and the National Children's Summit to increase awareness about their rights and to ensure children's voices are heard on issues that affect their lives (GoR, 2014; FAWE, 2015). In 2013, an annual Girls' Summit was established and aimed to enable girls to voice their concerns and identify strategies to address them (GoR, 2014).

Apart from improving girls' education and participation in public decision-making, NGOs have also been trying to tackle gender-based violence through working with boys and men to promote more positive models of masculinity. Since 2006, the Rwanda Men's Resource Centre (RWAMREC) has been engaging with men and boys to promote more equal gender norms, change discriminatory attitudes, and end gender-based violence against girls and women (GoR, 2014).

7.4 Persistent discriminatory norms

Despite remarkable progress in gender norms, patriarchal attitudes that favour boys and men over girls and women persist. As has been noted in previous sections, girls continue to be underrepresented in science, technology and engineering classes, and are the main targets of violence and abuse. Traditional norms and practices are also the major obstacles to the implementation of progressive laws (Gervais et al., 2009; GoR, 2014; RWAMREC, 2013).

Boys are perceived to be the heirs and breadwinners who will continue the family line and provide for their families. Girls are expected to become wives and mothers and follow the decisions of their fathers and husbands (USAID, 2015b). From an early age, girls are socialised to be caring and put others' needs before their own aspirations, accept parental decisions with which they may disagree, work hard to meet social expectations, and maintain a good reputation (Calder and Huda, 2013). Their disproportionate domestic and care responsibilities are increasingly acknowledged to be a key factor limiting their ability to control their lives and creating disadvantage. At the same time, men and boys may avoid sharing these responsibilities on the grounds that it is contrary to their culture (USAID, 2012; USAID, 2015b).

Two sets of traditional marriage practices – bride price and polygamy – also continue to take place, reinforcing discriminatory gender norms. Although the GBV law states that it is illegal to 'distort the tranquillity of one's spouse because of dowry', bride price is still paid to the bride's family (Abbott et al., 2015). Traditional cultural beliefs perceive bride price to be a necessary condition for a marriage, yet it often leads to women's subordinate position within the family and contributes to the idea that women are the property of men (USAID, 2015b). Despite its constitutional ban, polygamy also continues to be practised, particularly in the Northern Province (USAID, 2015b).

Girls and young women remain disproportionately underrepresented in decision-making at household and community levels as men are perceived to be the major decision-makers. A survey found that 53% of men and 65% of women agreed with the statement that 'men should have the final word about decisions in the home' (USAID, 2015b). In another study, 21% of men and 14% of women agreed with the statement that 'a man is less of a man if he earns less than his wife'; and 32% of men and 28% of women agreed with the statement that 'a wife who earns more than her husband provokes violent [behaviour]' (USAID, 2012). As we have already seen, 45% of girls and 24% of boys aged 15-19 – the highest percentages of all female and male age groups of reproductive age (15-49) – agreed that a husband is justified in beating his wife for a specific reason (NISR et al., 2016).

A qualitative study of older adolescent girls revealed that girls felt either unable or unwilling to conform to social expectations or discourses promoted by development agencies in the country. Girls said that their ability to decide and control their lives was limited by a number of factors, including their own limited knowledge and self-confidence, parental decisions, and inequality with boys. In some cases, girls' wish for personal development and education conflicted with traditional norms about gender roles and parental pressures to help with household chores or marry the man they had chosen for their daughter. Citing limited control over their bodies and the experience of early pregnancy in a context of limited resources, girls expressed frustration for not having the same social status and opportunities as boys and identified a gap between the 'girl promotion' agenda and their daily lived realities (Girl Hub, 2011). In another study, adolescent girls also felt that although things are changing and new opportunities are emerging, social norms are particularly rigid and their lives are still in the hands of others, while boys are able to have their life in their own hands (Calder and Huda, 2013). Girls often exhibit low self-confidence, while boys aged 10-18 express more confidence, higher aspirations, more inspiration and more role models (2CV, 2013).

While social norms around girls and young women are shifting, there is also some risk of a backlash as boys may feel that the attention paid to girls' empowerment discriminates against them. Boys and men often appear supportive of gender equality initiatives on the surface, but some fear that they may be left behind in the process. Some adolescent boys spoke about unfair treatment in education, while girls reported that the attention they currently enjoy is embarrassing (2CV, 2014).

7.5 Assessment of the evidence and key gaps

The literature on Rwandan girls' and young women's empowerment is gradually increasing. It focuses on progress in particular areas, such as education, decision-making and change in discriminatory social norms and violent masculinities. However, there is little on the particular factors and pathways of change, including the role of female parliamentarians on the daily realities of adolescent girls, and how they affect girls' own aspirations, voice and leadership capabilities. Nor is there adequate evidence concerning other processes that elsewhere have been shown to increase adolescent girls' voice and bargaining power within families and communities, such as participation in economic activities or acquisition of specific life skills.

8. Vulnerable groups of adolescent girls

Key points

- There is a considerable body of literature on vulnerable child and youth groups, including orphans, those heading households, child labourers, children with disabilities and those infected with or affected by HIV and AIDS
- The latest data show that around 11% of the population aged 0–17 are orphans, the majority in urban areas; 9% of girls under age 18 have one or both parents dead and 13% do not live with a biological parent. Evidence indicates that orphans experience an educational disadvantage compared to non-orphans. Orphaned adolescent girls face increased vulnerability having to care for younger siblings, getting limited support, exposed to high stress levels, and being vulnerable to violence and early marriage. HIV-orphans as well as adolescents with HIV face high levels of stigma
- The majority of youth-headed households are led by orphaned girls whose gender leads them to be additionally vulnerable to dispossession of their land, forced labour, exploitation, transactional sex, sexual violence and abuse
- The proportion of working children under 16 declined from 21% in 2005-06 to 6% in 2010-11. Children's employment rises with age, particularly after age 12 when primary school finishes and children can be more productive. Boys account for the majority of child labourers with household chores, typically performed by girls, not included in child labour data. Girls comprise the majority of child labourers, who are mostly domestic workers, in Kigali
- Data show that 1.7% of those aged 10-14 and 2.3% of those 15-19 have a disability. Most adolescents have a mental disability followed by deafness or muteness. Girls account for nearly 45% of all primary and secondary school students with disabilities, but the overall numbers of students with disabilities are extremely low
- Refugee girls face serious challenges including poverty, low education levels, increased vulnerability to gender-based violence, transactional sex and early pregnancy

8.1 Overview of the evidence

Our search generated 63 sources with information on vulnerable groups of adolescent girls in Rwanda. Of these, 39 sources were academic literature, almost all academic journal papers focusing on the challenges faced by particular vulnerable groups. The remaining 24 sources were government policy documents, international organisations' situation analyses, and reports reviewing best practices. The majority of all these sources focused on youth affected by HIV and AIDS, orphans, youth heading households, youth with disabilities and refugees (see Table 11). Only nine of the sources focused explicitly on youth and five on adolescents and did not speak about children in general.

Table 11: Key themes of sources on vulnerable groups of children and youth

Key themes	No. of sources
HIV- and AIDS-affected children and youth	10
Orphans	8
Youth heading households	6
Children and youth with disabilities	6

Key themes	No. of sources
Refugees	6
Child labourers	3
Street children	2

The literature notes that in Rwanda there is a broad definition of vulnerable groups, which according to the 2005 Social Protection Policy include orphans, prisoners' families, youth (aged 16-25), destitute people, refugees and returnees, and historically marginalised groups such as the Batwa (Kamurase et al., 2012). There is also a long list of vulnerable children that includes not only orphans, but also children of single mothers, those in child-headed households, children with disabilities, street children, sexually abused children, working children, children infected with or affected by HIV and AIDS, children in the poorest households (Obura, 2005) as well as children born out of wedlock and those issuing from polygamous unions (MIGEPROF, 2011b). The 2003 National Policy on Orphans and Vulnerable Children (OVC) defines an orphan as a child who has lost one or both parents, and vulnerable children as persons under 18 years exposed to conditions that do not enable them to exercise their fundamental rights for a harmonious development. In general, particular attention has been paid to OVC by both government policies and international partners.

8.2 Orphans

Around a million children became orphans as a result of the genocide. Rwanda thus had one of the largest numbers of orphans globally and their situation attracted substantial international interest. Today these children are young adults. However, there are also orphans who have lost one or both parents to AIDS. The latest data (EICV4) show that around 11% of the population aged 0-17 are orphans; 1.4% are orphans who have lost both parents. There are more orphans in urban areas than in rural areas, and Kigali City has the highest percentage of orphans (13%) among its population aged 0-17 (NISR, 2015a). The latest RDHS data also show that 13% of girls under age 18 are not living with a biological parent and 9% have one or both parents dead (NISR et at., 2016). The percentage of orphans is highest among the poorest and the better-off, but the former have a slightly larger percentage of single orphans, while the latter have a slightly larger percentage of double orphans (NISR, 2015a). As Abbott (2013) notes, double orphans (those who have lost both parents) are vulnerable, but they are not all poor, and children in extremely poor two-parent families may face higher vulnerability. Indeed, the majority of orphans were not poor in 2014; while 19% of non-orphaned children were extremely poor, only 14% of double orphans were extremely poor and 68% were not poor (NISR, 2015a).

In 2014, almost half of primary school orphan students and 51% of secondary school orphan students were girls; these figures were consistent across all grades (MINEDUC, 2015). The ratio of school attendance of orphans to non-orphans aged 10-14 increased from 0.8 in 2000 to 0.9 in 2014 (NISR, 2015b). Thus the available evidence suggests that girl orphans' access to education is not significantly worse than that of boy orphans, yet they do experience an educational disadvantage compared to non-orphans (NISR et al., 2016).

The National Strategic Plan for OVC (2006-2011) aimed to support vulnerable children through social protection with a specific line item in the budget. In addition, several NGO programmes have provided OVC with scholarships in primary, secondary and TVET schools; vocational skills training and start-up business assistance (Kamurase et al., 2012); and psychosocial support (Ward and Eyber, 2009). Despite these initiatives, the responsible ministry noted in 2011 that a large proportion of orphans remains unassisted and there is need to increase such assistance (MIGEPROF, 2011b). Aiming to strengthen and improve the implementation of all relevant activities, the National Integrated Child Rights Policy has reiterated the government's commitment to address the rights and needs of all children in the country, explicitly including orphans and recognising their special needs.

The literature notes that the majority of orphans, particularly those living in the street, in child-headed households and in poverty, face survival issues and are vulnerable to exploitation and abuse. Orphaned adolescent girls appear to face increased vulnerability: they may have to care for a larger number of children compared to boys; get by with less support from neighbours; face less community trust and support; suffer higher rates of emotional stress; and be more vulnerable to sex work, sexual violence and early marriage (Brown et al., 2005; Rowe and Miller, 2011). In contrast, orphaned boys are more vulnerable to delinquency, substance abuse and labour exploitation (Brown et al., 2005). In addition, HIV-orphans may also face stigma linked to HIV: one study found that three out of four Rwandan children orphaned by AIDS were isolated from the community and one out of five was ill-treated by other children (Ntaganira et al., 2012).

Informal fostering has been common in Rwanda, and families often foster more than two children. There are thus only a few orphanages: in 2010, there were 35 orphanages with 3,800 children. In 2012, maternal death, parental death, abandonment and poverty of the primary caregiver led children to orphanages (Abbott, 2013). However, fostering can become a heavy financial burden for poor families, and there is some evidence that children fostered by distant relatives or an unrelated family may be maltreated and exploited. Poverty and inadequate social assistance leads to families using foster children as labourers at home and in the fields, while the family's children are able to go to school (Obura, 2005).

8.3 Youth heading households

In the aftermath of the genocide, several thousand children, especially girls, found themselves heading households and caring for their younger siblings. According to 2008 data, 30,000 orphans of the genocide lived in child-headed households (Blewitt, 2009). Recent data (EICV4) show that almost 1% of all households — slightly more in urban areas – are headed by a person under 21 years. In Kigali City, around 3% of the population are siblings of a child head-of-household, while in other provinces this percentage is below 1% (NISR, 2015a). However, the latest data show that the majority of households headed by young people tend to be less poor compared to other households; only 9% of these households are extremely poor and 16% are poor compared to a national average of 20% (NISR, 2015a).

Despite the small number of poor child-headed households, this group is considered to be particularly vulnerable (Kamurase et al., 2012). Youth heads may have an adult supporting them (Brown et al., 2005) and show a remarkable resilience (Lee, 2010), but they often report being marginalised, rejected and isolated with limited adult guidance: 88% reported having land or possessions taken or damaged, and over 70% reported at least one type of abuse (Ntaganira et al., 2012). They also report poor health, lack of food and high levels of grief (Boris et al., 2008). High levels of emotional distress are often reported in studies, especially when youth heads are unable to provide for their siblings (Brown et al., 2009; Ward and Eyber, 2009). It is believed that the majority of youth-headed households are led by orphaned girls whose gender leads them to be additionally vulnerable to dispossession of their land, forced labour, exploitation, transactional sex, sexual violence and abuse.

8.4 Street children

The literature reveals widely varying estimates of the number of children living and working on the street. A Unicef-ILO-World Bank study of child labourers notes that the majority of street working children are found in Kigali (Unicef et al., 2011). Many are orphans who end up on the street to escape poor treatment by foster parents. Others come from poor families. The majority of street children are boys and more than half have never been to school (Unicef et al., 2011; MIGEPROF, 2011b). Street children are particularly vulnerable to the worst forms of child labour, sexual exploitation, substance abuse and trouble with the law (Abbott, 2013; Unicef et al., 2011). They also face marginalisation and stigmatisation (Obura, 2005). There is a National Strategic Plan on Street Children (2005), which guides interventions for this group of children and calls for prevention and social reintegration efforts (MIGEPROF, 2011b). However, there are very few facilities and

services for these children, such as a government centre for male street children in Bugesera and around 30 additional centres run by NGOs, hosting 1,327 children, most of whom are boys (MIGEPROF, 2011b).

8.5 Child workers

The 2009 Labour Law raised the minimum age for legal employment from 14 to 16 and prohibits the worst forms of child labour for those aged 16 and 17 years, prescribing fines and imprisonment of violators. The Ministry of Education provides catch-up education programmes through over 80 centres across the country for approximately 9,000 children who have missed all or part of their primary education due to their involvement in child labour (MIGEPROF, 2011b). Such efforts, coupled with the expansion of education and overall economic growth, have led to a decline in the proportion of working children under 16 from 21% to 6% between 2005-06 and 2010-11 (Abbott, 2013).

Nonetheless, children's employment exists and rises with age, particularly after age 12 when primary school finishes and children can also be more productive. However, even younger children are also working in Rwanda. Key factors increasing the likelihood that a child will take on employment include orphanhood; exposure to economic shock; low levels of household wealth; and the head-of-household's education level and employment status. There are slightly more male child workers because household chores (typically performed by girls) are not included in child labour data, but girls make up the majority of child workers in Kigali (Unicef et al., 2011).

The majority of child labourers are concentrated in agriculture, primarily in family subsistence farming activities. However, in the capital (with less than half the number of child labourers as compared to rural areas) most child labourers are in domestic work. Adolescent girls aged 10-15 represent the majority of child domestic workers in the country (Unicef et al., 2011). Better-off households employ 'house girls', who are often young and poorly educated. They work without a contract, get a very low salary (around a tenth of the average civil servant salary or even less) and face bad working conditions. They are not protected by the labour law (Debusscher and Ansoms, 2013) and as they often live in the house of their employer, are particularly vulnerable to exploitation and abuse. The literature notes that these girls are a particular policy priority in Kigali (Unicef et al., 2011), but no specific measures were identified. In general, child labourers have lower school attendance rates, poorer performance and lower grade progression compared to their non-working peers (Unicef et al., 2011).

A mixed methods (mostly qualitative) study in three Rwandan districts explored the situation and the perceptions of parents, cooperative members and children working in the tea sector as well as their knowledge of child labour laws. Both parents and children demonstrated high levels of legal awareness and said that they do not support the practice. Yet there were still cases of child labour underpinned by community attitudes and practices that encourage child labour despite ongoing awareness-raising activities by the private sector, government and NGOs. Although tea cooperatives and smallholders, who use the majority of child labourers, were aware of the legal working age, they employed them because they are cheaper and more loyal than adults. Some children in the study attended school while also involved in child labour in the tea sector, but they had high absenteeism rates. Children reported that they were often mistreated at work — shouted at, insulted, beaten or sexually assaulted. In two districts of the study, girls experienced higher rates of mistreatment than boys (Winrock International, 2012).

Another study of child labour in Rwanda focusing on children aged 7-17 involved in agriculture in the Northern Province, found that approximately 41% of all agricultural workers who had worked in the last seven days were children, with girls accounting for a slight majority of child labourers (51%). Working children were distributed fairly evenly by age. Most children were working on family farms and did not get any pay. Girls tended to work closer to home or with other adults. All children were involved in hazardous work, and they were more than twice as likely as children not working in agriculture to report having been injured. Only 0.1% of working children reported having been trafficked. The vast majority (92%) of children said that they

were also attending school. Among those not attending school, the most commonly cited reason was lack of financial means. Although child labourers had high rates of daily school attendance, they had poorer school performance. Children working in agriculture had an average of one age-grade delay compared to no delay at all for non-working children. Most children also had to perform household chores, mainly collecting water, washing clothes and collecting firewood. Children working in agriculture were significantly more likely to perform every task than non-working children. Girls reported doing most household chores significantly more often than boys. The median time children working in agriculture spent doing chores was one hour for boys and one hour and 40 minutes for girls. Children typically worked in agriculture all 12 months of the year, and they worked every week. The median number of days worked during a working week was seven. The median number of hours children spent working on school days was two, compared with five hours on non-school days (ICF, 2012).

8.6 Sex workers

Sex work is illegal and is linked to migration to urban centres and the adoption of risky behaviours (Betancourt et al., 2012). Girls who are involved face discrimination and stigma, while their young age and economic need may not allow them to negotiate safe sexual practices and they are often at high risk of HIV infection and violence from clients (Test et al., 2012). A study noted that while the national HIV prevalence rate is less than 3%, it is estimated at 24% among sex workers in Kigali (Ingabire et al., 2012). A 2010 Behavioural Surveillance Survey of female sex workers reported an even higher HIV prevalence rate of 51% among them (Abbott et al., 2014).

In general, there is limited information about sex workers in the country (Abbott et al., 2014). According to a UNFPA estimation, there were around 5,000 female sex workers in the country, mostly in Kigali (Ingabire et al., 2012). Another study among female sex workers in all provinces in 2010 estimated that there were between 3,200 and 3,350 with nearly 80% in the capital (Mutagoma et al., 2014). These girls and women work alone or in small groups, on the street, in clubs or from home. A study of 70 female sex workers identified the critical role of poverty and life events such as parental death or job loss in forcing them to get involved in sex work (Ingabire et al., 2012). Domestic workers ('house-girls') faced with sexual and financial vulnerability frequently become sex workers (Abbott et al., 2014). Some sex workers have created support groups to start other income-generating activities and leave sex work, while NGOs, government agencies and faith-based organisations also provide help (IPPF, n.d.).

8.7 Children and youth with disabilities

Around 4% of the Rwandan population have a disability, slightly more in rural than in urban areas, with very little difference by sex; 4.1% of women report having a disability compared to 3.8% of men. There is also little difference across income quintiles. Regarding adolescents (both boys and girls), 1.7% of those aged 10-14 and 2.3% of those 15-19 have a disability. Among the younger adolescents, the most common issue is a mental disability, followed by deafness or muteness; among older adolescents, mental and mobility disabilities are the most common problems (NISR, 2015a).

The Constitution prohibits discrimination against people with disabilities and the Rwanda Disability Law protects and promotes their rights. The 2007 Special Needs Education Policy aims to ensure that all children with special education needs can access educational services and, where possible, be integrated into regular classes (MIGEPROF, 2011b). In 2011, the National Integrated Child Rights Policy has explicitly referred to children with disabilities and also recognised their special educational needs and learning challenges. Indeed, attention is paid to the education needs — more than to their other needs — of youth with disabilities. There are some special schools but they can mostly be found in urban areas and accommodate only a small proportion of children with disabilities, while the quality of provided education is also an issue. These schools tend to receive little government support and are run by religious or private organisations. However, children with disabilities can also study at mainstream schools. The Child-Friendly School model implemented by

Unicef includes inclusive education, and a few INGOs have also implemented such programmes along with awareness raising work around the right of people with disabilities to education and social participation. Since 2008, the government has also promoted more inclusive higher education and financially supported the enrolment of students with disabilities, but numbers have tended to be very low (Lewis, 2009), given that under 1% of secondary school students are reported as having a disability.

Indeed, the latest data show that students with disabilities account for just 0.8% and 0.9% of all students in primary and secondary school, respectively. Girls account for 45% of all primary school students with disabilities, but their numbers are low as only 851 nationwide were enrolled in the final grade in 2014. Girls also make up 47% of secondary school students with disabilities, but again only 262 girls with disabilities were enrolled at the final grade of secondary school. Young women also account for 43% of Vocational VTCs' trainees with disabilities (195) and 35% (just 66) of students with disabilities in higher education. The numbers of students with disabilities at all levels are declining and the government recognises that more research is necessary to identify the factors contributing to this decline (MINEDUC, 2015).

Many children with disabilities are unable to go to school because of long travel distance, discriminatory attitudes from students and staff, lack of teacher training to support them, and inaccessible school infrastructure (Lewis, 2009). It was estimated that children and adolescents aged 7-12, 13-15 and 16-17 with no disability are 125%, 80% and 181%, respectively, more likely to attend school compared to those with a mental disability (Abbott, 2013).

Disability emerged as an issue after the genocide, and since then, people with disabilities have become more visible thanks to laws and policies paying more attention to them, while the National Council of Persons with Disabilities and the Ministry of Local Governance promote the rights of people with disabilities and their inclusion in national development efforts. However, many people with disabilities, especially those who are blind, deaf or with an intellectual impairment, still face discrimination on a daily basis, including the use of stigmatising words with prefixes denoting objects and not people. People with disabilities have often been excluded from development projects such as microcredit schemes. A study found that better-off urban households are more likely to hide or mistreat their children with disabilities than are poor households (Lewis, 2009).

There is a general belief that people with disabilities are vulnerable and deserve sympathy, but they are also regarded as a burden and a cross to bear for the family. People with disabilities – especially those with a physical disability – are more vulnerable to sexual abuse. Young people with disabilities appear to have limited knowledge about HIV prevention and feel discouraged from seeking such services (Save the Children, 2004). The labour force participation rates are lower among people with disabilities and the disparity between the participation of women and men with disabilities is higher than among people without disability: while the labour force participation rate was 77% for males and 73% for females, it was 60% for men with disabilities and 52% for women with disabilities (UN Rwanda, 2014).

8.8 Girls living with HIV and AIDS

There are more HIV-positive adolescent girls than boys (also see section 4). Data on the education of children living with HIV and AIDS are not available. The literature indicates that their nutritional and psychosocial needs are not being adequately addressed. Just over half of children living with HIV receive appropriate antiretroviral drugs (Abbott, 2013), and they often report facing high levels of stigma. Indeed, only 56% of adolescent girls aged 15-19 reported not wanting to keep secret that a family member was infected with AIDS, and only 44% showed accepting attitudes towards people with HIV and AIDS (NISR et al., 2016).

In fact, some young people may fear going to antiretroviral treatment just to avoid stigma (IPPF, n.d.). A study of HIV-positive youths (median age 17 years) who were infected perinatally, found that the stigma they experienced hindered them from obtaining and getting their drugs, attending clinic visits and carrying their medication in public as they did not want community members to see them. Sometimes even their own

family members refused to collect their medication for fear of being seen and labelled. Some people also refused to share plates or cups with them, or made negative comments. Those living with their own family typically reported getting more support. Conversely, some orphans found that their foster parents cared little about them taking their medication, some found little support at home, and others even reported being discriminated against in the family and that stigma in their own home led them to take their medication less (Mutwa et al., 2013).

8.9 Refugees and returnees

There are around 73,000 refugees from the Democratic Republic of the Congo (DRC) in five refugee camps in Rwanda (WFP, 2015). The Rwandan government collaborates with UNHCR and the World Food Programme (WFP) for the provision of humanitarian assistance, including food, health-care services, education, drinking water, firewood, hygiene supplies and small income-generating activities (MIGEPROF, 2011b). An assessment of the situation in four camps found that refugees resort to negative coping strategies to deal with poverty or food shortage such as underfeeding, theft/robbery, high risk casual labour, and transactional sex. The latter was mentioned by interviewees as a common practice among refugee girls and women. However, it can lead to STIs, unwanted pregnancies and GBV (WFP and UNHCR, 2014).

There are schools providing nine years of basic education in the camps. Limited parental interest in child education and crowded classrooms (up to 70 students per room in Nyabiheke camp) may lead students to drop out, especially older students who failed their exams and have to retake the class with younger students. Girls also face problems stemming from a lack of separate toilets with privacy or water – in Kibiza camp there was only one toilet for both primary and secondary schools. The school feeding programme – one serving of warm porridge to each refugee student – has reduced dropout and increased attendance and completion, particularly for girls; however, in three refugee camps families had to pay a monthly 'voluntary' contribution to community workers involved in school feeding (WFP and UNHCR, 2014). A pilot cash transfer programme to improve food security outcomes was implemented in Gihembe camp and was found to improve the situation for women and girls.

Apart from men and women, adolescent girls and boys are also involved in food management through their elected representatives (WFP, 2015). A study in Kibiza camp, where 4,170 girls from the DRC live, mentions the existence of clubs and committees for adolescent refugees; the study also found that 27% of adolescents reported high anxiety symptoms; 72% witnessed shouting and yelling at home; 18% having seen physical violence at home; and 20% reported feeling unsafe in their home (UNHCR and CPC, 2014).

Part of the literature focuses on women and girls refugees and violence. Indeed, one study on the problems of Congolese women and men in a refugee camp revealed that a key parental concern was worrying about their adolescent daughters in the camp (Pavlish, 2007). Another UN study found that girls alone in the house and in the camp at night face the risk of gender-based violence and abuse, and survivors do not use or are unaware of existing services (WFP and UNHCR, 2014). Refugee girls are also at high risk of dropping out of school due to early pregnancy and the need to support their family. Girls experience social pressures to look smart and to engage in transactional sex with men, which can also lead to pregnancy. Refugee girls going to work as domestic workers in Kigali may also return pregnant. While some may be rejected and chased out of the house by their families, others deliver the baby and go back to Kigali to send money to their mother, who looks after their baby (Pavlish, 2007).

There are also 22,000 Rwandan refugees who returned to Rwanda from neighbouring countries by the end of 2014. The WFP provides daily food assistance for the first six months to facilitate their reintegration. Returnees also receive support from the UNHCR and the National Refugee Council and get a three-month resettlement package, which was expected to be extended to six months. However, there is very little information about returnees (Kamurase et al., 2012), let alone returnee adolescent girls.

8.10 Batwa girls

The Batwa are a marginalised group of former forest dwellers and hunter-gatherers, accounting for less than 1% of the population. Batwa children have been discriminated against and stigmatised and may still face difficulties and feel discouraged from going to school (Obura, 2005). No further evidence on Batwa girls was found.

8.11 Lesbian, bisexual and transgender (LBT) girls

The government argues that sexual orientation is a 'private matter' and that homophobia is negligible in the country. However, one study mentions that homosexuality is perceived to be a corrupting Western import and found that LBT girls face increased vulnerability as they are forced to drop out of school when their parents refuse to pay school fees; are forced to marry to avoid bringing shame on the family; are harassed by neighbours and landlords; are estranged from or rejected by their family; lack support networks; and lack political voice. The editor of the *Ni Nyampinga* magazine and the producer of the related radio show confirmed that the issue of sexual orientation came up frequently – although the radio team was planning to have a show on the issue in 2012, they were unable to find any young person to speak on air about her experience. In 2014, Rights for All Women Rwanda was created to address the needs of LBT women within a human rights framework (Haste and Gatete, 2015).

8.12 Assessment of the evidence and key gaps

Although our search generated sources that provide some information on several groups of vulnerable girls, there are still significant knowledge gaps for each one of these groups and potentially others that we have been unable to identify due to limited information. For instance, although early pregnancy is often cited as a key reason for dropping out of school, we were unable to find much on adolescent mothers. There is also very little information about Batwa girls or about girls who work as domestic workers, although they constitute the majority of child labourers in Kigali.

Even in the case of groups with more available information, considerable gaps remain as the literature on vulnerable groups of children does not often distinguish between boys and girls and tends to focus on their educational situation. For instance, we do not know much about adolescents with disabilities, let alone adolescent girls with disabilities. There are only household survey data on their education, which show declining trends, but without providing any explanation. Thus there is need for more and up-to-date data along with research to reveal the extent and the key aspects of the disadvantage and marginalisation each particular group of girls faces.

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Annex: Methodology

Search grids for Google and Google Scholar search

Annex Table 1: Education and learning

Population	Theme	Intervention Type	Thematic Terms	Research Terms
Girl	Education	Education	Enrolment	Impact
Adolescent	Rwanda	Literacy	Attendance	Evaluation
Youth		School	Exam results/ grades/qualifications	Study
'Young women'		Cash transfer/in-kind transfer	Learning outcomes	Assessment
		School building	Vocational skills	Analysis
		Primary school	Accessible service	Research
		Secondary school	Distance	Results
		Quality	Staff attitudes	Programme/Project
		Teachers	Violence	Intervention
		New schools	Attitudes towards violence	Interview
		'Girl friendly'	Physical violence	Participatory
		Non formal	Sexual violence	
		Informal	Harassment	
		Second chance	Rape	
		Catch up	Transactional sex	
		Bridge	Early/forced/child marriage	
		Ration	Corporal punishment	
		School feeding	Sugar daddy	
		Scholarship	Confidence	
		Girls club	Friends	
		Club	Decision making	
		After school club	Expectation	
		Radio/Newspaper	Negotiation	
		SMS/Cell phone/Mobile	Retention	
		Computer/Internet	Transition	
			Completion	
			Household/domestic chores	
			Time use	
			Menstruation	

Annex Table 2: Economic empowerment

Population	Theme	Intervention Type	Thematic Terms	Research Terms
Girl	Economic Empowerment	Economic empowerment	Assets	Impact
Adolescent	Rwanda	Skill	Income	Evaluation
Youth		Business	Savings	Assessment
'Young women'		Entrepreneurship	Livelihoods	Analysis
		Grant	Labour force participation/ employment	Research
		Start up capital	Ownership	Programme/Project
		Financial literacy	Inheritance	Intervention
		Microfinance	Social network	Participatory
		Savings	Confidence	Study
		Bank	Friends	Interview
		Loan	Decision making	Results
		Cash transfer/In kind transfer	Expectation	
		Work experience/ apprenticeship	Negotiation	
		Training	Transactional sex	
		Economic opportunities	Migration	
		Vocational skills	Child Labour	
		Mobile/ SMS/ cell phone/ICT/ computer/ internet	Sex work	
		Informal economy	Work	
			Domestic work	
			Unemployment/ Underemployment	
			Land	
			Agriculture	
			Street children	
			Public works	
			Workplace violence/ harassment	
			Trafficking	

Annex Table 3: Physical and psychosocial wellbeing

Population	Theme	Intervention Type	Thematic Terms	Research Terms
Girl	Health	Youth friendly service	Weight	Impact
Adolescent	Rwanda	Sexual health service	Nutritional status	Evaluation
Youth		Reproductive health	Contraception/ birth spacing	Assessment
'Young women'		HIV/AIDS	Fertility	Analysis
		Nutrition	Maternal health	Research
		Supplement	Pregnancy	Results
		Staff training	Emotional wellbeing	Programme /Project
		Counselling	Abortion	Intervention
		Support	STI	Interview
		Helpline	Anaemia	Participatory
		Mental health	Malaria	Study
		Psychosocial / psychological wellbeing	TB	
		(sex) health education/ information/training	Anxiety	
		Health insurance	Depression	
		Fee waiver	Micronutrient deficiency	
			HIV/AIDS	
			Friends	
			Social network	
			Confidence	
			Relationship	
			Happiness	
			Life satisfaction	
			Service access/use	
			Height	
			BMI	
			Obesity	
			Antenatal/postnatal	
			Alcohol	
			Tobacco	
			Substance	
			Menstruation	

Annex Table 4: Gender and empowerment

Population	Theme	Intervention Type	Thematic Terms	Research Terms
Girl	Empowerment	Girls club	Attitude	Impact
Adolescent	Norm Change	Peer support	Gender norm	Evaluation
Youth	Rwanda	Mentor	Social norm/ norm change	Assessment
'Young women'		Adolescent/Youth development programme	Expectation	Analysis
		Social network	Perception	Research
		Life skills	Physical violence	Results
		Rights	Sexual violence	Programme /Project
		'Soft skills' 'interpersonal skills'	Harassment	Intervention
		'Behaviour Change Communication'	Rape	Interview
		Media	Workplace violence	Participatory
		Campaign	Transactional sex	Study
		Marketing/ social marketing	Age of marriage	
		Youth group	Empowerment	
		Community dialogue/ discussion	Early/child/forced marriage	
		Positive deviance	Negotiation skills	
		Soap opera	Decision making	
		Radio/TV	Leadership	
		Magazine	Voice/speaking out	
		School material	Confidence	
		Theatre/ drama/ skit/puppet	Friends/ social network	
		Cell phone/SMS/ internet/ICT/computer	Participation	
		Safe spaces	Discrimination	
		Masculinity	Mobility/freedom of movement	
			Self-esteem	

Annex Table 5: Databases and websites searched

Academic databases searched
PubMed
SOAS Database
International organisation websites
African Development Bank
Department for International Development (DFID)
International Labour Organization (ILO)
Organisation for Economic Co-operation and Development (OECD) / Social Institutions and Gender Index (SIGI)
Joint United Nations Programme on HIV/AIDS (UNAIDS)
United Nations Capital Development Fund (UNCDF)
United Nations Development Programme (UNDP)
United Nations Educational, Scientific and Cultural Organization (UNESCO)
United Nations Population Fund (UNFPA)
United Nations High Commissioner for Refugees (UNHCR)
United Nations Children's Fund (Unicef)
UN Women
USAID
World Food Programme (WFP)
World Health Organization (WHO)
World Bank
International NGO websites
CARE International
Catholic Relief Services
Girl Effect Rwanda
Plan International
Population Council
Save the Children
World Vision
National and regional NGO websites
Forum for African Women Educationalists (FAWE)
Rwanda Men's Resource Centre (RWAMREC)
National government websites
Ministry of Gender and Family Promotion
Ministry of Education
National Institute of Statistics
International reports
Education for All Country National Reports

National Human Development Reports
UNFPA State of the Population Reports
Unicef State of the World's Children Reports
Unicef Out of School Initiative Reports
World Bank Country Poverty Assessment Report
World Bank World Development Reports
International data
DHS Country Reports
SIGI Country Report
WHO Country Statistics

About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

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GENDER & ADOLESCENCE: GLOBAL EVIDENCE

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