



Teenage Pregnancy, Determining Factors and Impact in Rwanda:

A DESK REVIEW REPORT

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ABBREVIATIONS

AJPRODHO	: Association des Jeunes pour la Promotion des Droits de l'homme
CLADHO	: Collectif des Ligues et Associations de Défense des Droits de l'Homme
CSE	: Comprehensive Sexuality Education
ESA	: East and Southern Africa
FVA	: Faith Victory Association
GBV	: Gender-Based Violence
ICPD	: International Conference on Population and Development
LACSF	: Legal Aid Forum through the Legal Aid Civil Society Fund
PALAY	: Promoting Access to Legal Aid for Youth
RBC	: Rwanda Biomedical Center
RDHS	: Rwanda Demographic and Health Survey
RPHIA	: Rwanda Population-based HIV Impact Assessment
RPHIA	: Rwanda Population-based HIV Impact Assessment
RWAMREC	: Rwanda Men's Resource Center
SRH	: Sexual Reproductive Health
SRHR	: Sexual Reproductive Health and Rights
UNCRC	: United Nations Committee on the Rights of Child
UNICEF	: United Nations Fund for Children
WHO	: World Health Organization

EXECUTIVE SUMMARY

Adolescent pregnancy is defined as the occurrence of pregnancy in girls aged 10 to 19.¹ In Rwanda like in many other sub-Saharan countries adolescent pregnancy has not only become a major public health problem but also a legal and access to justice issue for the victims. In recent times due to the increase in number of adolescents with pregnancy, the government of Rwanda and its stakeholders including non-governmental organizations increased efforts to reduce the adolescent pregnancy rate and provide adequate justice to victims including registration of children that are being born to these teen mothers.

Several published and unpublished studies conducted on the prevalence of adolescent pregnancy in Rwanda are available with key actionable recommendations that would help to address medical and legal issues around the teenage pregnancy. However, the key players in gender-based violence and victims care do not have enough evidence about the overall epidemiology of adolescent pregnancy including associated determinant factors. It is against this context that AJPRODHO through the partnership with the Legal Aid Forum has commissioned this study to produce a desk review report compiling all the existing findings on teenage pregnancies in Rwanda to inform advocacy actions to contribute in reducing prevalence as well as effective care for teen mothers and the child.

The report brings together different recommendations from the reports and other relevant policy and programmatic documents done in the light of young people's sexual and reproductive health and rights to inform the next strategic intervention for AJPRODHO and its stakeholders to effectively contribute in reducing teenage pregnancies. The report highlights the prevalence as well as the socio-demographic factors associated with adolescent pregnancy in Rwanda and its negative effects to the entire life of the teen mother, the child, families and the society in general. It uses both published and unpublished reference materials.

¹ M K Getachew 'Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis' (2018).

1. Problem and Context

In Rwanda, according to Rwanda Health and Demographic Survey Report 2019-2020, teenage pregnancy has become a serious issue whereby 5% of women aged between 15-19 years old have begun childbearing; 4% have given birth.²In addition, studies suggest that teenage pregnancy on the other hand is also a threat to both the health and future of the young mothers. Teenage mothers are more likely to suffer complications during pregnancy and less likely to treat them, exposing them to greater risk of complications during delivery and greater risk of dying for reasons related to childbearing.³ Teenage pregnancy also affects the child's education since they tend to quit school in order to attend to the child hence affecting their future abilities to compete with their counterparts on the job market. Teenage fathers are also equally affected since in some cases they are obliged/forced to take on the fatherhood responsibilities at a tender age or even abandon their homesteads due to fear of interrogation and/or legal action.⁴

Approximately 85% of all adolescent pregnancies is observed in adolescents attending school, and only a small proportion in adolescents who do not enjoy any form of official education.⁵ In this context, peer pressures and social media influence to young people are part of the reasons behind the high prevalence among those attending school. This clearly illustrates the complex given of adolescent pregnancies, not solely being an issue of adolescent SRH education, but resulting from a complex synergy between socio-cultural, economic and personal factors⁶. On average, childbearing affects around 0.8% of all female children aged 12–17 which makes this adolescent fertility a big concern to the country and a risk to the health of both the mother and the child, the emotional development of the mother, and her ability to pursue an education.⁷

This study has not gone far to explore more about existing number of teen mothers forced to live in marriage with the child's father, but existing evidences show that

² Demographic and Health Survey Report (2019-2020).

³ UNESCO 'Report on Eastern and Southern Africa (ESA) Ministerial Commitment Meeting and Affirmation Ceremony' (2013).

⁴ Idem.

⁵ A Nkurunziza et al 'Breaking barriers in the prevention of adolescent pregnancies for in-school children in Kirehe district (Rwanda): A mixed-method study for the development of a peer education program on sexual and reproductive health' (2020).

⁶ Idem.

⁷ Idem.

teenage pregnancy also leads the victims into engaging in early and/or forced child marriages in order to receive support for basic care and/or escape from their families for fear of neglect or taking legal action against their responsible partners. In Rwanda, as per the law 2020 governing persons and family, the minimum legal age for marriage is 21⁸. The Penal Code provides penalties for those participating in forced marriage of minors. Any person who lives with or attempts to live together with a child as husband or wife shall be liable to the same penalty as a person who defiles a child.⁹ Teenage pregnancies pose serious psychosocial problems such as trauma faced following discrimination within their communities and schools for those who attend the school often viewed as “bad examples to other girls”. All the above lead to undesirable consequences such as children on the street, child abandonment, child marriages, child labor, increased school dropouts, prostitution etc. which affect the teenagers, families and the Government.¹⁰

This study aims at documenting and analyzing the actual situation of teenage pregnancy in Rwanda, determinant factors and impact to teen mothers, families and community in general. The end goal of the desk review was to generate evidence-based findings and recommendations in order to inform policy dialogue of key players in young people sexual and reproductive health including the process to develop a policy brief for a better implementation of comprehensive strategy against teenage pregnancy in Rwanda. Effective implementation strategy of national GBV response mechanisms including the law punishing and preventing gender-based violence of 2008, the 2020 national gender policy that includes measures to prevent and address GBV, and the Anti-GBV Policy (2011) against teenage pregnancy in Rwanda will lead into reduced cases of teenage pregnancies among adolescents and a better enjoyment of their reproductive health rights.

2. Purpose of the desk review

Although the problem of teenage pregnancies is well understood in quantitative terms¹¹, there is a gap in consolidated evidences in qualitative aspects of the issue in Rwanda. To address this gap, this qualitative research focused on consolidating existing evidences that will inform advocacy initiatives (e.g. policy dialogue and briefs) for effective contribution in prevention of teenage pregnancies. The report

⁸ The law of 2020 amending the law of 2016 governing persons and family in Rwanda

⁹ The Law of 2018 determining offences and penalties in general. Article 195

¹⁰ A Nkurunziza et al (2020).

¹¹ DHS report 2019-2020

analyses new trends and interventions around teenage pregnancy in Rwanda, associated factors and effects to the entire life of the teen mother, the child, families and the society in general.

3. Methodology

The content of this desk review is based on information collected through a systematic review of the relevant available documents on issue of teenage pregnancy for use by AJPRDHO and stakeholders as part of the national response for teenage pregnancy prevention and victim care. Data sources included information gathered in available reports, publications, including online database consulted using relevant search terms. Data have been extracted and systematically analysed. The heterogeneity and publication bias has also been assessed respectively with 95% of confidence interval. A detailed list of reference materials is provided in Annex. In this desk review process, a qualitative research and its techniques has been used including:

- Literature review analyzing secondary data regarding teenage pregnancy, determinant factors and impact. This include different policies, laws, strategic papers, reports, protocols, and other related documents. The review was extended to also understand legal and human rights issues and socioeconomic conditions associated to teenage pregnancy issue in Rwanda. Interpretive techniques have been applied while conducting the secondary data analyses. The rationality of data has also been assessed as a central challenge in order to ensure credibility of the review-reference check.
- For those reports that required access permission to authors, an online/phone request or a physical visit have been performed to ensure contents are accessed and the report is utilized for credible findings.
- The published terms of reference did not go far to indicate in details how many reports (reference materials) are needed as sample for this report but, for the purpose of credible findings, sufficient number of relevant sources and available documentations on teenage pregnancy have been consulted. In addition, the desk review used a systematic review and meta-analysis of published and unpublished studies/reports on teenage pregnancy in Rwanda.

4. Strengths and limitations

The major strength of this study lies on the use of data from both the current nationwide survey report namely Rwanda Demographic and Health Survey-RDHS and other studies which provide a comprehensive view of teenage pregnancies, and associated factors in Rwanda. The findings are potentially generalizable to other countries with a similar level of socio-economic status. However, Information collected through the listed above techniques might be missing details, components or underreporting the specific issues, also it is important to acknowledge that the completeness of data may vary issue by issue as far as the socio-economic impact of teenage pregnancy is concerned. Consequently, the conclusions and recommendations should also be considered with caution.

5. FINDINGS AND DISCUSSION

5.1. Prevalence of teenage pregnancy in Rwanda

Teenage pregnancy is a major health concern in Rwanda, because of its association with higher morbidity and mortality for both the mother and the child. According to data from the National Institute of Statistics of Rwanda (2020) the rate of teenage pregnancies and births in Rwanda is at 5.2 per cent, having decreased from 7.3 per cent in 2014 to 2015. It is reported that a total of 19,832 underage¹² of majority girls got pregnant in 2018, up from 17,337 in 2017, and 23,544 children were born to teen mothers in 2019.¹³

The leading districts in teenage pregnancy include Nyagatare district which registered a total of 1,465 teen pregnancies, Gatsibo district with 1,452, Gasabo district with 1,064 and Kirehe district with a total of 1,055 teenage pregnancy.¹⁴

This was linked mainly to current growing gaps in parent-child communication, limited access to sexual reproductive health information and services, media and peer pressure influence as well as the poverty.¹⁵ It is reported in different study findings that 5% of women age 15-19 have begun childbearing; 4% have given birth, and 1% are pregnant with their first child¹⁶.

5.2. Leading factors determining teenage pregnancy in Rwanda

Adolescents face barriers to accessing sexual and reproductive health information and services including contraceptives due to restrictive laws and policies.¹⁷ Other causes may include health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access sexual and reproductive health information and services because of low knowledge and financial constraints. Additionally, adolescents lack the autonomy to make their own decision in regard to consistent use of a contraceptives.¹⁸ The sexual violence is also a contributing factor of unintended pregnancies among teenagers. It is reported by the

¹² A child or underage is every human being below the age of 18 years. Art 1 of the UN convention on the rights of the child.

¹³ RDHS Final report (2019-2020).

¹⁴ *Idem*.

¹⁵ WHO 'Tendencies in Adolescent Pregnancy Report', January 2020.

¹⁶ RDHS Final Report 2019-2020.

¹⁷ FVA, Keep Care & RWAMREC 'Participatory Action Research: Attitudes, Perceptions and Needs of Teenagers, Teen Mothers and Community Members towards Teenage Pregnancy in Huye & Kicukiro Districts (2019)', available at https://pdf.usaid.gov/pdf_docs/PA00WRBW.pdf, accessed December 2022.

¹⁸ FVA, et al (2019).

UNICEF that in Rwanda, 5 in 10 girls and 6 in 10 boys experience at least one form of violence including sexual, physical or emotional before age of 18¹⁹.

5.2.1. Poverty

In light of the findings presented in the report of participatory research that documented on attitudes, perceptions and needs of teenagers, teen mothers and community members towards teenage pregnancy in Huye and Kicukiro districts, teens who become pregnant often come from families of low socio-economic status.²⁰ Growing up, these children often come from families who are suffering from poverty and do not have all the necessary resources to raise their child. It is highlighted in this report that, in general teenage pregnancy is a result of poor living conditions in families. The report stresses that adolescent girls from poor families often find themselves in a situation of unmet needs and many end up by getting early pregnancies as they seek ways to meet their needs. In addition, very often these children drop-out the school due to lack of means and find themselves into bad sexual behaviors with more risks of getting pregnancy.²¹

In a survey conducted by the Collectif des Ligues et Associations de Défense des Droits de l'Homme au Rwanda (CLADHO) in 10 districts of Rwanda in 2016, it was discovered that pregnancy among young girls is rampant.²² The study revealed that 49% of the girls are impregnated by colleagues while 20% others are impregnated by family friends. Poverty or low socio-economic status is further linked to low levels of family connectedness.²³ This means that children/youth growing up in these homes do not have strong role models or individuals to look up to or learn from. Within these low socio-economic status families, abuse is often prevalent and predisposes youth to unsafe and troubling conditions. Whether the child is being abused or witnessing domestic abuse, adolescents are being separated and disconnected from their families, which might lead to poor decision-making. This lack of family

¹⁹ Ministry of Health (MOH): Violence against Children and Youth: findings from National Survey, 2015-16. Kigali, Rwanda (2017) <https://www.unicef.org/rwanda/media/181/file/Violence-against-Children-Youth-Survey-2015-16.pdf> , Accessed December 2021.

²⁰ FVA, et al (2019).

²¹ FVA, et al (2019).

²² CLADHO Report on early/unwanted pregnancy for under 18 years in 10 districts of Rwanda. Available at http://www.cladho.org.rw/fileadmin/templates/document/REPORT_OF_THE_RAPID_ASSESSMENT_ON_TEEN_AGE_PREGNANCY.PDF , Accessed December 2022.

²³ CLADHO Report 2018.

connectedness pushes youth away from confiding in the adults within their homes but towards other troubled youth suffering in the same ways.²⁴

With their lack of education and knowledge about reproduction, these teens engage in unprotected and unsafe sexual activity and do not know about the available contraceptives nor do they explore their options. Even if the adolescents have some form of contraception they are using them not properly, which makes them useless during sexual activity. Teenagers simply engage in intercourse at very young ages, and may have multiple partners, which further leads to increased risks of pregnancy. Poverty, which means the state of being poor make teenage girls to be trap by their age mates' males or older people.

One of the personal stories found in the report of CLADHO on teenage pregnancy in 10 districts (2018) is one interviewed teenager (16 years) who highlighted the following:

Parents could not provide all learning materials for me to study properly and I used to visit my boyfriend who is my classmate oftentimes to study with him and also take some of his books home. We loved each other more and by the time i realized we were into a serious relationship and got pregnant.

5.2.2. Drug and alcohol use among adolescents

In Rwanda, most teen pregnancies are unplanned; preconception substance use is among significant risk factors for unintended pregnancy and both teenage pregnancy and teenage substance use are national public health concerns targeted for improved outcomes.²⁵ Unplanned pregnancies are associated with higher rates of maternal infections, obstetric complications, low birth weight, childhood growth stunting, poor child development, and subsequent child abuse or neglect. Substance use among adolescents increases the risk of unplanned pregnancies, which then increases the risk of fetal exposure to addictive substances. Specific interventions are necessary to target pregnancy planning and contraception among reproductive age substance users.²⁶

Children from such family environment grow-up to have low educational goals and successes because of the lack of involvement from their own parents. These young

²⁴ CLADHO Report 2018

²⁵ D Uwizeye et al 'Prevalence of teenage pregnancy and the associated contextual correlates in Rwanda' (2020).

²⁶D Uwizeye et al (2020).

kids then predisposed to a negative environment end-up with less ambition to succeed in school and begin making friendships with other teens who are going through similar situations as them. It is these groups of teens who begin to experiment with drugs and alcohol and do not do very well in school.²⁷

During adolescence, teenagers may drink and experiment with drugs frequently with their friends at social gatherings and parties. Teens, however, do not realize the impacts alcohol and drugs have on the functioning of their brain, especially the effects of binge drinking which is consuming large amounts of alcohol during one sitting. These substances greatly affect a teen's ability to logically think and carry out general thinking processes, thus increases the risks for them to engage in unprotected and unsafe sexual activity.²⁸

When adolescents become socially disconnected from family, school, community they may seek comfort and a sense of security through drug use, and find support and ready acceptance from other peer's users of drugs.

5.2.3. Peer pressures over teenage pregnancy

Different consulted study reports indicate that the role of peer groups as agents of socialization could have dicey consequences on the lifestyle of teenagers especially in the area of sexual activity. Peer pressure has influence on the typical teenager's perception about sexuality so much so that teenagers tend to conform to the norms about sexual behaviour which are deemed acceptable to the peer group to which he or she belongs.²⁹ Ultimately, peer pressure has been found to significantly influence teenage pregnancy and parents and guardians should be mindful of the friends their children have.³⁰ Educators, counsellors and other stakeholders in the school setting should pay close attention to teenagers in this crucial stage of their development and apply tact in giving reorientation to pupils who exhibit character traits that are symptomatic of deficiencies in parental upbringing as this can curtail the influence they may have on their peers.³¹

In light of the findings from the study report on 'attitudes, perceptions and needs of teenagers, teen mothers and community members towards teenage pregnancy'

²⁷ FVA, et al (2019).

²⁸ J Ngamije & C Yadufashije 'Understanding youth with substance use disorders (SUDs) in Rwanda: A health promotion perspective (2020).

²⁹ Eragbai Isuku J ' *Peer Pressure and Teenage Pregnancy among Adolescent Secondary Schools Girls in Ibadan Metropolis* University of Ibadan (2015).

³⁰ Idem.

³¹ Idem.

conducted in Huye and Kicukiro districts, pressure from peers is another major cause of teenage sexual abuse. Often females may be pressured or forced by an older male partner to engage in sexual activity.³²

These young females out of fear may feel forced to engage in unprotected sex without a choice, particularly those coming from poor family backgrounds.³³ Peer pressure may also be prevalent in a different form while in relationships adolescents may be pressured by their partner to have unsafe and unprotected sex in order to express their 'love' and 'true feelings' for their partner³⁴.

According to one personal story collected in the report stated that:

'My partner (boy-friend) had to manipulate me to have sex with him as a sign of true love, which led me often to have unprotected sex.'

5.2.4. Early child sexual abuse

Beside the peer pressures comes the issue of sexual abuse which is also another reason why teens may become pregnant. Child defilement is a crime and an outright violation of a girl child's rights. It is a multidimensional problem with far-reaching consequences. It inflicts trauma and pain to the innocent children which in return, even with future investments, will be affected negatively with implications on health, education, economy and socially. Thus its prevention requires an investment of resources, leadership, and joint commitment of all stakeholders.

According to the Rwanda Investigation Bureau report, there was an upward increase of 27.9% (876 cases) of investigated cases when comparing data from 2018-2019 and 2019-2020 fiscal year (3,137 to 4,013 respectively). The same report states that victims of child defilement slightly increased from 3,215 victims in 2019 to 4,265 in 2020. Counting 1,239 (29.1%) of victims under 10 years old in 2020. 98% of these cases are girls.³⁵ Girls remain the main victims of these harmful practices, and unfortunately they continue to be silenced and unable to enjoy their rights.

Early sexual abuse has been linked to later teen pregnancies. Some children have unfortunately been sexually abused by predators or even family even prior to entering puberty. These young kids often are unable to inform a trusted adult about

³² FVA, et al (2019).

³³ FVA, et al (2019).

³⁴ FVA, et al (2019).

³⁵ Rwanda Investigation Bureau Report 2021.

the situation due to fear of being harmed by their predator.³⁶ These situations, further affect the child as they enter adolescence and increases chances of teen pregnancy.³⁷

5.2.5. Negative media influence over teenage behaviours

Studies have shown that teens use of social media and technology indicates that 24% of teens go online almost constantly, facilitated by the widespread availability of mobile devices³⁸.

Internet and its usage has become an issue of great concern due to its imperceptibility yet devastating effects on teens. Because of their limited capacity for self-regulation and susceptibility to peer pressure, children and adolescents are at some risk as they navigate and experiment with social media. Recent research indicates there are frequent online expressions of offline behaviors, such as bullying, clique-forming, and sexual experimentation. Other problems that merit awareness include Internet addiction and sleep deprivation.

Many parents today use technology incredibly well and feel comfortable and capable with the programmes and online venues that their children and adolescents are using. Nevertheless, some parents may find it difficult to relate to their digitally savvy youngsters online for several reasons. Such parents may lack a basic understanding of these new forms of socialization which are integral to their children's lives. They frequently do not have the technical abilities or time needed to keep pace with their children in the ever-changing Internet landscape. In addition, these parents often lack a basic understanding that kids' online lives are an extension of their offline lives. The end result is often a knowledge and technical skill gap between parents and the youth, which creates disconnect in how these parents and the youth participate in the online world together.

Due to convenience and constant access provided by mobile devices particularly by the smart phones, over 92 percent of teens indicated online visits as daily practice. Studies show that Facebook remains the most used social media site with 71% teens aged between 13 and 17 in the world using the site and that teenage girls use social media sites and platforms particularly visually oriented ones for sharing more than their male counterparts do.³⁹

³⁶ FVA, et al (2019).

³⁷ FVA, et al (2019).

³⁸ A Lenhart 'Teens, Social Media & Technology Overview' (2015).

³⁹ Idem.

Adolescents use electronic media in large numbers and are therefore uniquely positioned to be particularly vulnerable to its effects. Adolescents usually use Television, Radio, the Internet and Social Networking Sites such as Facebook and YouTube for information and other usage.⁴⁰

A strong source of influence on adolescent attitudes, intentions and behaviors is the media. Social media are form of media created by adolescents, and thus they combine both peer and media effects. Through a single website such as Facebook and YouTube, millions of adolescents are now linked to other adolescents online. Each of these ties represents a potential tie of influence. Preliminary evidence suggests that displays of sexual material on Facebook are associated with the reported intention to become sexually active among teenagers⁴¹.

Using social media becomes a risk to adolescents more often than most adults realise. Most risks fall into the following categories: peer-to-peer; inappropriate content; lack of understanding of online privacy issues; and outside influences of third-party advertising groups. Cyberbullying is deliberately using digital media to communicate false, embarrassing, or hostile information about another person. It is the most common online risk for all teens and is a peer-to-peer risk.

In one American study, adolescents who viewed sexual references on their peers Facebook profiles, found them to be believable and influential sources of information⁴². Another study in the U.S found that, adolescents who perceived sex to be normative based on others Facebook profiles were more likely to report an interest in initiating sex⁴³.

Adolescents are more likely to display references to sexual behavior if a peer displayed similar references. The other concern of the influence of electronic media to teenage pregnancy is sexting which involves sending, receiving, or forwarding sexually explicit messages or pictures via a cell phone or over the internet via email or a social networking site⁴⁴.

⁴⁰ K Kamke et al 'Evaluation of an Online Sexual Health Program among Adolescent Girls with Emotional and Behavioral Difficulties' (2021).

⁴¹ Idem.

⁴² M Moreno & J Whitehill 'Influence of Social Media on Alcohol Use in Adolescents and Young Adults' (2014).

⁴³ D Litt & M Stock 'Adolescent Alcohol-Related Risk Cognitions: The Roles of Social Norms and Social Networking Sites' (2011).

⁴⁴ G F, Dunton et al 'Investigating Children Physical Activity and Sedentary Behavior using Ecological Momentary Assessment with Mobile Phones' (2010).

The media has a large effect on teen pregnancy, especially shows and pornography. These shows often glamorize pregnancy and hide the true hardships associated with pregnancy, which encourages these teens to become pregnant.⁴⁵ The same shows create the need for sexual intercourse pushing the youth into sexual activity. Some teenage females become pregnant just so they are able to drop out of high school or to force their partners into a deeper commitment.

A personal story collected in one study report, an interviewed affirmed that⁴⁶:

‘Neither school nor my family members provided me with enough information about sexual reproductive health. I came to know little about how a baby is made when I started using social media platforms’.

5.2.6. Legal and policy barriers

Other determinant factors of teenage pregnancy in Rwanda include the legal and policy barriers to adolescents’ sexual and reproductive health. The findings of the policy brief developed by the Health Development Initiative on teenage pregnancies and unwanted pregnancies: Barriers and unintended consequences.⁴⁷ This primarily regards the provisions under article 7 of the Law N° 21/05/2016 of 20/05/2016 relating to human reproductive health which provides that every person having attained the majority age has the right to decide for oneself in relation to human reproductive health issues.⁴⁸

In addition, as far as the age of majority is concerned, article 113 (1) of the Law N°32/2016 of 28/08/2016 governing persons and family, the age of majority is 18 years. The legal interpretation of the above two provisions means that the age of consent for reproductive health related issues is 18 years.⁴⁹ Though the law does not specifically set the age of consent for sex, article 133 of the Law N°68/2018 of 30/08/2018 determining offences and penalties in general provides that children aged at least 14 years may engage in consensual sex with their peers in the same age category without a sanction.⁵⁰ We deplore the fact that article 11 of the Law No

⁴⁵ Idem.

⁴⁶ FVA, et al (2019).

⁴⁷ Health development Initiative (HDI) ‘Policy brief on expanding adolescents and youth access to sexual and reproductive health services in Rwanda’ (2019), available at <http://hdirwanda.org/wp-content/uploads/2019/04/Policy-brief-Expanding-Adolescents-and-Youth-access-to-SRH-services-in-Rwanda.pdf> accessed January 2022.

⁴⁸ The Law of 2016 relating to human reproductive health. Article 7.

⁴⁹ The Law of 2016 governing persons and family in Rwanda. Article 113 (1).

⁵⁰ The Law of 2018 determining offences and penalties in general. Article 133.

49/2012 on medical professional liability insurance does not allow minors to seek healthcare services without the prior consent of their parents or legal guardians.⁵¹

The National Youth Policy does not identify a specific strategy to improve access to reproductive health services which prevent unwanted pregnancies despite the fact that it acknowledges uneasy access to reproductive health services that leads adolescents to having unwanted pregnancies with their following consequences such as school dropouts, unsafe abortion, death of the mother or of the child, sexually transmitted diseases and all forms of physical and psychological violence. The National School Health Policy acknowledges teenage pregnancies among critical issues but does not suggest a concrete action to address teenage pregnancies in schools.⁵²

The rapid assessment that was conducted by CLADHO (2016) in 52 sectors revealed that an average of 818 teenage girls got pregnant before the age of 18 years within a period of just two years. In addition, the rapid assessment revealed that most of teenagers got pregnant from their peers (49%); 20% from family friends and lastly 2% from tutorials and 1 % from local leaders.⁵³ In addition, the rapid assessment highlighted that 75% of teenage pregnancy resulted from sexual violence and 25 % through voluntary sexual intercourse.⁵⁴

The research conducted by CLADHO in 2016 revealed that most consequences and problems faced by teenagers after getting pregnancy were school dropout (50%), poverty (19%), depression (11%) and other including discrimination (5%).⁵⁵ In addition, a baseline survey conducted by Imbuto Foundation revealed that only 34.2 % of First Time Young Mothers (aged between 15 and 19 years) used contraceptive methods after delivery.⁵⁶

Despite the existence of laws and policies, teenage pregnancies have been on the rise because studies have shown that babies born to mothers under 20 years of age face a

⁵¹ The Law 2012 on medical professional liability insurance. Article 11.

⁵² HDI Policy Brief (2019).

⁵³ CLADHO Report on early/unwanted pregnancy for under 18 years in 10 districts of Rwanda. Available at <<http://www.cladho.org.rw/fileadmin/templates/document/REPORT_OF_THE_RAPID_ASSESSMENT_ON_TEENAGE_PREGNANCY.PDF Accessed on 10 December 2018.

⁵⁴ Idem.

⁵⁵ Idem.

⁵⁶ Idem.

50% higher risk of being still born or dying in the first few weeks versus those born to mothers aged 20-29.⁵⁷

Statistics from the World Health Organization (WHO) also show that 23 girls aged 15 to 19 years in developing regions have an unmet need for modern contraception.⁵⁸ As a result, half of pregnancies among girls aged 15 to 19 years in developing regions are estimated to be unintended.⁵⁹ Research has shown that babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions.⁶⁰

Despite the visible political will and a gender progressive policy in Rwanda, life for many women and girls is both disadvantaged and precarious. Raised to be obedient, subservient and have little to no voice in terms of their own future and rights, Rwandese girls are quite often subjugated by society at different levels and not least in terms of their sexual and reproductive health. The Rwandese culture is very patriarchal. As a result, so women and girls do not have power to make decisions for their own self, particularly when it comes to sexual reproductive rights.⁶¹ Sex is still a taboo even though sexuality education is part of the curriculum, often the teacher is not confident to deliver the information, and it is not something they feel comfortable to talk about. They feel they cannot introduce these ideas to children.⁶² Sex is reserved for those who are married, said a teacher in one of collected information in study reports consulted. Similarly, the ever-increasing number of unwanted teenage pregnancies in Rwanda is usually attributed to lack of sex education right from the family.

5.2.7. Implications of Covid-19 Pandemic

In Rwanda, there is no research done to show if the covid-19 pandemic has contributed in the increase of teenage pregnancies; however, reports exist in the light of some rapid assessments done by certain stakeholders that showed some statistics in limited number of districts. For instance, it was revealed that at least 550 teenagers in Bugesera District were impregnated up to October 2021. It is reported that in

⁵⁷ Idem.

⁵⁸ World Health Organisation (WHO) 'Contraception: Contraception enables people to make informed choices about their sexual and reproductive health', evidence briefs (2019), available at : <https://apps.who.int/iris/bitstream/handle/10665/329884/WHO-RHR-19.18-eng.pdf?ua=1>

⁵⁹ Idem.

⁶⁰ Idem.

⁶¹ Haguruka Organisation 'The Readiness of the Community to Address Teenage Pregnancy in Rwanda': A study conducted in the seven districts of Eastern Province (2018).

⁶² Idem.

Rwamagana District, 300 teenagers were impregnated between July 2019 and June 2020, of whom 150 teenagers were impregnated during the pandemic. In addition, it is reported that in the first 8 (eight) months period since when Covid-19 was declared, 424 girls under the age of 18 were impregnated in Northern Province.

The reports highlighted number of factors including the stay-at-home restrictions which may have been the basis for the increase in the risk of gender-based violence. Also, the pandemic has caused inaccessibility to some SRH information and services including access to condom and emergency contraceptives and these services were critically needed to ensure effective protection.

5.3. Leading effects and consequences of teenage pregnancy

The majority of study reports consulted have concluded that the leading effects and consequences of teenage pregnancy over the teen mother's life, the child, family and the society in general include the high rate of school dropout among teen mothers, issues linked to inadequate access to justice for teen mothers, poverty as well as associated stigma and discrimination.⁶³

5.3.1. School drop-out among teen mothers

According to the findings presented in the situational Analysis report of teenage pregnancy & teen mothers in Rwanda, conducted by AJPRODHO-JJUKIRWA (2020), the main effect of teenage pregnancy is school dropouts (34%) followed by poverty (32%) and stigma (25%).⁶⁴ Other direct effects include: Homeless, domestic violence in marriage, health problems (premature birth, miscarriage/abortion, early marriages.⁶⁵

Some other researches revealed stigma as a major social consequence which in turn leads to school dropouts and reduced passion to go back to school after delivery. One teen mother from Gatsibo was quoted:⁶⁶

'Going back to school is not due to lack of school materials or school fees, but it is a shame for us who got pregnant, at least one can rejoin professional school but, personally, I refused to go back to my school.'

The results presented relatively low percentages in terms of school dropouts compared to the report of CLADHO (2016) which was at 54%.⁶⁷ School dropouts are

⁶³ Idem.

⁶⁴ AJPRODHO-JJUKIRWA 'A Situational Analysis Of Teenage Pregnancy & Teen Mothers In Rwanda' (2020).

⁶⁵ Idem.

⁶⁶ Idem.

more likely not to get decent employment to support their children and therefore contributing to inter-generational poverty. Most of teen mothers were students before pregnancy (71%) but most of them became farmers after pregnancy (67%). This may be associated with the fact that many teen mothers are unemployed and depend on their parents and partners financially, therefore mentioning farming as their occupation.⁶⁸

The study results corroborate with the ones from Haguruka (2018) which shows that teen mothers face a serious challenge of studies and the certainty of their future.⁶⁹ While 63% of them were in school when they got pregnant, only 5% were still students at the time of the study.⁷⁰ Findings in this study revealed that a non-significant percentage of them had managed to complete secondary education. Others had abandoned the school in order to deal with the new status as mothers as well as connected struggles. This abandonment of school is an open gate to poverty since most of them are unskilled for any profession.

5.3.2. Maternal deaths among young women

Adolescent pregnancy has an overall negative impact on young women's health, education and employment opportunities in Rwanda. According to the Government of 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 newborn babies.⁷¹

Adolescent girls therefore face a greater risk of dying from a pregnancy-related cause, with Rwandan women aged 15-24 accounting for 47% of maternal deaths in the country. 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%.⁷²

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

⁶⁷ CLADHO Report (2016).

⁶⁸ Idem.

⁶⁹ Haguruka Report (2018).

⁷⁰ Idem.

⁷¹ Assaf, Shireen, Sarah Staveteig, and Francine Birungi. 2018. Trends in Maternal Health in Rwanda: Further Analysis of the 2014-15 Demographic and Health Survey. DHS Further Analysis Reports No. 108.

⁷² Idem.

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.⁷³

5.3.3. Unsafe Abortions among young women

Since a good share of 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. It is estimated that 22% of unintended pregnancies in Rwanda end in induced abortion, and one-third of these take place in Kigali. This is probably because young women from various districts travel to the capital where it may be easier to have an abortion.⁷⁴

In 2018 different activist of women's rights in Rwanda did manage to successfully lobby for reform of restrictive provisions on abortion under the 2012 law determining offenses and penalties in general where the court order was removed from the requirements for a woman to get an abortion and the reform expanded legal grounds for abortion and now include cases of defilement, rape, incest, forced marriage and medical reasons. But, yet, the law remains extremely restrictive such that hardly any safe legal abortion can take place without the reunification of the reasons explained above in Rwanda.

It is important to note further that there is also a trending issues of only allowing medical doctors to perform abortion, the issue of *mutuelle de santé* that is mostly used by the majority of population which require them to seek transfer from the health center and may push a big number of women to resort for clandestine abortions fearing the costs and time it may require for them to receive abortion related services.

In Rwanda studies suggest that 1 out of 40 women of reproductive age has an abortion every year and 1 out of 100 will experience life-threatening complications.⁷⁵ These unsafe procedures can result in increased risk of maternal mortality and morbidity, including obstetrical fistula and secondary infertility. It is also estimated that approximately 40% of abortions lead to complications requiring treatment, but only a third of those obtain treatment.⁷⁶ Increased infant mortality rate due to unsafe teen abortions is also an issue that should be put in consideration because the

⁷³ Idem.

⁷⁴ D Uwizeye et al (2020).

⁷⁵ Idem.

⁷⁶ Idem.

association between teenage childbearing and neonatal mortality is often interpreted as evidence of true age effects. A corresponding expectation is that neonatal mortality will be reduced by prevention of teenage pregnancy.

5.3.4. Increase of vulnerability to HIV/AIDS

Findings collected for different reports suggest that both parents of teen mothers and teen mothers themselves are highly aware of the high risks risk to be contaminated by HIV. Women and girls have a higher HIV prevalence rate than their male counterparts in every age group average HIV prevalence rate stable over the past decade is 4% among women of reproductive age and 2% among men.⁷⁷ Among girls aged 15-19, it is 0.9% compared to 0.3% of their male counterparts. 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.⁷⁸

Data from the Rwanda Population-based HIV Impact Assessment (RPHIA) and District-level Modeling, sex disparity in HIV prevalence was greatest among the young adults aged 20–24 years, with HIV prevalence in women 3-times higher than in men⁷⁹.

5.3.5. Post-teenage pregnancy family conflicts

The findings collected from the participatory action research on attitudes, perceptions and needs of teenagers, teen mothers and community members towards teenage pregnancy in Huye & Kicukiro districts suggest that usually teenage pregnancy results in conflicts between the girl's parents and the guy or boy's parents.⁸⁰ A teen's pregnancy also might intensify existing friction and conflict among family members or exacerbate sibling rivalry and competition. In the worst scenario, such pregnancy results into conflict between the pregnant teen and her parents is that many parents of pregnant teens fail to support their children, which results into expulsion from home⁸¹.

In most of the consulted study findings on teenage pregnancy, interviewed adolescents reported that their pregnancy situation resulted in a conflictive relationship among family members that contributed to the parents paying less attention to the children. These factors concurred to give rise to an inadequate role of

⁷⁷ S NSANZIMANA et al 'HIV incidence and prevalence among adults aged 15-64 years in Rwanda: Results from the Rwanda Population-based HIV Impact Assessment (RPHIA) and District-level Modeling' (2019).

⁷⁸ Idem.

⁷⁹ Rwanda Biomedical Center (RBC). Rwanda Population-Based HIV Impact Assessment (RPHIA) 2018-2019: Final Report. Kigali: RBC; September 2020.

⁸⁰ Haguruka Report (2018).

⁸¹ AJPRODHO-JJUKIRWA report (2020).

the paternal who otherwise could have attended to, supervised and guided the adolescent girl when faced with the difficulties that normally occur at that stage of life.

These studies concluded that insufficient social support for working families often resulted in unsafe arrangements for the care of children and limited parental involvement in education and health care. Limited participation of parents in education and health care exposed adolescents to pregnancy and other situations such as drug addiction and substance use.

5.3.6. Forced early marriages and negative impact

Teenage pregnancy is an issue that affects the very fabric of family and society. Investing in teenage girls is an opportunity for them to stay in school and to some extent prevents teenage pregnancies, HIV/AIDS infection and early marriages. It would ensure they realize their potential and contribute to the socio-economic well-being of the country. Forced marriage, under article 195 of the same law, attacks a sentence of up to two years in prison. Teen pregnancy is a serious issue and a violation of rights. In Rwanda, marriage is only allowed at the age of 21 and above. Early marriages and pregnancy comes health risks both to the underage mother and the baby. The costs related to teenage pregnancies remains a big burden for the country since they are often not able to complete their school. Many children of teenage mothers are unable to get an education and they too are likely to fall into poverty while creating a vicious cycle of early pregnancies, illiteracy and poverty.

5.4. Other effects/Consequences

5.4.1. Social and self-stigma

It is indicated in different study on teenage pregnancy findings that many teenagers who get pregnant are not able to complete their education fearing their friends/colleagues who may laugh at them and feel shy of going back even if their parents can take care of the newborn baby.⁸²The fear of social stigma can make pregnant girls find it extremely difficult to continue their schooling. This issue was reported in every single report on teenage pregnancy consulted along this desk review.

5.4.2. Fatherless or bastard children

Many children born by teenage mothers do not know their biological fathers because the guy or man responsible often do not accept to be the impregnator which end up

⁸² D Uwizeye et al (2020).

by increasing prevalence of children born by teen mothers may end up by being street children.⁸³ This happens because; the teen parent(s) may not take proper care or cannot afford to provide for the children.

5.4.3. Increase of dependency burden and economic hardship

Teenage mothers or parents and babies put their burden on their relatives hence adding to the relatives' problems. Different findings suggest that the life become harder in the family after teenage pregnancy and continue pushing into vulnerability the already vulnerable young girls.⁸⁴

5.4.4. Costs to access justice for teen mothers

Over the last few decades, the concept of access to justice has evolved from a right to take legal action for violation of rights into a term that more broadly encompasses equitable and just remedies.⁸⁵ Access to justice is “not only a fundamental right in itself, but it is an essential prerequisite for the protection and promotion of all other civil, cultural, economic, political and social rights.

As far as the access to justice for teen mothers is concerned on issues related to their pregnancy, the findings presented in the report by the AJPRODHO show that only 15% of suspects were taken to courts and 85% have not been taken to court to respond to their allegedly cases of rape against the minor.⁸⁶ Furthermore, for those that have been taken to court, the results indicate that only 8% of the teenage mothers appreciated courts' feedback while 92% did not appreciate court decision.⁸⁷

In addition, according to individual stories collected in the report, teen mothers are not properly given justice due to a variety of factors including information hiding, costs of the court proceedings including transportation, unwillingness to go to courts, anonymous discussions between families, etc. With regard to access to justice, one of the interviewed by AJPRODHO affirmed that⁸⁸:

'The one who made me pregnant was sentenced, but it was due to another girl who was sexually abused by him and not me. Now, he is in prison.'

⁸³ Idem.

⁸⁴ Idem.

⁸⁵ Liefwaard T 'Access to Justice for Children: Towards a Specific Research and Implementation Agenda' (2019).

⁸⁶ AJPRODHO-JJUKIRWA Report (2020).

⁸⁷ Idem.

⁸⁸ Idem.

Another story teenage mother added that⁸⁹:

'I did not submit my case in court, I wanted to pursue for my case but I failed because the suspect is far from where I live. However, he recognized/accepted the child and I couldn't see the benefit I'll get if get sentenced. The family chased me out of the house. In fact, my mother has left my father and my father left me too. He even wanted to hurt me with a machete.'

Teens often lack adequate levels of experience of dealing with public officials, educational background and ability to articulate needs and claims. In most cases, when it comes to case of adult suspects, teens are confused or their parents persuaded to prevent submission of their cases to courts.

In consideration of the above statements, the study findings affirmed that, the main reasons of not taking suspects to courts was financial support from the suspect (46%) followed by the mutual agreement to get married (17%). Emotional attachment (16%) and missed suspects (12%) was also raised as the reason to not consulting legal authorities. The category of others (9%) included those who mentioned poverty, lack of evidence and family mistreatment. In addition, there some parents who are persuaded by suspects and hinder or convince the teen to not take the suspect to court through promising them that if taken him to court, nobody will support her financially after delivery.⁹⁰ One of interviewed teen mother affirmed that⁹¹:

'I decided not to take him to court because he promised to financially support my child. If had decided to take him to court, I would have lost everything'.

These findings supported the findings presented in the report the 'Readiness Of The Community To Address Teenage Pregnancy In Rwanda, conducted by Haguruka (2018)' which revealed that given the seriousness and the heaviness of the provision of punishment in the law, teen mothers and their male partners work together to hide the identity of the father of their children. They rather choose to privately negotiate in order to avoid the risk missing even the few expectations of support from these fathers if they get imprisoned.⁹²

⁸⁹ Idem.

⁹⁰ AJPRODHO-JJUKIRWA Report (2020).

⁹¹ Idem.

⁹² Haguruka Report (2018).

According to this report's findings, there is strong prevalence at 59.32% of teenage pregnancy mothers who did not accuse suspects due to manipulation of teen's parents who provide financial support to parents of the victim, there are also blackmail and threats (verbal violence) expressed by 40.68% of teen mothers.⁹³ This information correlates with what AJPRODHO recorded during the focus group discussions that many families prefer not to take to court the suspects of teen pregnancies because they want to hide what happened to their daughters and prefer to solve the issue amicably.⁹⁴

Generally, on this issue, the findings from different reports complete each other that where poverty is a factor, teens are even less likely to approach the justice system to claim their rights: the stigma of poverty and the multidimensional deprivations suffered by the poor are enhanced by a teen's dependent status.

5.5. Hindrances for teen mothers to register their children

The findings presented in the report done by Haguruka on the readiness of the community to address teenage pregnancy in Rwanda, conducted in the seven districts of Eastern Province show that lack means to care for their children following abandonment of their male parents. Once these men learn that their partners are pregnant, either they develop arguments to deny the child under the pretext that she has been sleeping with other men.⁹⁵

Other men disappear completely, relocating to other places within or outside the country or going back to their native regions, especially that most of these men who impregnate girls live in these region on temporary basis because of their business, jobs or studies. In these conditions, parents and neighbors do not engage much in supporting the teen mothers rather they address to them all sorts of discouraging and disgraceful insults. Thus teen mothers remain on their own struggling to raise up their children in the midst of difficult conditions. The few men that try to help only intervene in health care or with very few contribution which cannot guarantee the capacity to cope with life in the community.⁹⁶

In addition, challenges regarding registration of the children born to teen mothers, are also prevailing and has influence on teen mothers' social integration. It is also visible that more than a half of registered children are counted on their mothers only. The report of Haguruka indicates that fathers who have recognised and registered

⁹³ Idem.

⁹⁴ AJPRODHO-JJUKIRWA Report (2020).

⁹⁵ Haguruka Report (2018).

⁹⁶ Idem.

their children are less than one fifth of children (16%).⁹⁷ Some of the realities around non registration of children is that their mothers give them birth while they are still too young.

Therefore, the man disappear because of the fear of being jailed, and the teen mother does not have the possibility to register the child while they themselves do not have identity card on which the child can be counted. But whatever the explanation is, issues of registration are a sign of social integration of the child and the mother. This is because when the child is not registered for some she/he's not accepted in the society and that her child is a shame to some people, some families and the entire society.⁹⁸

Some of the findings collected indicated that local authorities in charge of child registration in some sectors and districts reached during the research by Haguruka have been refusing to register a child if both parents are not present which may negatively impact on the child's life in general.⁹⁹

⁹⁷ Idem.

⁹⁸ AJPRODHO-JJUKIRWA Report (2020).

⁹⁹ Haguruka Report (2018).

CONCLUSION & RECOMMENDATIONS

❖ Conclusion

The main objective of this desk review was to compile findings from different study reports conducted on teenage pregnancy in Rwanda and come up with actionable recommendations to inform the process of developing a policy brief for AJPRODHO-JIJUKIRWA and its stakeholders to be able to implement comprehensive strategic interventions towards reducing high prevalence of teenage pregnancies. The desk review findings pointed to the following key trends around teenage pregnancies in Rwanda:

- The government of Rwanda and its stakeholders invested a lot of efforts to raise awareness of the populations about gender based violence and in general sexual reproductive health. Community meetings and media campaigns play a pivotal role in this process, but, this does not prevent a big number of adolescent from being violated.
- The analysis of findings has noticed remarkable progress in relation to protection of women against GBV through significant legal and policy reforms including establishment of the law of 2008 as well as other policies and regulations preventing and punishing gender based violence that have been established.
- The desk review process has noticed that teenage pregnancy is still prevalent among girls under 18 years old and this category of adolescents is several times at risk of being victims of sexual abuse compared to boys. In addition, teenage pregnancy outside wedlock is a social deviance. Victims of teenage pregnancy suffer from social stigma and discrimination;
- The desk review findings suggest that common attitudinal behaviours of some parents, family, society including health service provider have been contributing to the loneliness of affected girl with teenage pregnancy would be sent away, stop her education and be abandoned by the man/boy responsible for the pregnancy;
- Access to friendly services and information pertaining to adolescent sexual reproductive health and rights is still problematic including the low knowledge among the youth and limited service points.
- The desk review found that since 2015, different study reports have been done on teenage pregnancy with key recommendations for key players to take actions. However, few policy briefs have been addressed to government for

accountability as far as the teenage pregnancy prevalence and effects is concerned.

❖ **Recommendations**

In relation to key desk review findings, the following recommendations are formulated for key players to take actions:

To the Ministry of Gender and Family Promotion:

- There is need to strengthen the capacity of inshuti z'umuryango to raise consciousness of families about emerging issues around teenage pregnancies including GBV and their role in supporting adolescent's sexual education program;
- Raise family awareness about reintegration of teen mothers and effective way of caring victims of GBV.

To the Ministry of Education:

- Establish effective monitoring and evaluation of the quality of CSE teaching program in primary schools;
- Initiate school-based programs of promoting positive masculinity for engaging boys to take actions in promoting SRH of young girls.
- Strengthen school-based health clubs to optimise peer-to-peer support and empowerment for teenage pregnancies prevention.

To the Ministry of Health:

- Reinforce mechanisms of implementation of ESA commitments¹⁰⁰ made in 2013 and consider the urgent need for more systematic scale-up of sexuality education and youth-friendly SRH services.
- Create cross-parents support program to get them actively engaged in sexual and reproductive health education for their children.
- Reinforce implementation strategies of Rwanda's ICPD25 commitments toward reduction of unmet needs of young women about access to family planning and

¹⁰⁰ ESA commitments have been adopted by 20 ministers of education, health, gender, and youth from the Eastern and Southern Africa (ESA) countries in the meeting held in December 2013 where leaders expressed overwhelming support to continue joint efforts towards creating a brighter future for adolescents and young people in the region by empowering the youth and protecting their health and well-being to achieve the common goals.

contraceptives, zero maternal deaths, and zero GBV and practices that harm women and girls.

- Increase media content on adolescent-centered sexuality education and consider effective mechanisms to stop negative media influence over young people's sexuality.
- Amend article 7 of the human reproductive health law to ensure young women under 18 years old access contraceptives without parental/guardian consent.
- Establish window of opportunities for young people to access confidential mental health services and counselling in primary health care, schools and communities.
- Consider popularization of provisions under the human reproductive health law as far as the access to SRH information and services is concerned.

To the Ministry of Local Government:

- Amend Ubudehe categorization criteria to include teen mothers under category one due to their vulnerability.
- Remove all the legal barriers and practice that may hinder child's registration process.

To the Ministry of Justice:

- Reinforce mechanisms of implementation of the UNCRC Committee recommendations to Rwanda with regard to adolescents' sexual and reproductive health of February 2020 in consideration of the combined fifth and sixth periodic reports of Rwanda.

To the Civil Society Organisations/Private Sector

- Strengthen collaboration for effective actions in providing accurate SRH information including a contextualized Comprehensive Sexual Education with a focus on parents and teachers.
- Generate strong evidences for advocacy and create content for best practices towards effective mechanisms of preventing teenage pregnancies.
- Support in raising awareness of communities particularly women's networks to break the silence and speak-up of violence against women.
- Facilitate creation of Civil Society Coalition against teenage pregnancy.

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