Advocating for girls' rights socio protection through fighting against early and unwanted pregnancies in Rwanda

A-SRH PROJECT/CLADHO - KNH

REPORT ON EARLY/UNWANTED PREGNANCY FOR UNDER 18 YEARS IN 10 DISTRICTS OF RWANDA

Kigali, August, 2016

Rapid assessment done by CLADHO under financial support of KNH "Kindernothilfe"
The partnership and support from Vice Mayors of social affairs at District Level, local authorities at District Level, Education Officers and individuals have been very benefit in this rapid assessment of early unwanted pregnancies in Rwanda.

The rapid assessment have been conducted in 10 Districts of Rwanda which are: KICUKIRO, GASABO, NYARUGENGE, KAMONYI, HUYE, KARONGI, NYAMASHEKE, GICUMB, RWAMAGANA and BUGESERA. We note that all the five provinces have been covered by the rapid assessment.

The rapid assessment collected also additional information about unwanted pregnancies in Rwannda from key informants found in targeted institutions and through a desk review.

This process allowed the researcher to gather key information, challenges and needs in order to advocates for and to promote child rights against child rights violation and early unwanted pregnancies and finally to promote the child rights to health and education.

As result, CLADHO which is an umbrella of 12 human rights civil society organizations under financial support of KNH "KinderNotHilfe" brought on board specific evidences that clearly presented in this important rapid assessment very useful for future planning, programming, political, policy and legal decisions making addressing key issues related to child rights violation, teenage pregnancy such as social and legal protection.

On behalf of CLADHO, let me use this opportunity to deeply recognize and thank KNH "KinderNotHilfe" our privilege Donor, the research team for this rapid assessment well presented and addressing sensitive child rights and teenage pregnancy aspect. I would like also to extend sincere gratitude to representatives of the following institutions respectively: MINEDUC, National Commission for Children "NCC", Rwanda Education Board "REB", Ministry of Gender and Family Planning "MIGEPROF" and Organizations members of CLADHO.

Districts’ Vice Mayors in charge of social affairs, Education Officials at District and Sector levels, Sectors Executive secretaries, Social affairs at Sector Level who facilitated this rapid assessment on the current situation of teenage pregnancy.

Finally I would like to recognize and thank all respondents (victims of teenage pregnancy) and who accepted to take part into this rapid assessment which came up with clear and specific evidences, challenges and recommendations to be addressed in favour of teenagers who got pregnancy at early ages.

God bless You.

Mr SEKANYANGE Jean Leonard
Chairperson of CLADHO
EXECUTIVE SUMMARY

Teenage pregnancy occurs in all societies, with considerable variation in magnitude and consequences among different countries and regions. In each case, a variety of complex socioeconomic factors are involved including poverty, communities and families acceptance of child marriage, culture behaviours, gender inequality, sexual violence, lack of education and information among others.

Adolescent pregnancy is not only a health issue, but also a human right and development issue. Pregnancy undermines a girl’s ability to exercise her rights to education, health and autonomy. It also prevents her from realizing her potential and adversely impacts the baby. A country’s economy is also affected by teenage pregnancies as adolescent mothers are prevented from entering the workforce.

In Rwanda, despite all efforts, measures and actions put in place to fight teenage pregnancy, young Rwandan girls have also been affected by teen pregnancy, although to a lesser extent that other sub-Saharan countries. However, this is still a very real challenge for girls especially in the pursuit of education and skills that increases success rates.

It is in this context that CLADHO under financial support of KNH have conducted a rapid assessment in order to investigate the issues related to adolescent pregnancy and fight teenage pregnancy.

This report presents an update on the current situation of pregnancies among girls less than 18 years of age; trends during the last 4 years

The results of the rapid assessment were planned to be used to inform public and private institutions and other relevant stakeholders including civil society organizations about the situational analysis of the child rights violation and teenage pregnancy in Rwanda and raise awareness on specific issues that have to be addressed to improve the knowledge about child rights, and Adolescents-Sexual reproductive health.

Ten (10) Districts out of Thirty (30) were selected as Districts of intervention and to be covered by the rapid assessment and a in each district a number of sectors has been chosen in relation from the reported data from the local authorities related to the adolescent pregnancy.

The rapid assessment found that pregnancy among very young adolescents is a significant problem. Many adolescent girls between 11 and 18 get pregnant. The proportion of women who become pregnant before age of 18 years varies enormously. In selected Districts, the highest percentage of pregnant girls
who responded for the survey are from Huye district (14.2%), followed by Kicukiro district (12.8%), and lowest percentage was from Gicumbi district (6.2%).
The contexts of adolescent pregnancies are not always the same. Having a child outside marriage is not uncommon in some households and births to unmarried adolescent mothers are far more likely to be unintended and are more likely to end in induced abortion.

In terms of knowledge, the study revealed that only 31% have knowledge on child rights, 23% on human rights principles, 13% reported that they have knowledge on A-SRH and 22% on S-GBV, something which are very influencing for them to do sexual intercourse and getting pregnancy at early age.

Coerced sex, reported by 87.7% of girls who first had sex before age 18 years, contributes to unwanted adolescent pregnancies.
The rapid assessment found that adolescent pregnancy is dangerous for the mother. Although adolescents aged 10-18 years are suffering from overall burden of disease (disability- adjusted life years) due to pregnancy and childbirth.

Many health problems are particularly associated with negative outcomes of pregnancy during adolescence. These include anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage and mental disorders, such as depression.

Adolescent pregnancy is dangerous for the child given that still births and death in the first week of life are higher among babies born to mothers younger than 20 years than among babies born to mothers of 20–29 years old. Deaths during the first month of life are 50–100% more frequent if the mother is an adolescent versus older, and the younger the mother, the higher the risk.
The rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescents, all of which increase the chance of death and of future health problems for the baby.
Pregnant adolescents are more likely to smoke and use alcohol than are older women, which can cause many problems for the child and after birth.
The study found that adolescent pregnancy adversely affects communities. Many girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.
Studies have shown that delaying adolescent births could significantly lower population growth rates, potentially generating broad economic and social benefits, in addition to improving the health of adolescents.

The study shown that most of teenagers get pregnant from colleagues (49%), 20% from family friends and lastly 2% from tutorials and 1% from local leaders and they highlighted that 75% got pregnancy due to sexual violence and 25% through voluntary sexual intercourse.

Concerning the contributing factors that pushed them to early get pregnant, it was found that the poverty of parents (50%), unsatisfaction (14%) and carelessness of parents and sexual violence (9% for both) are the major factors that led them to be involved in early sex intercourse.

The research revealed that most consequences and problems faced by teenagers after getting pregnancy are school dropout (50%), poverty (19%), depression (11%) and other including discrimination (5%).

In terms of support after being pregnant, 99% didn't receive any legal support/assistance, 88% any support from perpetrators and only 5% of young babies are officially registered.

The rapid assessment highlighted also that the majority of the young mothers who participated in the rapid assessment have attended schools. Nonetheless due to getting pregnancy they dropped out and a big number need to go back to school especially vocational training (44%).

Nonetheless, among the proportion of 818 Teenagers victims of early/unwanted pregnancies who participated in the assessment, 10% preferred to go back in formal school, while 50% preferred to be assisted in starting income generating activities.

On the reproductive health needs of adolescents, the study agreed on two distinctive objectives: “(a) to address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, and STIs, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behavior...and (b) to substantially reduce all adolescent pregnancies” More
specifically, it called for community to “protect and promote the right of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies”.

The study shown that most of teenagers victims of early/unwanted pregnancy (97% ) need the capacity building on Child rights and Adolescents-Sexual Reproductive Health and HIV/AIDS.
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LIST OF ABBREVIATIONS AND ACRONYMS

A-SRH : Adolescent-Sexual and Reproductive Health

CLADHO : Collectif des Ligues et Association de Défense des Droits de l'Homme au Rwanda

KNH : KinderNotHilfe

S-GBV : Sexual and Gender Based Violence

GBV : Gender Based Violence

HIV : Human Immunodeficiency Virus

MIGEPHTF : Ministry of Gender and Family Promotion

RNP : Rwanda National Police

VAC : Violence Against Children
1. BACKGROUND OF THE PROJECT AND CONTEXT OF THE STUDY

1.1. Situational analysis of defilement and teenagers’ pregnancy cases in Rwanda

Although there has been a decline in the number of child defilement and rape cases reported annually to the responsible legal authorities in Rwanda from 2011 to 2014, these cases of violence are still high in the country. To the worst extreme, there could be similar cases which go unnoticed and/or are not reported to the competent authorities for legal action.

Statistics from the Rwanda National Police (RNP) indicate that 1,433 and 284 cases of defilement and rape respectively were recorded in 2014 alone. These practices are regarded as immoral and are culturally, socially and legally unacceptable in Rwanda. Article 191 of the Penal Code punishes defilement with life imprisonment.

The RNP established a toll free number 3512, where information from the public concerning defilement, rape and other gender-based crimes can be reported so that immediate action and response is taken.

Community members including parents, teenagers, local leaders will be connected to the line during the project implementation. CLADHO as a human right-based organization who works closely with the RNP(Rwanda National Police) and together find solutions to specific cases of unwanted pregnancy, as well as for other cases of human rights violation. The help line is and will be successful during the project implementation because the police and local authorities at community level are immediately called upon to act as soon as possible against all form of violation.

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.

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.

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.

The thematic report on the Socio – economic status of children (2014) from the fourth Rwanda Population and Housing (RPHC4) indicates a total of 5,775 female children countrywide between the ages of 12 – 17 who had given birth at the time of the census. This means that, on average, childbirth 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.

Teenagers’ pregnancy may also lead 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, the minimum legal age for marriage is 21 (Article 171, Law No 42/1988 of 27 October 1988).

The Penal Code (Article 195) 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.

There has been a steady decline in the proportion of cases of childbirth teenagers since 1992 and a lot more has to be done to end it completely in order to ignite a better future and an environment free of violence for the young generation. Series of campaign against defilement and teenagers’ pregnancy activities have been done in Rwanda starting by June 16, 2015 launched in KAYONZA District, Eastern Province on the theme “Accelerating our Collective Efforts to Eradicate Defilement & Teenage Pregnancy in Rwanda”.

Despite the Government of Rwanda’s commitment and existence of associated legal instruments for ending all forms of violence against children (VAC), registered cases of defilement and teenage pregnancy are still high which call for urgent and collective action in order to be addressed. This campaign has been combined with the commemoration of the World Day against
Child Labor which aims at protecting children against any form of child labor that may affect access to education. The campaign has been done with the aim of:

1) Educating children and parents about avoiding risks of defilement and preventing teenage pregnancies;
2) Pooling efforts from all stakeholders to raise public awareness on managing the identified cases and fighting against their reoccurrence;
3) Consolidating and sharing gains and best practices from the ongoing campaign on anti-teenage pregnancy;
4) Raising awareness on prevention of children from engaging in any worst forms of child labor by encouraging parents to invest in their children’s education;
5) Adopting measures and mitigation strategies for eradicating child labor, defilement and teenage pregnancy.

Even if Rwanda has continued to achieve a steady decline in fertility over the years coming down from about 6.1 children per woman to about 4.1 which is in line with the use of contraceptive methods. This was indicated in the 5th Demographic and Health Survey (DHS) conducted by the National Institute of Statistics of Rwanda together with the Ministry of Health. Contraceptive method utilization increased from 27%- 45%. However, Rwanda is still experiencing some unmet child and youth rights such as the sexual and reproductive health rights programmes that needs to be expanded in schools and at decentralized level of the community as it is addressed in this proposal for just a kind of start-up of a huge program addressing the early and unwanted pregnancies in schools and at community level.

This will support the equity and inclusion in education for all (EFA) through an increases of the national education gross enrolment rate.

Although there has been a decline in the number of child defilement and rape cases reported annually to the responsible legal authorities in Rwanda from 2011 to 2014, these cases of violence are still high in the country. To the worst extreme, there could be similar cases which go unnoticed and/or are not reported to the competent authorities for legal action.
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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.

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.

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.
1.2. General Objective

Contributing to reduction of child sexual violation through fighting early/unwanted pregnancies and realization of access to social justice services in schools and at community level.

1.3. Specific objectives

1. To increase access to justice and social integration for victims of teenage pregnancy, S-GB and child rights violation in schools and at community level;
2. To increase knowledge of teenagers/adolescents aged between (12-18 years old), parents and teachers about sexual and reproductive health, child rights against, Sexual and Gender Based Violence (S-GBV), HIV/AIDS and early/ unwanted pregnancies;
3) To advocate for the prevention of adolescents’ early pregnancy and S-GBV cases’ consequences through open public dialogue using media organization and communication strategies and through legal aid to victims;
4) To strengthen capacities of the human rights organizations umbrella and implementing members organizations in contributing to reduction of teenage pregnancies, sexual violation, and addressing problems associated with early/unwanted pregnancies.
5) To strengthen technical expertise of probono lawyers from CLADHO targeted members organizations for socio protection, legal aid and child rights violation monitoring related to early/unwanted pregnancies;

1.4. TARGET GROUP

1.2. The target group of this project will be:
1) Adolescents Girls aged between 11 years and 18 years of age in secondary schools and at community level for those who dropped school due to early and unwanted pregnancy in Rwanda.

This particular group will benefit interventions related to A-SRH education, HIV/AIDS, early and unwanted pregnancy prevention and legal aid for victims (both girls and boys);

General population where schools are located will also get benefit from the project intervention based. This will include local authorities, teachers, headmasters and education officers that will be sensitized through this project to prevent pregnancies in schools and to protect children having aged between 11-18 years old.

All Adolescents Boys from the selected schools and selected districts who will get benefit from the sexual and reproductive education program, HIV/AIDS and legal aid.
2) 80% of Parents, 90% of teachers and 100% of schools directors from 6 (70%) selected secondary schools per selected districts
3) Local authorities, in charge of education at sector and district level including religious will be mobilized to be involved in fighting against early and unwanted pregnancies in schools and at
community level

4) General population who will get benefit from the awareness sensitization campaigns.
The project will also target adolescents between 16 years and 21 years (before the wedding age) who dropped out school because of unwanted and early pregnancy.

They will also be educated on child rights, youth charter and Maputo protocol.

1.5. Expected Results:

- 80% of targeted Human rights CSOs are trained, strengthened and involved in child rights and early pregnancies monitoring among adolescents in and out of school;
- 80% of child rights violations cases including child sexual violence are assessed, assisted and accompanied;
- 80% of adolescents victims of child right and Sexual violation who dropped out school due to unwanted pregnancy are reached by the program of social integration and protection aiming to provide legal and social assistance to victims and getting back to school those dropped it out.
- Open public dialogue on child rights and early/unwanted pregnancy are organized per District and at National level every year of program implementation;
- 70% of households are reached by door-to-door awareness sensitization conducted by the targeted CSOs members of CLADHO in partnership with the “Inshuti Z’umuryango“ initiated by the National Commission for Children.
- 75% of adolescents both in schools and at community level are reached by the sensitization program.
- 90% of targeted schools had integrated the child rights issues, Sexual and Reproductive Health program, HIV/AIDS and fighting against Early /Unwanted pregnancies in thei program;
- 100% CLADHO’s probono lawyers are strengthened to advocate for social protection of adolescents victims of early/unwanted pregnancies and S-GBV.
- 100% of involved media institutions actively participate in project implementation in partnership with CLADHO.
2. CONTEXT OF THE STUDY

2.1. Introduction

Bearing in mind that anti teenage pregnancy is a critical point to be addressed in order to build a society without unwanted pregnancy for children under 18, CLADHO under financial support of KNH "Kindernothilfe" commissioned a rapid assessment on early/unwanted pregnancy for under 18 at schools and at community level for identification of adolescents victims of child rights and sexual violation who became earlier mothers/fathers while teenagers and a deep situational analysis of teenage pregnancy in the intervention areas, in order to gather updated and accurate information about the issue to contribute in advocating for girls' rights socio protection through fighting against early and unwanted pregnancies and addressing challenges faced by teenagers victims of unwanted pregnancies.

The outcomes of this assessment will be utilized to inform policy makers, Development partners, Human rights organizations and stakeholders about the child rights violation, sexual and gender based violence and abuse for under 18 years which lead to early/unwanted pregnancies. The same assessment will serve as a start point to implement Adolescent and Sexual Reproductive Health project (A-SRH) implemented by CLADHO under financial support of KNH.

2.2. Key indicators

- Number of cases of unwanted pregnancies;
- The evolution of pregnancy cases by year;
- Size of the household for the target group (Victims of teenage pregnancy);
- The age of girls at pregnancy;
- The level of education of teenager victim of unwanted pregnancy;
- The level of knowledge on child rights;
- The level of knowledge on human rights principles;
- The level of knowledge on sexual and reproductive health for adolescent;
- The level of knowledge on sexual and gender based violence;
- Types of violence experienced before getting pregnancy;
- The Frequency of abuse/violence before pregnancy;
- The year in which the victim got pregnancy;
- The number of children for teenager victim of early/unwanted pregnancy and their ages;
- The causes /pull factors or drivers of unwanted pregnancy for under 18 years;
- The person responsible for the early/unwanted pregnancy;
- Consequences after being pregnant;
- Reaction of teenager after getting pregnancy;
- The result of denunciation;
- Kind of support given to Teenager’s after getting pregnancy (Support in terms of law, support from perpetrator etc...);
- % of teenager who went back to school after pregnancy;
- % of birth registration;
- Living conditions and Economic characteristics of teenagers victims of early/unwanted pregnancies (source of revenue, ...);
- Kind of support needed by teenagers victims of early/unwanted pregnancies (Capacity building, social protection etc...).

2.3. Objective of the assessment

The assessment describes the current situation of unwanted pregnancies at schools and community level and socioeconomic characteristics of victims of teenage pregnancy and assess the causes of existing child rights violation and what are needed in terms of support and advocacy.

2.4. Scope of the assessment

The main objective of the assignment is to collect baseline quantitative and qualitative information in 52 Sectors from 10 Districts of Rwanda (Kicukiro-Gasabo-Nyarugenge-Kamonyi-Huye-Nyamasheke-Karongi-Bugesera-Rwamagana and Gicumbi).

In collaboration with District Officials in the intervention areas, 52 sectors shown in the table below have been selected basing on the number of schools in Sectors and existing child rights violation and unwanted pregnancies cases recorded last years.
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2.5. Approach and Methodology

2.5.1. Approach

Knowing that the approach to this rapid assessment is to gather and analyze as much information as possible that allows to identify a reliable and valid image of the current situation of teenage pregnancy in the intervention area, the assessment was systematic per households, Key informant at District and Sector Levels with persons knowledgeable with teenage pregnancy issues and Focus groups discussions with Victims.

**Assessment framework**

<table>
<thead>
<tr>
<th>Step 1: Review of the existing documentation (Desk review)</th>
<th>Step 2: Training of enumerators, Data collection through Interviews, Key informants and Focus Group Discussions</th>
<th>Step 3: Data entry, Preparation and presentation of the Draft report</th>
<th>Step 4: Integration of comments and reparation of the final report</th>
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</thead>
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<tr>
<th>4</th>
<th>Southern Province</th>
<th>Kamonyi</th>
<th>Gacurabwenge</th>
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<td>Nyarubaka</td>
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<td>Rutare</td>
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Total 10 52
2.6. Methodology

2.6.1. Collection of qualitative data

Qualitative data was collected through desk review, Key informants and FGD (Focus Group Discussions) made of 8 to 12 teenagers victims of early/unwanted pregnancies that allowed the researcher to generate broad views of issues of concern related to:

(1) Opinion on risk factors and prevention of child rights violation and teenage pregnancy;
(2) Accessibility to social services and legal assistance by victims of teenage pregnancy;
(3) Living conditions of teenagers after getting pregnancy.

2.6.1.1. Desk review

Using a synthesis and distillation approach, the team of consultants has reviewed various documents and records so as to obtain information relevant for the themes understudy as well as identifying information gaps for firming up the field survey instruments. Reports and other relevant documents were reviewed.

2.6.1.2. Key Informants Interviews

Key informant interviews have been held with relevant persons knowledgeable about the teenage pregnancy such as Representatives of National Commission for children, Gender and family promotion and Education officials at District and Sector levels.

This method helped in generating preliminary qualitative information related to the issue of teenage pregnancy situation.

2.6.1.3. Focus Group Discussions

FGDs composed by 8-12 participants (1 focus group per each sector) have taken place at sector level by selected people targeted by the project (Teenagers victims of unwanted pregnancy at school and community level) to enhance the in-depth understanding of the current situation of teenage pregnancies, pull factors and consequences after being pregnant at early ages.

2.6.2. Collection of quantitative data

Data collection instruments (individual Questionnaires) have been developed and administered during the assessment based on specific objectives of this study in order to gather quantitative information about the issue of child rights violation, teenage pregnancy and associated risks.
2.7. Data analysis

2.7.1. Qualitative Data

After the collection of data, the team of consultants proceeded to the analysis of information gathered on the. Coding guides has been prepared for this purpose accordingly.

2.7.2. Quantitative Data

The analysis of quantitative that used the suitable statistical methods within the framework of the statistical data processing. The statistical software adapted to data analysis of data gathered during the assessment have been used. We have used SPSS as the tool of data analysis. Cross tabulation of dependent variables as expected impact with independent variables have yield statistical information at p-value <0.05 as the degree of significance. Conclusions and recommendations based on evidence-based information in terms of the significance of the statistical tests used accordingly have been produced.
3. PRESENTATION OF FINDINGS

The findings of the rapid assessment in numeric figures, tables and graphs and therefore statistically analyzed, described, interpreted and discussed for great conclusion and recommendations addressed to the government of Rwanda, CSOs and development Partners working on child rights and teenage pregnancy are presented here under:

3.1. Distribution of teenagers who got pregnancy per District

The following tables and figure shows the distribution of teenagers who got pregnant and its evolution per District. The highest percentage of teenage pregnancy is from Huye District (14.2%), followed by Kicukiro District (12.8%), and lowest percentage was from Gicumbi District (6.2%).

<table>
<thead>
<tr>
<th>Nº</th>
<th>Districts</th>
<th>N=818</th>
<th>%</th>
<th>Nº</th>
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<th>N=818</th>
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<tr>
<td>1)</td>
<td>Nyarugenge</td>
<td>77</td>
<td>9.4%</td>
<td>6)</td>
<td>Nyamasheke</td>
<td>84</td>
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<td>2)</td>
<td>Gasabo</td>
<td>71</td>
<td>8.7%</td>
<td>7)</td>
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<td>57</td>
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<td>8)</td>
<td>Bugesera</td>
<td>95</td>
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<td>4)</td>
<td>Huye</td>
<td>116</td>
<td>14.2%</td>
<td>9)</td>
<td>Rwamagana</td>
<td>77</td>
<td>9.4%</td>
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<tr>
<td>5)</td>
<td>Kamonyi</td>
<td>85</td>
<td>10.4%</td>
<td>10) Gicumbi</td>
<td>51</td>
<td>6.2%</td>
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<tr>
<td>Total</td>
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<td>818</td>
<td>100.0%</td>
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</table>

Table 2: Distribution of teenage pregnancy per District

As above mentioned also the table and figure below shows the evolution of teenage pregnancy year by year since 2013 and it was shown that, many cases are recorded in 2015 where they represent 265 among 818 cases followed by 242 cases in 2013, 201 in 2014 and 103 in 2016.

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>DISTRICT</th>
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<th>2015</th>
<th>2014</th>
<th>2013</th>
<th>TOTAL</th>
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<td>7</td>
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<td>TOTAL</td>
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<td>103</td>
<td>265</td>
<td>201</td>
<td>242</td>
<td>818</td>
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</tbody>
</table>

Table 3: The evolution of pregnancy cases by year
3.2. Size of the household

Participants were asked about their family member composition (how many people are in their families) and the majority (42.5%) answered that they were between 4 and 6 people and 35.3% above six people in their family and small number (22.2%) live in the family between 1 and 3 members. The reason of living in the family of more than 4 member of household as highlighted by the big number could be a significant factor to the not goodness and unhappiness leading to the different family problems such as poverty.

Figure 2. The evolution of pregnancy cases by year

Figure 3. Family size

3.3. The age of teenager at pregnancy time
The study also shows the proportion of young girls who have been involved in sexual intercourses or who have been simply raped and get pregnancy. The study revealed that most of teenagers got pregnant at age of 11 and above, the most number (more than 30%) got pregnant at age of 17 years while a small percentage (0.5%) reported that they got pregnant at age of 11 years.

![Age at pregnancy](image)

**Figure 4. Age of teenagers at pregnancy time**

### 3.4. The adolescent pregnancy and school participation

Adolescents aged 10 to 18 are of school age, officially defined at the country level for primary and secondary education. Unfortunately, many are either out of school or are enrolled in or attending school at levels that do not correspond to their ages.

It is known that access to good quality education is one of the most effective interventions to empower adolescents with the most basic skills to function and contribute to society. This is of greater relevance for girls to obtain comprehensive sexual education; to know and recognize options; to be able to negotiate reproductive desires, including when and how many children to have; and to be able to demand access to good quality services for reproductive health. All of these faculties could be easily denied to adolescent girls who are out of school and unable to complete their secondary education as a minimum.

The rapid assessment wanted to highlight the information related to the education level of girls who gave birth. All girls who get pregnant and gave birth have attended school and the majority (63%) attended primary education and 37% were in secondary schools).
3.5. The level of knowledge of victims of teenage pregnancy in child rights, human rights principles and Adolescent Sexual and Reproductive Health

3.5.1. Knowledge on child rights

The figure below shows the knowledge of young girls on child rights and it was revealed that the big number equivalent to 69% do not have more knowledge on child rights, and only 31% reported that they have knowledge on child rights.
3.5.2. Knowledge on human rights principles

As shown in the figure below, it was found out that most of the young girls interviewed, 77% do not have knowledge on human rights principles and few of them (23%) said that they have knowledge on human rights principles.

![Knowledge on human rights](image)

**Figure 7. Level of knowledge on human rights.**

3.5.3. Knowledge on sexual and reproductive health for adolescent

The figure below shows the level of knowledge that teenagers have on sexual and reproductive health for adolescent and it was revealed that most of them 87% do not have more knowledge on sexual and reproductive health for adolescent and only 13% reported that they have knowledge on sexual and reproductive health for adolescent.

![Knowledge on S-ARH](image)

**Figure 8. The level of knowledge on A-SRH**
3.5.4. Knowledge on sexual and gender based violence

The figure below shows the knowledge of the respondents on sexual and gender based violence and the study revealed that most of the respondents do not have knowledge on sexual and gender based violence with 78%, while few of the respondents said that they have knowledge on sexual and gender based violence with 22%.

![Knowledge on S-GBV](image)

Figure 9. The level of knowledge on S-GBV

3.6. Types and frequency of abuse experienced by teenagers before getting pregnancy

Adolescent girls who gave birth were asked if they have been victims of any form of sexual or physical violence, abuse or harassment in the last 42 months before the rapid assessment. Some teenagers have been exploited, sexually abused, insulted, deprived of education, intimidated and or forced to marriage, etc.

3.6.1. Type of violence/abuse before Pregnancy

It is better to the study to know the type of violence committed to those children, for those under 18 children who gave birth surveyed report that they have suffered from the sexual abuse with the representation of 87.7% of them, another kind of violence that occurred to the surveyed was deprivation of education (4.8%), few of them also reported that they suffered from the deprivation of basic needs (2.8%). There are also physical harm violence, exploitation, forced marriage, the representations of these violence's are 2.5%, 1.4%, 0.9% respectively.
3.6.2. The Frequency of abuse/violence

The act of violence committed to the under 18 children before getting pregnancy, happened differently, some of them reported that they have been abused once (73.3%), other (17.4%) said that it happened often in month and there are others who reported that it is a kind of routine (it happened regularly) with 5%, while 4.4% reported that it happened many time in year.
3.7. The number of children that teenagers have and their ages

3.7.1. Number of children

The figure below shows the number of children that the respondent has and it was revealed that most of the respondents have one child with 89%, this was followed by those who reported that they have two children with 10% and few who reported that they have above two children with 1%.

![Number of children](image1)

**Figure 12. Number of children per teenager**

3.7.2. Age of the children

The under mentioned figure shows the age of children that the respondents have and it was revealed that most of children are between 1 month and 1 year with 60%, followed by those who reported that their children’s age is between 1 and 2 years with 21% and the last (19%) was those who reported that their children's age is between 2 and 3 years.

![Teenagers' Children age](image2)

**Figure 13. Teenagers' children age**
3.8. The causes of unwanted pregnancy

The figure below gives the picture of the causes for unwanted pregnancy for young girls under 18 who gave birth where most of them reported that they got pregnant depending on violence (75%) and another significant number (15%) said that they got pregnant through voluntary sexual intercourse.

![The causes of early pregnancy](image)

**Figure 14. Causes of recorded pregnancy cases for teenagers.**

3.9. Drivers for unwanted pregnancies

As generated by qualitative data through key informants and Focus Group Discussions and quantitative data through individual interviews, the chart below shows the factors which pull young girls to do sexual intercourse and being pregnant at early age, and it was revealed that most of the respondents get pregnant because of poverty among their families with 50%, this was followed by those who reported that they get pregnant because of not being satisfied with what they have with 14%, followed by those who reported carelessness of parents as a pull factor for pregnancy with 13%, the next was those who reported sexual violence as a factor for unwanted pregnancy and those who reported that poor knowledge on reproductive health as factor for unwanted pregnancy with 9% respectively, and few number of the respondents reported disputes among families as a driver for unwanted pregnancies with 5%.
3.10. The person responsible for the pregnancy

The figure below shows the person responsible for pregnancy and it was revealed that most of the respondents were impregnated by their colleagues with 49%, followed by those who reported that they were impregnated by family friends and neighbors with 20%, some of them reported that they were impregnated by strangers with 17%, followed by those (6%) who reported that they were impregnated by their employers, 4% of the respondents reported that they were impregnated by their family members, 2% by their tutorials and few (1%) of the respondents reported that they were impregnated by local leaders.
3.11. Reactions of teenager after getting pregnancy and the results of denonciation

3.11.1. Reactions

The chat below shows the reactions of the respondents after getting pregnant and it was revealed that most of the respondents informed their pregnancy to their parents with 59.2%, this was followed by those who reported that they told to the local leaders with 13.02%, the next was those who reported that they did nothing after being pregnant with 11.6%, 7.7% of the respondents reported that they went to hospital or health centre, and 5.07% of the respondents said that they denounced the case to police station and 2.7% of the respondents said that they had another reaction.

![Reaction of teenager after getting pregnancy

Figure 17. Reaction of teenager after getting pregnancy

3.11.2. The result of denounciation

The chat below shows the result of denunciation and it was found out that after denunciation nothing was done with 58.3%, followed by those who reported that after denunciation there were arrangement between families with 28.45%, the next was those who reported that perpetrator was punished with 8.6% and few of the respondents said that they don’t know with 4.3%.  

24
3.12. Supports received by teenager after being pregnant

3.12.1. Legal support

The chart below shows that in terms of legal support to victims of early/unwanted pregnancy most of the victims (99%) did not get legal assistance and few of the respondents (1%) reported that they got support in terms of law.

Figure 18. Results of denunciation

Figure 19. Legal support to teenager victim of early/unwanted pregnancy
3.12.2. Support from the perpetrator

As shown by the chart below it was revealed that most of victims (88%) do not get support from the perpetrator and only 12% reported that they got support from perpetrators.

![Figure 20. Support from the perpetrator](image)

3.13. Birth registration

Knowing that, as highlighted by child rights principles every child must be officially registered (birth registration), this assessment as shown in the figure below shown that most of children (babies) were not officially registered with 95% and only 5% of the respondents reported that their children are officially registered.

![Figure 21. Birth registration](image)
3.14. Consequences and problems faced by teenagers after being pregnant

The figure below indicates the consequences and problems faced by teenagers after being pregnant where it was revealed that most of the respondents abandoned school due to teenage pregnancy with 54%, followed by those (19%) who reported that they are living in poverty, 11% reported depression as a consequence of pregnancy, 9% reported that they were scandalized after being pregnant, 5% reported that they were discriminated and few (2%) reported that they were traumatized.

![Consequences after being pregnant](image)

**Figure 21. Consequences and problems of teenagers victims of unwanted pregnancies**
3.15. Respondents’ source of revenue

In terms of source of revenue, 80% reported that they use their family's resources, 11% their source of income is trading, 6% get revenue from donors and NGOs, and 2% from the perpetrator and few (1%) get income form their monthly salary.

![Source of revenue](image)

**Figure 22. Source of revenue to teenagers victims of early/unwanted pregnancy.**

3.16. Teenagers who went back to school after pregnancy

The study revealed that most of the victims of unwanted pregnancies at early age did not go back to school with 90% while only 10% said that they went back to school.

![Went back to school after pregnancy](image)

**Figure 23. Rate of Teenagers who went back to school**
3.17. Needs of teenagers victims of early/unwanted pregnancy

3.17.1. Needs in capacity building

3.17.1.1. Capacity Building on Child rights and S-ARH

It was revealed that most (97%) of target group need the capacity building on child rights and A-SRH.

![Pie chart showing percentage of needs in capacity building on child rights and A-SRH](image)

**Figure 24. Needs in capacity building on child rights and A-SRH**

3.17.1.2. Capacity building on human rights principles

The chat below shows that 81% of teenagers victims of teenage pregnancy reported that they need to be trained on human rights principles.

![Pie chart showing percentage of needs in capacity building on human rights principles](image)

**Figure 25. Needs in capacity building on human rights principles**
3.17.2. Needs in Social Protection

The chat below indicates the support needed by teenagers who gave birth in order to improve their lives and this is very crucial because they need to be supported in order to get hope for their future and that of their children and it was revealed that most of the young girls need to be supported in joining vocational schools with 46%, followed by those (44%) who reported that they need support in starting income generating activities and ones (10%) who reported that they need to get back to formal schools.

Figure 26. Needs in social protection
CONCLUSION AND RECOMMENDATIONS

Pregnancies among girls less than 18 years of age have irreparable consequences. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development costs for communities, particularly in perpetuating the cycle of poverty. Existing evidence strongly disputes the rationale of traditional cultural practices such as child marriage. It supports immediate action to enforce laws protecting the rights of children and particularly of girls; guarantee education and health needs; and eliminate the risks of violence, pregnancy among girls less than 18 years of age, HIV infection, and maternal deaths and disability.

Teenage pregnancy occurs in all societies, with considerable variation in magnitude and consequences among different countries and regions. In each case, a variety of complex socioeconomic factors are involved including poverty, communities and families acceptance of child marriage, culture behaviors, gender inequality, sexual violence, lack of education and information among others.

Adolescent pregnancy is not only a health issue, but also a human right and development issue. Pregnancy undermines a girl’s ability to exercise her rights to education, health and autonomy. It also prevents her from realizing her potential and adversely impacts the baby. A country’s economy is also affected by teenage pregnancies as adolescent mothers are prevented from entering the workforce.

In Rwanda, despite all efforts, measures and actions put in place to fight teenage pregnancy, young Rwandan girls have also been affected by teen pregnancy, although to a lesser extent than other sub-Saharan countries. However, this is still a very real challenge for girls especially in the pursuit of education and skills that increases success rates.

Experts in early childhood development say teenage pregnancies remain a serious predicament despite various measures that are being taken to address the problem.

While the government says a child’s early development largely depends on the involvement of both parents, mothers in rural Rwanda blame the increase in early child pregnancies on moral decadence in the society.
In schools, sex education is not given enough time and attention. Girls get most of the information on sexuality from their peers — who are also not well informed — and social media networks and television.

Teen pregnancy is one of the most difficult experiences any young woman can go through. The stress of pregnancy, revelation of pregnancy to parents, and moving on despite the shame and worry can be nerve-racking. Indeed, teenage pregnancy is never easy. The data affirm that adolescent pregnancy is first and foremost a threat to girls and a breach of their fundamental human rights to education, health, life opportunities, and, indeed, to life itself.

**Key recommendations**

The following recommendations state what can be done.

The finding from the study provide sufficient evidence for a call for action, including policies and programmes to accelerate the prevention of adolescent pregnancy for so many young girls at risk, and to ensure adequate support to girls who are already mothers.

Rates of adolescent pregnancy remain high, despite the existence of laws and policies to prevent early marriages, pregnancies and motherhood. Gender inequality, a lack of protection of girls’ human rights, persistent traditions in favour of early marriage and motherhood, poverty, humanitarian crises and tough economic realities all work to encourage adolescent pregnancy to continue.

The girls most likely to have a live birth before age 18 reside in rural and remote areas, have little or no education, and live in the poorest households.

**To MIGEPROF and ASSOCIATED INSTITUTIONS**

- Expand prevention programmes that empower girls at risk of early pregnancy and address the root causes underlying the practice;
- Provide legal assistance in case of violence and abuse, especially in case of sexual violence;
• Mitigate the harmful impact of early pregnancy on married girls: Zero tolerance towards child marriage and pregnancy among adolescent-girls should be the goal;
• Invest in efforts to improve data on monitoring and evaluation in order to strengthen programmes for girls at risk and married girls.

To MINISANTE (MoH) and its Partners

The Ministry of health should advise teenagers to use all available means in fighting against teenage pregnancy and also should organize an awareness campaign against teenage pregnancy and fighting against HIV/AIDS for adolescents.
Teenagers who are pregnant need understanding, medical care, and proper sensitization

To MINEDUC and ASSOCIATED INSTITUTIONS

In order to get inclusive opinions by giving an opportunity to all teenagers’ voices to be heard, debates should be organized at all schools to give teenagers a platform to express their views and opinions on the theme, and clubs for anti-teenage pregnancy should be formed at all schools.
The consultations with schools’ authorities together with teenagers, will guide organizers to a plan of action.
In collaboration with MINALOC, At the decentralize levels (District and Sector levels), the education officer would be in charge of compiling the recommendations from the debates in selected schools.
The National Campaign at provincial level aims at providing room for a maximum possible for Girls and Boys from different schools to contribute to the discussions on their role in fighting teenage pregnancy, where boys and girls will express themselves by looking at it as their own concern to have a sustainable solution by adopting the child friendly initiatives.
The debates / discussions / consultations meetings and the Campaign itself will focus on the following:
• The national Campaign on fighting teenage pregnancy and HIV/AIDS;
• Child friendly approaches / initiatives that need to be focus on; in order to fight teenage pregnancy in school and in the community;
To MINIJUST/RWANDA NATIONAL POLICE
Laws enforcement, Judgement and Punishment of the perpetrators

To CLADHO and Partners

- Use data to identify and target geographic “hotspots”—areas with high proportions and numbers of girls at risk of teenage pregnancy before the age of 18 and if possible to extend the study to the whole country.
- Raise public awareness on human rights principles especially child rights,
- Facilitate the rapid access to legal aid and the judicial system in general, to the victims of teenage pregnancy and any other kind of child abuse.