

GAGE Research Brief
**Exploring Rwandan
adolescents' gendered
experiences and
perspectives**

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Introduction

It is increasingly recognised that the 2030 Agenda for Sustainable Development and its sustainable development goals (SDGs) will not be realised without critical interventions to support today's generation of adolescents. Adolescence has powerful impacts on young people's capabilities – in part because of the physical transformations wrought by puberty, which are considered second only to those experienced in infancy and early childhood in terms of their scope and speed, and in part because of how children's place in the family and broader community shifts as they approach maturity. While there is recognition that these transitions are profoundly gendered, globally there are still significant evidence gaps in our understanding of the diverse ways in which adolescents experience these changes – at both the individual and collective level (Patton et al, 2016). This in turn limits our ability to invest in tailored change strategies. The DFID-funded Gender and Adolescence: Global Evidence (GAGE) programme's timeframe (2015-2024) presents an excellent opportunity to strengthen the evidence base on adolescents and promote evidence-informed policy and programming to fast-track progress for adolescents within the SDG framework. This research synthesis summarises findings from qualitative work undertaken in 2016 with Rwandan adolescent girls and boys in three diverse locations: urban, peri-urban and rural. Rwanda has been selected as a focal country for GAGE because of its strong governmental commitments to advancing the wellbeing of its population – including though a specific focus on adolescents and promoting greater gender equality. Rwanda has integrated international instruments in policies and laws protecting children and promoting gender equality and is reviewing strategic documents such as Vision 2030 with multi-sectoral guidance on SDG alignment. Rwanda has seen rapid progress in girls' education over the last decade and gender parity for primary education has been achieved.

Methodology and research contexts

In Rwanda, the GAGE formative qualitative work was conducted between August and October 2016. It included a range of participants: adolescent girls aged 10 to 16, mothers and fathers of adolescent girls, adolescent boys aged 12 to 15, community members, local leaders

and government officials. The research was conducted in three contrasting communities (urban, peri-urban, rural) located in three different provinces (Northern, Eastern, Southern). Two of the three communities were sites of adolescent programming. The study generated evidence from a total of 506 respondents, and used a range of research methods. Individual interviews with young adolescents and their mothers used innovative tools such as timelines and a 'gate keepers of aspirations' exercise to explore past experiences, imagined futures and potential barriers to achieving these. Key informant interviews were conducted with subnational and community level informants such as community leaders and teachers, programme implementers, and current and past recipients of adolescent programming. The fieldwork also included group activities with adolescents of different ages (10-12, 14-16) and genders, parents of adolescents, and adult community members. Group activities involved a range of tools, including: community timelines to establish community history, including the arrival of particular interventions and key events that could be used as 'anchors' in the survey; community mapping to understand children's and adults' differentiated mobility and their perceptions of local institutions; focus groups on social norm change using methods such as context specific vignettes and mapping of daily activities; and body mapping with children to understand bodily experiences and changes over time, including but not confined to health.

Adolescents' multi-dimensional capabilities

The framing of our research on gendered adolescent experiences is informed by a capabilities approach which emphasises that in order to successfully transition from adolescence to a healthy and empowered adulthood, adolescent girls' and boys' interlinked capabilities need to be supported. Originally championed by Sen (1984; 2004), and nuanced to better capture complex gender dynamics at intra-household and societal levels by Nussbaum (2011) and Kabeer (2003), the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being'. At its core is a sense of competence and purposive agency. It goes beyond a focus on a fixed bundle of

Table 1: Overview of research sites and key characteristics

Province	Northern	Eastern	Southern
District	Musanze	Rwamagana	Nyaruguru
Sector	Musanze	Fumbwe	Rusenge
Typology	Urban	Peri-urban	Rural
Adolescent programme	<ul style="list-style-type: none"> • 12+ Program • Compassion International • Croix Rouge 	<ul style="list-style-type: none"> • Compassion International • Caritas • USAID Gimbuka 	<ul style="list-style-type: none"> • 12+ Program • Plan International • Compassion International • Rwanda Education Assistance Project (REAP) • Rwanda Men's Resource Centre (RWAMREC: Boys for Change) • African Evangelistic Enterprise (AEE)
% population classified as poor (2014)*	34.9	25.4	47.9
% population classified as poor (2010)	20.1	30.4	61.6
Main industries	<ul style="list-style-type: none"> • Cash crop agriculture (Irish potatoes, pyrethrum) • Tourism (mountain gorillas and caves) • University INES 	<ul style="list-style-type: none"> • Trading • Yoghurt factory • Subsistence and cash crop agriculture (banana, horticulture) 	Subsistence agriculture
Average household size	4.3	4.1	4.3
% households headed by a female	28.4	30.2	32.9
District rank in national poverty rankings (out of 30 districts)	10th	4th	23rd

* RPP Report- EICV 4, Rwanda Poverty Profile Report, August 2015

external assets, instead emphasising investment in an individual's skills, knowledge and voice. Importantly, the capabilities approach can encompass the ways in which the acquisition of key capabilities during adolescence is a deeply gendered process, as gendered social norms become increasingly enforced and personally salient as adolescent girls and boys reach puberty. For many girls in the Global South, the years of early adolescence, rather than expanding their worlds – as is common for boys and for girls in the Global North – often see them made smaller as they have to leave comparatively free childhoods and are compelled to follow the gendered adult pathways of their local environments (Harper et al., 2017).

Below we present the findings of our formative qualitative research – organised by capability domain and, where possible, contextualised by existent research. We conclude by highlighting implications for policy, programming and evidence.

Education and learning

Participation in education was widely identified by our respondents as a critical milestone in adolescents' lives, by adolescents and adults alike. Remarkable progress has been achieved over the past 15 years in increasing girls' access to education in Rwanda, reflected in some of the highest primary and secondary school enrolment levels in sub-Saharan Africa (Pro-Femmes Twese Hamwe and VSO, 2013). The Girls' Education Policy (2008) and the Girls' Education Strategic Plan (2009) provide the framework for interventions to increase girls' participation and achievement at all education levels (GoR, 2013). The Rwandan government has invested more than 5% of GDP in the education sector (Bigombe et al., 2008; UNICEF, 2012), including in investment in infrastructure, human resources, and curriculum change at all educational levels – including Technical and Vocational Education and Training (TVET).

GoR introduced free education in 2003 to improve school enrolment in general and the attendance of deprived children in particular. However, although tuition fees have been abolished, there are other out-of-pocket costs that prevent children's regular attendance and impact their performance. These include contributions to school construction programmes, teachers' incentives, school uniforms and materials, and school feeding fees (Abbott, 2013; Williams, 2013; MINEDUC, 2013 cited in GoR, 2015).

"They were asking a lot of money for building new class rooms and we don't have that much money at home. So, when you are not able to pay that money you have to drop-out of school." (Girl, 14-15 years, Musanze)

For parents with multiple children in school, these additional fees add up to a substantial financial burden that can lead to children dropping out of school, repeating a year or delaying completion.

"Logically that money isn't that difficult to find but the problem may be that we may have more than one child and it is not easy to find that money all at the same time. You may find that by the time you pay for two of the children, the remaining will be chased out of school."

Children with disabilities have particularly limited access to education, as most schools for children with special needs are private and expensive.

In terms of gender differences in access to education, girls start primary school at the correct age more often than boys; girls also progress through primary grades more quickly and tend to complete primary school in greater numbers at the correct age compared to

boys (GoR, 2015). However, girls' repetition rates have increased recently (13% in 2010 to 18% in 2013).

Our research shed light on why some children are out of school entirely and why others have especially poor attendance records. Unsurprisingly, poverty was a key theme. Among the most marginalised families in all communities, for example, sending adolescent girls to work as paid domestic workers for richer families in town was identified as a cause of school drop-out – one that became especially prevalent in early adolescence when girls completed primary school.

"If she was a boy, I would not have dropped her out of school. What would a boy do for me? He can't do domestic work. Boys just spend the day sitting, unless you send them in the forest to fetch firewood." (Mother, Musanze)

Experience of school-based violence, by other children and teachers, was also a frequently mentioned reason for school non-attendance and drop-out, echoing findings from elsewhere in Rwanda (Laterite and Plan, 2014; USAID, 2014). In Rwanda, while children are legally¹ protected from "severe" and "excessive" corporal punishment and a Presidential Order² states that punishment should be commensurate with the age of the child and the severity of the misconduct (as well as be aimed at educating the children), there is no explicit prohibition of corporal punishment. Most of the adolescents we interviewed reported being beaten at school, for reasons including: being late for classes; delay in paying school fees and/or other school charges; misbehaving at school; not answering correctly in class; not having a haircut in line

Case study 1: Nadine

Nadine is a 15 year old girl living in Musanze District who dropped out of school when she was in primary five (P5). While in school, Nadine performed well, had friends, and was happy. Nadine remembers that her happiest time is when she was in school. When Nadine was promoted to P5, the school started a construction project and asked families to provide monetary contributions. Nadine's family was not able to find that money, so Nadine paused her education. While she returned to school a few months later, it was difficult for her to catch up with her class. She started failing, became discouraged, and decided drop out of school for the term and start fresh with the last trimester of the academic year. When Nadine came back to school she performed well, but because she had missed a full term, the school decided that she must repeat P5. When Nadine returned to repeat P5, the teacher asked for all the students to register for evening courses, which Nadine's family could not afford. After the teacher beat all the students who had not registered, Nadine and some of her classmates quit school permanently. Nadine remembers that time as the most painful time of her life.

1 Penal Code 2012 and Law No. 54 Relating to the Rights and Protection of the Child 2011

2 No. 48/01 of 10/3/2009

with school policy; and, not having all the requested school materials.

"This [having dropped-out of school] makes me sad. Also my other elder sister was beaten when she was at school and this made her drop-out of school as well. It makes me feel bad to know that I was forced to quit school for the same reason." (Girl, 14-15)

In some cases both parents and adolescents felt that beatings were appropriate. For instance, there was parental support for teachers who beat children when they are late for school. In other cases, adolescents attribute beatings to fostering greater academic engagement.

"One of the best events I remember is when I started performing well in school thanks to our teacher who used to beat me and that helped me become aware of the importance of revising."

By contrast, parents are not happy with teachers beating their children for not having school materials. This is because parents are aware that it is their responsibility to provide school materials – and feel that if they are unable to do so it is not fair for their children to be punished.

"Children should be beaten when they are late at school. However, it makes me sad when my daughter is beaten because of not having some school materials. It is not her fault that we are poor."

Only girls reported being bullied – by male students – at school. They report being beaten by boys, often with no apparent reason according to girls' accounts. Girls also reported being mocked because of their family composition if this is not related to the death of the parents (e.g.: being raised by the grandmother when the mother is working as a domestic worker outside the community, having a very young mother and no known father, or having a father in prison). Orphaned children did not report being mocked at school.

Most parents were highly vested in their children's school performance. Some incentivised it.

"When she brings good marks from school, I may buy her something like a notebook or a pen and tell her 'have these because you had good marks'. In terms of treats, I may buy her bread."

"The good thing I remember is that they [parents] used to give me some gifts when I was the first in class."

Adolescents also understood the importance of good academic performance. Some were worried about doing poorly and others were worried more specifically about having to tell their parents if they get poor grades.

The GoR has strict rules on school absenteeism and drop-out. For some children, this is perceived as a positive influence. One boy whose parents had made him drop-out said:

*"One of the good things that happened to me that I can remember is when they [local authorities] ordered my parents to let me go back to school."*⁴⁹

Parents are very aware of the consequences of being implicated in a child's non-attendance. For example, a mother who had made her daughter drop-out of school, reported:

"I cannot prevent her from going to school because if I do so, I will risk to be punished. The Executive Secretary of the Sector came to arrest me. He had been informed by the teachers that my daughter was no longer in school."

Health and SRHR

Adolescents in Rwanda have better access to health services than their peers in many other developing countries. Nearly three-quarters (71.5%) , for example, are covered by community Based Health Insurance (CBHI) 'Mutuelles de Santé', which was launched in Rwanda in 2000 to ensure affordable access to health services (NISR et al, 2016). In addition, the Ministry of Health has expanded community-based provision of contraceptive services by trained community health workers (CHW) to the Umudugudu level, as part of a broader programme of decentralisation. Acknowledging the absence of adolescent-appropriate SRH services, and the absence of adolescents' voices in their design, the Ministry of Health's 2011 Adolescent Sexual Reproductive Health and Rights Policy focused on adolescents' access to information on family planning, antenatal care, delivery and postnatal care. It also provided for information, counselling, and vaccination to reduce cervical cancer, by launching a HPV vaccine initiative aimed at girls between the ages of 10 and 14 (Binagwaho et al., 2013; Abbot et al., 2014).

However, significant coverage gaps remain. Over half (55%) of girls experience at least one problem accessing health care (RDHS). Some do not have a valid CBHI. Even for those who do, out-of-pocket costs are high. Adolescents in particular have been identified as a group at particular risk of stigmatisation and of experiencing barriers to access SRH services (Binagwaho, 2009; WHO, 2005; 2CV, 2014; Ministry of Health, 2011). Healthcare providers can refuse to provide specific

services (contraception, HIV test) for a minor (Basinga et al., 2012b) and evidence shows that adolescents have high unmet need for accurate SRH information (Abbott et al., 2014; Girl Hub, 2011). About a fifth (20.8%) of Rwandan adolescents have begun childbearing by age 19 (RDHS).

There is little existent evidence available about Rwandan adolescents' knowledge about puberty and menstruation. Our research suggests considerable heterogeneity. In some communities they mentioned timely school-based classes; in other communities these lessons did not take place until the last two years of primary school (P5 and P6), meaning that young adolescents' knowledge – if they had any – came from friends and family. Girls we interviewed who had participated in the 12+ Programme were generally more confident discussing SRH, unsurprising given the dedicated sessions included in the programme. In discussions about adolescent health, the topic of menstruation was most frequently mentioned, with adolescent girls reporting that they got most of their information from their peer group. Girls and their parents were also generally aware of the HPV vaccination, mainly through school-based vaccination clinics.

In the communities where we collected evidence, SRH programmes and services were reported to be offered by a range of organizations, including: schools, Youth Friendly Centers, peer educators, Vocational Training Centers for youth, and mass media programming targeting adolescents. At the community level, SRH service providers were identified as local health centres and CHWs. CHW were identified as particularly helpful for people without CBHI.

While evidence from the RDHS shows that more than four fifths (88%) of unmarried sexually active adolescent girls do not use any contraception, in our interviews CHW reported providing contraceptives (oral contraceptive pills and injections) for female adolescents as well as providing condoms (mainly to male adolescents). They also reported that the relatively recent legalisation and availability of emergency contraception in Rwanda is particularly salient for adolescent girls (see also Basinga et al., 2012b).

We made particular efforts to interview adolescent mothers, who were referred to as child mothers (*filles mères*). The implications of pre-marital childbearing were large for these girls. Most faced stigma and shame and were forced to leave school. Some were forced to leave home.

“There is a case here, where a man is always harassing his family members, yelling and beating them all the time. One of his daughters got a child but she wasn't allowed to go back home. It required the local authorities to urge him to grant home access to her [the daughter]. But obviously she is striving with the water fetching issue, just so she can find little money to raise her baby.”

Respondents reiterated that out-of-pocket costs were high. They also told us that from parents' perspectives, menstruation is seen as the end of childhood. Concerns about poisoning and witchcraft were salient across all communities and age groups that we interviewed. There is stigmatization and discrimination against households that are believed to be involved or practicing witchcraft.

Bodily autonomy, integrity and freedom from violence

Rwanda has a variety of laws aimed at ensuring bodily autonomy and freedom from violence. These include the Law on the Rights and Protection of Children against Violence (2001) and the Law on the Prevention and Punishment of Gender-Based Violence (2008) (Abbott, 2013; GoR, 2014). In addition, Rwanda is one of a handful of sub-Saharan countries to outlaw marital rape (Rugege, 2015). Nonetheless, rape and other forms of SGBV remain common – and under-reported (GoR, 2014; Abbott, 2013). Most victims of child rape are female, with evidence from 2010 showing that the victim was younger than 15 years in 56% of cases (RWAMREC, 2012). RDHS evidence shows that just 39% of girl survivors aged 15-19 sought help; 28% did nothing. Under-reporting is largely driven by norms which see violence as acceptable. Nearly half (45%) of adolescent girls aged 15-19 believed that wife-beating was justifiable under certain conditions in the most recent RDHS.

Our research found that rape was the most commonly reported worry relating to bodily integrity by both female adolescents and adults – across all communities. Almost all adolescents reported knowing about local cases of rape. Some girls reported knowing where to go in case of rape, and mentioned the police or the Isange One Stop Center, an initiative implemented at district and national levels by the Ministry of Gender and Family Promotion in collaboration with the Ministry of Health and the Rwanda National Police. Respondents also told us that reporting and prosecuting rape is limited, partly because of limited

awareness of either the law or the availability of support and partly because of victim-blaming. Indeed, “informal settlements” (e.g. the boy or man paying the girl's school fees {see also Gerver, 2013}) were preferred to formal justice – by both victim's families and perpetrators. This is to reduce future retaliatory conflicts and threats.

Child marriage is comparatively uncommon in Rwanda, where civil monogamous marriage is the only legally recognised type of legal marriage and the minimum age for marriage – for both sexes – is 21 years, three years older than the legal age of consent to sex. Marriages that are not legal civil marriages are referred to as illegal marriages and whilst there was widespread awareness of the minimum legal age for marriage, there was also reporting of many cases of co-residential unions before the age of 21.

“They normally used to get married when a boy had around 25 years of age and 18 or 19 years of age for a girl. But they can't be married under the law, they just go and live together at their home and wait until both of them attains 21 years old or above, in order to legally get an agreement in the government.”

While key informants told us that child marriage has become less common over time, our research found evidence of backlash against the concept of legal marriage. Men perceived that it had altered the status quo in favour of women by tying them to one particular woman. During a FGD with adult men, when they were asked whether people favoured illegal marriages, all participants agreed. This echoes other work from Rwanda which suggests that men are reluctant to marry formally in order to keep full property rights (Abbott et al., 2015).

“To promote women's rights, they encourage people to get legally married. People thought they are asked to get married on force and started saying that it [the legal marriage] is binding them to women.”

Our research, echoing previous work, also found that while adolescent girls are at little risk of marriage – they remain at considerable risk of manipulative sexual relationships with older men (see 2CV, 2014; Gerver, 2013; Rampazzo and Twahirwa, 2010; USAID, 2014). “Sugar daddies”, who are often not only older but also married, offer gifts to adolescent girls in return for sexual relationships. Both adolescents and adults raised concerns, especially in regard to the young girls who are made pregnant or given HIV/AIDS and are then stigmatised by the community.

“When you are lacking something and you don't have

money and you find that there is a sugar daddy who can give it to you, you accept it but at the end it may result into getting HIV/AIDS.”

In regard to harmful traditional practices (HTPs) in Rwanda, our research revealed a range of knowledge, beliefs, and practices relating to labia elongation. Some girls we interviewed reported having tried it – but told us that they stopped due to pain. Others practiced it with pride that they were growing up. For those adolescents who either knew about or had practiced labia elongation, their main sources of information were their mothers, other female relatives, or their peers.

“If you do not do labia elongation and get married, the husband will chase you. They told us that doing it is very good and I started doing it, too.”

At the community level, and within schools, there were conflicting feelings about the practice. Whilst teachers are not supposed to discuss or promote the practice with students, some teachers felt that girls should have knowledge. Others reported that they had had to deal with questions from students.

“I used to encourage the labia elongation practice in my discussions with Primary 6 female students, as the teacher in charge of female students. I considered it as an important culture. However, after I attended a workshop by Care International... I stopped telling the girls to do labia elongation.”

Psychosocial wellbeing

Our findings in regard to adolescent psychosocial wellbeing echo those reported elsewhere (Girl Hub, 2011; World Bank, 2014). Girls said that going to school – and doing well – made them happy, as did having the support of family and friends. By contrast, poverty, experiencing or witnessing violence at home, and being unable to attend or perform well at school, were significant sources of stress.

We found that for younger adolescents, psychosocial wellbeing appears to be most closely linked to their family environment. For children not experiencing conflict at home, their immediate nuclear family was reported as the most influential provider of support, with girls especially close to – and able to talk to – their mothers. Adolescents living in households with conflict, or in families that were considered not “normal” (i.e.: two co-resident parents), reported many more worries and challenges than their peers. Not living with both parents was reported by girls as a cause of bullying, and made them less happy to remain

in school. Girls living in households with parental conflict reported that this made them not want to get married, mainly to avoid being beaten by a husband, as they have witnessed for their mothers.

“There is a time a father fight with a mother and you feel terrorized.”

Our research found that some sources of adolescent worry, such as household poverty, are common to both girls and boys. Girls from poorer families were especially worried about their ability to stay in school. Some tried to do small jobs (e.g.: fetching water for payment) in order to try to save some money. Both poor girls and boys felt that their inability to afford things such as new clothes contributes to exclusion by their peer group and the community at large.

The genocide also continues to impact adolescents’ lives (Johnsson, 2014). Some told us that their parents have PTSD and are severely traumatised.

“She (the mother to the girl) has mental problems; she is mad, she got traumatized; she got traumatized after the death of the child who was born after that girl. But she was not normal even before because she is a Genocide survivor; she already had trauma; like when you tell her bad words the crisis starts.”

Others told us that their fathers’ genocide-related crimes negatively affected their confidence and hopes for the future.

“I want to become president or a head of a project...the challenge is that I was born here in [name of place] and people from here are seen as killers and I worry that because of that, I will be discriminated against.”

There were also some gendered differences in what adolescents worry about. Adolescent boys tended to worry about their education whereas girls were more likely to report worrying about death and illness, for

both themselves and their families. Being poisoned was the most feared cause of death amongst adolescents and adults – suggesting very limited community trust. Because of the fear of being poisoned, community members reported not wanting to seek help from their neighbours. Indeed, both boys and girls told us that they avoided particular families that are suspected of being poisoners. Adolescents from those families told us that they are stigmatized.

Evidence from Rwanda also suggests that there are gendered differences in adolescents’ self-confidence and aspirations for the future (Calder and Huda, 2013; 2CV, 2013). In our work, adolescents did not appear to ever talk about their future aspirations with people in positions with authority to influence their aspirations, including parents. That said, teens did report a wide range of role models. Some were common to both sexes, e.g. teachers, nurses, and local leaders, and others were gender specific. For example, boys tended to name wealthy individuals whereas girls were more likely to mention family members as role models.

Young mothers in our research expressed especially limited hopes for their future. They feel that they do not have a voice because they are considered a disgrace to their family. They also told us that because they had had to leave school, their worlds and futures had become very small.

The GoR is working to expand girls’ access to role models and grow their aspirations. The Women Leaders Network was established by the Ministry of Gender and Family Promotion to provide mentorship, political leadership and public speaking training to girls and young women (GoR, 2014). In addition, the 12+ programme links younger girls with one another and to older girls who serve as mentors.

Case study 2: Chantal

Chantal is a 15 year old with a 9 month baby. Chantal lives with her mother who is now separated from her violent father. When Chantal's parents were still living together, she and her siblings would often run away to stay elsewhere to avoid the violence. During one of these times, Chantal went to live with her older married sister – where she was raped by her brother-in-law. She became pregnant. Chantal did not tell her mother about the rape or pregnancy until her pregnancy became visible. When Chantal's mother found out that her son-in-law had raped Chantal, they decided to keep quiet because the son-in-law denied the rape. Chantal is very unhappy about her situation. She says that she is unable to do heavy work, because she had a C-section, and cannot earn a sufficient income. She also says that she is stigmatised by her community and that her peers laugh at her and call her names. The only people that Chantal feels she can talk to are other adolescent mothers. She says that she dislikes men and will never marry.

We found the 12+ programme to be having a variety of impacts on girls. For example, young participants told us that they did not feel alone, because of different game activities (e.g.: Friendship Cycle). 12+ girls reported that they were always happy, even when things were going badly at home. One graduate of 12+ reported that she wished that the programme continued for older girls. She felt that the bonds and ties with others would dissolve over time. Adolescent boys told us that they were sad because they do not have a similar programme.

Voice and agency

Younger adolescents, both girls and boys, feel that they have voice in their homes, but that decisions are ultimately made by their parents. They told us that by and large they are told where they can go, who they can spend time with, and what they have to do. Older adolescents reported greater voice – but continued control, especially in regard to larger decisions such as schooling, employment, and marriage.

“If it might happen that I heard that my daughter went to another place apart from school, I would go look for her and bring her back. I am the only one who has the authority to decide places where my daughter goes to.”

Our research found important gender differences in voice and decision-making. Girls are expected to ask for permission from their parents to go anywhere – this is not the case for boys. This is linked to gendered divisions in domestic work, as girls have responsibility for more household chores than their male counterparts and are therefore given less time and freedom to pursue their own interests. This not only restricts girls' access to their friends, but can drive household discord where girls' absence in the home is noticed. Other girls reported that they see their domestic responsibilities as a source of power. Several mentioned that they have the right to punish younger siblings. Others mentioned that they have the right to decide what to cook for the family.

Gendered differences in voice and agency emerged at school as well. On the one hand, opportunities for school leadership positions tended to favour boys. They were allowed to be class captain while girls could only be deputy.

“Men and boys are more confident. It is the reason why boys are the class representatives while the girls are the deputies. When a girl represents a class, it's taken as a favour.”

On the other hand, girls with leadership positions (e.g.: class captain, class monitor) reported being listened to by male and female peers and adults.

While adolescents are granted a National ID card at age 16, which allows them to vote and to access to some financial services, adult participants reported that to be able speak in public, adolescents have to be around the age of 18. They also told us that boys would start to give their opinions in public at a younger age than girls, who are less likely to talk or participate in public, and rarely express opinions. The GoR is working to alter this reality. Initiatives to improve youth representation and participation in public decision-making include not only Children's Forums and the National Children's Summit (GoR, 2014; FAWE, 2015), but also – since 2013 – an annual Girls' Summit (GoR, 2014).

Economic empowerment

Our research echoed previous findings: most adolescents are engaged in paid or unpaid work – and quite often both. Experiences tend to be highly gendered. National-level data show that girls aged 10-14 years spend four hours more each week than boys on household chores; by age 15 the gap has grown to six hours (NISR, 2012). These figures explain why child labour statistics show boys proportionately disadvantaged, as chores are not included in child labour accounting. Men and boys avoid sharing household responsibilities on the grounds that it is contrary to socio-cultural norms (USAID, 2012; USAID, 2015b). Girls' household work also limits the type of paid work they can undertake. The most recent RDHS showed that nearly three quarters (72%) of girls aged 15-19 work in agriculture, compared to 60% of boys (NISR, 2016). In addition, adolescent girls aged 10-15 represent the majority of child domestic workers in Rwanda. Most are employed without a contract, for a very low salary, with poor conditions, are unprotected by labour law and are vulnerable to abuse (Abbott et al., 2014; Debusscher and Ansoms, 2013; UNICEF et al., 2011).

We found that adolescent girls are expected to cook, wash, look after younger siblings, fetch water and find grass for livestock. Indeed, we found that girls' ability to handle multiple, arduous household tasks was seen as a sign of their maturity.

“I see that she [my daughter] has grown up because of many reasons. For example when I go to work and ask her to stay home and take care of her young sister,

she does it. She puts her in her back, cleans her and dresses her. She also cooks when I leave home without having prepared food. She makes sure to cook before going to school... I taught her how to clean the house, how to care for animals and she does all of these willingly... That shows me she has grown up (Mother of a 10-12 year girl)."

Both adolescents and adults reported that girls work more than boys and that the competing pressures of domestic work and school work left them at significant disadvantage. They not only had less time for homework, but were also often made to miss school (see also: Abbott et al., 2015; Pro-Femmes Twese Hamwe and VSO, 2013). "Sometimes I made her absent [from school] so that she could stay with her younger sibling when I get a wage work because going with the child is also a challenge."⁹⁶ Parents' demands on girls were sometimes high even when they recognised the costs of those demands.

"So, if you engage a daughter in these activities [domestic work] instead of sending her to school, you are preparing her for this life of being the house worker."

Adolescents from poorer households reported that they took on paid work in order to meet their basic needs (e.g.: school materials and fees, clothes and food) and to reduce the burden on their parents. Indeed, parents often encourage adolescents' work. Some mothers reported taking their daughters along with them when they go to do paid farm work – keeping daughters' wages along with their own. A mother in Nyaruguru reported that she wants her daughter to do paid domestic work – and that she wants her daughter's wages paid directly to her rather than to her daughter.

We found that the types of paid work that adolescents do is also highly gendered. In Musanze, for example, adolescent boys reported being mostly engaged in construction aid work, wage farming and post-harvest land clearance. By contrast, girls were involved in selling fruit (e.g.: sugar cane), collecting stones for crushing and selling as well as wage farming with their parents. In Rwamagana, both girls and boys reported fetching water for other households, and girls also reported washing clothes for money. In Nyaruguru, both boys and girls reported carrying tiles for money; boys push bicycles while girls do paid domestic work (sometimes travelling to town to live and work for other families). In all settings work-related mobility was associated with gendered risks, including sexual violence.

Implications for policy, programming and evidence

Our formative qualitative work has strengthened our understanding of adolescents' needs and helped clarify trends and gaps in need of further exploration. For example, despite government efforts, poverty emerged in our research as a key barrier to educational success, with poorer children – and especially poorer girls – also bearing the brunt of teacher violence. There is a need to explore why this is so. Are girls more likely than boys to be beaten, perhaps because they have less time to complete their homework or have more erratic attendance schedules? Or are they simply more likely to care? Regardless, what sorts of interventions can begin to shift perceptions that violence against children is acceptable? Would greater awareness of child rights, on the part of both adolescents and adults, alter beliefs and behaviours? Similarly, given that in every setting we found that the household remains the critical space for adolescent well-being, what sorts of programming might help support parents to better support their children? Adolescents' access to SRH information is a case in point, as we found that parents are rarely able to have these embarrassing conversations with their children. This means that outside of girls in 12+, most teens are either getting no information before they reach puberty, or unreliable and partial information from friends and older siblings. Finally, another important theme to emerge from our qualitative work is the need to better include adolescent boys. Not only do they feel left out of programmes, lacking a 12+ of their own, but we found evidence of unintended consequences, with adult males feeling disrespected by current government policies (see Table 2).

Table 2: Rwanda national policy framework and related international commitments

	FQW findings	Need for strengthened evidence base	Resonance with the Rwandan policy/legal commitments	Resonance with international commitments
Education and learning	<ul style="list-style-type: none"> Gendered barriers to access the universal 12 years education Hidden cost of education Drop-out linked with negative school experience and school based violence 	<ul style="list-style-type: none"> Quantitative research on the link between of school beating and drop-out More exploration on the effects of household gendered division of labor on school performance 	<ul style="list-style-type: none"> The Presidential Order No. 48/01 of 10/3/2009 states that punishment should be commensurate with the age of the child and the severity of the misconduct and aimed at educating the student. (school and home beating are not legally prohibited) Integrated Child Rights Policy especially under the pillars of Survival, Health and Standards of Living, Education as well as Protection. 	<p>Convention on the Rights of the Child, signed and ratified by Rwanda, provides for freedom from violence</p> <p>SDG Goal 4: Education</p> <p>Provide child, disability and gender sensitive and safe, non-violent, inclusive and effective learning environments for all</p>
SRHR, health and nutrition	<p>Accurate knowledge of puberty related changes including menstruation.</p>	<p>With the launch of the Comprehensive Sexuality Education (CSE) curriculum in all primary and secondary education, there is need to monitor how enabling the environment is for the implementation of the CSE learning. Changes in attitude, practice and knowledge of other key actors including the parents, religious leaders and local authorities should be monitored</p>	<ul style="list-style-type: none"> School Health Policy places emphasis on creating a healthy environment in child-friendly schools, free from diseases, prejudice and violence CSE curriculum: implementation started in 2016 	<p>SDG Goal 3: Health and Wellbeing</p> <p>Ensure universal access to sexual/reproductive health-care services, including family planning, information, education; strengthen prevention/treatment of substance abuse</p>
Bodily integrity	<p>The attitude towards and practice of Labia elongation are declining but alarmingly supported by some gatekeepers (mothers, local leaders, religious leaders, teachers).</p> <p>Rape and other forms of sexual violence are common, under-reported, and under-prosecuted.</p> <p>Sugar daddies prey on vulnerable girls.</p>	<p>The underlying idea of changing the girl's body in order to please the future husband is disempowering and a clear position should be taken by the country.</p> <p>Need to explore ways to encourage alternative masculinities amongst boys and men.</p> <p>Need to explore ways to encourage formal justice.</p>	<p>Labia elongation is not mentioned in strategic documents</p>	<p>International Conference of the Great Lakes Region (ICGLR): Heads of States declaration to end GBV in Africa, commonly referred to as the Kampala Declaration (KD). Rwanda is a member of ICGLR and a signatory of the KD.</p> <p>SDG Goal 5: Gender Equality</p> <p>Eliminate all harmful practices, such as child, early and forced marriage, FGM; eliminate all forms of violence against all women and girls in the public and private spheres</p>

	FQW findings	Need for strengthened evidence base	Resonance with the Rwandan policy/legal commitments	Resonance with international commitments
Psycho-social wellbeing	Limited community trust, most probably as a consequence of the genocide, leaves small room for psychological support. Families are especially important to adolescent psychosocial wellbeing.	Provide evidence on the psychological effects of the genocide. Explore ways to strengthen family resilience as a route to strengthening teen wellbeing.	Law N° 09/2007 of 16/02/2007 Law on the attributions, organisation and functioning of the National Commission for the Fight Against Genocide, a public institution in charge of elaborating and putting in place strategies that are meant for fighting genocide and its ideology	SDG Goal 3: Health and Wellbeing Promote mental health and well-being
Voice and agency	The attitude towards girls' voice and agency is positive and linked with the high level political commitment of the country towards gender equality but the practice is not equally encouraged both in community and households. The participation and decision making power of girls and women are still limited	Track changes in knowledge, attitude and practice on gender equality promotion including aspects of GBV, voice and agency in day to day decisions. Explore ways to include boys and men to reduce backlash.	National Gender Policy: gives directions for all sectors to integrate gender equality National Policy against GBV GBV law Land management law (giving equal management rights to husbands and wives)	CEDAW: signed and ratified by Rwanda and quoted in several policies and laws texts as the basis for their elaboration SDG Goal 10: Inequalities Ensure responsive, inclusive, participatory and representative decision-making at all levels
Economic empowerment	Rural/urban migration of young girls reported as an aspiration by both the gatekeepers and the female adolescents. Girls are more likely to be exploited by their parents than boys – in terms of hours spent on domestic work but also in terms of wage confiscation.	Policy and legal provisions are in place for transforming the rural areas into attractive places. There is need for evidence on what is not working well with a focus on the access to and experience with available services for female adolescents. Explore ways to help parents – and girls – see girls as autonomous agents with independent futures.	Technical and Vocational Education Training (TVET) policy provides for TVET education. TVET schools are available across the country. Girls' education policy: providing for equity measures to promote girls' enrolment and performance.	SDG Goal 8: Decent Work Achieve full and productive employment and decent work for all women and men, including for young people

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- CBHI Community-based health insurance
- CHW Community Health Worker
- DFID Department for International Development
- FGD Focus group discussion
- GAGE Gender and Adolescence: Global Evidence
- GoR Government of Rwanda
- HTP Harmful traditional practice
- IDI In-depth interview
- KII Key informant interview
- RDHS Rwanda Demographic and Health Survey
- SDG Sustainable Development Goal
- SRH Sexual and reproductive health
- SRHR Sexual and reproductive health and rights
- 9YBE Nine Year Basic Education



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About GAGE

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

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