

GAGE Digest

# Adolescent girls' capabilities in Rwanda

A synopsis of the evidence

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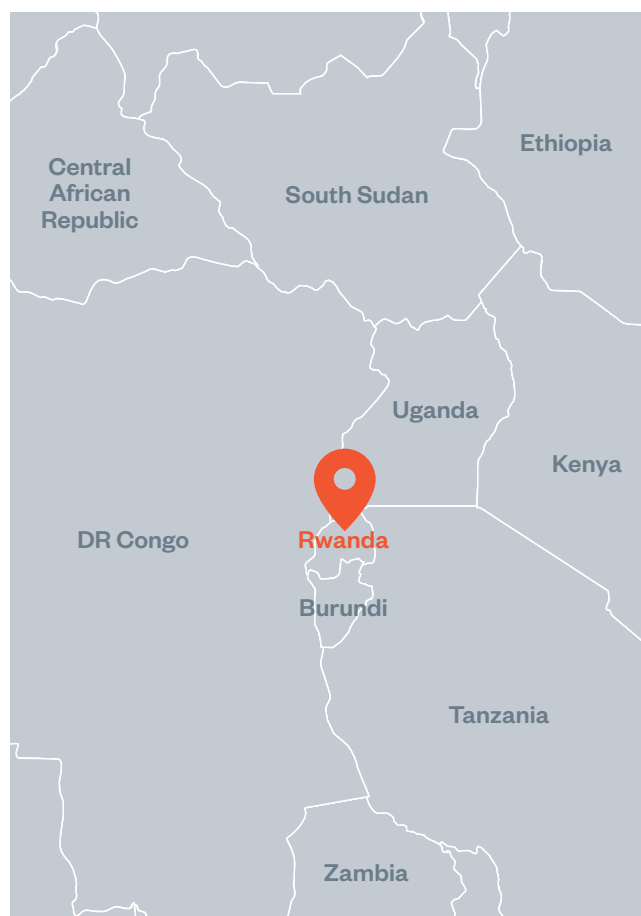


## Introduction

Landlocked Rwanda is amongst the smallest of Africa's countries. Bordered by Burundi, the Democratic Republic of the Congo, Tanzania and Uganda, its nearly 12 million inhabitants, most of whom are Christian, make it the most densely populated country on the continent. The Rwandan government's ambitious 2020 Vision aims to broaden the economy, by expanding non-agricultural sectors, and achieve middle-income status by the end of the decade. While considerable progress has been made, about 40% of Rwandans still live below the poverty line. Over half of the population are children under the age of 19—in part due to high birth rates and in part a legacy of the 1994 genocide (UNDP, 2018).

This evidence digest provides an overview of what we know about adolescent girls in the context of Rwanda (see Box 1), the ways in which they experience the second decade of life and how programming designed to support their development trajectories impacts their lives. The digest also highlights what the key evidence gaps are, and how Gender and Adolescence: Global Evidence (GAGE) and other research programmes can best contribute to a robust evidence base to support evidence-informed policy and programming.

Figure 1: Map of Rwanda



### Box 1: Why adolescent girls?

Adolescence has powerful impacts on children'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 adulthood. While acknowledging that these processes affect girls and boys equally, GAGE focuses most directly on girls because of the ways adolescent transitions more sharply curtail their capabilities.

Over the course of the second decade of life, adolescents undergo significant physical, cognitive and emotional changes. As girls enter and progress through adolescence, the gendered norms of their socio-cultural environments also begin to play a heightened role in shaping their trajectories, with the years of early adolescence found to be especially important because of the ways in which social norms start to become both more rigidly enforced – and more personally salient. Critically for girls in the Global South, the years of early adolescence, rather than expanding their worlds, often see them made smaller as girls have to leave comparatively free childhoods and are forced down the gendered adult pathways of their local environments. Girls who have begun to aspire to a world different from those of their mothers and their grandmothers find as their bodies evidence maturity that they are too often required to leave school and marry, abandoning not only their educational and occupational plans but also mobility and friendships. Pressures related to domestic and care work burdens, sexual purity and family honour and heightened risks of sexual and gender-based violence combine to limit girls' possibilities in ways that often have lifelong consequences.

## Methodology

One of the four knowledge generation work streams of the GAGE research programme is synthesising the existing evidence of what works globally to enhance adolescent girls' capabilities. Two of the products produced over the course of the first year of our work were about adolescent girls in Rwanda. The first Rwandan Evidence Mapping, which was based on 220 thematic studies, brought together existing evidence on the wellbeing of Rwandan girls between the ages of 10 and 19 (Stavropoulou and Gupta-Archer 2017a). It was organised around the six capability domains laid out in GAGE's conceptual framework – education and learning; bodily autonomy, integrity and freedom from violence; sexual and reproductive health, health and nutrition; psychosocial wellbeing; voice and agency; and economic empowerment – and sought to lay out what is known and not known about the recent progress girls have made and the vulnerabilities they still face. The second Rwandan Evidence Mapping, which was largely based on 24 impact studies and evaluations, looked at girl-focused interventions and impact assessments and sought to tease out what types of programming work best for what kinds of girls in which contexts (Stavropoulou and Gupta-Archer 2017b). Both were based on systematic searches of Google Scholar, academic and development databases, and websites of organisations known to be active in Rwanda.

Our Evidence Mappings concluded that there is a large and varied literature addressing Rwandan adolescent girls, covering all six of GAGE's capability domains. However, the vast majority of that literature addresses girls aged 15 and over, with those between the ages of 10 and 14 comparatively invisible outside of education statistics, and its coverage within domains tends to be quite narrowly focused (on sexual and reproductive health rather than on broader physical health, for example). Furthermore, while there are a wide variety of interventions aimed at improving Rwandan adolescent girls' capabilities, very few have been rigorously evaluated and there is little evidence about what pathways work best for which girls at which ages or how to effect longer-term change.

## Evidence across capability domains and gaps

### Education and learning

- **Girls are now more likely to enrol in both primary and secondary school than boys.**
- **Due to higher demands on their time for household labour, girls' drop-out rate at the secondary level is higher than boys', and their national exam scores are lower.**

The Rwandan government considers quality education to be critical for national economic growth and development, investing 5% of annual GDP in education and working with partners to prioritise girls' education through a variety of initiatives such as the 2008 Girls' Education Policy and the 2009 Girls' Education Strategic Plan. Consequently, there is a large, robust, and disaggregated body of evidence that addresses Rwandan adolescent girls' education. That said, only three of 87 thematic studies specifically focused on adolescent girls.

Nearly all Rwandan girls attend primary school, which lasts six years and is officially meant for children between the ages of 7 and 12. Girls' primary net attendance ratio (NAR) was 92% in the 2014-2015 school year. The ratio was higher among girls in higher-income quintiles (95%) than in the lowest (87%), higher in rural areas (93%) than in urban areas (90%), and higher in the Northern (94%) than in the Southern Province (91%) (NISR et al., 2016). Indeed, girls are actually more likely to attend primary school than boys. In the 2014-2015 school year, girls made up 51% of all enrolled primary students. In addition, data shows that girls tend to enter primary school at the correct age more often than boys, progress through primary grades more quickly, and complete primary school in greater numbers at the correct age compared to boys (GoR, 2015). This is important because it facilitates programming for the youngest adolescent girls by grade rather than by age.

A less rosy picture emerges at the secondary level. First, enrolment – for both girls and boys – remains low in Rwanda. In 2014-15, the secondary NAR was only 31.5% for girls and 26.5% for boys. It was higher among girls in urban (39%) than in rural areas (30%), in the Western (38%) than in the Eastern Province (25%) and among those in the wealthiest quintile (43%) than in the poorest (15.5%). Girls' gross attendance ratio (GAR), which provides a more nuanced picture as it captures

over-aged students as well, was 43% compared to boys' 37% (NISR et al., 2016).

Second, while girls make up the majority of students entering secondary school, their advantage over boys disappears as they progress through adolescence. While there are twice as many girls as boys in lower-secondary school (ages 13-15), by the last year of secondary school government enrolment figures show gender parity (NISR, 2015b) – and the latest Rwandan Demographic and Health Survey (DHS) (NISR et al., 2016) indicates that by age 17, boys outnumber girls in classrooms. Girls are also less likely than boys to pass school exams, which is especially problematic given the overall limited quality of Rwandan education (GoR, 2015). Over 91% of boys pass the lower secondary national leaving exam, compared to only 83% of girls. In upper secondary school leaving examinations, over 92% of boys are successful compared to 85% of girls (MINEDUC, 2015).

Both girls' declining enrolment over time and their poorer exam scores have been linked in the literature to household poverty (MINEDUC, 2013 cited in GoR, 2015), which disproportionately impacts girls, and girls' domestic burdens (Abbott et al., 2015; Pro-Femmes Twese Hamwe and VSO, 2013). Young adolescent girls do about four hours more chores each week than do boys of the same age; older adolescent girls do six (NISR, 2012). This leaves them far less time for homework (Abbott et al., 2015; Pro-Femmes Twese Hamwe and VSO, 2013).

Gender-based violence (GBV), both en route to and at school, also forces adolescent girls to leave school (USAID, 2014; Pontalti, 2013; Laterite and Plan, 2014). Apart from older men, the so-called sugar daddies, girls are also vulnerable to their classmates, teachers and other men they meet on their way to and from school (USAID, 2014). An often cited study (Pontalti, 2013) found that 11% of participants reported sexual proposals from teachers, one in four reported being exposed to sexual comments and proposals from other students that made them feel uncomfortable, and one in six said that they occasionally stopped attending school due to fear of being attacked there. In addition, 52% of girls and 49% of boys also reported that their teachers physically punish them (Pontalti, 2013).

Unplanned pregnancy and gender norms also drive girls' school leaving. The Ministry of Education urges schools to keep records and follow up on pregnant girls so that they can return to school in line with the official

policy allowing girls to return to school after childbirth. However, in practice, returning to school appears to be difficult – with girls facing stigma from both teachers and parents, many of whom already expect them to be low achievers compared to boys as their ultimate role is to become good wives and mothers (USAID, 2014; Laterite and Plan, 2014; Pro-Femmes Twese Hamwe and VSO, 2013).

The government has prioritised technical and vocational education and training (TVET): the number of training centres more than doubled between 2010 and 2014, and the number of trainees increased from 52,000 to 93,000. Most of these trainees are male. While females outnumbered males in 2010, males currently account for 56% of all trainees (MINEDUC, 2015). In addition, females tend to be siloed in 'women's fields' (GoR, 2015). Data shows that female students are more interested in field crop production (accounting for 98% of all trainees), beauty therapy (93%) and dressmaking (93%), while male students are interested in motor vehicle engine mechanics (92%), masonry (88%) and carpentry (84%) (MINEDUC, 2015).

Rwandan girls' access to higher education is growing, but still quite limited. In 2014, fewer than 40,000 females – representing 45% of the total student body – were enrolled at the tertiary level. The majority (57%) attended private institutions, where they are taught by mostly male teachers (75%) and are under-represented in 'male fields' such as engineering, manufacturing and construction (22% of all students), agriculture (32% of all students) and science (37% of all students) (MINEDUC, 2015).

Rwandan girls' access to information via mass media and technology is mixed. On the one hand, most (67%) girls aged 15-19 listen to the radio at least once a week. On the other hand, only 21% watch TV and only 10% read a newspaper on a weekly basis (NISR et al., 2016). In addition, although the government introduced computers into schools and into the education curriculum in 2000 (Rubagiza et al., 2011), the computer literacy of those aged 14-19 is still low (5%). Among this age group, only 1% use the internet regularly, while 51% do not use it at all (NISR, 2016a).

The most glaring evidence gap in regard to girls' education and learning – and one which GAGE is poised to address – is analysis of what has gone wrong since the turn of the decade. Since 2010, girls' primary

repetition rate has increased from 13% to 18%, their primary completion rate has declined from 80% to 66%, their transition rate to lower-secondary school has dropped from 91% to 72%, and their enrolment in upper-secondary school and TVET has declined relative to boys (NISR, 2015b). These are worrying trends in need of urgent attention and suggest that early adolescence – and school transition points – may be a critical time for intervention.

## **Bodily autonomy, integrity and freedom from violence**

- **While child marriage is rare in Rwanda, girls are vulnerable to other forms of violence – including physical and sexual violence.**
- **Sexual violence is often perpetrated by older men ('sugar daddies') with whom girls are involved but is rarely reported.**

Comparatively few studies address the bodily autonomy of Rwandan girls – only 37 sources. Nearly all focus on sexual and physical violence, rather than child marriage.

Child marriage is uncommon in Rwanda. The latest DHS found that the median age of first marriage was 22 years and that more than 96% of girls aged 15-19 had never been married (NISR et al., 2016). In a 2008 mapping, undertaken by MIGEPROF and UNFPA, child marriage cases were found mostly in the Gakenge district, Northern Province and in the Kirehe district, Eastern Province and were attributed to poverty, lack of knowledge and polygamy (UN Rwanda, n.d.). Where child marriage intersects with bride price and polygamy, girls are particularly disadvantaged as their marital families often feel as if they have purchased them (USAID, 2015b).

Despite the government's strong commitment to promote the rights of children and women and protect them against violence (Abbott, 2013; Bernath and Gahongayire, 2013; GoR, 2014), other forms of violence against girls, however, are very common in Rwanda, with one mixed-methods study finding that sexual violence is even more common than hitting – nearly 60% and 40% of respondents reported having witnessed or heard of a case, respectively (RWAMREC, 2013). High incidence rates are backed up by official statistics. For example, published data from 2010 on child rape convictions shows that most victims were girls and that the victim was younger than 15 years in 56% of the cases (RWAMREC, 2012). Similarly, according to the 2014-15 DHS, 14.5%

of girls aged 15-19 reported having experienced sexual violence, with 7% having done so by the age of 15. Survey data also shows that 11% of young women aged 20-24 experienced sexual violence by age 18. Women living in Kigali City, having secondary and higher education, and belonging to the highest wealth quintile were more likely to report experiencing sexual violence (NISR et al., 2016).

The most commonly reported perpetrator of sexual violence was girls' current boyfriend or husband/partner (NISR et al., 2016; see also RWAMREC, 2013). Sugar daddies are especially implicated, as adolescent girls are at high risk of manipulation and abuse by older men who provide money and gifts, leaving girls feeling as if they cannot refuse sex as a 'pay back' (Abbot et al., 2015; Van Decraen et al., 2012; Bertrand-Farmer, n.d.; Ministry of Health, 2011 Rampazzo and Twahirwa, 2010). Other research has found that classmates and teachers also perpetrate sexual violence against girls (Pontalti, 2013). Indeed, one in three male respondents in the first national household survey on GBV and perceptions of masculinity, in 2010, admitted having sexually abused an adolescent girl when they were in school (Slegth and Kimonyo, 2010).

Physical violence against girls is also common in Rwanda, with nearly a quarter (24%) of 15-19-year-old girls reporting that they have ever experienced physical violence (NISR et al., 2016). Living in the Northern Province, not having any education, or belonging to the lowest wealth quintile increased the likelihood of having experienced physical violence. Most girls reported that their teacher, mother/stepmother, siblings and father/stepfather was the perpetrator. Corporal punishment is still seen as a normal and acceptable way to discipline or punish children in Rwanda, with over 80% of parents believing that hitting or beating a child is justified if the child is disobedient, impolite or embarrassing the family (Abbott, 2013) and 52% of girls and 49% of boys reporting that they were physically punished in the week prior to the study (Laterite and Plan, 2014). One of the few studies focusing on adolescent girls revealed that physical violence is a key concern of girls, which they often link to fathers' heavy drinking (Girl Hub, 2011). The role of alcohol abuse in violence against women and children at home is a common theme and is mentioned by male perpetrators themselves (Abbott et al., 2015). At school, corporal punishment, mainly with a stick, continues to be seen as an effective disciplinary tool and affects both girls and boys (Laterite and Plan, 2014).

Although the National Strategic Plan for Fighting against GBV (2011-2016) includes a Gender Desk staffed by at least a trained judicial police officer in each of Rwanda's 75 police stations to encourage reporting (Abbott, 2013), many girls who experience violence do not report it. The latest DHS data shows that only 39% of girls aged 15-19 who had experienced sexual or physical violence sought help to stop the violence; 28% remained silent and did not do anything (NISR et al., 2016). In the RWAMREC (2013) survey, respondents felt that reporting is low as survivors feel that nothing would be done after reporting, are afraid of stigma or depend on perpetrators. In particular, rape is surrounded by a culture of silence and girls are often too scared to report this to their family as they feel that they will not be believed or they will even be accused for provoking the perpetrator: some girls keep silent to avoid creating a problem in the family; others are financially dependent on the perpetrator; and some are afraid of losing value and thus becoming unable to get married and be respected in the community (Girl Hub, 2011). The most common sources of help for girls who do report were neighbours, followed by family members (NISR et al., 2016).

Violence against women and girls is largely seen as men's right, even by adolescent girls. In the latest DHS, 45% of adolescent girls aged 15-19 believed that wife-beating was justifiable under certain conditions: 33% in case the wife neglects the children, 25% in case she refuses to have sex with her husband, and 24.5% if she goes out without telling him (NISR et al., 2016). These percentages were the highest among all women's age groups with the exception of older women.

Disaggregation emerges as critical gap in the evidence about girls' bodily autonomy. Most studies include older girls, sometimes combining their experiences with those of adult women. The experiences of younger adolescent girls are often invisible in child abuse figures that include all children aged 5-18. GAGE is well-positioned to help explore how common various forms of violence are across the second decade of girls' lives. It will also tease out how violence impacts girls' broader capabilities and assess how working with boys and men can improve those capabilities.

## Sexual and reproductive health, health and nutrition

- **While Rwanda's adolescent fertility rate is low, it is one of the few countries in which rates are increasing.**
- **Rwandan 18-19-year-old girls are ten times more likely to become HIV+ than boys of the same age.**

While there is a great deal of evidence, from 81 thematic studies, about the physical health of Rwandan adolescent girls, most addresses the sexual and reproductive health (SRH) practices and needs of older adolescent girls. Research suggests those needs are pressing, in large part because of social norms that prevent girls from negotiating for protected sex.

Evidence regarding girls' sexuality is often deeply contradictory. For example, according to the Ministry of Health (2011), 92% of adolescents reported being sexually active, with a reported average age of sexual debut being 12 for girls and 15 for boys. However, other studies have found the median age of consensual sexual debut – for girls and boys – to be about 17 years. Indeed, the most recent DHS found that only 7% of girls aged 15-19 reported having had their first sexual intercourse by age 15 and that the median age for sexual debut for girls was 21.8 years (NISR et al., 2016). While some research suggests that the mismatch depends on the privacy girls have when they are asked to report (Binagwaho 2009), there is reason to doubt that that this tells the whole story. Specifically, according to the DHS, pregnancy is rare before the age of 17 (under 5%) and only 12% of unmarried adolescents between the ages of 15 and 19 use contraception (NISR et al., 2016). In a country where abortion is difficult to obtain (Basinga et al., 2012a), the fact that younger adolescents are rarely pregnant suggests that they are unlikely to be having sex.

Older adolescent girls, on the other hand, are clearly engaging in risky sexual practices. Not only are 21% pregnant by the age of 18, with those in Kigali and the East Province especially vulnerable (NISR et al., 2016), but young women aged 18-19 are ten times more likely to become HIV-positive than young men of the same age (Bloom et al., 2014). This is largely because girls tend to experience sexual debut with older men (NISR et al., 2016; Test et al., 2012; Binagwaho, 2009), often on a transactional basis. One study, for example, found that 66% of girls and 17% of boys reported receiving money in exchange for sex (Test et al., 2012).

While still low by regional standards, the latest DHS found that the adolescent fertility rate has increased over the last decade, from 4% in 2005 to 7% in 2014/2015 (NISR et al., 2016). This is despite government efforts to promote family planning and improve access to services – and despite the fact that nearly three-quarters of adolescent girls between the ages of 15 and 19 are covered by the community-based health insurance scheme (Mutuelles de Santé) that the government rolled out as part of its effort to rebuild the health sector after the end of the civil war (ibid.). Adolescent girls with no education and those in the lowest wealth quintile tend to start childbearing earlier than others (NISR et al., 2016), as do those in the Eastern Province and Kigali City (ibid.).

Social norms appear largely to blame for the increase in adolescent fertility. Studies have found that most parents (81%) do not discuss sexual matters with their children (Bushaija et al., 2013), that girls are unable to seek services lest they be seen as “bad” girls (2CV, 2014), that providers refuse to provide services to minors (Basinga et al., 2012b), and that girls are unable to either refuse sex or insist on condom use (Ministry of Health, 2011; WHO, 2005). However, while girls' knowledge about and control over their own sexuality is limited, research has found that they are keenly interested in knowing more. One study (Michielsen et al., 2014) found that nearly 85% of adolescents' anonymous requests for information related to SRH topics.

Outside of older girls' SRH practices and needs, comparatively little is known about their physical health. About 11% of girls aged 15 to 19 are underweight and about 14% are overweight. Approximately one in five is anaemic, but mildly so. Very few (0.1%) smoke tobacco or test positive for malaria (0.5%) (NISR et al., 2016). Adolescent girls aged 10-14 are effectively invisible and are instead subsumed in the category of children.

There is comparatively little known about girls' broader physical health or the needs of younger adolescents. Indeed, even data regarding older adolescent girls is frequently subsumed into a broader category that includes all women of reproductive age. This is particularly problematic as it makes it difficult to tease out the emergent patterns that recent increases in adolescent fertility suggest are taking place.

## Psychosocial wellbeing

- **Asked to identify the important drivers of their own happiness, adolescent girls report attending – and succeeding in – school, as well as having parental support, friends, and a measure of control over their own lives.**
- **Poverty, unplanned pregnancy and violence are reported by girls to be detrimental to their wellbeing.**

While there is a considerable body of research exploring adolescent girls' wellbeing (41 thematic sources), much of it is aimed at understanding the impacts of genocide and HIV on young people's mental health and looks more at child-headed households than girls in particular.

The girl-focused literature finds that adolescent girls consider going to school very important as it provides them with knowledge that enhances their self-confidence and facilitates agency in their lives (Girl Hub, 2011). Key issues that girls participating in the 12+ Programme (which targets girls 10-12) identified as ‘making them happy’ included being able to go to school and perform well, having some control over their own life, and enjoying parental support (Goh, 2012). Apart from a supportive family, having friends also improves adolescent girls' life satisfaction (World Bank, 2014).

Being made to leave school, unplanned pregnancy, struggling to raise a child, and poverty have been found to contribute to girls' stress and negative thoughts (Botea et al., 2015). One study found that compared to in-school girls, out-of-school girls were 18% less likely to say that they were usually happy with their situation or that they had some control over their own future (Walker et al., 2014). Other research has found that reported life satisfaction was negatively influenced by punishment by teachers and domestic violence (Pontalti, 2013) and that girls expressed dissatisfaction with having to take care of younger siblings or help their mothers instead of being able to have some leisure time as their brothers do (Goh, 2012).

Because much of the research on mental health in Rwanda is linked to the genocide and the trauma of survivors (Johnsson, 2014), knowledge about the mental health of today's Rwandan adolescent girls is limited. This is compounded by the fact that stigma is still an issue – especially in rural households and those headed by adults with little education. Our limited evidence suggests that



symptoms of mental illness in adolescents and youth are common (Johnsson, 2014) and that even professionals' views appear to be greatly influenced by dominant gender norms. For example, although professionals acknowledge that girls face higher social discrimination than boys, are more often forced to stop school and comply with parental decisions, and are more vulnerable to sexual violence and abuse, they also consider girls to be weaker and more emotional than boys by nature (ibid.).

Other research has found that girls' and boys' outcomes vary more in kind than in magnitude. For example, while HIV-affected young people demonstrate much higher levels of depression, anxiety, conduct problems, and functional impairment compared with HIV-unaffected children (Betancourt et al., 2014), girls tend to report higher depression rates and are more likely to have attempted suicide while boys report more externalising behaviours, like substance use and physical abuse (Brown et al., 2005). GAGE will explore these differences, focusing explicitly on gendered vulnerabilities and outcomes, as well as incorporating more of girls' own voices into our understanding of their wellbeing.

As there is little evidence on the broader psychosocial needs of girls, much less any age disaggregation about the threats and opportunities they face, GAGE has much to contribute to our understanding of how to support girls' transition through adolescence and into adulthood. One aspect that GAGE hopes to explore in depth is the ways in which girls' access to the internet and social media impacts their psychosocial wellbeing. Evidence from other countries suggests that digital engagement can facilitate both social inclusion on the one hand and bullying and abuse on the other. As girls' current use is low, with only 6% of girls in one study using social media and only 16% having their own mobile phone (2CV, 2015), GAGE is ideally timed to capture the spread of technology across the population.

## Voice and agency

- **On many levels, Rwanda has made remarkable progress towards gender equality; for example, it has the world's highest rate of women's parliamentary representation at the national level (64% in 2016) (World Bank, 2017).**
- **Girls and young women remain disproportionately underrepresented in decision-making at household and community level due to social norms that encourage them to acquiesce in adults' and men's demands.**

Of the 53 thematic sources we identified in our Evidence Mapping, only one in three includes any focus on adolescent girls. This means that while we know quite a bit about adult women's access to voice and agency, and how that has changed over time, we know very little about that of girls.

Largely as a result of the genocide, which left the population heavily tilted (70%) towards girls and women, Rwanda has achieved impressive progress towards gender equality on many fronts – including education, labour market participation, and political representation (Unternaehrer, 2013; Debusscher and Ansoms, 2013; Powley, 2007). This appears to be the outcome of increased investment by the government, international organisations and civil society in gender-responsive laws, policies and programmes providing equal opportunities to girls and women, raising awareness of their rights, and challenging gender stereotypes and patriarchal attitudes (GoR, 2014; USAID, 2015b).

Research found that some adolescent girls see the large number of female MPs as role models, encouraging them to raise their aspirations (Powley, 2007; USAID, 2012; Women for Women International, 2004). It has also found that overall most girls are well aware of government efforts to promote gender equality and support girls' education (Girl Hub, 2011) and that girls' access to personal and household decision-making is growing over time. The most recent DHS found that 74% of married girls aged 15-19 reported being able to make decisions about their own health care, 62% about major household purchases and 77% about visiting their family or relatives – figures that show improvement since the 2010 DHS (NISR et al., 2016).

However, there is also considerable evidence that gender norms are especially difficult to shift and that Rwandan girls' access to voice and agency remains far more limited than that of boys. Indeed, while boys are seen as heirs and future breadwinners, from an early age girls are socialised to be caring and put others' needs before their own aspirations, accept parental decisions with which they may disagree, work hard to meet social expectations, and maintain a good reputation (USAID, 2015b; Calder and Huda, 2013). Girls in one study said that their ability to decide and control their lives was limited by a number of factors, including their own limited knowledge and self-confidence, parental decisions, and inequality with boys (Girl Hub, 2011). In another, they said that while things are changing and new opportunities are emerging, their lives are still in the hands of others while boys' lives are in their own (Calder and Huda, 2013). Research has found that impacts on girls' self-confidence are notable, with adolescent boys having higher aspirations and better access to role models (2CV, 2014).

In addition, and as noted above, girls' disproportionate domestic and care responsibilities leave them disadvantaged in regard to time for participation in other activities. Boys and men not only avoid sharing these responsibilities on the grounds that it is contrary to their culture (USAID, 2012; USAID, 2015b), but there is also some evidence of potential backlash as boys may feel that the attention paid to girls' empowerment discriminates against them. Research has found that some boys believe that girls are unfairly prioritised in school, while some girls feel the attention they currently enjoy is embarrassing (2CV, 2014).

Overall, evidence about girls' access to voice and agency is thin. We do not know, for example, whether the programmes and initiatives designed to foster formal participation (such as Children's Forums and the National Children's Summit) create access for girls specifically, rather than young people more generally. We also do not know how to support girls to develop their own voice, which research suggests is currently particularly muted. GAGE will explore both, focusing on the ways in which to best support girls across the years of adolescence.

## Economic empowerment

- **Poverty limits the trajectories of Rwandan girls: in 2013-14, 39% of girls between the ages of 14 and 19 were poor and 17% were extremely poor.**
- **Most adolescent girls between the ages of 15 and 19 are employed, primarily in agriculture.**

We found 55 sources that addressed Rwandan girls' economic wellbeing. That evidence shows that girls have limited access to paid, non-farm employment – in large part because of norms that restrict their access to other sectors and credit.

Although Rwanda's poverty rates declined from 59% to 39% between 2000-01 and 2013-14, and extreme poverty rates dropped from 40% to 16% (NISR, 2015a), the country remains one of the world's poorest. In 2015, nearly 54% of citizens were multidimensionally poor, with rural Rwandans far more likely to be poor than those living in urban areas (OPHI, 2017). NISR (2016a) reports that in 2013-14, 17% of both girls and boys were extremely poor.

Despite high poverty rates, young children in Rwanda are comparatively unlikely to work. With children under the age of 16 prohibited from employment by the 2009 Labour Law (Winrock International, 2013), only 5% of those between the ages of 5 and 13 are working (NISR, 2016b). Most (78%) work in unpaid agriculture (ibid.), though girls are disproportionately likely to be child domestic workers (UNICEF et al., 2011). Older adolescents, on the other hand, are very likely to be engaged in an economic activity. Of those aged 14 to 17, the recent Labour Force Survey (NISR, 2016b) found that 31% were working, half for pay. Indeed, government figures indicate that adolescent employment may be increasing. The latest data from Integrated Household Living Conditions Survey (EICV4) shows that in 2013, 60% of those aged 16-19 years were employed (compared to 49% in 2010) and the most recent DHS found that 52.5% of girls aged 15-19 were employed in 2014-2015 (NISR et al., 2016). The public works component of the Vision 2020 Umurenge Programme, the country's flagship social protection programme, provides an important source of youth employment in poorer districts (World Bank, 2015).

Adolescent girls are more likely than their male peers to work in agriculture (72% versus 64%) – the majority as independent farmers, despite their limited land ownership (NISR, 2016; NISR et al., 2016; 2CV and Girl Hub, 2014). Those in non-farm wage employment are mostly in the informal economy with low and insecure earnings and little legal protection against exploitation, sexual abuse and harassment (USAID, 2015a). Adolescent girls – especially those in urban areas – are also more likely than their male peers to be unemployed. According to EICV4 data, 6% of female youth in Kigali are unemployed (compared to 2.5% of their male peers and less than 1% for all provinces (NISR, 2016a).

The World Bank notes that the main reason for young women's disadvantage in the labour market in terms of job types and earnings is not lack of education; it is more likely a combination of factors such as gender norms, self-selection into agriculture or lack of non-farm self-employment and barriers to entering the private sector (World Bank, 2015). Several reports, including those issued by the government, also stress the role of traditional norms and attitudes about appropriate gender roles and professions reinforced by poverty and illiteracy that continue to limit adolescent girls' training and employment opportunities (GoR, 2014). Qualitative research with young men and women aged 18-25 revealed that while they would like to start their own businesses, most had limited access to credit and lacked appropriate technical skills and training, despite having higher levels of education than older generations (World Bank, 2015).

A few studies have also looked specifically at older girls' access to cash, financial education, and savings and credit opportunities. For example, Calder and Huda (2013) found that older adolescent girls obtain access to money through various sources, including parents, friends, and boyfriends (including sugar daddies), and that they wanted to know more about effective money management in terms of saving and investing in productive activities but lacked guidance. Other research found that girls and young women aged 12-24 are particularly likely to obtain credit from Rotational Savings and Credit Associations,<sup>1</sup> despite the fact that they have access to formal sector-level Savings and

Credit Cooperatives at the age of 16 (Calder and Huda, 2013) and can open a bank account and access formal financial services when they turn 18 (UNCDF, 2011). Indeed, a 2012 report found that financial exclusion, defined as difficulty accessing and using formal financial services, was higher among youths aged 18-20 (43%), among females (32%), and those living in rural areas (29%) (UNCDF, 2015).

We found that existing research on adolescent girls' economic wellbeing largely failed to disaggregate populations. The youngest are visible only in child labour statistics, which typically report by age and not gender. Older adolescents are usually grouped with young adults as "youth", which in Rwanda is defined as those aged 14-35, or – in gender disaggregated figures – with adult women. GAGE will explore the gender- and age-specific needs of adolescent girls as well as focusing on the specific needs of rural versus urban girls, out-of-school girls, married girls, etc.

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1 There are non-formal groups that pool members' monthly savings to create a larger pool of money available to one member at a time on a rotating basis.

## Programming for girls

For a small country, Rwanda is home to a relatively large number of interventions aimed at improving girls' capabilities. However, most of these interventions, which are summarised by their impacts on girls' capabilities in Box 2, have never been evaluated. Our evidence review of programmes found only 24 impact studies and evaluations – of which nearly all were available only in the grey literature. Only five of those evaluations could be considered rigorous. Critically, nearly all of them were completed soon after programme end and did not trace longer-term impacts or ascertain how effects played out in early adulthood. Most also failed to disaggregate programme impacts by girls' ages, which is particularly problematic where they were targeted at 'youth' (those aged 14-35), or females.

Our Evidence Mapping concluded in that in some ways the strengths and weaknesses of interventions aimed at Rwandan girls are similar to those seen in other countries. For example, programming is increasingly multi-faceted and aimed at improving multiple capability

domains at once by working with a wide range of actors using a variety of specific tactics. Tuseme clubs, for example, work with both adolescent girls and boys, run community awareness campaigns and provide financial assistance to members (see Box 3). Because of this broad approach, it is difficult to ascertain what forms of programming are most efficacious at creating what forms of change for what groups of girls.

That said, Rwandan programming stands out for the degree to which the government has committed to tackling gender inequality head-on and engaging with NGOs to bring about rapid change. The DFID-funded 12+ Programme, which is implemented by the Imbutu Foundation, World Relief Rwanda and Caritas with technical assistance provided by Girl Effect Rwanda and under the leadership of the Ministry of Health, exemplifies that commitment (see Box 4). First piloted with only 600 girls in 2011, 12+ was rapidly scaled up and aimed to improve the health, social and economic assets of nearly 115,000 girls between 2012 and 2017.

### Box 2: What works to enhance girls' capabilities?

#### Education and learning

There is a considerable body of evidence on interventions seeking to increase girls' school enrolment and attendance. The most common strategies appear to be girls' clubs, girl-friendly measures and scholarships. However, the vast majority of implemented interventions appear to lack any impact assessment. We found only five impact studies and evaluations, all with a rather weak research design. Provision of material assistance to address financial barriers to education appears to keep girls in school, critical in a country where the poorest have significantly less access to education than the wealthiest, but it seems to need to be combined with interventions tackling discriminatory norms. Examined impact evaluations also suggest that school clubs have led to more gender-egalitarian attitudes and greater self-confidence among girls, but their impact on learning outcomes has not been assessed. We also found little evidence examining the impacts of education sector reforms and investments, such as infrastructure improvements, provision of teacher training, improving student-teacher ratios and reducing school fees. There is also no clear evidence that suggests which tactics work best with older and younger girls, or girls from especially vulnerable populations.

#### Bodily autonomy, integrity and freedom from violence

We found five impact studies and evaluations of interventions aiming to protect girls and young women from gender-based violence, particularly sexual and physical violence. Most included the provision of appropriate services to survivors, school-based initiatives to reduce corporal punishment and sexual violence, community mobilisation and awareness-raising campaigns, and training to transform violent attitudes and aggressive masculinities. None of the studies had a high quality evaluation design. While there is promising evidence emerging – some of which suggests that information and economic empowerment can reduce women's vulnerability to violence – a lack of accurate data and robust evidence hinders us in identifying what works to protect girls of different age groups, prevent violence and transform attitudes and behaviours in a sustainable way.

## Box 2 (continued): What works to enhance girls' capabilities?

### Sexual and reproductive health, health and nutrition

Most of the evidence concerned programmes aiming to increase girls' knowledge of sexual and reproductive health and to improve their access to relevant services. Interventions employed a range of approaches from group-based discussion to magazines and radio programmes. We found five impact studies and evaluations and all reported a positive effect on improving girls' sexual and reproductive health knowledge. In some cases, interventions also opened up spaces for discussion on such issues with peers and parents. However, studies did not measure concrete changes in behaviour and health outcomes, let alone the sustainability of such changes.

### Psychosocial wellbeing

We found eight impact studies and evaluations of interventions aiming to improve the psychosocial wellbeing of adolescent girls. These studies assessed projects targeting orphans and HIV-affected youth with psychosocial support; gender-based violence interventions with psychosocial assistance components; and programmes aiming to empower participants and improve the material conditions of their lives. Few evaluations speak directly to girls' broader wellbeing. Programmes targeting orphans and vulnerable children are rarely assessed. Those that are have tended to treat participants as a homogenous group and do not provide gender-disaggregated data. Similarly, interventions targeting survivors of violence tend to assess their effectiveness in terms of access to and uptake of services (along with potential behaviour change) – with little attention to psychosocial outcomes. The strongest evidence of programme impacts on girls' broader wellbeing comes from interventions focusing on girls' economic or social empowerment, which increasingly include a complementary psychosocial component. Those evaluations have found that programmes improve participants' self-esteem, happiness, and hopefulness, reduce anxiety and worry, and increase social support, self-worth and dignity.

### Voice and agency

We found eight impact studies and evaluations of interventions with norm change and empowerment components. The majority targeted adolescent girls with the most common strategies being the provision of life-skills education in safe spaces and the establishment of girls' clubs – although community and mass media campaigns were also popular. Impact evaluations of these programmes (though limited in scope and quality) are strongly positive in terms of their impact on girls' aspirations and self-confidence; there is also some evidence that they promote girls' leadership skills.

### Economic empowerment

The evidence base on what works to promote girls' economic capabilities and empower them economically is rather weak. Despite finding evidence of several initiatives promoting older adolescents' economic empowerment – largely focused on vocational training, financial literacy and business skills development – we found only eight evaluations. Only two of them had a rigorous research design. Both programmes were related to vocational training programmes with additional components such as soft skills development. Both led to increased employment and self-employment among participating girls and young women, greater work-readiness skills, and an increase in asset ownership (principally small livestock). Apart from such short- or medium-term economic outcomes, there is no evidence concerning the longer-term impacts of these interventions. Our review did, however, find that inadequate attention has been paid to rural youth and younger girls, and that interventions often suffer from a lack of gender analysis and inadequate attention to issues such as constraints on girls' ability to participate in vocational skills training due to their household obligations and social norms about appropriate gender roles and trades.

## Box 3: "Let's Talk" about gender equality

Tuseme clubs, which are run by the NGO FAWE Rwanda, utilise at least three of GAGE's six change pathways. They work with school children – girls and boys – to help them learn about their rights, understand and address gender inequality issues, think critically, communicate effectively, become assertive and speak out about the challenges they face. They also conduct community awareness campaigns, identify students who dropped out of school and encourage them to return, provide financial assistance to members, and implement small-scale agricultural activities to enhance skills and generate income. A mixed-methods evaluation of a programme that included Tuseme clubs as one of its main components – alongside Rwanda Men's Resource Centre (RWAMREC) training for boys on positive masculinity and how to fight gender-based violence and gender-sensitivity training for teachers – found that they are successful in promoting an environment conducive to girls' education (Laterite and Plan, 2014).

#### Box 4: DFID's 12+ programme involving very young adolescent girls

The 12+ programme is aimed at girls between the ages of 10 and 12. Girls are matched with a locally selected, trained, female mentor (aged 18-25) and given the opportunity to learn about their health and rights in an enjoyable and interactive way. The girls meet at safe spaces where they attend a series of creative, extra-curricular training modules on topics including fundamentals of puberty, adolescent pregnancy and its consequences, HIV and other sexually transmitted infections, negotiation and communication skills and rights and responsibilities.

A mixed-methods evaluation found the programme to be highly successful, with girls' knowledge of sexual and reproductive health issues increasing across every indicator. For example, at the beginning of the programme, 48% of girls agreed that condoms would help prevent HIV infection. At the end this figure had risen to 94% (PSI, 2012). Furthermore, over 90% of girls reported that their participation in the 12+ Programme made them feel like a leader, and 99% of girls said that they felt important after the programme. More girls also reported being able to resist peer pressure to do things they did not agree with – 94% compared to 75% at the baseline (PSI, 2012). In addition, more than 93% of parents in another report agreed that their daughter's participation greatly increased her sense of self-worth, and almost all parents commented that the programme approach evidently instilled leadership capabilities in participating girls and improved their household and community relationships (TRRG, n.d.). Despite the fact that no school incentives are provided, 12+ has also been credited with helping drop-out girls return to school (DFID, 2015).

## Conclusions

Our Evidence Mappings uncovered a variety of information on Rwandan girls, most of it only visible in the grey literature. However, while much is known, even more remains unexplored. Key in terms of understanding girls' capability outcomes is the disaggregation which is central to GAGE's conceptual framework. Specifically, much of what we know about Rwandan adolescent girls speaks only to the experiences of the oldest. This is a glaring problem given the speed with which adolescent lives are changing, especially in regard to access to education and technology. In addition, some of GAGE's capability areas have attracted little research. For example, we know little about Rwandan girls' gender-specific psychosocial needs and far less about their broader physical health than their sexual and reproductive health. Finally, while tremendous progress has been made over the last generation in terms of women's access to voice and agency at the national level, we know almost nothing about how to grow girls' access to public decision-making or how to strengthen their own voice and agency.

Fortunately, the Evidence Mappings on which this short synthesis was based represent only one of GAGE's four work-streams. Having now mapped what is known – and not known – about the capabilities of Rwandan adolescent girls, and how existing interventions are supporting the expansion of those capabilities, GAGE will be moving forward with its mixed-methods longitudinal research aimed at extending evidence and filling gaps. Combining quantitative and qualitative work with policy and legal analysis, GAGE will hone in on what works to support Rwandan girls to work towards the futures they choose.

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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](http://www.gage.odi.org.uk) for more information.

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