



The African Women's
Development and
Communication Network

TOWARDS REALISING WOMEN & GIRLS' RIGHTS: PUTTING POLICY INTO PRACTICE

Female genital mutilation, Child marriage and Safe abortion

POLICY BRIEF



RWANDA



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HIGHLIGHTS

FEMALE GENITAL MUTILATION

- FGM is reportedly not practiced in Rwanda.
- A practice common is female genital modification which is elongation of the Labia minora and the use of local botanical species which falls under type IV FGM.
- The common vaginal practices in Rwanda is categorised as female genital modification.

EARLY AND CHILD MARRIAGE

- Rwanda is one of seven countries in Africa with the proportion of child marriages below 10%.
- Percentage young women married by Age 15 is 1%
- Percentage young women married by Age 18 is 7%
- The minimum age of marriage in Rwanda is 21 years regardless of gender.
- In Rwanda, consensual sexual activity with children (under 18 years old) for both boys and girls is not tolerated.

ACCESS TO SAFE ABORTION

- An estimated 60,000 induced abortions were performed in Rwanda between 2009 and 2010.
- Every year in Rwanda, 24,000 women need emergency treatment for medical complications resulting from unsafe abortions.
- 30% of women who undergo unsafe abortion do not receive any treatment from complications due to fear of arrest.
- Approximately 24% of all incarcerated women in Rwanda were convicted for obtaining an abortion¹.
- Rwanda is among 13 Southern African Development Community (SADC) countries in which abortion is only legal in limited circumstances.
- In Rwanda, abortion is decriminalized and the Ministerial Order N°002/MoH/2019 of 08/04/2019 determines conditions to be satisfied for a medical doctor to perform an abortion making it restricted.
- Abortion is illegal except in the case of child, rape, forced marriage, incest or where the life of the mother or child is at risk as certified by a medical practitioner.
- Approximately half of all abortions are performed by untrained individuals, 34% by traditional healers plus 17% that are self-induced by women.
- Post-abortion care (PAC) costs in Rwanda revealed that the average annual PAC cost per client, across five types of abortion complications, was US\$93.

SYNOPSIS

This policy brief seeks to highlight female genital mutilation, early and child marriages as well as access to safe abortion in Rwanda in relation to women and child rights. The paper addresses how widespread these issues are in Rwanda and the efforts that the government and civil society are taking to ensure that women and girls' rights are observed. This policy brief explores the public health and concerns surrounding FGM, child marriages and unsafe abortion in Rwanda and discusses ways to make it both rarer and part of positive policy change.

The brief addresses the impacts of FGM, early and child marriages and access to safe abortion. The impacts include health, population, education, employment, agency, and violence, among other outcomes. The welfare, budget, and non-monetary costs of child marriage are estimated where data is available. Legal/institutional aspects and options to reduce the practice are also discussed.

The brief sets to draw recommendations and link them with existing strategies to curb FGM and child marriages while contributing towards access to safe abortion. The paper will contribute towards a pool of knowledge on FGM, safe abortion and child marriages including studies with innovative data-collection methods needed to inform project design and planning to protect girls and women's rights. The brief highlights the adverse effects such as the health and economic costs of the three issues, the need for disaggregated data to inform campaigns and policies, understanding the root causes and a look of the legal and policy framework.

policy
brief

BACKGROUND

FEMALE GENITAL MUTILATION

Female Genital Mutilation (FGM) consists of the (partial or complete) removal of the external female genitalia, and the infliction of other injuries to the female genitalia for no medical reasons. There are several variations, including partial or complete removal of the clitoris, of the labia minora and majora, the narrowing of the vaginal opening by joining the two sides of the wound, leaving only a small opening for urine and menstrual fluids, and any other non-medical injury such as scraping, incising, pricking or burning. FGM causes pain, infection, problems with sexual intercourse, problems with urination, problems with childbirth, and death².

There are various types of FGM/C and the World Health Organisation classifies it as follows³ :

1. Clitoridectomy - the partial or total excision of the clitoris (a small, sensitive and erectile part of the female genitals), and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

3. Infibulation - the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.

2. Excision - the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

4. This includes all other forms of non-therapeutic genital alteration, such as pricking, piercing, incising the clitoris or labia, stretching the clitoris or labia, cauterising the clitoris and surrounding tissue, scraping the vulva vestibule, cutting the vagina and introducing caustic substances, poultices or herbs into the vagina to create tightening or narrowing of the vaginal vault.

Female genital mutilation is reportedly not widely practiced in Rwanda. However, a common practice in the country is the elongation of the labia minora or *gukuna* classified as a Type IV female genital mutilation by the World Health Organization. However, the term mutilation carries with it powerful negative connotations. In Rwanda, the elongation of the labia minora and the use of botanicals to do so is meant to increase male and female pleasure. Women regard these practices as a positive force in their lives. This paper aims to assess whether Rwandan vaginal practices should indeed be considered a form of female genital mutilation and whether the botanicals used by women are detrimental to their health⁴. Two botanicals are applied during stretching sessions namely; *Solanum aculeastrum* Dunal and *Bidens pilosa*. Both have wide medicinal use and contain demonstrated beneficial bioactive compounds. Rwandan vaginal practices are therefore referred to as female genital modification rather than mutilation.

EARLY AND CHILD MARRIAGES

Child marriage in Rwanda is driven by gender inequality and the belief that women and girls are somehow inferior to men and boys. There is limited information on child marriage in Rwanda, but available studies suggest that is exacerbated by :

- **Rurality:** Evidence suggests that child marriage is more common rural areas rather than urban areas⁶.
- **Traditional attitudes:** As reported by Action Aid, many people in Rwanda still condone child marriage and violence against women and girls. Additionally, norms around sexuality mean that girls are deterred from seeking contraceptive services. As a result, the majority of girls in Rwanda do not use contraception⁷.
- **Sexual violence:** According to Action Aid, nearly half of all women and girls in Rwanda have experience sexual violence by their 19th birthday. Some girls also engage in transactional sex and exploitative relations with older men (“sugar daddies”) to access money. Sexual violence and unplanned pregnancies can put girls at an increased risk of being married off early.
- **Displacement:** Anecdotal evidence suggests that child marriage is practised in refugee camps.



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ACCESS TO SAFE ABORTION

Unsafe abortion is one of the most easily preventable causes of maternal mortality and Rwanda has one of the worst ratios in the world, at 340 deaths per 100,000 live births, according to the World Health Organization (WHO). The history of abortion within Rwanda has long been a restrictive process. Before 1977, Rwanda's Criminal Code stipulated that an abortion could be carried out only of necessity to save pregnant woman. In 1977, the law specified that if a pregnant woman's life is in danger, she would need two medical opinions and to be seen by a State physician in a State-approved hospital⁸.

After HDI and other civil society organizations formed a coalition to advocate for expanded abortion access, the penal code was revised in 2012 to include new exemptions for legal abortion. To obtain a legal abortion under exceptions 1–3, a woman seeking abortion needs certification from a “competent Court” that the pregnancy resulted from rape, incest or forced marriage. To obtain a legal abortion because of risk to health, a petitioner must get permission from two doctors, and one must make “a written report in three copies.” To be legal, an abortion must then be performed by a doctor. Self-induced abortion is considered illegal.

An estimated 60,000 induced abortions were performed in Rwanda between 2009 and 2010. Every year in Rwanda, 24,000 women need emergency treatment for medical complications resulting from unsafe abortions, and 30% of women do not receive any treatment from complications due to fear of arrest. Approximately 24% of all incarcerated women in Rwanda were convicted for obtaining an abortion⁹.

Approximately half of all abortions are performed by untrained individuals, 34% by traditional healers plus 17% that are self-induced by women. The other half of abortions are provided by physicians (19 percent), nurses or medical assistants (16%) and midwives (14%). Based on estimates from the Demographic Health Survey, it is estimated that 16,749 women were treated for complications of induced abortion in 2009 out of the 60,000 abortions that occur in Rwanda annually¹⁰. Furthermore, an estimated 40 % of clandestine abortions in Rwanda lead to complications requiring treatment in a health facility.¹¹



POLICY & LEGAL FRAMEWORK

FGM

There is no clear legislation prohibiting FGM in Rwanda as the practice does not exist. In the initial state party report on the African Charter on the Rights and Welfare of the Child for Rwanda, 2006 under Article 33 of the decree relating to the rights and protection of the child against violence, all sex-based practices carried out on the child, no matter its form and the method used, constitutions a rape committed on the child are prohibited. These provisions of the decree are enough to discourage anyone wishing to carry out such¹².

Rwanda has signed and ratified the Maputo protocol which states that "Harmful Practices" means all behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity.

States Parties in Article 5 on Maputo protocol commits to elimination of harmful practices, prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards. However in most countries, girls and women still encounter harmful practices such as Female Genital Mutilation (FGM), breast ironing, early child marriage and sexual gender based violence amongst other practices.

Rwanda has also ratified the Convention on the Rights of the Child (1989), which outlawed harmful traditional practices, The African charter on Human and People's Rights (1989), the Committee on the Elimination of Discrimination against Women (1981) (CEDAW), which oversees the Convention on the Elimination of All Forms of Discrimination Against Women, identified FGM as a form of discrimination.

EARLY AND CHILD MARRIAGES

In Rwanda, Presidential Decree No. 102/05 of March 13, 1992 executed Law No. 42/1988, which was not enforced after its passage in October 1988. Its principal provisions relate to civil marriage. Only monogamous civil marriage is recognized by law. Civil marriage is the voluntary union of a man and woman. A man and woman younger than 21 cannot marry except for grave reasons¹³.

Spouses are entitled to equal rights and obligations at the time of marriage, during the marriage and at the time of divorce. A law determines conditions, formalities and consequences of marriage. (Art. 17)¹⁴. The provision of Section 47 of the law relating to Rights and Protection of the Child against Violence that considers any conjugal living together of a boy and girl where one of the two or both of them are below the age of 21 as premature marriage. The East African Community Gender Policy 2018 calls upon members states to consider retention and completion rates in schools are very low mainly due to poor learning environments, teenage pregnancy and early marriage, sexual reproductive health challenges as well as the participation of the girl child in unpaid care work at household level.

The Constitution of Rwanda has the following provisions about marriage:

The right to marry and found a family is guaranteed by the law. A civil monogamous marriage between a man and a woman is the only recognised marital union.

However, a monogamous marriage between a man and a woman contracted outside Rwanda in accordance with the law of the country of celebration of that marriage is recognised. No one can be married without his or her free and full consent.

CHILD
MARRIAGE
BRIEF

ACCESS TO SAFE ABORTION

In 2012, Rwanda affirmed the importance of women's access to safe and legal abortion, the Rwandan government has lifted its reservation to Article 14(2)(c) of the African Charter on Human and People's Rights of Women in Africa (also known as the Maputo Protocol)¹⁵. The Maputo Protocol is the only international treaty that explicitly guarantees the right to legal abortion. Under the Protocol, the Rwandan government is now required to "protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus."

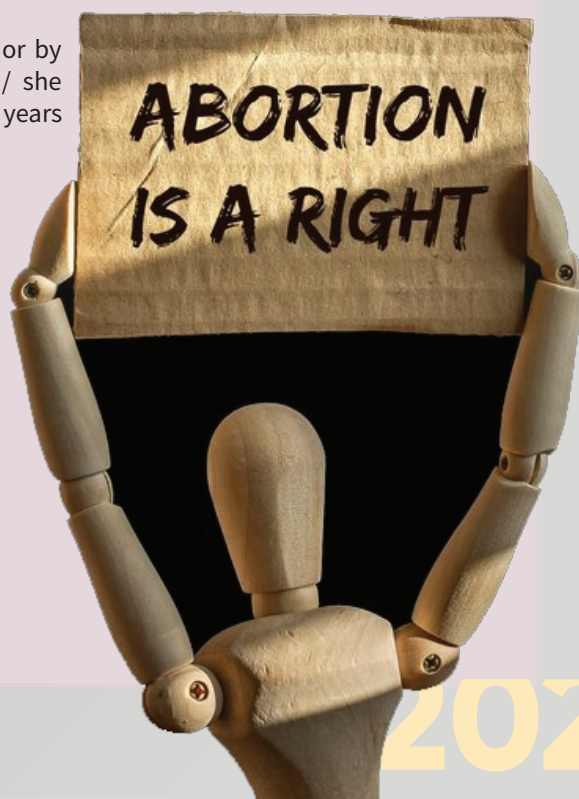
In the new abortion law, women who are pregnant as a result of rape, forced marriage or incest and seeking an abortion must get written approval from the court first. Further, it requires that anyone performing a legal abortion be a licensed medical doctor and consult with another physician before the procedure. These can be significant barriers for women that can cost money, waste time, and dangerously delay critical health care.

Rwanda's Family Planning/ Adolescent Sexual Reproductive Health strategic plan that enables to implement the RMNCAH Policy. The strategy is population-based outcomes for contraceptive use, teen pregnancies, maternal, child, neonatal mortality, demographic dividend. It implies not only contraception and family planning but also other components of Sexual and Reproductive Health such as Prenuptial care, antenatal care, safe delivery, postnatal care regardless of marital status, skilled attendance at delivery, HIV/STI prevention and treatment, Gender based violence prevention and management and gender mainstreaming, information and counselling on ASRH and post abortion care.

Rwanda's Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Policy does not include safe abortion as a component of adolescent and women's health. Article 162 on criminal abortion expanded the exceptions for permissible abortion to include rape, incest, forced marriage and risk to the health of the woman or the fetus or danger to the mother's life¹⁶.

In 2018, Rwanda's new penal code was passed to include removal of the court order; inclusion of child defilement among exemption criteria; and better link the Ministry of Health guidelines and the penal code. While progress has been and continues to be made, women can still be prosecuted for illegal abortions. These women face a prison sentence of one to three years and a fine equivalent of \$300 US Dollars. N° 01/2012/OL of 02/05/2012 Organic Law instituting the penal code (2012) (Article 165: Exemption from criminal liability for abortion) It is found in the Ministerial Order determining conditions to be satisfied for a medical doctor to perform an abortion N°002/MoH/2019 of 08/04/2019.

The Rwanda Penal Code 2018 N°68/2018 of 30/08/2018 Law determining offences and penalties in general Article 108: Infanticide : Any woman, who intentionally or by omission kills his or her biological child whose age is not above twelve (12) months but during the commission of the offense she was in postpartum depression or by effect of lactation commits an offense. Upon conviction, he / she is liable to imprisonment for a term of not less than five (5) years but not exceeding seven (7) years.



CAMPAIGNS

FGM

Most campaigns to eliminate or outlaw FGM soon realize that it is dealing with a deeply rooted cultural tradition, and legislation is only acceptable when it originates from national governments. Even the national government may not provide sufficient legitimacy for many ethnic groups, who may already feel they have been marginalized. In most cases, FGM-practicing communities take great exception to the intervention of the international community, which is often attempting to criminalise a vital part of their culture. This resistance extends to the national level, with resentment against members of other ethnic communities attempting to eradicate the practice. In Rwanda, fortunately FGM is not widespread and the campaigns that exist relate to the global, continental and sub-regional instruments that the country has signed or ratified.

EARLY AND CHILD MARRIAGES

Following peace and reconstruction efforts after the 1994 genocide, Rwanda is consistently ranked as the top Sub-Saharan African country in closing gender gaps due to its high female labour force and female political participation. While this is a positive step towards greater protection of women and girl's rights, there is no information available about the measures the Rwandan government is taking to address child marriage. In 2015, the Commonwealth National Human Rights Institutions agreed a new Declaration, the Kigali Declaration, to prevent and end child marriage, after a two-day working session in Kigali, Rwanda. The Declaration is concerned that child, early and forced marriage disproportionately affects girls as it is cause and consequence of entrenched gender inequality and unequal relations of power between men and women, boys and girls¹⁷.

EARLY AND CHILD MARRIAGES

Rwanda has made post Abortion Care (PAC) integral part of the National Family Planning/Adolescent Sexual Reproductive Health (FP/ASRH) Strategic Plan 2018-2020-2024¹⁸. From 2011 to 2014, Ipas investigated the enforcement of criminal abortion laws in countries in Africa and Latin America in order to document the impact on women's lives and analyze the related rights violations. The report was produced in close collaboration with the Great Lakes Initiative for Human Rights and Development (GLIHD), a Rwanda-based NGO; and findings shared with the Rwandan government.

In 2015, with support of Nowergian People's Aid (NPA) in Rwanda, Health Development Initiative (HDI) Rwanda carried out a rapid assessment of "Understanding the causes, practices and consequences of terminating pregnancies: experiences of women incarcerated for illegal abortion in Rwanda." HDI has also shared its report with different actors including government line ministries, parliamentarians, development partners and CSOs for more debate and formulation of practical recommendations and alternative solutions to the situation. There is a long way to go in campaigning around safe abortion but mindset change among policy and decision makers and support from different actors are progressively contributing towards potential changes in law review. One of the efficient ways should be to support private clinics to do it due to the lack of privacy and complicated client flow in public health facilities.

COVID 19 IMPACT



FGM

The COVID-19 pandemic is increasing the risk of female genital mutilation or FGM, with the United Nations predicting that an additional two million girls will be subjected to the practice in the next ten years. The UN says that COVID-19 has disproportionately affected girls and women, resulting in what it calls “a shadow pandemic” disrupting the elimination of all harmful customs including, female genital mutilation. While FGM is not widely practiced in Rwanda, the government must keep policies and legal frameworks in place to ensure that would be perpetrators are kept in check.

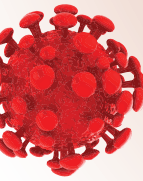
EARLY AND CHILD MARRIAGES

Since March 2020 when COVID-19 outbreak was recorded in Rwanda, schools were closed and are expected to reopen in September 2020. Because of this, all students returned home and young girls’ sessions commonly called “safe spaces sessions” were put on hold as these sessions are normally conducted in schools whereby young girls meet with peer mentors and share freely their experiences and trainings on GBV prevention and response, as well as SRHR.

ACCESS TO SAFE ABORTION

Evidence from past epidemics show that a lack of access to essential health services due to a shutdown of services can ultimately cause more deaths than the epidemic itself. Difficulty accessing contraceptives and other essential services such as safe abortion denies millions of girls and women the right to control their bodies and lives. In Rwanda, the World Health Organisation SRHR team has been involved in ongoing advocacy efforts and technical guidance to facilitate policy dialogue. The country has developed a Family Planning strategic plan, a costed implementation plan, and monitoring framework with clear deliverables in collaboration with all the key partners.

The SRHR team, as well as the Sexual and Reproductive Health (SRH) actors in Rwanda, have established a coordination mechanism such as a Technical Working Group on Family Planning/Sexual and Reproductive Health as a subgroup of the broader Reproductive Maternal Neonatal Child and Adolescents Health Working Group with clear terms of references led by the Ministry of Health. Finally, there is a strong commitment from all stakeholders and health authorities, because of the efficient and effective coordination mechanism under the Technical Working Group¹⁹.



THE ROLE OF MEDIA

THE ROLE OF MEDIA

Plan International uses a range of innovative methods to ensure we reach children and young people with vital information including radio, TV, mobile apps, video animations, songs and phone hotlines. This ensures that child rights are protected including during Covid times²⁰. From 20th June to September 2020, ActionAid Rwanda in collaboration with Rwanda Girl Guides Association through Speak Out Project is organizing a weekly session on Sexual Reproductive Health Rights (SRHR) via the National radio station which reaches almost all parts of the country. The 15 minutes young girls' radio session on SRHR is aired on Radio Rwanda every Saturday, from 3:00PM - 3:15PM. In each radio session, two of the Speak Out Project's mentors lead the session on radio while young girls especially safe space members listen through their parents' radio sets from their respective homes²¹.



CONCLUSIONS AND RECOMMENDATIONS

FGM

While FGM is not widely practiced in Rwanda, it is critical that complacency is avoided on the practice due to cross boarder migration from countries that still hold the practice.



EARLY AND CHILD MARRIAGES

POLICY IMPLEMENTATION

Policies have been implemented and money has been devoted to supporting initiatives to end child marriages in Rwanda, but communities have the last word. The best policies may be implemented, and strident punishments may be introduced but the community will always have the last word. The best way to end child marriages is to directly appeal to the members of societies in which child marriages are prevalent.

ROLE OF TRADITIONAL AND RELIGIOUS LEADERS

Traditional leaders personally know their village members and they understand their beliefs and reasons for their actions. They are respected by the village members and they usually support what they endorse. Therefore, it is important to train and to enlist their support in helping to curb down child marriages. Religious leaders have influence that can change the norms and practices of their followers. They hold sway regarding attitudes towards gender roles particularly those of women. To induct them into the initiative of reducing child marriages would be an addition to the probability of the initiative's success. They can advocate for the empowerment of women which would alter the way women are perceived, hence increasing their confidence and value, which would contribute to the reduction of child marriages.

AWARENESS CAMPAIGNS

It is important that we raise awareness in schools. Some of the girls think that it is customary and normal for them to be married off at a young age. However, when they are shown the negative impact of being married at a younger age, they will be more likely to resist the practice and appeal to the authorities when necessary.



CHANGING ATTITUDES

Although abortion aligns with the national conversation around women's Sexual Reproductive Health and Rights, abortion remains taboo and stigmatized in Rwandan society, making it increasingly more challenging to reach out to women who are considering or performing unsafe abortions. by applying those laws in practice.

RIGHTS BASED APPROACH BY MEDICAL PROFESSIONALS

Due to the lack of evidence-based knowledge of women convicted of abortion, they cannot claim their right provided under penal code. In Rwanda, if someone under the age of 18 needs medical services from a doctor, they must first have permission from their parents. This has life-threatening consequences as it relates to sexual and reproductive health rights. If young people need condoms, they may choose to have unprotected sex rather than admit to their parents that they are sexually active. If a girl needs an emergency contraceptive, she may choose a dangerous alternative like a traditional healer rather than tell her parents that she was raped. Policy makers must also make sure that girls are not discouraged from returning to school by being flexible in their approach to education and making it easy for pregnant girls and young mothers, who often face stigma and discriminatory school re-entry laws, to complete their education.



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Female genital mutilation • Early & Child marriages • Safe Abortion

Rwanda

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