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Lifestyle and Sexual and Reproductive Health in Rwanda: Findings from a Purposive Qualitative Study

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Acronyms and Abbreviations

| | |
|-------|--|
| AIDS | Acquired Immunodeficiency Syndrome |
| ANC | Antenatal care |
| ART | Antiretroviral Treatment |
| ASRHR | Adolescent Sexual Reproductive Health and Rights |
| CHW | Community Health Worker |
| CSO | Civil Society Organization |
| DPs | Development Partners |
| EC | Emergency Contraception |
| FP | Family Planning |
| GBV | Gender-Based Violence |
| HIV | Human Immunodeficiency Virus |
| GLTB | Gay, Lesbian, Transsexual and Bisexual |
| ICPD | International Conference on Population and Development |
| MDG | Millennium Development Goals |
| MMR | Maternal Mortality Rate |
| MSM | Men that have Sex with Men |
| NGO | Non-Governmental Organization |
| OVC | Orphans and Vulnerable Children |
| PBF | Performance-Based Finance |
| PMTCT | Prevention of Mother-to-Child Transmission |
| RDHS | Rwanda Demographic Health Survey |
| RH | Reproductive Health |
| RIDHS | Rwanda Interim Demographic Health Survey |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infection |
| VCT | Voluntary Confidential Counselling and Testing |

Contents

| | |
|--|----|
| 1. Introduction..... | 1 |
| 1.1. Background to the Report | 1 |
| 1.2. Sexual and Reproductive Health Policy in Rwanda | 4 |
| 1.3. Methods..... | 4 |
| 2. Findings..... | 8 |
| 2.1. Introduction..... | 8 |
| 2.2. Adult Lifestyle and Diet in the Provinces and Kigali | 8 |
| 2.2.1. Northern Province | 8 |
| 2.2.2. Eastern Province | 13 |
| 2.2.3. Kigali..... | 17 |
| 2.3. Community Health Insurance | 19 |
| 2.4. Community Health Workers | 22 |
| 2.5. Fertility and Contraception | 25 |
| 2.6. Antenatal Care and Delivery | 36 |
| 2.7. Infant and Child Feeding..... | 41 |
| 2.8. Avoiding and Dealing with HIV/AIDS | 46 |
| 2.9. Violence against Women | 49 |
| 2.10. Adolescent Lifestyle, Relations and Reproductive Health..... | 55 |
| 2.11. Gay, Lesbian, Bisexual and Transgendered People | 74 |
| 2. Conclusions..... | 78 |
| Bibliography and References | 81 |

1. Introduction

1.1. Background to the Report

This research was undertaken following a comprehensive review of the literature, policies and laws relevant to sexual and reproductive health (SRH) in Rwanda (Abbott *et al* 2014)¹. It was designed to fill in gaps in our knowledge of attitudes and behaviour relevant to SRH that were not fully answered by existing research findings. Both reports were designed to provide information for the scriptwriters commissioned to write a drama series to motivate SRH behaviour change to be produced by the Population Media Centre and broadcast in Kinyarwanda on Radio Rwanda.

The literature review concluded that:

- Discussions about sexuality between adults or between adults and children remain taboo in Rwanda (Ministry of Health 2012), which makes it difficult for women and especially young women to negotiate safer sexual behaviours. While couples will often say that sexual behaviour, contraception and family size are discussed between husband and wife, decision-making is still culturally a male preserve. Both adults and children learn about sex from the radio (e.g., the URUNAMA drama), and some children learn about sex at school. Unprotected sex is the norm among single young people with legal restriction and abstinence messages making it difficult for them to get advice and products. Adolescent girls and young women are further deterred from using contraception for fear of being labelled as prostitutes. Men feel they cannot use condoms with their wives; condom use suggests promiscuity or at least the intent to be unfaithful.
- There remains an unmet need for contraception of 19 per cent and 33 per cent of births are the result of unplanned pregnancies. Reasons for this include: moral objections to modern contraception, non-use because of side effects; contraception failure/misuse and the difficulties young unmarried women face in accessing contraception. There is also a lack of knowledge of emergency contraception and it is not always available in health centres.
- Although virtually 100 per cent of women make at least one antenatal care visit, only around a third attend for the recommended minimum of four. Also, a low proportion of women attend for a visit in the first trimester mainly due to a reluctance to admit they are pregnant until they show.
- The proportion of women giving birth in a health centre attended by a skilled practitioner has increased and stood at 69 per cent in 2010 and there has been a significant reduction in the maternal mortality rate.
- Few mothers or babies have postnatal check-ups. Infant feeding also remains a concern with just over 1 in 10 infants and young children (under 5 years) underweight, and 44 per cent are severely malnourished (stunted). While this is partly

¹ The full list of articles, reports, laws and policies reviewed is provided in this report for ease of reference. All the literature etc. referred to

due to ignorance on the part of mothers as to what they should be feeding their children poverty also plays an important role.

- About 1 in 20 couples of childbearing age are infertile. Women are generally blamed, and as infertility is generally stigmatized, women are often divorced or abandoned when a couple fails to have a child.
- The legal grounds for abortion are very restrictive and accessing a legal abortion is difficult and probably beyond the means of most ordinary women. An estimated 1 in 40 women aged 15-49 years has an abortion every year and 1 in 100 experience life threatening complications with between 300 and 400 dying as a result of an illegal abortion every year. The punishment for adolescents, young women and women that are convicted of having an illegal abortion are severe, including fines and lengthy prison sentences.
- Young people have partial and often inaccurate knowledge about SRH and have difficulty in accessing services. They tend to rely on the radio and their peers for information, although some seek advice from community health workers (CHWs). The proportion of young people use a condom when engaging in risky sex remains low;
- Although it is difficult to estimate the number of young women involved, there is significant concern about the exploitation of adolescent girls by older men that offer them money and other incentives in exchange for sex. In some cases the men may be engaging in sexual assault, offering the young women money for not reporting them and in others it may be paedophilia as they are having sex with a girl under 18 years old.
- There is concern about the number of teenage pregnancies and the negative impact that early pregnancy can have on girls' future life and health although the 2010 RDHS suggests that the teenage pregnancy rate is low compared to other sub-Saharan countries.
- Violence against women remains high. There is little evidence of a decline in domestic violence and there is high cultural tolerance of domestic violence. The apparently lower tolerance of domestic violence by men has been said to be because men do not regard hitting their wives or shouting at them as domestic violence (Abbott and Mugisha 2013; Slegel and Kimonyo 2010).
- Only about half of the children estimated to be in need of antiretroviral treatment are receiving it. The reasons why parents do not take their children for treatment are not well understood.
- Although homosexuality is not illegal, gay, lesbian and bisexuality is stigmatized. There has been little research that has considered the experience of gay people in Rwanda.

A number of issues were identified for exploration in the qualitative research including:

- Couple's communication and joint decision-making including: why husbands and wives do not discuss SRH including contraception use and the number of children they wish to have; why parents do not talk to their children about SRH; and why safe sex both in and out of marriage is not more widely practiced.

- Men's attitudes to and understanding of fertility, family planning and couple's communication and related issues (there is more information available on the point of view of women).
- Fertility awareness: as there is evidence that women and men do not have a comprehensive understanding of when women can get pregnant or of the causes of infertility.
- Family planning use: as there is evidence that women cycle in and out of use of contraception and may not be aware of the full range of methods available.
- The experiences of adolescents in trying to access information on SRH and SRH products.
- The strategies used to overcome the shortage of qualified health care workers.
- The understanding that parents have of the nutritional needs of children especially infants and young children and how they cope when there are shortages of food.
- The perceptions of men and women on the acceptability of wife beating and the impact of domestic violence on gender equality and the empowerment of women in the family as well as in society more generally.
- Attitudes to abortion and the understanding of the dangers of illegal abortions
- The experiences of gay, lesbian, bisexual and transgender (GLBT) people.
- Perceptions of sex for pleasure as opposed to sex for procreation.

1.2. Sexual and Reproductive Health Policy in Rwanda

Rwanda's main targets with regard to sexual and reproductive health are to increase the percentage of women of childbearing age using modern contraception, to increase the proportion of women giving birth in hospital, to reduce the percentage of malnourished children and to reduce the percentage of young people living with HIV/AIDS and reduce the transmission rate across the population. There is also a general intention to reduce the incidence of gender-based (including domestic) violence, which is also a health issue because it has a negative impact on women's general wellbeing and mental health, and treating women who are victims of domestic violence falls on the health service providers. The desired outcomes are a reduction in infant, child and maternal mortality, a reduction in the burden of illness (including the debilitating effects of starvation and malnutrition), to produce a healthier generation of children more able to work and to play a part in the country's development, to reduce poverty and to promote general wellbeing. A related aim is to manage the rate of population growth in order to benefit from the demographic bonus by reducing the dependency ratio and reducing demand on basic education and mother and child health services, and ensuring that there is not further pressure on land.

1.3. Methods

1.3.1. Methodology

The research was designed to report on people's knowledge, attitudes and behaviours specifically in relation to SRH. This required qualitative methods so that we could ask people to tell us about their daily lives and share with us their understanding of SRH, their attitudes and why they behave as they do.

1.3.2. Sampling

The sample included adolescent boys and girls (14-17 years), young people aged 18-24 years and men and women aged 25-49 years as well as key informants. These represent three groups with different service needs for SRH. Adolescents are in a period of transition from childhood to adulthood and adolescents often experience difficulties in getting accurate information about SRH and accessing products. Young people are forming relationships and preparing for and getting married and starting childbearing. The majority of those aged 25 to 49 years are married/ previously married and have children and even grandchildren.

Adolescence is a period when young people's bodies change and they start to experience sexual urges and often begin to experiment with sex and take risks. Our review of the literature suggested that they often have incomplete knowledge and understanding of SRH and difficulty in accessing advice and products. We sampled adolescents in schools as we assumed that this would enable us to understand the knowledge, attitudes and behaviour of those likely to be among the best informed. They are educated (those in primary school were

in their final year) and they are likely to have had at least some SRH education in school. We sampled adolescents aged 14-17 in six schools. The adolescent males were from secondary schools in Kagarama, Kicukiro District (Kigali), in Nyakinama, Ruhengeri (Northern Province) and Rwimiyaga (Eastern Province); the girls were from the secondary section of a ‘groupe scolaire’ in Kicukiro district, a primary school in Rwimiyaga (Eastern Province) and a secondary school in Nkotsi (Northern Province)².

We sampled young people aged 18-24 years and men and women aged 25 to 49 years in purposively selected villages in remote sectors of Eastern and Northern Provinces and some closer to towns and in Kigali. We selected a district in Northern Province; Musanze that is the third wealthiest in the country as we thought this would give an understanding of SRH in better off communities. This was especially important as we wanted to understand why levels of stunting among infants and young children are so high among the better off. We selected Eastern Province because average levels of poverty are in the middle in the Province; they lie between Kigali and Northern Province on the one hand and Western Province and Southern Province on the other. Furthermore all the districts have average levels of poverty. Also households in rural areas in the Eastern Province are more scattered than in the other province and the distance to health facilities greater. We selected Kigali as the largest urban area in the country where a majority of adults work in non-farm jobs in the formal and informal sectors and two of the three districts in Kigali are the wealthiest in the country.

In Kigali we also held focus group discussions (FGDs) with prostitutes and gay, lesbian, gay bisexual and transgender people (GLBT). Prostitutes are a stigmatized group and we wanted to understand more about their understanding of and attitudes towards SRH and their experience of SRH service delivery. Although homosexuality is not illegal in Rwanda GLBTs are a stigmatized and socially excluded group and there has been little research into their understanding of and attitudes to SRH or their experience of SRH service delivery.

Table 1: Sample

| FGDs per Case Study – City of Kigali, Northern Province and Eastern Province | | Total |
|---|---|--------------|
| Adolescent boys (14-under 18) | 1 | 3 |
| Adolescent girls (14-under 18) | 1 | 3 |
| Young men (18-25) | 1 | 3 |
| Young women (18-25) | 1 | 3 |
| Middle aged men (25 and over) | 1 | 3 |
| Middle aged women (25 and over) | 1 | 3 |
| 1 Gay Men | 1 | 1 |

² Pupils in secondary schools are drawn from a wide geographical area and frequently board at the school during term time. Pupils in primary school travel daily to school within walking distance of their own home.

| | | |
|--|----------|-----------|
| 1 Gay Women | 1 | 1 |
| Total number of FGDs | 8 | 20 |
| Key Informant Interviews | | |
| Female CHW | 1 | 3 |
| Male CHW | 1 | 3 |
| Manager of Nearest Health Facility | 1 | 3 |
| Local leader | 1 | 3 |
| Head teacher | 1 | 3 |
| Local religious Leaders | 1 | 3 |
| Ministry of Health – MCH Task Force Coordinator and colleges | 1 | 1 |
| Manager of Youth Friendly Centre (where possible) | 1 | 1 |

1.3.3. Methods

The two methods used were FGDs and key informant interviews. FGDs were facilitated by an experienced IPAR researcher trained specifically for this project in Kinyarwanda. Notes were taken by two trained research assistants (RAs). Following the FGD the facilitator and note takers met and agreed on a set of notes.

Key informant interviews were conducted by an IPR researcher and notes taken by an RA.

1.3.4. Research Tools

The research tools were developed so that we could collect data to answer the gaps in our knowledge and understanding that were identified from the literature review. The IPAR research team reviewed the draft FGD and key informant agendas and these were also reviewed by PMC. The agreed agendas were translated into Kinyarwanda and the Kinyarwanda version agreed upon by the IPAR research team.

1.3.5. Data Analysis

The data was transcribed and word processed in English in preparation for analysis. We analysed the data for information relevant for answering the questions that we had set out to answer. In writing the report we have sought to let the ‘voice’ of the informants come across and have extensively used quotes from the FGDs that put across the perspectives of the informants. We have tried to show the complexity of people’s understanding (and misunderstandings) of SRH and the different views expressed by our informants. In the quoted material contributions from a number of members of a focus group discussion have

sometimes been combined into one more compact overall narrative, which is why the comments sometimes appear repetitive or even internally contradictory.

1.3.6. Ethical and Gender Considerations

The research was given ethical clearance by Rwanda National Ethics Committee. All informants were asked to give written informed consent and for those under 18 years a parent or responsible adult was also required to give written consent. All informants were informed of the purpose of the research and that their participation was voluntary. They were assured of anonymity (no person would be named in the report or sufficient details given that there is any possibility they can be identified). Participants in FGDs were asked to respect the confidentiality of what was said during the discussion and not tell anyone not in the group about what named individuals said during the discussion.

The research was informed by a human rights approach and a gender perspective. All informants were treated with respect and dignity with the right to exercise their human rights generally and specifically with respect to SRH. The researchers were trained in researching sensitive issues and taking a non-judgmental stance. All FGDs were facilitated by and notes taken by researchers of the same sex as the participants to ensure that informants felt able to speak freely and openly on sensitive and potentially contentious issues.

2. Findings

2.1. Introduction

In this chapter we present the findings from the qualitative research to provide a better understanding of a number of issues related to SRH that were gaps in our knowledge as identified in the literature review. We also report what informants told us about community health insurance and CHWs because the findings are of interest and in the case of CHWs are not totally in line with what we and others have found in previous research. We start by presenting what men and women, young and older, told us about their daily lives and their diets. Respondents in the provinces earn a livelihood mainly from subsistence farming while those in Kigali are more likely to work in the formal or informal non-farm sectors and purchase their food from markets and shops. Other topics covered include: marital relationships and decision-making especially as related to fertility and contraception; antenatal care and delivery; the diet of infants and young children; and adolescent SRH. We also give ‘voice’ to prostitutes and GLBT people.

2.2. Adult Lifestyle and Diet in the Provinces and Kigali

2.2.1. NORTHERN PROVINCE

The Northern Province is mountainous and includes the Volcano Park, home of Rwanda’s famous mountain gorillas, and tourists are common. The Democratic Republic of Congo is on the other side of the mountains. It tends to be colder than the other provinces, and there is mostly heavy rain in April and May and a lighter rainy season in October and November. Typically the rains are not of a continuous monsoon variety but occur as relatively short but very intense showers. The province carries out agriculture, much of it crops for sale – pyrethrum, sorghum, potatoes. The area where the interviews took place is not far from Ruhengeri, the Province’s major town. The informants in the FGDs are from a peri-urban in a sector in Musanze the third richest district in Rwanda.

2.2.1.1. Daily Life

Men

I: Generally speaking, people in this sector lead diverse lives because there are some who are farmers (both cultivators and animal farmers), businessmen (entrepreneurs) and civil servants. But people mostly lead rural rather than urban lives because you find that even the so-called business people and/or civil servants, for example teachers, sector employees and health workers, even though they work at these jobs, they still have to find time for cultivation and/or animal rearing. Generally, almost 99% of the community is made up by farmers.

Generally speaking, life doesn't vary across the seasons. A lot of people involved in farming, sometimes cultivate food (subsistence) crops and at other times cultivate cash crops for the market - for example tomatoes, maize³ – so that they have enough to eat at home and get a surplus for the market. Most people earn money from farming. They also grow onions and eggplant (intoryi) as it is the easiest way people earn money. It is not all the time that farms can grow a number of different crops. For example, when we are growing maize most of us look for other pieces of land to cultivate food crops on. People who are energetic also grow other commercial crops, for example tomatoes.

The majority of the people mix other income generating activities with farming. Brokerage is also a new and upcoming occupation; for example a person after planting may look for people who own pigs and broker deals for them with potential buyers to earn money as a commission. Others are petty traders; for example one may buy sweet bananas on a Monday to go sell in Musanze town and then go on Wednesday to attend to his farm. Some run small shops but also find time when the shop is closed, for example, to cut grass for his animals. We find time to concentrate on our small businesses during the time when there is less work to do on our farms. There are also drivers who are involved in farming as well, they wake up very early to farm and then at around 10:00 am to go to their driving jobs.

Even those that work full time in non-farm jobs still grow at least some of their own food. The example of a driver: he may work every day of the week to earn money to support his day-to-day expenses but you find that the food he eats is what he grows from his farming activities.

2: We are safe from illness: we fight off malaria by sleeping under mosquito-nets, we have enough food (e.g., maize). Only we do not have Irish potatoes because the government has built a barrage on the land that we used to cultivate, and there was an overflow of the Mukungwa River on the marshland. We have bananas. Many of us depend on agriculture – when the weather is favourable, we earn a lot. We have a crucial problem of water shortage.

Here the seasons change, now we are going to cultivate beans which will be harvested in June; from July up to August there will be time off; from September up to October we cultivate maize which also is harvested in February. Those who have the project of getting married normally have to do it in July or August.

Women:

3: Personally I grow crops so that I am able to feed my family. Some women have jobs working on the construction sites and others work elsewhere but there are those who have

³ Farmers are required under the Crop Intensification Programme to grow priority crops for the market. They are also required to consolidate their land with other farmers to make viable plots on which to grow commercial crops. There are six priority crops - maize, wheat, rice, Irish potatoes, beans and cassava - with farmers growing these crops being eligible for subsidised seeds and fertilizers until the demand for them becomes more prevalent and stable in the absence of subsidies.

nothing to do for income. Some of us go to our neighbours looking for work to do and if we're lucky we get it and are paid usually Frw 800 or 1000 per day.

In summer time people here are often harvesting their crops.

There are some couples who have conflicts at home so the wife is forced to get a job. And here there are many husbands who don't take care for their families so the wives have no choice but to look for employment. And you find husbands coming home drunk.

4: What I can say is that most ladies here are involved in growing crops which is usually done in the morning and then they rest in the afternoon. Myself I decided to raise pigs after school and then I visit my friends. I bought some hens and that's what I am doing now. I hope to raise more hens so I'll be able to sell more eggs. Adults here are involved in growing different kinds of crops and the youth grow fruits especially. I attend a vocational school where I do tailoring. I am also in a cooperative and we sew clothes which we sell and we save the money in our bank accounts. There are also young women here who are just idle with nothing to do.

2.2.1.2. What they do in their leisure time

Men:

1: When you look at this sector or even the surrounding sectors, most people are cultivators as well as animal farmers. One may own 1, 2 or maximum 3 cows and after farm cultivation, he spends the rest of the day looking after his animals on most days; their work rotates around cultivation and harvesting grass for the animals.

Free time is available at weekends. People find time for promenades, drinking and listening to music at local bars and visiting neighbours and relatives. Younger people go to watch movies.

After the end of one season, for example with the Crop Intensification Programme (CIP) after the maize harvest, there is a mini dry season in February to early March when we grow beans if there is free time. Our farming zone is different from neighbouring sectors and sometimes the crops we grow are different from theirs and during the free time in order to earn some money, you may choose to buy eggplant (intoryi) from the neighbouring sector where they grow them to sell. It is only a small window of time and you use the morning time to go and buy sugar cane, for example, and in the evening because this is not a town, you can't go to watch soccer so the only option is to go to the bar for drinking ikigage and watching TV. But to save time, since time is money, we sometimes look for odd jobs to do to earn some money.

2: After coming back from cultivating we generally look for food for our livestock, only young people relax, some go to the pub. In this area all of us are breeding animals of different

kinds, e.g. pigs, cows, etc. Wives look after the house, actually we have been taught about love – it means that once you've got a bottle of beer you bring back some for your wife.

Women:

3: We wouldn't say we have leisure time here except that there are some evenings where we meet as women and talk to one another freely. On Sundays we go to Church then come home to prepare lunch for our families.

4: During the hot season farmers stop digging around 11:00 since it's hot, afterwards people visit each other and also most young women get pregnant during this season. In the rainy season people are busy growing crops. Youth here go to play volleyball and football but these are few. Many go to visit each other or stay home and rest. Generally men here go to bars but women hardly get any time for leisure, since they are busy taking care of their children or growing crops.

2.2.1.3. What they eat on a typical day

Men

1: In our sector, we mainly eat maize, and vegetables that we mostly grow ourselves, or sweet potatoes mainly bought from Cyabingo in Rwaza Sector either by people on their own or by businessmen, who bring them here, and beans and Irish potatoes from Kinigi forest. Normally, a mixture of any of the above is eaten on a typical day. Most people don't have money to buy the delicacies enjoyed by town people, seeing as they are only sold in town and not sold around here anyway; for example no one from around here can go to buy spices to add to their food. They mostly eat food they get from their own farms.

When you travel to other areas, for example Butare and you tell them you are from Ruhengeri, they say, "Oh, uri uwo mu biryo" because food (ibiryo) around here means beans or cow peas – when they were still grown anyway. The other food types (ingereko) are the ones that vary; for example, now that we have harvested maize, it wouldn't surprise me if you found someone who has cooked beans and maize for lunch. Because maize is drying up, they take it for grinding to get flour for posho. People who do other jobs to supplement farming like drivers or shop owners earn additional income and are able to buy other food types normally eaten by well to do people (ibiryo by'abasirimu) like rice and sometimes Irish potatoes when the prices go up. But people mostly eat a mixture of beans and sweet potatoes.

Generally speaking, there's food we call "touvours" around here that is always available and eaten by everyone – even the rich. We have two types of crops grown under the CIP, both food crops and cash crops. The food crops that most of us eat include beans, sweet potatoes, maize and to a lesser extent bananas due to the recent disease – "Kirabiranya." Most no

longer eat bananas because they are now bought and are quite expensive (2 participants). These are foods that are eaten in all homes at some point in each year.

Irish Potatoes can only be bought by people with other sources of income other than from farming because they are not grown around here. They are also available throughout the year but are eaten by people with extra income. For example, one may earn Frw 500 but if he has a family of 5 people and since a kilo of Irish potatoes is at Frw 120, he uses the Frw 500 to buy 3 kilos of maize flour for posho instead of buying 2-3 kilos of Irish Potatoes. Sweet potatoes, beans and maize are the foods eaten by around 80 per cent of our community.

There are two causes of shortage of food; sometimes it is because people have consumed all their harvest before the next one and at other times it is a period of starvation due to poor yields. In such cases, most people only eat one meal a day generally at night, and during the day they mostly eat porridge with the exception of a few well-to-do families. During harvesting period, for example during the maize harvest, most people eat roasted maize all day long. In times of food shortages the majority of people are emaciated.

During periods of food shortage is when people actually eat balanced meals since you find that a person who was used to preparing a mixture of mashed beans and sweet potatoes stops because such meals require a large quantity of beans. That's when they buy vegetables from the market such as tomatoes and carrots and prepare balanced meals with some soup as opposed to eating whatever is in their garden during times of harvest.

2: We cultivate maize, beans and potatoes, bananas; we only purchase Irish potatoes, and onions. We live on what we produce.

In case of food shortage (hunger, famine), we go to purchase food at the market. It is in the period of hunger when we eat mixed food from the market like civilized people. But the food called civilized is less strong because you can't eat this mixed food and go to cultivate. No change for young children because their food is always prepared apart.

Women:

3: During the dry season there's famine while in the rainy season people have more food and even give others food to those who don't have enough. Our diet is composed of sweet potatoes, Irish potatoes, beans, vegetables, and maize.

4: We usually have sweet potatoes, greens, Irish potatoes and at times maize. Chips and meat are eaten here only on special occasions like Christmas. Most of people here eat twice a day: lunch and supper. Fruits are also taken rarely as they are expensive.

2.2.1.4. Other comments:

Men:

In past there was enough land for cultivation but nowadays this is the great issue our country is facing because a small plot of land constrains people from giving birth to many children. Another problem is that nowadays we are experiencing a high fertility rate; a decrease in mortality, life expectancy is increasing due to improvement in health facilities. Before there was ignorance, a parent would not have planned for the future of their families, and there was solidarity among families, there was no widower and orphan, a father should care for the orphan and her mother, but nowadays things have changed, people care only for their own sons, this also makes some people fear to give birth to children that he will not be able to sustain given the world that has become capitalist. Food was cheaper in the past in comparison with today.

Women:

Here the relationship between them is that men feel superior to the women. Men also tend to go for other women and get drunk too while the women are busy taking care of the family. Men behave badly towards their wives and can't even help their wives with household chores.

2.2.2. EASTERN PROVINCE

The Eastern Province borders with Uganda and Tanzania. Its population has grown substantially since 1994, with returning refugees on the one hand and internal migration in search of land on the other. It is relatively flat, with grassy plains and low hills. It is hotter than other Provinces on average and there is less rainfall than in other parts of the country, leading sometimes to serious drought. It tends towards one long dry season of 3-5 months in which temperatures may rise to nearly 28°; rain is variable, weak and unpredictable. While there is agriculture for subsistence, the Province as a whole mostly raises cattle. One of the two areas used for interviews was Nyagatare district (Nyagatare is one of the larger towns of the province); the other is much more remote.

2.2.2.1. Daily life

Sector 1: People around here are mostly cultivators and a few raise cattle. We survive on farming activities; there are few farms here but all are cultivators. A sizable number of people around here are cultivators and others are traders.

Sector 2: Generally speaking, most people around here are subsistence farmers, there is no commercial agriculture. The area has only been settled in the last five years (it was bush land before) and as a result, there is no infrastructure. The nearest health centre is in Bugaragara

trading centre; there is no nursery school and most children have to walk long distances to go to school. Water is only got from River Akagera. The borehole we had no longer functions.

Some people are animal farmers. Almost 50 per cent of children in this village do not attend school, not only because there is only one school but also due to a poor mind-set among parents who don't want to send them to school. There is also no school for infants and young children – only recently did I learn that there is a church that plans to start a nursery school and encourage people to send their children to school but the number of children who go is still lower than those who don't.

Water is insufficient and is only fetched from Akagera National Park. It is pumped by RDB from the park so people don't go into the park. However, it is not sufficient either for the animals or for people, in both quality and quantity. It is also not treated, and in the dry season we don't have any. Treatment is only when you go to Bugaragara. They are building a health centre but it is not yet complete.

There are two kinds of settlers in this community – those who live in Imidugudu and others who live on their own animal farms. Those who live in Imidugudu are mostly involved in cultivation (both men and women) but women do most of the household chores like collecting firewood, fetching water. For animal farmers, men mostly look after cows while women do all household chores.

This is a new village inhabited by people resettled from different areas. Some of us own land and the others depend on us by working for us. Regarding living conditions, everyone is able to take care of themselves because this province is richer than the others – even those that work for others are able to take care of themselves. But it is different for those who own land and those who work for them; for example if I own land and can harvest 2 tons of beans and 2 tons of maize, I can't be compared to the wage farmers who work on my farm. However, no one goes begging around here.

In addition to what he said, there are also civil servants for example teachers, and RDB employees who work in the park.

One participant argued that men prefer having many wives rather than having one and that having one wife is like eating one meal - you cannot eat sweet potatoes only while there are Irish potatoes too, therefore men need some change, hence getting married to many women if preferable.

Polygamy is okay (agreed by all participants). A man must have his visiting program from one wife to another. Having more than one wife is okay when you can afford to cater for all of your wives. If a man is rich and is able to sustain many wives he can go ahead and have as many as he can.

Women:

Lifestyle:

3: Those with no land wake up and do nothing. Others sell tomatoes at the market. Some go to work in the fields and they are paid 600 francs per day. Those who have their own farms spend much time there. Life here is hard, there is no hospital, when kids are ill we have no place to take them for check-up instead we give them herbs and some children die because of that. In the cold season people just sit and do nothing, mostly in April and May. Also in November and December there is famine around here. We call that season “hi man, when did you get sick” because people lose weight due to famine.

AIDS is very common here because, in the cold season people have sex a lot as they have nothing to do and women mostly do this to get some money in return to use to buy food.

Most of children don't go to school so that they can guard the crops from chimpanzees.

Children take dogs with them to guard crops. In most cases this is due to the fact that people here have a lot of children with little or no spacing between births, so the mother takes care of the children and one child that is bigger than the others has to guard crops so that at harvest they have something to eat.

4: It is not good because we have no water, no schools and no network. The school we have has only primary education. We need hospitals. Going to fetch water takes about four hours. We are just farmers and we wake up and go to work in the fields. There are others who have no land so they spend the day sitting around do nothing. Those with no land, they work for others and earn Frw 500. In the cold season most people have no jobs; some steal or move to other places. Some people have shops. Others sell vegetables at the local market. In the cold there is famine and people try for jobs at building or construction sites and sometimes you end up selling all the produce you have in the house in order to have some money. Most of the time since we do not have work, we sit around and discuss with friends.

2.2.2.2. Farming seasons

Sector 1: There are two farming seasons, one which starts in July and ends in January and another one from February to June. We harvest in December and we sow again in March.

Sector 2: In February and June, we are harvesting but we work across all seasons. During the dry season, cultivators have no major work to do but animal farmers have a lot on their hands looking for pasture and water. For cultivators, there is no work in the dry season.

2.2.2.3. What they do in their leisure time

Sector 1: Those who are able go back to cultivate, and others cook, and others go drinking and visiting their friends. We don't have a football ground here to play; instead we visit our friends and chat. Some go fetch water and others are just relaxing at home.

Sector 2: There are no leisure activities because we have no electricity. Things like watching football, music etc. are not possible. We play football (with a football borrowed from the soldiers) on the local pitch and the rest go to watch those who are playing. Others go to bars for drinking. Some stay at home and rest.

2.2.2.4. The diet eaten on a typical day

Sector 1: The majority agreed that they normally eat posho, maize, maize flour, beans and sometimes rice on special occasions, but mainly maize flour is their main food.

When there is no food you go to your friend and work for him and he gives you food to eat. Some times when you don't have food you go to someone for it and you work for money and buy it from him/her. Normally we experience the shortage of food during the planting period. Sometimes we go to work as far as Rwemiyaga where the rich people are.

When there is a food shortage period children eat twice a day and grown-ups once a day. Some families when there is shortage of food men do not eat supper or sometimes they miss out lunch.

Sector 2: We eat food we grow on our farms. We mostly eat posho. We also eat beans and vegetables or a mixture of maize and beans (invungure). It is mostly posho because sometimes beans are scarce and are sold at Frw 500 per kilo, so people do not eat them. But whether maize is scarce or not, people still eat posho. Sometimes we also eat Irish potatoes and bananas when their yields are good.

Food is mostly scarce in December and April and most people are forced to eat only once a day.

When there are poor yields, most people live on milk alone – those who can get it anyway. Some people go to other districts or sectors [when food is short] and some even to Tanzania to look for food. Some migrate to Uganda with all their family.

Women -- Diet

Healthy food is not easy to get around here. We eat only maize and beans, and greens when available. We don't have kitchen gardens. We eat twice daily, but we don't eat at all if there is no food.

If you have 8 kids, how can you eat twice if you have 700 francs only, then you eat once, at night.

We eat maize, beans, greens, and potatoes when they are ready for harvest - mostly in April and May. We don't get fruits, only pineapple is available sometimes. For those who can afford it they buy rice, small fish and tomatoes.

2.2.2.5. Other remarks

Some girls do not behave very well; they walk around the community in the evening to attract the young men's attention. Women/girls in this village have a lot of sex all the time and that's why we have many children; often born out of wedlock. Last year, there were many girls who got pregnant.

Some mothers forbid their daughters to date unchristian boys because they are pagans and if they stop dating them they will be introduced (Gusabwa); and the daughter will end up not married.

Unofficial marriages are not good; sometimes women lose their rights to their partners' property because they are not legal recognised by the law. Women who are married in unofficial ceremonies are easily chased out by their husbands or by the husband's relatives if the husband dies without a will. Normally these women are not recognized and are counted as prostitutes or concubines. A majority of the participants, however, said that traditional or unofficial marriages are okay because it takes less time to get married and it's not costly, especially for the low income earners. Most of the marriages here are unofficial marriages.

2.2.3. KIGALI

Kigali is the capital city and is home to about 10.5 million people. Parts of it are quite affluent – and Kicukiro district, where the interviews took place, has affluent segments – but other parts have poverty and some settlements are very poor. The city has agricultural areas at the periphery and also a band of agricultural land following the river through its centre. The centre of the city has a good spread of small and medium shops and several large supermarkets etc. All districts have several areas where a substantial cluster of shops is to be found and often a market, and even relatively isolated areas have a sprinkling of shops. Government is concentrated in the centre and one other area, but the offices that the poor need to visit are well distributed across the city. Bus transport is relatively cheap (and, to a lesser extent, motorcycle taxis), but automobile taxis are expensive, and distances are large for anyone who has to walk between sectors.

2.2.3.1.Lifestyle

Group 1: Here we are living different styles of life depending on the work everyone is doing. None cultivate here, we live by buying at the market. Some are workers, others are jobless and retired; old people are nourished by their sons, no one dies from malnutrition. Here we have two classes, the rich - who do not care about poor we only meet them in community work - and the poor who have nothing to do. Once you begin with like a small shop the local leaders constrain you. Here we have many skilled people that are unemployed. For example, I am an engineer but jobless, sometimes I find temporary jobs but not a permanent one.

As we do not cultivate here in town the seasons do not much affect our lives, except sometime during the harvesting period in neighbouring sectors when we can get food at moderate prices.

In the evening after work rich people go to the pubs, the poor go home; we older people plays (igisoro) because we have nowhere to go.

Group 2: This FGD is made up of 8 members, who have recently left S6, all belonging to a volunteering program (Itorero).

According to them, life is good in general as they are occupied by work for half a day, voluntarily assisting the government at the cell level in daily work. They started this work in January 2014 after completion of secondary school. It is a national program. Some of their colleagues with whom they finished school have jobs or are doing business while there are those with part-time jobs they do in the afternoon or evening. However, it is very difficult for young people of their age and with their level of qualification to get jobs, which is why, to avoid idleness they decide to join the government program of volunteering. After this volunteering work, they go for lunch in their homes and do different things during their leisure time which may include, among others; joining sports activities, visiting friends, helping other people at home in their work.

2.2.3.2.Diet

Group 1: We live by buying food at the market, our daily meal is made up of mixed food like beans, kawunga, legumes, potatoes and we eat meat during holidays. Rich people take breakfasts and eat quality food while the poor cannot have breakfast and eat quantity food.

Group 2: The kind of food we eat -- lunch in our homes is mostly rice, Irish potatoes and Posho but families prepare lunch depending on their income and they eat twice a day (lunch and super). A problem is that due to poverty a family may depend on only one type of food, even children, e.g. Posho.

2.2.3.3. Other comments

There is a problem where men spend most of the money they have worked for on drinking and enjoying with their fellow men, and neglect their families.

Most men whether married or not are sexually attracted by short dresses and that results in sex. The biggest numbers of people of our age (adolescents and young people) have had sex even before marriage and in most case it is girls who provoke boys through different persuasive measures on Facebook, whatsapp, SMS and many others.

2.3. Community Health Insurance

In Rwanda, health insurance is a legal requirement for all citizens and all members of each family, and the Government has set up a comprehensive *Mutuelle* to provide it. The *Mutuelle* provides free access to advice and routine treatment from community health workers, subsidized doctors' consultations and hospital visits and subsidized medications and medical appliances from an approved list. Free or heavily subsidised contraception is provided via the health centres, and condoms are available at no cost for the purpose of avoiding the spread of AIDS. About seventy per cent of the population is covered at the moment, and over 90 per cent of all households have at least some insured members. The very poorest, nominated by their local communities, are exempt from payment for the insurance, the annual payment for others is relatively low and graduated according to income, and payment may be made by instalments. Communal arrangements have been made in one rural area for spreading the financial burden:

Everybody here has medical insurance because we get them in groups where you pay money on the group account and you're given a receipt and you present it and you get health insurance.

The health insurance is very cheap (FGD Male 18-25 Nyagatare District, Eastern Province)

There are also workplace schemes and private insurance which provide higher levels of benefits and are available to expatriates, but these are more expensive.

People are well aware of the benefits of insurance:

Nobody can deny the importance of having medical insurance because you cannot die at home when you have it. (FGD Male 18-25 Nyagatare District, Eastern Province)

It is strongly recommended to everyone to have insurance because none knows when he can fall sick and it is helpful in an emergency. (FGD Male adults, Kicukiro District of Kigali)

[it] is very helpful because when one falls sick, he or she immediately goes to the health centre and pays less compared to the one who does not have it. Before when people

were falling sick, they used to stay at home or buy medicine that is not prescribed by a doctor but now people immediately go to the health centre and get treated. (FDG female 25+ Musanze District, Northern Province)

When my wife was pregnant, I was only asked to pay Frw 400 but those who came without insurance were required to pay Frw 70,000 before anything could be done for them. When an operation is required, it goes up to Frw 120,000 but because I had health insurance, I ended up paying only Frw 11,200. (FGD Male 18-25 Nyagatare District, Eastern Province)

Those who don't have health insurance are treated badly [at the Health Centre]. I don't blame the health workers because people who don't have health insurance are hard to deal with since most can't afford to pay for private treatment. For example some people involved in accidents after failing to pay their bill run away from the health centre .. and sometimes people abandon the dead bodies of their relatives! (FGD Male 25+ Nyagatare District, Eastern Province)

The benefit of spreading the cost of illness across the whole population is also understood by some (but not all):

There is this 52-year-old man in our village who claims to never have fallen sick his entire life. He therefore sees no need for paying for health insurance. ... Many people used to die in their homes because of failing to foot the bills for treatment. CHI was therefore put in place such that someone who can go five years without falling sick can pay for the treatment of someone who is sick. (FGD Male 18-25 Musanze district, Northern Province)

However, it also has its problems:

1. Travel costs to the nearest health centre may outweigh the savings produced by the insurance, particularly in remote settlements in the Eastern Province:

We do have health insurance but we don't use it, because it works in the health centre only in Bugaragara and it's quite expensive to go to the health centre which is almost 30 km from here and it cost Frw 5,000 to and from Bugaragara health centre. (FGD Male 18-25 Nyagatare District, Eastern Province)

In these circumstances it may in fact be cheaper to pay the full price at your local pharmacy if you know what you need, and so you may not bother with the insurance at all:

We ... find no reason of paying for a service you will not easily access once you need it and we buy tablets and herbal medicine. For instance, malaria tablets called Coartem are sold at Frw 2,000, which is cheaper than the transport fees. (FGD female 18-25 Nyagatare District, Eastern Province)

2. It is very expensive if you have a large family:

We find [community health insurance] expensive for us because if you have a big family you have to pay for everyone's insurance and they don't allow you just to pay for some (FDG females 25+ Musanze District, Northern Province)

Community health insurance is good in general all people can afford its price except those with large families who sometimes delay in paying it due to the cost of getting everyone community insurance. (FGD male adults Kicukiro District of Kigali)

3. The service offered by the Health Centres is limited to *Mutuelle* holders, as is the range of drugs that can be prescribed (and which may not be available in the health centre pharmacy on any given day):

Another challenge with CHI is that some medication can't be bought on CHI and has to be bought from private pharmacies – with people sometimes travelling to Kigali to get the medication. Also when people travel to other sectors, they can't get treated. (FGD Male 25+ Nyagatare District, Eastern Province)

Medication provided to CHI subscribers at the hospital and health centres are not as effective as the ones bought from pharmacies privately ... You may buy medication from a private pharmacy and you are cured in one day of taking it but at the health centre, they give you medication. If it doesn't work, you may .. spend a whole week changing from one type of medication to the other ... As a result, most informed people .. on top of paying for CHI mostly pay for treatment privately. (3 participants agreed) (FGD Male 18-25 Musanze District, Northern Province)

.. when you are a holder of this insurance, you cannot be transferred unless you are very sick. (FGD Male 20-24 Kicukiro district of Kigali)

Though all agree that the treatment of women who are giving birth is exemplary everywhere and under all circumstances.

4. It is claimed that there is discrimination, with 'private' patients (generally covered by some more expensive insurance) given preference over *mutuelle* clients:

.. improper care and treatment given to them by people at health centres at the expense of holders of other insurances like RSSB, CORAR, SORAs MMI and so on Sometimes doctors drop mutual holders upon arrival of holders of other insurance companies... There is one case where a school boy took his mutual health insurance to a health centre but surprisingly he was given drugs for

family planning and this was identified by the school nurse who had authorized this boy to go for treatment. (FGD Male 20-24 Kicukiro district)

When you get at health centre you find nurses without the will to treat patients in general services is not perfect. (FGD Male adults Kicukiro District)

5. There is confusion, among the public, about what is allowed under the rules of the *mutuelle*:

[One person protested that] people should also be able to receive treatment at all health centres across the country. (Others [said] everyone can receive treatment anywhere, even at [the University hospital] in Kigali, however) (FGD Male 25+ Nyagatare District, Eastern Province)

2.4. Community Health Workers

An important institution for the improvement of health has been the establishment and systematisation of Community Health Workers (CHWs). The significant improvements in child and maternal health in recent years are undoubtedly due in large part to the service they provide, and every piece of research that involves talking to people at the village level demonstrates how universally they are respected and appreciated. The CHWs are elected volunteers, 3 per village (2 female and 1 male) who receive brief training organised by the Ministry of Health. They are unpaid but incentives include performance-based pay and the organisation of cooperatives to allow them to grow themselves food despite their other duties.

As key informants in the current research the CHWs described the role they take on:

- *My responsibility is all about maternal and child health and children between newborn babies to 5 years and above. We follow their sickness, growth and advise their parents about diseases such as malaria, cough, flu, pneumonia and diarrhoea. We are also charged with basic treatment. We work as a team of three, two of us charged with child health and the other one charged with maternal health. Regarding sexual and reproductive health, we advise parents on family planning use and provide condoms and medications. ... We also provide advice to pregnant women to seek antenatal care at the health centre. We advise mothers about how to handle children (babies) and help the pregnant before they give birth. (CHW)*
- *This area is very big and we have three CHWs, and only one of us has received training that is why it is hard for him to reach the whole community. We treat children that are sick, and sensitize the pregnant women to give birth in hospital and to go for antenatal check-ups.*
- *I have condoms at home they are free for women who use them as a FP method, even for girls who ask for them I give to them. I advise them to abstain if they are young girls and boys. (CHW)*

- *We provide contraception services to the community especially pills and condoms.(CHW)*
- *We advise expectant mothers, write them recommendations which they take with them to hospitals, this is a procedure each expectant mother has to follow. It is also our obligation to remind them their antenatal visits. Sometimes ... I am obliged to escort them to hospital.(CHW)*
- *We also get the weights of children and give report to Health centres and [monitor] nutrition. ...(CHW)*
- *Another incident is when a kid was born prematurely, they informed me and I called an ambulance and the centre de santé. The ambulance came very fast and took the baby and mother to hospital, they are now fine. (CHW)*

More complex problems of health are referred to the health centre, as is the task of giving advice to women who wish to adopt family planning after a successful pregnancy. Practice may vary between areas; one of our key informants said that in her village they did not supply condoms nor teach about sexual reproduction. Another said that they had not yet started giving out family planning materials other than condoms. One key informant said he deliberately avoided giving advice to young girls:

Those who come to me are married people and ladies. I do not entertain young girls. ... It is not good because it encourages young girls getting involved in sexual activities which lead to moral decay. I always encourage them to go to hospital for check-up (CHW)

The CHWs visit people in their homes, or are visited, and women come to them for advice on family health:

Mothers visit me at home seeking advice on their personal health especially those that use family planning ... It's mostly women who visit us though a few men also seek advice on family planning. ... It's mostly men who come to pick up condoms. (CHW)

Sometimes they enter house by house teaching preventive methods and showing people where and how they can access contraceptives. (FGD male adults Kicukiro district of Kigali)

It is .. the CHWs who make an effort to visit people and encourage them to seek medical advice, for example to go for TB testing after realizing that they have been coughing for too long. For example a CHW found me on my farm and talked to me about going for circumcision... (FGD Male 18-25 Musanze district, Northern Province)

They also proselytise and instruct in communal meetings:

Generally village meetings are used to talk to the community about family planning. What we talk about as community health workers depends on what we prepared for the meetings such as malaria campaigns, diarrhoea, family planning etc. (CHW)

We sensitize the community on family planning, starting at the village level to encourage people to give birth to only the number of children they can take care of. We provide contraceptive services to the community especially pills and condoms. (CHW)

... in community gatherings we encourage them about family planning and also to use condoms during sex in case abstinence was not possible. We also teach them about HIV/AIDS and how one can get infected. (CHW)

On the day of communal work every last Saturday of the month, we mainly encourage women to do family planning and also encourage them to get health insurance, eat a balanced diet, and pay attention to the weight gain and loss of their children.(CHW)

Not everyone is fully aware of all the services they offer, however:

We request tablets for worm infections and malaria for children less than 5 years. (Majority agreed). However, most people are not aware that CHWs provide such services but some like me are because they helped me when my child was sick. (FGD Male 25+ Nyagatare District, Eastern Province)

In Kigali and the major towns they are not successful, paradoxically, in reaching the more affluent and educated:

We have a problem with rich people who don't even know that we exist. You find that they go to private hospitals, most of them are educated and therefore do not need our help. We are supposed to go door by door and sometimes these rich people are not welcoming, as you can see this is an area for the rich and that's why we experience those problems. (CHW)

[They are unable to] work in the gated houses due to many factors - for instance, people in such homes are not easily accessed, their gates are always closed, they are opened when a car is entering or when it is going out. Besides, the CHW look inferior to people living in such homes in terms of social and economic classifications. They also feel that people in such places have vast knowledge as well as enough money to solve any problem in their home, thus do not need advice from the CHW. (FGD male 20-24 Kicukiro district of Kigali)

However, there are exceptions to most generalisations, and in two different remote sectors far from the eyes of central government a less appreciative story emerged:

This community has a community health worker (CHW) but he is not active, he is always in his business and he doesn't attend to any matter that concerns our community. The CHW of ours is doing nothing; he only works when there is a meeting with officials from the cell or sector level. Last year there were two CHWs. They used to come here and sensitize about health insurance, about how to prevent malaria and having mosquito nets but that was 1 year ago. (FGD Male 18-25 Nyagatare District, Eastern Province)

It did not go well because we can't talk to them, this area is vast so when you need them they are taking care of their own problems and can't help you. . (FGD female 18-25 Nyagatare district, Eastern Province)

In the second of these cases it was admitted that part of the problem was that the CHWs are as poor as the rest of the community:

... It is difficult to find them at home because they also go to work to get some money (FGD female 25+ Nyagatare district, Eastern Province)

2.5. Fertility and Contraception

Nationally, 45 per cent of married women aged 15-49 years use modern contraception methods and there is an estimated unmet need for contraception of 19 per cent (i.e., 19 per cent have larger families than they say was their target). It is estimated that 47 per cent of pregnancies and 33 per cent of births are unplanned, due to moral objections to contraception, discontinuation of contraception because of the side effects of the method chosen, failure or misuse of the method, or the difficulties experienced by sexually active single women in gaining access to contraception.

The point of family planning is well understood by participants across the range of groups. Mostly it is described in economic terms:

The reason for limiting family size is based quite simply on economics and lifestyle:

There has also been a change of mind-set coupled with a realization of the high levels of poverty for example you can't buy a kilo of posho at RWF 500 and have 20 children yet you only make RWF 500 per day and you also have to pay for health insurance and school requirements. This is why people are having fewer children. You may also look at your neighbours who are having fewer children yet they have 5 cows and you don't even have a goat and decide to have fewer children. You ask yourself "If a Government Minister only has 3 children, who am I (me who only survives from hand to mouth) to have 10 yet I have to pay for school fees. (FGD Male 25+ Nyagatare District, Eastern Province)

Underlying the economics, however, is a strong formulation in terms of the rights and advantages of children:

Parents should have few children whom they can afford to raise and give them basic needs. Such as education, clothes and other necessary things needed to raise a child. .. You would rather have few children and provide them proper education, good health and enough food. (FGD Male 18-25 Nyagatare District, Eastern Province)

The reasons [for limiting family size] are hunger/poverty, with no land, with difficulties in paying for mutual health insurance, the expensive cost of living -- all these make

them think of having fewer children. Another reason is that people are now aware that having fewer children is an advantage in reducing struggles especially when counting what they will have to spend on each child. The cost of living has increased. So they want their children to have access to education and health facilities. (FGD female 18-25, Musanze District, Northern Province)

Despite the general avoidance of talking about sex in Rwandan culture, discussion of family planning (FP) in the privacy of the marital home is said by some to be relatively common.

Discussing family planning is not shaming at all. One is rather enthusiastic (Uba ufite ibakwe). (FGD Male 25+ Nyagatare District, Eastern Province)

We feel very pleased in discussing family planning with our girlfriends/partners because this enables us to have with them a common understanding on our future and that of our kids. (FGD Male adults Kicukiro District)

I think nowadays many couples discuss FP, those who don't are few and this is for those husbands that are ignorant. For me, after giving birth, I told my husband that I wanted to use FP, we discussed about it and we took a final decision. (FDG female 25+ Musanze district, Northern Province)

We do talk to our girl friends about fertility and planning pregnancy and how we can avoid unplanned pregnancies. When we use condoms; no more discussions because we know that we are safe. You don't shy away when talking to your wife on how to avoid unwanted child. .. even some women do advise their husbands on how they can avoid unwanted pregnancies. (FGD Male 18-25 Nyagatare District, Eastern Province)

Others were less sure of this, however, and particularly the unmarried women:

- *I don't talk about that with my boyfriend....*
- *Generally for unmarried people they rarely have this kind of talk.*
- *I find it difficult but as we get closer and talk more about it, it becomes easier.*
- *At first it was not easy and couldn't find a way to start the discussion but with time after feeling comfortable to each other I was able to convince my boyfriend to go for HIV testing and he accepted.*
- *Men are not direct when they want to have sex. They start by asking when you can get pregnant. And when the girl answers, that's when he starts asking for sex but no other discussion.*
- *Most of the times it becomes easier to discuss about the topic when there is a serious relationship going on. For instance me and my boyfriend, we never discussed about sex and Aids before but when he proposed to me, that's when I felt free to ask him that we first go for a HIV test and he accepted.*
- *I think for it to be easier to have such a discussion there should first be a creation of trust (input from different participants in FGD female 18-25, Musanze District, Northern Province)*

Some accounts, indeed, suggest that family planning is now an unthinking norm or expectation –

Family planning is now almost part of culture such that whether or not CHWs provide advice, people use family planning services. Even when CHWs don't provide advice on family planning, local authorities do it in village meetings and most people use injections. People are so used to it, it is just like you can't come out of bed and not put on slippers. It has become a norm. (FGD Male 25+ Nyagatare District, Eastern Province)

...and that condom use is the norm among unmarried young active males –

Young people move with condoms depending on where they go - for instance while going in house parties and night clubs one has to move with condoms because sex takes place in those areas. (FGD Male 20-24 Kicukiro district of Kigali)

...but we are strongly inclined to consider this as at best an exaggeration.

We asked who started the conversation, but there was sufficient confusion in the answers to suggest that this was not a natural way of thinking about it and/or there may be variation in practice:

...some believe that the decision for family planning should be taken by the mothers since they are the ones bearing the burden more than men. They carry babies in their wombs for 9 months, they breast feed them and the babies disturb them a lot. Others believe that family planning should be agreed between the woman and the man. Other also say it should be a decision taken by a man since he is the head of the family and bears the burden of financial consequences (FGD male 20-24, Kicukiro district of Kigali)

Most discuss because even the money to pay for pills or injections is from the husband. Some do not discuss, a woman tells the husband I am going for FP and he agrees or disagrees. [Another:] do you think we find time to discuss? A man goes to work to find money to feed his family and comes back tired, wanting to eat and sleep. [Another] The woman starts the conversation, she finds a good time then she tells him about contraception. If he agrees he gives her money to go and have contraception. [but] a man can also start the conversation, especially if they already have many children. (FGD female 18-25, Nyagatare district, Eastern Province)

Starting this kind of conversation is something with which they think outside help is sometimes appropriate

If a couple has 2 children already for instance and the expenses are constantly increasing, the husband should sit the wife down to talk about planning the future of their children. If she refuses, you can solicit the help of say 2 neighbours to talk sense into her or the woman soliciting the help of others to talk sense into the husband if he is

the one against it. The neighbours can also be used as a reference point to start the conversation especially if they are living a good life because they plan their family. Women can start the conversation too because they also struggle when taking care of many children. They can even ask for help from other people to talk their husbands into accepting to use contraception. (FGD male 25+ Nyagatare district, Eastern Province)

And some guidance and mediation might also help:

If someone in the community could teach couples for them to have basic knowledge [it would make things easier]. CHWs should take the lead in this and discuss with couples together. (FGD female 18-25, Nyagatare district, Eastern Province)

Husbands' assent is mostly said to be needed for FP to be adopted, but the choice of method is likely to be left up to the wife.

We only talk to them to approve the use of FP but not for the method to use – the majority of men do not know about this. They come to know for instance if their wives used a given method and had side effects otherwise they are ignorant. (FDG female 25+ Musanze district, Northern Province)

Generally, around here, it is the man who starts the conversation and also makes the final decision. ... [but] if men agree to family planning, it is the women who decide on the method to use. (FGD Male 18-25 Musanze district, Northern Province)

It would appear that the choice is sometimes a joint decision, however:

Normally it is men who start the conversation and lets his wife give her point of view on that then takes final decision on what to do. We discuss and opt for methods to use like pills, injection, implant or use of condoms; normally there must be common understanding on the use of FP (FGD Male adults Kicukiro District)

Men still have the final say about the number of children. Their preferred or expected family size remains substantially higher than is envisaged in the national strategy in rural areas – around five children appears to be a quite usual plan.

I had a child before getting married that my wife didn't know about and after our wedding I was reluctant to have other children so I first talked to my wife before we could have any. We plan all our children for example after our 3rd child; we agreed to have the last born after another 5 years. It is easy. ... If I had, say 2 children before marrying, it would be easy for me to talk to my wife about not having more than 3 children so that we are able to take care of them all. (FGD Male 25+ Nyagatare District, Eastern Province)

Women can of course take the decision by simply not informing their husbands about whether or not they are using contraception. This can occur in either direction – to prevent birth against the husband's will

Men don't get any problems from child birth so, if the man is against [FP], she may be forced to do it secretly... the only time women make the decision is when they do it secretly even though the proposal is mostly from women. (FGD Male 18-25 Musanze district, Northern Province)

...or to court pregnancy when the husband does not seek it

Sometimes women even lie about using contraception and you wake up in the middle of night to find that you have impregnated her! When you ask her she says it happened and you can't do anything about it. (Others agreed) (FGD Male 25+ Nyagatare District, Eastern Province)

On the other hand, it was felt that ultimately men will have the final word:

Sometimes there are misunderstandings between husband and wife on the number of children to have and the husband ends up taking the final decision by force. (FGD female 18-25 Musanze district, Northern Province)

What is not in dispute is that marriages and families are for the production of children; no-one in any of the groups suggested that it was acceptable, or even thinkable, to choose not to have children.

No man or woman can decide not to have children, unless they are infertile. [Q Tell me what you would do if your husband said he did not want to have any children.] We can divorce. [Another] I can cheat on him and I get pregnant. (FGD female 18-25 Nyagatare district, Eastern Province)

Even being slow to start a family can be seen as a problem:

Immediately after marriage, when you delay to have children your husband gives you a hard time. (FGD female 26+ Musanze district, Northern Province)

The standard expectation is that if a woman cannot have children then the husband will seek them elsewhere:

If the wife is infertile the man can have another wife [i.e. polygamy]. (FGD female 18-25 Musanze district, Northern Province)

Polygamy has increased over the years. (The whole group agreed)...Sometimes it can be acceptable especially if the first wife is infertile because if I was incapable of having children, I would allow my wife to re – marry (FGD male 26+ Nyagatare district, Eastern Province)

If I am infertile, he can have children with another wife but not mistreat me. There's no way I would agree to that despite my infertility. (FGD female 26+ Musanze district, Northern Province)

Women tend to be blamed if a couple cannot conceive, and some men are prepared to state that a man *cannot* be infertile:

Normally people blame women because men can't fail to produce and women are most likely to be barren. All participants agreed that women should be blamed for not getting pregnancies. There is no man who is barren. (Infertile) (FGD Men 18-25, Nyagatare district, Eastern Province)

Others, however, are aware that the 'fault' can lie with the men as easily as with the women. The following list is typical of the reasons people give for infertility occurring, and it is typical in its mix of accuracy and myth:

- *A girl might have started to use contraception at an early age and later fail to get pregnant.*
- *When a woman has never got her periods*
- *Men who release watery liquids instead of sperms so they can't have children.*
- *Some people are born infertile.*
- *when a woman does not have uterus, it has been removed because of sickness or because of abortion*

[To avoid infertility] One should avoid abortions. Not to be involved in having sex frequently at an early age (FGD female 18-25 Musanze district, Northern Province)

The women and most of the men appear to know about condoms, injections, pills and implants (the last of these being mentioned more often in urban areas). Contraceptive supplies are generally available from Community Health Workers:

We also have condoms, we have injections and tablets all for family planning and we give them for free. [CHW]

But women are mostly sent to the health centre for their first round of advice and supplies.

It's mostly women who visit us [for advice]. .. We help them by advising them to visit the health centre where they can fully access family planning services, sometimes we offer them condoms when we have them at home though sometimes they are not available, condoms are collected from the health centres every month. It's mostly men who come to pick the condoms. I am not sure if they use them but they collect them periodically, for example a man picks up 30 condoms and comes back in two months, time for more. [CHW]

When women go to health centres, they are not necessarily told about all the available methods, but health workers may make the decision for them in the first instance, after discussion, influenced by what is currently available in the centre.

Male condoms are familiar to everyone but female ones are not in everyone's awareness, knowledge of how they are used is sketchy and they are in any case not widely available.

It is not easy getting them; male condoms are the ones available and used. (FGD female 18-25 Musanze district, Northern Province)

When they cannot be obtained from the CHW, condoms may also not be available even in the local shops, temporarily or permanently:

We buy condoms from the local shops. [but] condoms are sometimes not available in the local shops. (FGD Male 25+ Nyagatare District, Eastern Province)

We don't have condoms even in the shops -- they are not available, there are no signs for them to see they sell condoms. [so] We stay without and that's why many couples here have many children. (FGD Female 18-25 Musanze district, Northern Province)

In the Eastern province there is the issue of long distances to the health centre, so that women have to pay for pills and injections as these are the only methods available at their local pharmacy, and in the absence of a condom supply the men may simply not bother.

There is no modern contraception method which is given free here because the only health centre we have is 30 kilometres from here. Women prefer to have injections and pills from private clinics because it's cheap compared to taking a motorcycle to and from the health centre. (FGD Male 18-25 Nyagatare District, Eastern Province)

Condoms can only be obtained from Rwimiyaga and if you travel by bicycle, it takes 2-3 hours. By the time you come back, you have forgotten all about sex so most have unprotected sex. (All participants agreed) (FGD Male 25+ Nyagatare District, Eastern Province)

Emergency contraception is available in some places but is not well known or understood.

There is a 24 hour window when one can get tablets from the health centre to prevent the foetus from growing. I learned this from a health worker. (3 participants agreed).

Most people around here don't know about it and even among the few who have heard about it, only a handful use it because of cultural or religious beliefs (FGD Male 18-25 Musanze district, Northern Province)

Not all of the CHWs in the sampled area in Eastern Province appeared to be effective, according to the villagers, and some appear not to give out contraceptives. The problem may have been temporary, however:

Regarding sexual and reproductive health, we advise parents on family planning use and provide condoms and medications. However this has not been happening [here] but next week I will go to collect some medication for women. [CHW]

We provide contraceptive services to the community, especially pills and condoms. We however don't have an adequate supply of condoms to give out to everyone who needs them. Though we are able to get condoms from the Poste de Santé, this only started as recently as January. [CHW]

When they were asked about vasectomy, men totally rejected it. Men in rural areas are mostly not aware of vasectomy, and those who know about it think it can affect their sexual capacity. Men are also aware that if their wife dies and they consider remarrying, or if their children die, they would not be able to have children again. Circumcision is not written off out of hand, but it needs to be of the non-invasive variety to be acceptable:

Most men especially young men, are against circumcision as it takes a lot of time for the wound to heal and would prevent them from working since most of our work requires constant movement for example most youths here work as cyclists and if circumcised would be required to spend a whole week at home and without any money saved, he would starve. The “ring” (impeta) method that most would prefer – because it would allow one to continue with their work – is not available around here because circumcision is paid for. (FGD Male 18-25 Musanze district, Northern Province)

It is a problem that condoms are strongly linked to casual sex and promiscuity in popular consciousness. In rural areas, if one of the partners suggests they use a condom, the other immediately thinks of infidelity.

Most women say they know when within the monthly cycle they are fertile but there is a great deal of variation in what they nominate as the fertile period.

- a woman can get pregnant 14 days after period.
- what I know is you count seven days from the first day of your period, after you add again seven days then you are no longer in danger zone of getting pregnant.
- one can get pregnant one day before the period starts
- what I know is that after having periods the following 15 days are not safe and after the rest of the days are safe, you can't get pregnant.
- counting from the first day of your period up to the 14th day. From the 14th to 18th day a woman can get pregnant.
- On the 12th day, counting from the first day of the period up to the 16th, a woman can get pregnant and is safe for the other days
- after having a period, 15 days after are not safe, a woman can get pregnant for the other days, you are safe
- counting the first day of the period you can avoid sex the 13th 14th 15th day, for other days you are safe
- what I know is one can get pregnant when having periods and safe for other days.
- I have no idea.

Accounts of precisely what the risks are after giving birth also vary.

- 3 months after giving birth, you can get pregnant
- six months after giving birth a woman can get pregnant
- I think a woman who has given birth cannot get pregnant if she has not had her first period
- some women get pregnant before getting their first period after giving birth

- when she breast feeds frequently even if mixing with other food, before six months a woman cannot get pregnant
- some women also get pregnant while breast feeding. However, I have heard that for those who eat well and breastfeed well, they can't get pregnant before 6 months. But I don't know what they mean by eating well or breast feeding well.
- me, I think a woman can get pregnant anytime

Men show the same degree of confusion.

The main sources of information are Community Health Workers, the radio (*Umuhoza, Urunana*), newspapers and what they learn at school. They also learn from each other, and schoolchildren are an important resource in this respect, but the radio is trusted more, as authoritative and reliable.

My older sister who is in secondary school told me about it. ... I think the information on radio is true since the ones speaking about these topics are reliable. (FGD adolescent females Nyagatare district, Eastern Province)

... most of the information we take as reliable is from radio. (FGD female 18-25 Nyagatare district, Eastern Province)

Religious leaders tell women that using modern contraception is like making a cemetery of children in their wombs; they promote only natural methods. These views were expressed with varying degrees of ferocity by the religious leaders we interviewed and also by some (but a minority) of their flocks. Others in the focus groups spoke against the religious position.

We follow the Bible, in the Bible there is nowhere where condoms are mentioned ... In our church, if young people want to marry, we encourage them to do so and not use condoms in marriage. For the teenagers we give them advice about sex and HIV and unplanned pregnancy, we advise them about abstinence. Sin is sin and there are consequences of sin. the consequence of sin is death. We believe that God created man to have sex without modern-day contraceptives. ... There is nowhere in the Bible where it is written that the world is full and people should stop having children. People should have children .. children are a blessing from God and God will give you a way of looking after your children. (Religious leader)

The government should support religious leaders to tell the community to stop sinning and to tell people not to create problems for the government. The media have contributed to sexual immorality as people want to practice what they hear on the radio (Religious leader)

Some families come to us to seek advice on contraceptive methods, we advise them to use natural ones because the medical methods have fatal side effects and us religious people we don't accept some family planning methods. ... We Catholic believers we ...

tell people from our congregational community to use the natural ways but not any other methods, our beliefs do not accept medical methods that are used in controlling reproductive health or human reproduction. ... Use of condoms and other contraception methods is not accepted and it's a sin. (Religious leader)

To me I can't support stopping pregnancy by taking pills because it's a sin. I don't think there is anything you can do to stop getting pregnant because it's determined by God not human beings. (Two individual responses in FGD Male 18-25 Nyagatare District, Eastern Province)

Some women stop using contraception saying that it is killing children in the womb and most get this from religious leaders. (FGD female 18-25 Nyagatare District, Eastern Province)

Another challenge is related to a poor mind-set among a few members of the community especially related to religion. Some few families are still on to the "produce, multiply and fill the world" teachings of the church. [CHW]

Religious beliefs also play a big role in producing or having many children, they claim that family planning is like killing children. Some religious believers think that using a condom to prevent unplanned pregnancy is a sin and should be avoided. (FGD Male 18-25 Nyagatare District, Eastern Province)

Some groups were prepared to make a public repudiation of this view:

The things of leaving everything to God or nature to take its course (Habyarimana, Harerimana, Tereraho, Manirafasha etc.) are over and done with! (Others agreed) (FGD Male 25+ Nyagatare District, Eastern Province)

The mind-set of "God will provide; God gives birth" has changed; now people look at their ability to raise and provide for their children. (FGD female 18-25, Musanze District, Northern Province)

Attitudes to abortion are mixed. Many can cite circumstances under which they think it would be legal (and some of them are correct). Two of the Community Health Workers we interviewed (of opposite sex) gave as the official line that abortion is not to be permitted or encouraged, for legal and medical reasons:

I would counsel her and advise her to keep the baby and not abort in case she gets pregnant just to avoid any further consequences and also jail. I am not aware of emergency contraceptionas CHWs there is information we lack. (CHW)

I would discourage any woman who wanted to get an abortion from going through with it. Both the foetus and the mother have more chances of survival without abortion. I wouldn't agree or support abortion under any circumstances at all. (CHW)

A third was doubtful even of counselling young girls on reproductive health at all, for fear of seeming to offer encouragement:

For me, I don't help any young girls. It is not good because it encourages young girls to get involved in sexual activities which lead to moral decay. I always encourage them to go to hospital for check-up and if they find they are pregnant, they have to keep the pregnancy. That is my understanding. For me I do not support any form of abortion. Abortion leads to death of both the baby and sometimes the mother. [CHW]

The participants of both sexes in focus groups tended on the whole to rule out abortion as a choice that can be taken.

[If you had an unplanned pregnancy] You would just move on with your life and if you are pregnant then you have your baby. If you have the emergency pills you could use them but many women do not know about them. We have heard about the emergency pills but we don't know any details about them. (FGD female 26+ Nkotsi)

The outcomes of abortion include; murder case to Christians, regretting death, imprisonment in case CHW know of it and report to police (FGD adolescent males, a Kigali secondary school).

Those who are religious take the position that abortion is murder and against God's law, as would be expected:

Just because something is done by the majority doesn't make it right! Even a foetus is a human being, and since both the Rwandan law and God's laws do not allow abortion, why should I support it? (One participant in FGD Male 18-25 Musanze district, Northern Province)

The other participants in this group disagreed with him, however.

In practice, trying to procure an abortion is by no means unknown, and a variety of folk remedies are employed, as well as bribing a doctor or other medical practitioner.

Abortion comes when a girl gets an unplanned pregnancy, sometimes with help of their parents to avoid embarrassments, or by their boyfriends to either avoid imprisonment or family responsibilities. They use various methods to abort like drinking of glassine oil when the pregnancy is still very small or by help of a doctor after paying a lot of money

She can go to the doctor and get a pill [This pill can also be dangerous, sometimes one can die.]

She can drink glycerine. [I don't think glycerine is advisable; one can die from taking it resulting in death of the baby and the mother.]

Also violence, GBV, can cause one to have an abortion.

I also heard that one can boil a lot of tea leaves and herbs (imiyezi) and water and pour in a small bucket and sit on it. The steam/vapour with the mix of herbs helps to open up the uterus. You don't drink the mixture.

One can also drink foam from soap.

Some go to traditional healers. I have heard that witch doctors from Tanzania are genuine and can help. (FGD Adolescent males, a Kigali secondary school)

Some girls take soap foam to avoid getting pregnant after having unprotected sex or to abort. I witnessed this personally.

I heard that some take MOVIT lotion to abort.

I once watched a film where a girl took glycerine to abort.

Some resort to taking local herbs such as kimbazi. Wearing threads around their waists lined with traditional herbs in order to abort. Some go to local traditional healers for treatment. (FGD Adolescent males, a secondary school in Northern Province)

However, Community Health Workers act as the front line in policing the situation:

CHWs are aware of most pregnancies and if the pregnancy disappeared, the woman would be followed up to establish why, so most women are afraid of doing it. (FGD Male 25+ Nyagatare District, Eastern Province)

2.6. Antenatal Care and Delivery

As with family planning, Community Health Workers are the front line here, with the health centre as the source of expert help and judgment. The CHW offers general advice and mobilises/sensitises women to visit the health centre – a campaign which is showing results but has some not yet met with complete success, particularly in very remote areas:

We provide advice to pregnant women to seek antenatal care at the health centre.

We advise mothers about how to handle children (babies) and help the pregnant before they give birth. Most women in the village do not go for check-ups due to long distances to the [nearest] health centre, and lack of money but mostly it is the distances because it's 30 kms from here to the health centre. This is mainly due to a poor mind-set among some women but the major issue is transport ... (CHW)

It is also our obligation to remind them about their antenatal visits. Sometimes you find that some of these expectant mothers are so naïve and I am obliged to escort them to hospital. (CHW)

The first visit is supposed to occur in the first three months of pregnancy, but this is harder still to enforce:

It's only about 45 per cent of women in this Cell that go for antenatal check-ups in the first three months of pregnancy. I think this is mainly due to a poor mind-set among the women thinking it is not really necessary. (CHW)

The CHW also has certain formal documentary responsibilities:

We advise expectant mothers, write them recommendations which they take with them to hospitals, this is a procedure each expectant mother has to follow. (CHW)

At least on the first occasion the husband is required to accompany his wife:

All expectant mothers are supposed to go for their antenatal visits with their husbands, for those who have no husbands we write them a recommendation to take with them [CHW]

Yes because they have to test both of you for HIV/AIDs and if found with the disease you are give advice on how to handle it but even the second visit you may go with your wife. (FGD Male 18-25 Nyagatare District, Eastern Province)

If a wife goes there without her husband she cannot be received. It is good to go there because they receive advice. (FGD Male adults Kicukiro District of Kigali)

It has almost become law. ... If a woman were to go alone to a health centre, they can't do anything for her. Even when the marriage is not recognized in church or by the law, pregnant women are forced to bring the men responsible. Even if the man is in Uganda, antenatal check-ups are only done after he comes along! And if you refuse to go for antenatal check-ups and give birth at home, they are penalized. (FGD Male 18-25 Musanze district, Northern Province)

A woman can only go for antenatal check-up without her husband if she can get an authorization letter from the village authorities to prove that she "smuggled" the pregnancy (ko inda yayifuroze) or why the husband is away. In fact, it is better to take any man – a neighbour, a relative or even some man you hired, and lie that they are your husband than go alone. (Other participants agreed) (FGD Male 25+ Nyagatare District, Eastern Province).

After the first visit, however, men's attendance trails off:

Usually men go with their wives when it's the first born child, after that the men don't continue going there. A majority of men do not go with their wives, only a few do (FGD Female 25+ Musanze district, Northern Province)

Both the CHW and the health centre will advise the expectant mother on her diet, but fulfilling the advice is not always easy; the actual diet will often be constrained by poverty. Its content will depend on what is available in the home village, and in general expectant and nursing mothers eat the same as they do before and after.

Normally pregnant women should eat fruits but they can't afford them even proper food.

Pregnant women here eat normal food like any other person; they don't have any choice because they cannot afford any food different than what they have. Remember this is a village so we don't have varieties of foods. (FGD Male 18-25 Nyagatare District, Eastern Region)

There's no special food for them; they eat the food that is available ... (Even pregnant and nursing women would sacrifice and give the little food to the young children.) (FGD female 25+ Musanze district, Northern Province)

[We have] no particular diet for pregnant and nursing women; normally poor people use what they have but rich people feed their wives quality food. (FGD Male adults Kicukiro District)

What happens is that the usual food they eat is slightly modified for example through frying; supplementing it with vegetables like tomatoes bought from the market but nothing like buying milk to supplement diet. Some may avoid alcohol ... The diet .. generally doesn't change except in the early months of pregnancy .. when they have lost appetite for most foods. ... Pregnant women have cravings but without the money to buy them what they want, they are forced to eat the same food they have been eating all along. (FGD Male 18-25 Musanze district, Northern Province)

What may change in some but not all households is that the husband takes on a larger share of the domestic chores:

What changes is when some serious husbands reduce the work load for their wives for example husbands collecting food from the farm, washing clothes for their wives or cooking for them but diet doesn't change. (FGD Male 18-25 Musanze district, Northern Province)

Diet may be enriched slightly during the nursing phase after birth, to ensure the flow of milk:

When she is breast feeding in order to have breast milk she can change foods, take beer and porridge. (FGD Male 25+ Musanze district, Northern Province)

To prevent malaria, to which they are particularly vulnerable, expectant mothers and infants are advised to sleep under treated mosquito nets, and there is a free distribution of these to expectant mothers. In some places this appears to have been successful:

We have them and yes they are treated. They are 2-3 years old. More important pregnant women and younger children should sleep under mosquito nets because they are more at risk of malaria. Generally most people use the nets (FGD female 26+ Musanze district, Northern Province)

In each bed room there must be a mosquito-net for cover. ... It is about one month since we have received mosquito nets. All of us have mosquito nets but young children and pregnant women are the priority. (FGD Male 25+ Musanze district, Northern Province)

In others the programme appears to have been successful in getting the message across but less successful in inculcating the practice:

Some do have them but others not, to be honest with you few of us own one mosquito net. Even the few we have are not medicated and very old. (FGD Male 18-25 Nyagatare District, Eastern Province)

One of the participants admitted that his super net is two years old and it has some small holes in it. The majority of the participants agreed upon that pregnant mothers and babies are supposed to sleep in the mosquito nets because they are vulnerable to malaria and other related diseases.

Regrettably, this comment comes from one of the areas most in need of the nets.

You can't spend a night here without a mosquito net. There are a lot of mosquitoes that you can't sleep if not under a mosquito net. You can't even stand for 30 minutes. Even the security guys walking around at night cover themselves with mosquito nets! (Other participants agreed). Even those who didn't wish to sleep under them are forced to do it. We have no other choice but to sleep under them. (FGD Male 25+ Nyagatare District)

It is not clear, however, why the younger group were having such problems:

They are distributed every 4 months (All participants agreed). Generally, no one can sleep under the same mosquito net for over a year. They are given out to pregnant women who go for antenatal check-ups and those who give birth at the health centre. (FGD Male 25+ Nyagatare District)

Inevitably poverty plays a part in at least some of the cases:

When you are pregnant you get one net but the challenge is that there is poverty here and when there is little or no food, we sell the mosquito net at Frw 1000 to get some money to feed the family. (FGD female 18-25 Nyagatare District, Eastern Province)

Women are expected to come to the health centre to give birth, and there are sanctions against those who do not:

Fines are also charged for refusing to go for antenatal check-ups and also for giving birth at home. Even if a woman were to give birth at the gates of the health centre, she would still be fined Frw 10,000. (FGD Male 18-25 Musanze district, Northern Province)

For the most part even those who have complaints about service in general at the centre are complimentary about the treatment of women who have come to term. There are exceptions, however. For example (and there were other similar comments, but not from every focus group):

Some medical personnel at our health centre do not provide proper services. There was case of a woman who came to the health centre to deliver and was very heavy, she was not helped at all and she ended up giving birth at the reception because of the poor services. It depends on the nurse on duty; if women go in to labour and they find the mean girl they are in real trouble .. but if they find the good girl, they are easily helped. (FGD Male 18-25 Nyagatare District, Eastern Province)

Service delivery at our health centre is not the best; for example you may be forced to wait for a long time to see the doctor and then you don't get the chance to see the doctor directly. There are only a few health centre personnel who don't offer good services but this is only due to their personal character. [Later in the interview] The fact is they don't do anything for women about to go in labour except showing them somewhere to sleep and rest. ... no capacity to do a C-section ... The health centre has no capacity to take care of women with any sort of complications but those without complications are helped. The health centre mainly transfers cases it can't handle to the district hospital but there is negligence in this process. (FGD Male 18-25 Musanze district, Northern Province)

Here we have lack of dispersed resources, but also a feeling of negligent attitude. Services are clearly better in the capital city; we have no similar complaints from the focus groups in Kicukiro district.

One reason for resisting the pressure to give birth in a health centre is that the timing of birth is not an exact science, particularly with first births, and despite health insurance there is a charge for every day you spend there.

Some women have however become afraid of giving birth at our health centre for fear of being admitted for over a week for no reason at all. (FGD Male 18-25 Musanze district, Northern Province)

Travel costs are also again a factor:

Pregnant women giving birth at home are many around here because transport to hospital is high. (FGD female 18-25 Nyagatare District, Eastern Province)

The final formality is the registration of birth, which is the responsibility of the parents, and they do not always carry it out, for a variety of reasons:

Some don't because not registering children has no consequences or is not against the law. (3 agreed) Some don't because the registration process at the sector is tiresome. The service delivery is poor; there are too many people and you have to wait in line for a long time yet the distance to the sector is too long and some people can't afford the Frw 4,000 required for transportation thus many be discouraged. And when they return after the expiry of the set period, they fine you! So some people don't bother registering their children. Most people in this village are migrant workers yet registering a child requires that you are an inhabitant of the area. (Others agreed) (FGD male 25+ Nyagatare District, Eastern Province)

Some parents don't think it's that important to register their children. .. Fathers may want the mothers to take care of that and then vice-versa. (FGD female 18-25 Musanze district, Northern Province)

Lack of time for registering the child because the woman spends 7 days' rest in hospital after giving birth with the man wrapped up in looking after both the other children at home and the wife in hospital such that the registration period of 15 days expires. It is free if done on time but if you are late, they fine you Frw 2,000. (FGD male 18-25 Musanze district, Northern Province)

Some children are born out of wedlock and they are not allowed to be registered. Some children do not have fathers which hinder them not to be register because their fathers are not known. Disputes, especially after the denial of fatherhood. (FGD Male 18-25 Nyagatare District, Eastern Province)

2.7. Infant and Child Feeding

Although Rwanda has the potential to be food-secure, malnutrition remains a significant problem due to poverty, poor agricultural practices and inadequate knowledge about a healthy diet (NISR 2012a; NISR, et al., 2011). There are four main factors that influence nutritional status: (1) immediate influences, including food and micronutrient intake infectious diseases, diarrhoea and respiratory infections; (2) underlying biological and behavioural influences such as maternal fertility, measles vaccinations, hygiene, child care and feeding patterns of children under two years; (3) underlying social and economic influences such as maternal education, drinking water and sanitation, health services and food availability; (4) and basic influences such as residence, for example urban/rural. The nutritional status of mothers is important, with the children of poorly nourished mothers being at risk of malnutrition even before birth.

Children necessarily share with adults the problems of poverty and lack of variety in diet and there remains a generalised nutritional crisis among children. In Rwanda, 3 per cent of infants and young children are wasted and 11 per cent are under weight for height, which are reliable indicators that they are not receiving a sufficient amount of food or adequate

nutrition. In addition 44 per cent of children aged less than five years are stunted, which indicates malnutrition and a low intake of nutrients over a period of time and lack of an adequately varied diet. There is a strong relationship between socioeconomic status and infants and young children's nutritional status with children from better off homes, with more educated mothers and living in urban areas being more adequately nourished but 25.8 per cent of under-fives from the richest quintile were stunted in 2010. This suggests that ignorance as well as poverty may play a role in explaining the high levels of stunting.

The main factor accounting for the high levels of stunting is poor feeding practices. Rwandan mothers are advised to breastfeed exclusively for six months, then begin to introduce solids but continue breastfeeding alongside gradually increasing amounts of solid food until the infant is two years old. When solids are introduced at six months, infants should be fed 2-3 times a day in addition to breast feeding and from 9-23 months, 3 to 4 times a day and should have a balanced diet which includes staple foods such as cereals and tubers, protein foods such as legumes and/or animal protein, energy foods such as fats or sugar, and fruit and vegetables which provide essential vitamins and minerals. However, only around three quarters of babies were exclusively breastfed for six months and only 60 per cent started mixed feeding at six months in 2010 (RDHS 2010). Furthermore only 17 per cent of infants and young children were correctly fed; while over 90 per cent are given enough milk foods and only 26 per cent are fed from the four food groups and just over half (51 per cent) are given frequent enough feeds.

Given this we were interested in exploring in more detail what understanding there is of correct feeding practices, the extent to which infants and young children were being fed an appropriate diet, and where they were not why not.

In the FGDs most women seemed to be aware that babies should be exclusively breast fed for six months but this awareness was not universal. In one FGD, for example the women told us:

Six months [exclusive breastfeeding] usually, then we give them porridge or something else. [Continue breastfeeding for] around 2 years or 18 months. After 2 years mothers are able to leave their children at home and go to earn a living.

but one participant said that :

Babies breastfeed and after 4-6 months they are fed mashed potatoes. (FGD females 26+ Musanze district, Northern Province)

While less frequently we were told that mixed feeding is introduced as early as three months:

Children beginning at three months are initiated to adults' food. It means they eat maize, beans, sweet potatoes, porridge as well as some vegetables if available (FGD female 18-25 Nyagatare district, Eastern Province)

Others even suggested that cow's milk replaces breast milk at six months:

When the baby is six month old that's when he starts drinking cow milk but only if the mother can afford it. I gave my baby breast milk up to six month then start him with milk then at eight months I gave him food like greens, beans, small fish, rice and maize. (FGD female 26+ Nyagatare District, Eastern Province)

However, most of the focus groups said that not everyone can manage it in practice for a number of reasons including the mother's milk supply drying up, becoming pregnant or because of illness. Poverty also plays a part with poor nutrition seen as the reason for a mother's milk supply drying up. While in some FGDs we were told the majority of mothers breast feed for two years in others we were told that only a few do so. It is noticeable that it is in the better off districts where mothers generally breast feed for longer.

[Exclusive breastfeeding] depends on the mothers, some wait until six month others start mixing with other food before six months and this happens mainly when the mother does not have enough breast milk due to not having a rich diet. (FGD female 25+ Nyagatare District, Eastern Province)

It depends on the mothers but few children reach two years still breastfeeding. (FGD female 25+ Nyagatare District, Eastern Province)

Few can breast feed for up to two years. .. When a woman finds out she is pregnant she stops breastfeeding. .. [or] because of poverty women do not eat enough to be able to breastfeed for long, so that's why children are given adults' food at an early age. we have no other choice as we can't keep breastfeeding them because we also need energy to work. (FGD female 18-25 Nyagatare district, Eastern Province)

Generally [breastfed for] 2 years but if the mothers are away they stop breast feeding. Mothers can also decide not to breast feed because they are poor and don't eat well enough to breast feed their babies and have enough energy to keep working for the family. So they decide to give the child other food and stop breastfeeding. (FGD females 18-25 Musanze district, Northern Province)

There are also others who stop breastfeeding because of sickness. (FGD females 26+ Musanze district, Northern Province)

Although infants and young children are rarely fed as often as recommended they generally eat more often than adults who normally eat twice a day but sometimes only once a day or even, in very poor households, less frequently. The norm seemed to be for infants and young children to be fed porridge at breakfast and to have two other meals with adults putting the needs of their children before their own:

[Fed] twice or three times a day.] Like porridge in the morning, and food for lunch and supper. [When times are hard] adults sacrifice and give the little food to the young children. (FGD females 26+ Musanze district, Northern Province)

Children are fed three times a day, meaning they have porridge in the morning, eat for instance mashed sweet potatoes and beans, and some is kept for supper. Children can also be fed two times per day depending on the availability of food; sometimes we have no money to buy enough food and use the little we have as we can, and in this case parents eat once a day to leave rest for children that eat twice a day. (FGD female 18-25 Nyagatare district, Eastern Province)

[Fed] twice per day and porridge in the morning.] If there is no food parents can leave a small portion for the child. Adults can eat once per day to leave food for children. I don't eat if there is no food, I reserve the little that is available to my children and I only drink water. (FGD female 25+ Nyagatare District, Eastern Province)

One FG suggested, however, that there is no fixed routine for feeding infants and young children. It depends on the availability of food and what parents want to do:

Children normally eat 3 times a day or even more it depends on the family where the children come from. ... Some can eat ten times others even more, whenever they come across food they eat, in other words village children do not have specific eating times. The majority of the participants said that children under the age of two don't have fixed eating time and they can eat at any time[but] when it's a food shortage period children eat twice a day and grownups once a day. (FDG Male 18-25 Nyagatare district)

However, while mothers were generally aware that exclusive breastfeeding was expected for the first few months of an infant's life and that young children should be fed more frequently, few displayed an understanding of the nutritional needs of infants and young children and most FGs pointed out that poverty prevented many mothers feeding their children a balanced diet. In the more affluent Musanze district it was evident from what the mothers told us that when they had food from their own harvest they were more concerned with filling their stomachs and it was only when they had to purchase food that they thought about giving their children a balanced diet.

[Under two years] they take maize porridge, mashed Irish and sweet potatoes, some vegetables and beans. Also those who are able to afford it give them some fruit especially bananas. They are also given milk. ... It usually depends on the financial status of the family. I used to sell potatoes so that I could buy my young children fruit. (FGD females 26+ Musanze district, Northern Province)

Children eat what adults eat; there is no special diet for them and no fruit. When you have a baby, you can buy milk if you can afford it or buy maize flour to make porridge, however, this cannot be done when you have money, so it is not all the time. ... I gave my baby breast milk up to six month then started him with cow's milk then at eight months I give him food like greens, beans, small fish, rice and maize. (FGD female 26+ Nyagatare District, Eastern Province)

The diet of a child under the age of 2 may be strongly constrained by the poverty of the parents:

In most cases children under 2 years eat the same food as adults. Only children in families that are better off can have a balanced diet with vegetables and fruits. (FGD female 25+ Nyagatare District, Eastern Province)

They eat what we eat. We cannot afford to buy fruits because for instance bananas cost 300 francs so we can't spend it while it can buy half a kilo of maize flour that can be consumed by the whole family. (FGD female 18-25 Nyagatare district, Eastern Province)

In most cases first-born children are fed a good diet but when more children are born then it becomes a different story. (FGD female 26+ Musanze district, Northern Province)

Even where poverty is not as much of a problem, the diet is constrained by the realities of village life:

[Children under 2] eat the same diet as adults only that theirs is mashed - Irish potatoes with beans and greens. ...

One participant [said] the problem is not poverty

I think we have enough land so that we can have a small plot to cultivate for family consumption and another larger one to grow food to sell. The problem is the harvesting of crops which makes it difficult to prepare the balanced diet we are told about. When we have sufficient to feed ourselves from crops we have grown we do not purchase food. For instance if a family has maize and beans that's what they will eat. (FDG female 18-25 Musanze district, Northern Province)

Infants and young children are infrequently being fed according to the recommendations from the Ministry of Health which are based on WHO/UNICEF guidelines. Poverty is clearly a constraint but few mothers seemed to have a comprehensive understanding of how and what they should feed infants and young children. Mothers generally seem to be aware that young babies should be exclusively breast fed but not all are aware this should be for six months and not all of those that are aware are able to do so. Although most seemed to be aware that infants should be fed more frequently than adults none seemed to know the recommended number of times. Most had some understanding that young children needed a balanced but there was little evidence that they knew what the diet should include and most said that they could not afford to buy different food for their children to what the rest of the household eats. Even better off families, at least in rural areas, said that diet was determined by what they grew and that this did not provide a balanced diet for young children. There did not appear to be the same level of understanding of infant feeding that we found in a previous study where the women told us

that the CHWs had sensitised them as to what they should be feeding their infants. This suggests that CHWs across the country need to be encouraged to sensitise mothers to good infant feeding practices as well as consideration being given as to how poor families can be assisted to ensure that all infants get off to a healthy start.

2.8. Avoiding and Dealing with HIV/AIDS

Three per cent of the population is estimated to have AIDS, and one per cent of young people aged 15-24.

School lessons are an important source of information for young people – and ‘young people’ may be unexpectedly old, because of starting school late, dropping out for a year and/or having to repeat one or more years before progressing.

We are also taught [at school] about AIDS prevention. We are taught to always say NO to boy's intentions. It is useful knowledge as it helps us control ourselves even when it is difficult, because we know we can easily get HIV (FGD Adolescent females, a Kigali secondary school)

[At school] They taught us about the dangers of HIV/AIDs and how to prevent ourselves from HIV/AIDs. How to use condoms in case we have sex. Not to isolate someone with HIV/AIDs but to help them whenever it's necessary. How to handle oneself if infected, get HIV treatment.

(FGD Adolescent males, Gatebe primary school) (Although at primary school - in the final year - these informants were all at least 14.)

School ‘clubs’ also do much to focus attention and extend the lessons learned in the classroom.

Anti-HIV clubs are available in this school and they have many members. These clubs are sensitizing us on so things like how the HIV/AIDS virus is transmitted, ways to avoid it and how to handle it in case you are not infected (e.g., no segregation and avoiding hurting them by understanding how to talk to them). (FGD Adolescent males, a Kigali secondary school)

- *They teach us how one contracts HIV, I have learnt how to avoid any risks of getting HIV and about pregnancy. We are trained to speak up and always advise our friends.*
- *At my former school, they would first give us small chits with questions related to HIV prevention. And we would be asked to answer then they would be discussions on what responses we gave.*
- *I was taught what to do when one has unprotected sex with an infected person. You must consult a doctor before 24 hours to be given medicine that prevents the spread of HIV.*
- *They teach us how one contracts HIV, I have learnt how to avoid any risks of getting HIV and about pregnancy.* (FGD Adolescent females, a Kigali secondary school)

School groups out of Kigali said much the same. Clubs are voluntary, however, and there can be a number of good reasons for not joining:

- *I didn't join the anti-SIDA club because I am already the vice president of another theatrical club (urumuri). I am one of the people that started it, I couldn't leave it*
- *I am part of another club (traditional dances)*
- *The Anti-SIDA club was introduced later after the rest had started and one is not allowed to join two clubs* (FGD Adolescent females, a Kigali secondary school)

Participants, of whatever age and location, seemed to be fairly well informed about AIDS in the abstract: that it can be contracted from sexual intercourse, from contaminated sharp objects or in any situation where blood meets blood, that it can be passed on to the child at birth or during breastfeeding (which continues later than in many countries, well beyond the age where the child is developing teeth). Many knew that the baby is safe in principle while still in the womb:

An unborn child cannot be infected by its mother because the placenta separates their blood. However during child birth when the child is being separated from its mother, it can be infected. (FGD Male 25+ Nyagatare District, Eastern Province)

The majority know that male circumcision is a way of reducing HIV transmission; however, men in rural areas had an issue with the time it takes to recover (2 weeks) as it could stop them from working and they have families to feed. Generally they rated abstinence as more effective than condom use, and those who mentioned circumcision put it third.

People should abstain and if they can't, they should use condoms. Abstinence is the most trusted option because condoms can't be trusted 100% as they may even rupture. Condoms should only be used as the last resort. They say circumcision helps but only to a rate of 60% so where do you put the remaining 40%? (FGD Male 25+ Nyagatare District, Eastern Region)

All were aware that the front-line defence against infection during sex, after abstaining altogether, is condom use. Many reasons were given why people might not use them, however:

Some men claim that with a condom, sex is not as enjoyable, what they call not eating salt/sweets in their paper wrappings (Nakurira umunyu/bonbon mu ishashi). Others think the condom may damage their penis. Some may not know how to use a condom, while others may not be able to get condoms easily. Others claim that condoms delay ejaculation. Others may lack money for buying condoms for example if it costs Frw 200 and he doesn't have it, do you think he will refrain from sex? They go on and have unprotected sex. And you can't go to a shop to borrow a condom. (All laughed and agreed) (FGD Male 25+ Nyagatare District, Eastern Region)

The phrase about eating a sweet in its wrapper cropped up in a number of male groups and some female ones.

Testing is available more or less on demand, at health centres and by a number of more *ad hoc* routes which help to some extent to overcome the problem that the health centre in remote areas may be some considerable distance from the village:

VCT for HIV are at a centre that is in charge of testing, treating and giving advice on HIV prevalence. Whoever wants can get tested. (FGD male adults Kicukiro district of Kigali)

HIV testing is done and many young people participate in testing and knowing their status after 3 months. (FGD male 20-24 Kicukiro district)

HIV testing is done at the health centre. There are also times when testing is done by personnel that come in an Army car. Sometimes testing is done by PSI for those who volunteer to be tested. None of those services can get all people at the same time; for example today I may be here in the trading centre and go grazing tomorrow when they come so I may miss out. If we had a health centre nearby, we would all go for testing. (Others agreed) (FGD Male 25+ Nyagatare District, Eastern Province)

Young people get tested when there is a campaign for HIV and everyone is doing it otherwise only the ones who plan to marry go for testing (FGD female adolescents, Musanze district, Northern Province).

It's mostly married people who go for HIV testing. Some young people get tested in schools but others do not want get tested and this was agreed upon by other participants. Some youth don't go for testing because they say that even if they tested and they are found to be HIV positive, they won't be cured anyway. (FGD male adolescents, a secondary school in Northern Province).

While there is some uncertainty on the principle -

It is not necessary to get parental permission before children are tested for example a program can be put in place for children to be tested at school. Would that require parents' permission? It is everybody's right to get tested. (All agreed) (FGD Male 25+ Nyagatare District, Eastern Region)

On the whole it is believed that children may not be tested without the permission of their parents.

Young children cannot go to the VCT themselves without their parent because it is the parents who are responsible of taking such decision for his children till when they get mature to take their own decision. (FGD male adults Kicukiro district of Kigali)

Both positions are also held and expressed by Community Health Workers. Some parents choose to avoid testing for their children, not always for what are considered entirely rational reasons by the others:

Many parents do not want to take their children for treatment because of religion, or a negative mind-set (FGD male adults Kicukiro district)

And some conceal their own or their children's infected state from them and even withhold treatment, for a variety of reasons:

Most parents fear that their children will know that they gave them the virus and are not sure of their reaction after they get to know. Sometimes you find that some parents don't take their children for a check-up, scared of them knowing that they infected their own children. [CHW]

Why parents are not taking children for ARV treatment: it is mostly due to ignorance because ARV treatment increases a child's body immunity and therefore prolongs their life. Some fear their children being stigmatized by the community after they learn of their status. Others may think that the child is better off dying earlier without suffering the trauma of growing up with HIV/AIDS. Some do it out of malice. (FGD Male 25+ Nyagatare District)

2.9. Violence against Women

Both men and women find being beaten by husbands to be normal. They think it is men's responsibility to make sure women behave appropriately. So, if women misbehave, they should be punished. Women are also used to this and think it is normal. The different reasons given by women as to why wives mostly do not report violence included: they do not want to tarnish the reputation of their husbands; they are concerned that if their husband is fined that he will pay the fine with money that was intended to feed their children; they are worried about how they will be able to support their family if their husband is sent to jail; they fear their husbands will become more violent especially if they are fined or sent to jail. Women who face violence first report it to family members or close friends, then village leaders and then to mediators at the cell level and if it continues to mediators at the sector level. They only ever report domestic violence to the police when they have been injured. Sex workers frequently face violence but they do not report it because the police treat them as prostitutes rather than as crime victims.

Both domestic and public violence against women is specifically punishable under Rwandan law, as are most examples of harassment not amounting to violence. Men do not have the unlimited legal right to hit their wives, and the concept of rape in marriage is acknowledged in the law and in public awareness. Some of the participants (all male, as it happens) would claim that gender-based violence is a thing of the past:

The relationship between men and women in the community is mostly ... There are few cases of GBV/VAW&G around here and even those that happen are reported and the

offenders are punished. The fact that all offenders are punished acts as a deterrent for others. (2 participants agreed) There are no cases of verbal or physical abuse in this village. (All agreed). What is clear is that people have more enthusiasm to build than destroy their homes. People are under pressure to work for their survival so they can't find time for fighting. (FGD male 26+ Nyagatare District, Eastern Region)

The majority of the community is receptive to sensitization geared towards eradicating it. ... Generally speaking, GBV has reduced over the years. (Male CHW)

However, responses from surveys and other qualitative studies indicate that Rwanda is and remains a patriarchal society and domestic violence continues to be relatively common – probably more so than in societies in Europe or America, though no country is free from either patriarchy or domestic violence, however highly developed and industrialised it may be.

There are still cases of domestic violence. This is accepted by both men and women ... It is not very rampant, but still happens. (Male CHW)

I know many people here hit their wives. There is this man who hit his wife several times.

It's not normal to see a man hitting his wife. When your parents fight each other it embarrasses. ...

All participants agreed that men here do hit their wives every time they have disagreement.

Shouting at women is very common, in this community and women no longer complain about it. Some men do not allow their wives to do what they want. ... I know this man who hits his wife several times from morning to evening. (FGD male 18-25 Nyagatare District, Eastern Province)

[Marital rape] happens for example, if a man comes home drunk and wants to immediately jump on top of the wife. It exists though it is never reported. (All participants agreed) Most men treat women as their property and there are no discussions before sex. (FGD male 26+ Nyagatare District)

We hear of stories, there's a story I heard of a woman who was raped by the husband. It all started when she was sick and she was not strong enough to have sex, then the husband gave her a week to be well and they would have sex, after a week she was still sick and then three days later she got raped by her husband which also worsened her condition of sickness. (Lesbian Association FGD)

[There is] physical violence and economic violence; denial of education which is a right to children; failure to provide food at home and refusing to let a wife go out to work (Lesbian Association FGD)

Further, there is good reason to suppose that the rate of reporting of domestic and sexual crimes may be even lower in Rwanda than in many cultures. Few rapes are reported, for example.

Most don't report for fear of being stigmatized by the community, especially rape victims. This is especially pertinent because in Rwandan culture, when they mention your name, it is referenced with your parent's name, your place of residence or a certain act you were involved in that made you known. So women are afraid they would always be referred to as, "Nyirarunaka" who was raped by so and so! (Other participants agreed with this). (FGD male 18-25 Musanze district, Northern Province)

Domestic governance is an important cultural factor in the reporting and the control of violence in the home. Both men and women tend to think that the man is the master and head of household and that he is responsible for the household's decisions,

The majority of the community accepts the husband as the decision maker and that their decisions are final. This has mostly resulted in family disputes. Only a few couples accept to make decisions jointly. (Male CHW)

Both men and women believe the husband has the authority over his family, and thus has the responsibility to discipline his children and wife. There is also the influence of other men; if a man does not discipline his wife they say that the wife dominates him "inganzwa". And also because many women around here do not work, men are the ones who provide for their families and make all the decisions, so men believe they are responsible of everything including disciplining their wives and women comply with this. (Village leader)

And they think it is men's responsibility to make sure women behave appropriately. Therefore, if women misbehave, both sexes find it normal for husbands to beat their wives.

A husband disciplining his wife is normal here and wives believe it is right because of tradition, since men were considered superior and the head of the household it is fine to discipline your wife. Men believe it helps to keep their wives respecting them and to behave well. I know of 3 women who have been hit by their husband recently. However, compared to recent years, the rates have changed, only a few still hit their wives. It might happen like two to three times a month. (Female CHW)

I think the reason why some people believe men should discipline their wives is because of the Rwandan culture which oppresses women and always makes them inferior to men. In the research we have been reading, the rates of GBV in the home seem to be very high. .. I am not certain about [whether this is the case around here] (Male CHW)

Relationships between men and women here are perfect -- no more fighting between couples -- we help each other. Wives nowadays have no scandals as it was in previous time -- they have all the respect they deserve Sometimes control is necessary, an uncontrolled woman can make mistakes; this control is in order help her to have good conduct and behaviour. (FGD male adults Kicukiro district of Kigali)

However, what some men are described as enforcing in the home amounts to a sheer misuse of power and cannot be passed off just as firm discipline:

It is known here that a woman should be at home no later than 6 pm otherwise she will have trouble with the husband ... men here don't want to solve issues in a sensible way. Women are treated like housemaids. (FGD female 26+ Musanze district, Northern Province)

Explanations blaming the man's personality and/or the effects on him of the frustrations of poverty are to be found.

If a woman makes a mistake the man slaps her to correct her if he is violent, but an easy guy, they take everything easy. (FGD Adolescent males, a Kigali secondary school)

To me, some men live with their wives in harmony. In this community some men are good and others are not. (FGD male 18-25 Nyagatare District, Eastern Province)

Occasionally in our interviews women were blamed for standing on their rights or for thinking that making a greater economic contribution gives them the right to a greater say in the family:

If a woman is richer than a man she should never influence decision making. Why did she not marry a fellow rich man then? A man remains a man regardless of his economic status compared to a woman (FGD Adolescent males, a Kigali secondary school)

Some women are very problematic because of the rights they were given by the Rwandan constitution. (FGD male 18-25 Nyagatare District)

Men's bad behaviour, particularly after drinking and in relation to their drinking or spending the family money when food is not assured, is also held up as a reason why women put themselves in a position to be assaulted and why men may wish to do so:

Yes (all) there's violence where we live. Men usually beat their wives because women abuse men when they fail to fulfil the obligation of buying food at home and instead go out with prostitutes (Lesbian association FGD)

Disputes over money are very rampant here especially during harvest season where men are engaged in drinking sprees, and start fighting their wives after drinking. They use money from harvesting sales to buy drinks and sometimes they buy prostitutes which cause a lot of problems at their homes. Alcohol is the main cause of all domestic problems around here ... Today I witnessed a man taking iron sheets from his house and

selling them in exchange for alcohol. Some do sell their harvests and use money to buy alcohol (FGD male 18-25 Nyagatare District, Eastern Province)

Reasons provided for why the majority of women do not report violence against them, although the law encourages this, were:

- They did not want to damage the reputation of their husbands or the family.
[Reluctance to report] is mainly because of culture where affairs of a home are not supposed to be exposed to the public and also fear of getting ashamed wondering what people will think of them. [CHW]

Others said that, some women do not report their marital violence because, once they report it, the matter will be exposed to the community. (FGD male 18-25 Nyagatare District, Eastern Province)

- They do not want to damage their own reputation.
In the community when the woman wants to complain about conditions like these, she is criticised. (FGD female 26+ Musanze district, Northern Province)

Some they do report matters to authorities but not on a big scale because of the fear of their neighbours, to hear that they reported their husbands.... fear of being stigmatised (majority agreed on that) (FGD male 18-25 Nyagatare District)

- They fear that the husband will be fined, and the fine would have to be paid from money which could have been used to feed their children.
- If the husband is jailed, say for a week that is a week when he is earning or producing nothing for the family.
They don't want them to go to jail and stop working to earn the family's income if they are employed. (CHW)
- Women fear that their husbands would become more violent once they were released from jail and came back home.
They also think men could be more violent if imprisoned and later come back home blaming the wife for reporting the case. (CHW)
- They just regard domestic violence as normal.
The older women don't report GBV cases to the authorities. Most of them still go with the belief that that's how homes are built. (CHW)

Nothing happens here because physical violence is very common in our community. (FGD male 18-25 Nyagatare District, Eastern Province)

Most women are now used to it and can't bother reporting it. (FGD male 26+ Nyagatare District)

When cases are reported, the first resort is to local leaders:

Wives complain to the village leader, and then I and the committee evaluate the problem and give advice accordingly. When it is a continual problem then we send them on to the cell level. (Village leader)

Women in this area report such cases to the authorities. At the village level, cases that are reported are mostly solved through mediation. The police only come in when cases reach the sector authorities. (CHW)

[What can wives/daughters do if they are physically abused by their fathers/ husbands?]

- *they can inform local leaders*
- *try to settle their problems internally*
- *call family members (FGD Adolescent females, a Kigali secondary school)*

Once girls/women are physically abused by their husband they call the neighbours and talk to the local leaders. The support available for victims and perpetrators is that the population mediates and advises them (FGD male 18-25 Nyagatare District, Eastern Province)

The cases are first reported to the village authorities, then to the cell and finally to the sector and police. (All agreed). (FGD Male 26+ Nyagatare District)

The police are involved automatically in the more serious cases, once they are reported:

Cases of physical violence are only handled by the police. All the village authorities do is offer the victims a letter they take to the police or to the community policing unit. They mostly transfer all cases of physical violence to the police before it is too late because waiting is putting the life of the woman in danger. (FGD Male 26+ Nyagatare District)

In cases of serious abuse police intervene, takes the perpetrator to jail and victims to the hospital (FGD male 18-25 Nyagatare District)

However, a case has to be fairly serious to reach this stage:

We only involve the police when there are severe injuries such as men hitting their wives using knives, stones etc. and the police immediately intervene. (Village leader)

Sex workers, incidentally, said if they face violence they cannot report it because they are treated as prostitutes and thus cannot be considered as victims.

When cases reach the police, they are said by some to try not to criminalise the events:

[They] try to get to the bottom of the cases to establish who the offender is and advise him/her towards changing their ways – though it is mostly men who are the offenders.[CHW]

Others, however, see visible deterrence as an important part of police procedures:

The offender is made an example to the rest of the village; they create a file and start looking for the offender. If you are reported, even when it is a lie, you only get a chance to explain yourself when already at the police station. Rape is taken very seriously by the police. Most offenders when arrested are sensitized and come back changed men. (4 participants agreed) (FGD male 18-25 Nyagatare District, Eastern Province)

The fact that most cases go for mediation or conciliation before they are referred to the police or even instead of referral tends to reduce their symbolic seriousness as crimes, however. This kind of down-playing can be seen even in rape cases and views about how they should be handled.

[Q: What should women do if they are raped?] Call police; scream for help, they should go to health centres for check-up, local leaders for justice. (FGD Adolescent females, a Kigali secondary school)

Calling for the police, along with screaming, would appear to be actions aimed at escaping the immediate situation; the health centre deals with unwanted consequences; but justice comes not from the police but from the local leaders. This implies that rape is still regarded, symbolically, almost as a civil rather than a criminal matter, to be negotiated and mediated locally rather than taken to the police for trial and punishment. Similarly, domestic disputes resulting in violence are not treated as simple assaults but seen as civil matters like land disputes to be referred in the first instance not to the police and law courts but to local mediators.

2.10. Adolescent Lifestyle, Relations and Reproductive Health

2.10.1. Introduction

We interviewed six school-based groups of young people aged 14-17 – two male groups and two female groups. The boys were from a secondary school in Kagarama sector of Kicukiro District (Kigali) and secondary schools in Nyakinama, Ruhengeri (Northern Province) and Rwimiyaga (Eastern Province); the girls were from the secondary section of a ‘groupe scolaire’ in Kicukiro district, a primary school in Rwimiyaga and a secondary school in Nkotsi (Northern Province). In principle, Rwandan young people start primary school at the age of 7 (P1) and are in their last class (P6) by 12; this may be followed by three years of ‘basic secondary’ (S1-3) at age 13-15 and three years of ‘post-basic’ (S4-6) from age 16-18. In practice, a fair number people start primary school late by possibly a year or even two, they may drop out for a year once or even twice, and many people have to repeat at least one class at least once before progressing. Thus, the children in the primary school were in P6 and

should have been about age 12, but all of those interviewed were at least 14 and most a couple of years older. (In the material on sexual and reproductive health and on domestic violence we have also included extracts from FGDs with people aged 18-25 where these seemed particularly relevant to adolescent life and experience.) There is also some material from a Youth Training Centre in Eastern Province. The material on lifestyle, diet and relationships is mostly quoted directly from the FGD transcripts (but heavily edited); other material on sexual and reproductive health and on domestic violence has been more profoundly reshaped and edited to cover the questions to which answers are required. Quoted material is in italics.

Generally our findings confirm the findings from the research that we summarised in the literature review (Abbott *et al* 2014). Parents rarely speak their children about sexual and reproductive health and health education in school is not always seen as providing adequate information. Schools do have AIDS clubs that sensitise children and adolescents but they are not compulsory, so only some children attend. Few adolescents are aware of emergency contraception and the same is the case for CHWs and other adults they may seek advice from. Adults including teachers, CHWs, religious leaders and others generally advocate abstinence before marriage although a few did say that they tell young people if you cannot abstain be safe. There was general opposition to abortion even in the case of rape and knowledge of the provision in the penal for women to have a legal abortion in the case of rape was generally not known. Views were more mixed on the question of adolescents having HIV tests without parental permission with some suggesting that 14 years was an appropriate age for this to be permissible but there was no awareness of the legal provision for those between 14 and 18 years to seek medical advice without parental permission.

2.10.2. Adolescent males 14-17 Lifestyle and Relationships

Lifestyle

Kicukiro

Life for young people of our age here is good, we have committed teachers, [we] have security and we do well as a school in national exams. However some young people do not come to school sometimes due to inability to afford school fees and scholastic materials and decide to look for something else to do like doing casual work or becoming house maids.

After school, we rest, do the work of helping our parents at home and sometimes boys and girls do the same work - more especially helping our younger brothers and sisters with their homework.

Nyakinama, Northern Province

We go home at 17h00. There is a problem here when you finish primary school there is no nine year basic education here to join in nearby areas. We travel long distances to come [to this primary school], because it is the only school in the area.

[After school] We fetch water from the river. There is no water, we fight for it with cattle keepers, and they always hit us and we pass through the national park fence which is electrified and we fear to be caught by electricity in the fence. Others go for grazing cows. Some drop out of school and become cattle keepers or join their parents in their gardens. Some pupils drop out because they lack money for school fees and join the cattle keepers to earn money. Long distances from Kirebe and other far places can encourage school drop-out because pupils are very tired when they reach home and decide not to come tomorrow. Some children go to help their parents to work for food. If they don't work they can't get food to eat. Some drop out because of hunger; you cannot go to school when you are hungry. Some drop out of school and join gangs.

The majority of pupils join their parents in different activities like working for money to buy their own soap and clothes. {amafaranga yo kugura agasabune nimityambaro}. Children here carry heavy jerry cans of water from the river to their homes which is very far. There is no health centre nearby, [the nearest is] in Rwimiyaga.

[The boys:] We fetch a lot of water so that we can go school early next day. We normally do that for the whole weekend so that we can be able to go to school early. We graze animals on weekends to help our parents. Sometimes if you inform your parents that you will finish early they may allow you to go for football games with other children. But for those who graze animals -- they don't have time for football. There is no football ground here so there is nowhere to play it. When you have no sisters you do some cleaning, dish-washing and some laundry.

[Girls:] Normally they do the same jobs like ours mostly domestic ones. For example if boys fetch water and collect fire wood, girls peel the sweet potatoes, cook, and clean dishes and sweep around the homestead. We go together with some girls to fetch water from the river and we collect firewood together. Also girls do some washing (laundry) and dishwashing.

Rwimiyaga, Eastern Province

We survive on cultivation. Our parents are farmers and we help them in their day-to-day work. We help our parents by fetching water and collecting firewood. Some young (youth) do not go to school, but some of us go to school and we want to do what it is supposed to be done. Some students come to school with clothes other than their uniforms to be able to go to work instead of attending classes in order to earn some money. The majority of young people around my area are motorcyclists and yet they don't have anywhere to stay.

The place where I come from, few children go to school -- just a few of us [in my Cell] managed to join secondary school from a big number that were together in primary school, others failed to join secondary school and they resorted to stealing. Some children where I come from do not attend schools; they work for local farmers' gardens. Children from my area spend most of their time watching films in the trading centres (film centres), and they dodge coming to school and because of missing classes their parents decide to make them work and to attend to domestic activities.

During school holidays, we work at part-time jobs in different brick making places to earn some money. Some students/children are very lazy and do not help their parents. I myself, what I do is to help my parents in their day today farming activities. I myself during the holidays I revise my notes so that I can't forget all we did at school because, since I am from the deep village, if I don't revise I can easily forget everything. I like football, and I play it, sometimes I go to watch football matches in the nearby cinema halls during my leisure time. As the World Cup is about to start in June, we will be watching it during the holidays. Some students work during the holidays and spend their money in drinking and sexual activities. Sometimes girls do the same jobs with us like brick making, sites helping and other ordinary jobs that are found in the villages.

Relationships

Kicukiro

The relationship between boys and girls is always good since we have received training on how to relate with others. .. The issue of boy-friend girl-friend depends on someone's character; some are involved others are not. However those who get involved in love relationships do it in secret because it is considered illegal here at school. Feelings are common in this school and some even do it outside school. Falling in love depends on the level of self-control one has however the leadership fights against it because it may result in performance decline. We love each other with a purpose. Loving is not a problem but the problem is how you balance love and other things. Also too much strictness is not good; e.g., if a goat is always tied on the rope and once it gets the opportunity to escape the rope it destroys many things, so it is better to teach us the negative effect of things and for pupils to try to control themselves.

For one to fall in love with a girl it depends on how she satisfies you either by her beauty or other things ... Sometimes you may fall in love with a girl and as time goes on and because of bodily desires you talk about things related to sex. Falling in love starts at the age 12 years for boys and 11 years for girls and having sex depends on the environment one has grown in and many other factors; e.g., groups, neighbourhood, or as a way of trying to imitate what others do. The approach is not always direct, you have to first move around asking her other things like where she stays, her name and so on. But as time goes on when you have created a rapport you start being direct in telling her about how you love her. When you have a phone it becomes very easy, especially through love SMS. Sometimes a girl may love you but cannot say it due to their nature but they have many things to do to boys indicating that they love them and to attract boys. However, when you approach her things become easy for you. Some people are shy and cannot speak to girls but Facebook solves it all and we all have Facebook. At our age of 16 years when you speak to girls your body changes towards needing to have with them.

When you start wet dreams, you start admiring having sex but as time goes on you find it normal and during the adolescent stage with as if you are having sex. Sometimes when you watch pornography and when you see girls you feel like putting in practice what you have seen. Such films are available even on our memory cards in our phones. Even girls have these movies and photos of naked people in their phone memories. Such movies have no importance at all they instead spoil our minds and one may start masturbating and raping; they are only useful to married people.

Many young people mistake love to be sex yet in actual sense love is not about having sex. You can never have sex with someone you love if you really have true love. If really love someone you do not ask for sex that one is lust not love. I heard that when you have sex with someone you hate that person. Sometimes you may have sex with a girl you love with an intention of dropping her, especially when you come to know that she cheats on you. Families normally guide us to avoid such acts. It is not good to have sex before marriage though many people do it. Having sex before marriage is like opening a gift while still at the party, what will you do when you reach home?

Nyakinama, Northern Province

I have seen people who have good relationship with their sisters at home though I don't have any.

Some pupils have their girlfriends but you ignore them when you are at school with school activities. When you are at school you put relationships aside and do your school work only.

When we love girls, we tell them sweet words and tell them how we love them and once she buys your idea you tell her that you love her most. We don't give them letters because we fear that teachers may catch them and we put ourselves in danger. No letters, only word of mouth. Some girls have good relationships with boys. Letters are used only after you have a serious relationship.

Rwimiyaga, Eastern Province

Some young people are engaged in sexual activities which is very shameful to both parents and the youth in particular.

We have common interests in some games with our fellow sisters like football and sometimes we play together. When asking a girl for help in class, others accuse you of hooking her or thinking that she is your girlfriend, which annoys me most. Some do pretend that they are helping each other and yet they are dating. Sometimes girls leave school with pregnancies and become prostitutes around their villages which spread prostitution among young girls. In our community (Umudugudu) there were two girls who dropped from primary six (6) -- to my surprise they all have babies. Girls do engage in sexual activities during the festival seasons where girls and boys go out and one asks for a drink from her friends and the friends provide it on condition of having sex with the girls. I myself I dated once but the girl turned down my

idea , I was not happy with the girl's decision I was very unhappy and my uncle asked me what happened I told him the whole story and he advised me that I should not engage in such acts anymore and I have followed his advice till today.

Sometimes girls ask boys to date them. It happened to me, there are three girls who wrote to me asking me to be their boyfriend and two letters were caught by my dad, I turned down their requests and my dad sat me down and told me that I am still young and I should refuse their friendship request.

Young people around our community are being manipulated or hooked by old people because of money. They are taken to bars by old men and young men (Abasore). Normally men fold money in papers and pass them to girls and they arrange where they meet them and abuse them sexually. Sugar mummies are the old ladies that hook young men for sexually-oriented activities. Some men entice girls as young as 17 years old or even younger by giving them money. My parents told me not to go to my neighbours' house because the children there have bad behaviours. In my community I haven't seen a woman taking a young man or a boy but men do that all the time. In the village they introduced KAKAWETE game, men of 40 years old play it with young girls and buy them clothes and after that they demand to have sex or sexual relationship with young girls.

10.2.3. Adolescent females 14-17

Lifestyles and Relationships

Lifestyle

Kicukiro

Young people of our age go to school and those who are not capable of going to school due to different reasons like not being able to pay school fees and have the school requirements are house maids in different homes, some are water vendors, acting as helpers in construction works (Ubuyede), others are barbers.

I wake up, take a bath, prepare my uniform, eat breakfast, pick up my bag and go to school. Classes begin at 7:00 am and end at 2:15 pm. When I get home I eat food, then I rest. Later on I do some housework.

Sometimes parents are not home and I cook food for myself then I have lunch. Sometimes my parents come late so I also prepare supper for all us around 6 pm, then I do revisions at around 7 pm.

I go for volley ball rehearsals and I also help my dad at his carpentry workshop.

I go to watch football and sometimes play at Carlos recreation centre; this is done by both us and boys.

During the holidays, I help my parents by doing some jobs like I can work on a construction site by passing on blocks during building, I also do some work for money like fetching water. My sole responsibility at home is washing utensils.

During holidays we wake up early, wash and fetch water sometimes for money in the neighbourhood (for example 2 jerry cans can go for Frw 200 Fwf). Last holiday I fetched water for my neighbours and they paid Frw 700. But I know of some children who spend their time playing cards in the neighbourhood.

There are some children in the neighbourhood whose only activity in the holidays is visiting relatives and having fun but for me, holiday time for me is for theatre practice, religion and I rest. Sometimes my mother also sends me to do some stuff for her. I also know of some children who use their free time to do some tailoring and carpentry as it's a common activity in Kicukiro. For me I do house work, I go to church, after I take a nap. Other children in my neighbourhood some do have a lot of work like doing carpentry. Myself I don't because my parents do not allow me.

I visit family and friends during the holidays, wash dishes, mop; I arrange the dining table, babysit.

Most of my friends go to play volleyball, football. During the holidays sometimes I do coaching, in the neighbourhood. Those who don't go to school are house girls or house boys most of whom are orphans. Most of these orphans prefer to be house girls because they do not like staying in foster families because some are mistreated. Some of course decide to be prostitutes, others hawkers and some are motorcyclists. Some of these motorcyclists are females. Those who don't go to school also work in a coffee processing factory nearby and they are mostly girls. They sort coffee and earn Frw 900 per day. Most of them I meet in the morning. For the boys most of them work in workshops as carpenters or Tigo agents and in music studios. And some do all that even when they have the opportunity to go to school. For those who don't go to school, most boys I know like activities related to music, others sports (they engage in football and volley ball). But girls tend to prefer being house girls. But I think it depends on the person, there are some girls who have left school for prostitution even when they had an opportunity to go to school. For some it's a choice.

We have youth friendly centres. We go there to play football and for me I am a scout too.

[Various comments:] I go there for volley ball. I don't like going there but sometimes I escort my friends who go there to dance (they teach modern dances). I go there to play football. The age range of people who go there is 7 – 25 years. Even women go there for exercise. Women and men in the range of 30 years go there to do sports (aerobics), Karate, volley ball. And young children go there to meet with others and play.

I once dropped out of school because my mother was sick because then we could not afford school. So I would study to catch up on my classes. But later I managed to get good advice from a good friend; she told me I could get support from this school. I came to this school, and I told them my story, they were very understanding and now they cater for my school requirements. However, in schools there are many young people who do not know why they are here and they decide to destruct us by shouting in class. Some do not even copy the notes neither do they pay attention to teachers during lessons. It's all about determination and knowing what you want to achieve. Some of us know what we want while others just come to class and make noise for us. Those who don't care have everything from their parents and with me I sometimes come on an empty stomach. But that doesn't stop me from schooling.

Rwimiyaga, Eastern Province

Here girls go to school. Those who don't go to school are idle. School going children are involved in local football while girls do handball normally on Friday afternoons, girls also do traditional dancing.

Some girls drop out from school due to lack of school fees so even though they may want school they are unable to attend as they cannot afford it. Other girls are now involved in prostitution as a form of getting money to survive.

Boys who do not go to school go to work for Frw 1500 a day at construction sites. Other young people are employed as farm men and women at a fee of Frw 700 a day

Nkotsi, Northern Region

Life is bad because a lot of girls our age get pregnant. Other girls come from poor families and they get envious because they don't have basic needs like school materials and other basic needs so when they meet men or boys who agree to buy things for them they engage in sexual relationships. Most of us go to school but there are others who don't go, like boys go in business of transporting people on bicycles to earn money. Girls who drop out of school study tailoring, those who care about their parents help in the fields or with other household chores. There are other young people who steal phones, like in the area of Muko. There are girls who go to Kigali to work as domestic house help, when the job is hard they come back home and become prostitutes or street children. Boys who drop out of school they go into doing drugs. Young people here do different things in their leisure time, there are those who go to pray but these are few; and others who are in relationships visit their girlfriends or boyfriends.

Relationships

Kicukiro

At our age, we are allowed to have boyfriends, it is normal to have one. The problem is some boys are complicated. Some boys after noticing that you do not truly love them, they decide to

impregnate you or have sex with you or dump you or even go exposing it to everyone that you made love together. To me, these don't have love. But there are those who don't demand sex, these to me truly have love. However not all boys are bad. Some are good friends who even advise us on how to go about relationships. Some boys think all girls just want money from them, which is not true.

Last year two girls were impregnated by their former classmates

Rwimiyaga, Eastern Province

Persons in the same club play handball and football and have a good relationship amongst them and most of relationships start there. Schools are forming gender clubs but currently such clubs are non-existent.

Nkotsi, Northern Province

A majority of the participants mentioned that a lot of boys and girls are just friends but those who are in a relationship tend to hide it due to shyness, especially at age 14-16. They said relationships start in different ways, for some it starts at school – those in the same class - for others through a sibling of a close friend, others are neighbours, others meet at church, others meet at the Catholic Church centre for youth, and others through family friends. Most of the time it starts with friendship and they end up in relationships.

10.2.4. Nyagatare Youth Training Centre (Eastern Region) - Organiser

Drugs

The major challenge is drug abuse by boys, for example crude waragi [banana spirit] and marijuana, but clubs were formed to solve the problem by engaging the abusers. Some young people still go to Uganda (as it easier since the use of National IDS) to abuse drugs and come back. The youth clubs do a follow up and report such cases to the authorities.

Normally 15 year olds and above are mostly the abusers of drugs but clubs with the help of parents and authorities are helping to identify and help them, especially beginner abusers. Youth below 15 years are not affected since they are still afraid of parents while those above 15 years seek independence and succumb to peer pressure.

Sex

Prostitution is rampant even though they hide it. Training in technical skills will help fight against poverty which is the major cause of prostitution.

10.2.5. Sexual and Reproductive Health

Marriage and Family Planning

Young people gave their twenties as the right time for getting married – none before 21, and with a median in about the middle of the age range. When young women get married

before 21 it is because they are pregnant or have dropped out of school. Living together before getting married is not a good idea, because you (and your children) do not have legal rights over the property. Several said they should have savings – at least Frw 500,000 – before having the first baby. Their attitude to family planning was positive:

Family planning is very important because one gives birth to children he/she is able to take care of (FGD Adolescent males, a Kigali secondary school)

It was thought that educated/affluent men took family planning seriously but uneducated men much less so:

The attitude of educated men on family planning is positive but the uneducated men are careless about family planning. .. family planning is mostly practiced by rich men but poor men are mindless. (FGD Adolescent males, a Kigali secondary school)

Sources of information

Parents do not, on the whole, talk to their children about reproductive health – particularly uneducated parents. For some, it is because they also lack understanding of biological factors, while others have not yet broken through the cultural barrier. They start talking to their children only after they start showing signs of puberty (for boys) and when they get their first periods (girls) – but not all parents explain things even then.

Many parents do not teach it to their children and this results into us meeting unknown things in our lives ... Parents fear to tell their children directly what happens to them and those who do use indirect words like avoid “moving” with girls for you have reached the time of making them pregnant in case you sleep with them ... However, the educated teach their children about sex, only limited by the time they can spend. (FGD Adolescent males, a Kigali secondary school)

Some parents do not know about sexual and reproductive health at all. My parents never say anything to me concerning sexual and reproductive health. Parents do not talk to us, only tell us that we’ll learn more of the things from school.... they claim that those things embarrass them. ... [but also] we are shy of asking things about reproductive health from our parents.

Some male parents, if you ask them about sexual and reproductive health, they are very harsh and start questioning you that may be you have impregnated someone’s daughter. .. [and in any case] some of us we are from farms, where there is no time to talk to our parents. We reach home very tired and we do farm work and the next morning we go to school, so no time for that. (FGD Adolescent males, Rimiya, Eastern Province)

A majority agreed that generally parents do not talk about sexual and reproductive health with their children.

I think there is still that cultural barrier where parents feel it is not appropriate to talk about sex with their children.

For me, my mum and sister talk to me about it but I think she is free to talk because she is a CHW. I also think most parents don't talk to their children because they think they will start having sex at an early age. Even when you look for other people to talk to you about RH your parents forbid it, saying "It is my child, you have no right to talk to her about sex, and you are only teaching her bad manners or want to initiate her to sex." (FGD adolescent females Nkotsi, Northern Province)

Some mothers of girls issue warnings, however - for instance, telling their daughters 'you have had your first period, stay away from boys because now you can get pregnant', or telling them about abstinence without explanations.

My parents tell me it's bad to have sex; that I should never accept to be misled into having sex. They tell me I can get infected with HIV/AIDS. My mother talks to me when she has time.

My mother told me that if I have sex, I can get pregnant, she told me to ask her in case I have questions. She last spoke to me last year.

Recently my neighbour, a girl of 17 years got pregnant. And that's when my mother told us, me and my sisters to watch out. (FGD Adolescent males, a Kigali secondary school)

Schools are an important source of information for young people:

Schools are teaching us about health and reproduction, especially in biology classes, and this help us to adapt to body changes. (FGD Adolescent males, a Kigali secondary school)

We have a biology course where we study about reproductive health and sex, we are taught about all the parts of our body, reproductive system, causes of different diseases, their transmission and protection. Also, we studied in general about it in primary school after many girls got pregnant and now we are taught in detail. (FGD adolescent females Nkotsi, Northern Province)

We are taught about reproduction in biology class. In this subject we learn about how one can get pregnant, how the sperm meets an ovum and fertilization takes place. They teach us that when you have unprotected sex, you can get pregnant but it's always not the case, it depends on the days in your menstrual cycle. We always say 'no' to boys who ask for sex because we know now that we can get pregnant. (FGD adolescent females, a Kigali secondary school)

Sex and reproduction is only taught in schools by biology teachers mostly in O level but if someone drops biology and chooses other options they forget it.... HIV and STDs are taught in science class, general knowledge is given on how to avoid these and if possible how to protect yourself by use of condoms whenever they have to have sex. (FGD adolescent girls Rwimiyaga)

Sometimes outsiders are used to get the information across:

We are not taught about reproductive health in our schools apart from the subjects of biology and the only teacher who teaches the lesson is from the primary school section and comes once a year. ... [but] We visited the health centre when I was in Primary Six and the director of the health centre answered all our questions. We also get information from reading science books. (FGD adolescent males, Nkotsi secondary school)

Friends/other people and the radio are the main sources of information:

I associate with all kinds of people (especially youth) and I can categorically say that girls don't talk to parents after their first period but rather talk to their peers for advice. Boys may also talk to their friends about their first wet dream; for example I overheard 2 boys talking about it when grazing cows. (2 participants agreed). Girls may talk to their mothers about periods but boys don't say anything to their parents. (FGD males 18-25 Nyagatare District)

Radio is more trustworthy and a majority said they learn about sex through the radio and friends:

When there is a radio show about reproductive health, my father doesn't allow us to listen, instead he immediately switches off the radio. Even the drama series, he first listens to the topic and if it is related to sex in any way he switches it off or goes to another channel.

Even though some of our parents do not allow us to listen to radio, especially the drama series, they do not know we learn a lot from them. I go to our neighbours when the time of my preferred drama series has arrivedThe radio [is important] because they talk about real life stories, we can relate to them. (FGD adolescent females, Nkotsi secondary school, Northern Province)

Apart from school we get such information from radio stations, newspapers and from films (e.g., radio flash program at IAM, Sarus at IAM and Nyaminga newspaper). Though this is intended for married people; but we turn on our radios at night and listen to them. (FGD Adolescent males, a Kigali secondary school)

I don't have someone to teach me because I live with my grandmother but I get information from the radio and I know a lot about reproductive health. I am from far deep in the village but I always tell my friends things I learn from radio programs ... There is a program on radio Musanze on Saturday at 08.00 called Inzaratsi, they talk about reproductive health and other related information. ...We always listen to programs like Musekeweya, Isano and Urunana. Musekeweya always talks about how people can prevent themselves from sexual practices and it teaches about reproductive health. (FGD Adolescent males, a Nkotsi secondary school)

We get information from radio programs like the Urunana play on BBC (ikinamico). (FGD Adolescent males, a Rwimiyanga primary school, Eastern Province)

Three participants agreed that they got information from school. Others say that they got information from radio in a program called (Tumenyane)... We get information from radio programmes such as Radio Salus at 9 pm. ... From Radio Flash (10 pm) in a program called Zirara zishya, Radio Rwanda's program Ikiganiro cy' umuryango. (FGD Male 18-25 Nyagatare District, Eastern Province)

The extent of the knowledge they have is, however, limited.

The majority of the young people have limited knowledge about how a woman can get pregnant. To make matters worse, only a few attend the meetings where sensitization on such matters takes place and even the few who attend are too shy to ask questions! (CHW)

At least some of the informants believed that girls who do not have sex early in life will have more difficulty when they become pregnant, that early sex is a cure for spots and that girls cannot become pregnant the first time they have sex. The range of beliefs about girls' fertile periods is worrying:

- *A woman can get pregnant when she is having her period, and a few days after her period.*
- *You can't get pregnant all the time you have unprotected sex, you can only get pregnant when you have sex three days before and after your menstrual period.*
- *You count seven days from the first day of your period, after you add again seven days then you are no longer in danger zone of getting pregnant.*
- *One can get pregnant when having periods and you safe on the other days.*
- *One can get pregnant one day before the period starts.*
- *After having a period the following 15 days are not safe and after the rest of the days are safe, you can't get pregnant.*
- *A woman can get pregnant 3 days after her period when the ovary has re-developed.*
- *Immediately after a girl's period, in the 7 days thereafter, she is fertile.*

One may question in any case the extent to which knowledge learned as theory for reproduction in an examination will really translate into real-life situations, and the extent to which it remains at best words correctly remembered.

I have seen that some youth do not know how their body works. Youth learn reproductive parts or organs in foreign languages yet they don't know it in Kinyarwanda. (Religious leader, Northern Province)

When it comes to menstruation, a few girls knew all about it when it happened, because they had been told by their mothers:

My mother had told me about it before so I told her when I got them. (FGD Adolescent girls Rwimiyaga)

Or, more often, from another relative:

My mother is not free with us, my uncle's wife talks to me about periods. She told me that I should not have sex once I start my period.

My sisters talk to me about menstruation.

My cousins (FGD adolescent females, a Kigali secondary school)

Sometimes they learn about menstruation at school:

I was not surprised because it happened when I had completed P.6 and we had learnt about it at school, the teacher brought pads and showed us how they are used.

My neighbour in class, a girl got her period for her first time before me, so when I saw blood on her skirt I shouted and the whole class heard. My teacher heard me and beat me; then she explained to us. (FGD Adolescent females, a Kigali secondary school)

There was a girl who smelled bad in our class because of her period. Then girls in my class complained to the teacher who decided to teach us about it and hygiene. So, when I had my first period it was not a surprise, I knew what was happening.

When I had my first period, I knew because we learned about it in primary six. (FGD adolescent females, Nkotsi)

Sometimes there is no explanation beforehand and the first menstruation is a problem for which there is no preparation and no immediate support.

I think my mother doesn't have time to talk to me about periods. When I got my period for the first time I didn't tell her; but I told her the second time. She told me to always abstain from sex.

I was in class and I saw blood not knowing I had a menstrual period. I felt I should talk to my friend rather than my mother. When I got home I feared leaving the house and that's when my mother came in to talk to me and she had also realized I was using a small omo bucket to soak my underwear. That's when she also got me pain killers.

It happened to me; I remembered that the teacher had talked about menstruation at school; so I asked my friend to lend me a sweater to tie around my hips. I never told my mother. So when my period came I lied to my mother that I had a headache so that I didn't have to go to school. I stayed indoors all day. When my mother found out, she came into my room bringing me pain killers. Then she saw a small bucket that I had

used to soak my underwear. She then asked me and I told her, and she explained to me the details. (FGD adolescent females, a Kigali secondary school)

When I had my first period I didn't know, then I asked an older girl who was a friend of mine and she told me to get money to buy sanitary pads. I went home and lied that I needed a mathematical set and a book then I was given the money. I bought it then took two pads to my friend who showed me how to use them. Later on, I knew I couldn't keep asking for money for wrong reasons and decided to tell my mum and she asked me why I didn't tell her in the first place. I replied that I feared as I didn't know what was happening to me. From then on I asked money from my mum to buy pads. (FGD adolescent females, Nkotsi)

Awareness and usage of reproductive services

Most of the pupils appear to be aware of condoms and know where to get them, but some have difficulty getting hold of them because of their age. They can be had for free from Community Health Workers, but the young people are shy about asking.

We don't have a lot of information about the youth but my guess is most of them are informed about SRH and seek help at the health centres. Though the majority of youth are shy, a few have approached me and asked for condoms. (CHW)

The girls are even shyer, because of the image of themselves that asking for condoms projects.

Though all young people are generally shy about issues concerning SRH, it is more evident among girls because a few boys at least ask for condoms. Condoms are still looked at as a sign of promiscuity by the community, which is why most girls don't ask for them. (CHW)

Youth feel uncomfortable buying condoms since the community will see them as being involved in prostitution. (CHW)

All participants agreed that a woman who uses contraception will be called money-oriented prostitutes by the community. And others say that they want to have sex only without giving birth. (FGD adolescent males, a Nkotsi primary school)

Some people mock girls [who buy condoms] and call them prostitutes and laugh at them whenever they see them. (FGD adolescent males, Nkotsi secondary school)

It does not appear to be entirely clear to young people that the CHW *would* in fact give condoms to someone this young. More likely is that they will buy them, in the shops, or seek to obtain them from visiting project parties when these turn up.

I am not sure about CHWs giving contraception to young people but they usually buy them. Condoms are available, especially in shops - and also there are some people who

come for HIV/AIDS campaigns and also give them out for free. (FGD adolescent females, Nkotsi)

Through adverts /promotions that take place occasionally on the street, condoms are distributed freely (FGD adolescent females, a Kigali secondary school)

There is no ban on young people buying them, and younger people even buy them to turn into a cheap football:

We have seen boys with condoms -- they even pump them up and play with them like balls.

They are available, 3 are bought at Frw 100 in a shop. (FGD adolescent females, Rwimiyaga, Eastern Province)

The health centre is another source of free condoms:

At the health centre people can get condoms. Also at the youth friendly centre when we go. (FGD adolescent females, a Kigali secondary school)

.. and you can also get them at the health centre. (FGD adolescent females, Rwimiyaga, Eastern Province)

Buying condoms that are obviously for contraception or HIV prevention is something which young men feel the need to conceal.

Some people fear to ask for condoms in shops or markets, and they hide themselves when they are buying them. (FGD adolescent males, a Nkotsi secondary school, Northern Province)

Use of contraception is something that is highly spoken about in media so it is very essential in our community and they are available everywhere. However, at our age we cannot go and buy condoms or carry them in our bags; the same applies to girls, this is because of fear of being seen by others. Love is always done in dark places, night clubs or areas where other people cannot see you. (FGD adolescent males, a Kigali secondary school).

In some areas people will sometimes find a cache of condoms left by the authorities for anyone to take in privacy.

They are sometimes kept in a certain place where everyone can easily access them on their own without first asking anyone (FGD adolescent females, a Kigali secondary school)

The authorities made condom boxes available in our trading centre for everybody to use but unfortunately some business people stole them and sold them privately in their shops. (FGD adolescent males, a Nkotsi secondary school)

Condoms are *not* available in the schools, because it might be seen as encouraging premarital sex:

The school position is not to have condoms in school because if they are here, we will be encouraging children to have sex in school. I think the children should know where to find them if they need them but not in school. We tell them to abstain but if they can't, to use a condom and explain to them where they are available. ... Of course if you are under age it's not easy but in shops they give them to anyone who pays. Girls they are afraid to buy them but send boys to buy them instead. (Head teacher)

There are no condoms available here at our school. I think they should be made available at schools as some children are sexually active at an early age and as they also start getting basic information and may want to give it a try, it would be better if they had access to them instead of just having unprotected sex with lots of consequences. Condoms are provided for free at health centres but there is an issue of long distance. (Head teacher)

There is considerable variation in whether what young people know about various forms of contraception is correct; wrong assumptions may be mixed up with correct knowledge, or some of their fears may be based on out-and-out myths. For example:

Merits of using condoms: Prevents unwanted pregnancies, prevents contraction of HIV, all the rest only prevent unwanted pregnancies but don't prevent contraction of HIV.

All these are good because they help one to give birth to a few children. We are advised because of the high population in Rwanda to have few children.

Demerits; Pills were meant for adult women who have a number of children but for young girls or young women they may cause kidney problems. Therefore may cause one to be barren.

... they don't need to use [a condom first time] because they can't conceive for the first sex. (FGD adolescent females, a Kigali secondary school)

Young girls fear using condoms thinking they are going to be stuck in their organ. Many use it due to great fear of the HIV/AIDS virus (FGD adolescent males, a Kigali secondary school)

Girls do not like condoms because they fear that if their partners use condoms they may cause them permanent disability. (FGD adolescent males, a Nkotsi Primary school)

There is a debate among young people about the relative merits of contraception/protection and abstinence which shows that the issue has been thought about carefully.

Types include; condoms, injectables, pills, contraceptive implants.

These types are good yes but they cause girls to be promiscuous, but if they know that they will get pregnant or get HIV they would be more careful. That's why for me I think abstinence is the best way to go. (FGD adolescent females, a Kigali secondary school)

Risky sex and who decides on contraception?

There was general agreement that while in principle prevention is the responsibility of both partners, in practice the sensible girl would make sure herself that she was protected.

It the responsibility of the woman to encourage family planning for she is the one who is in charge of becoming pregnant as she knows very well the days when she is very fertile and can easily conceive. (FGD adolescent males, a Kigali secondary school)

When a girl loves a boy, it's hard to say no when sex is demanded but a smart girl will always discuss first. (All agreed) The girl should always take responsibility because other than getting pregnant you can also get STDs.

It is both their responsibility especially since they both can get STDs but for girls pregnancy is also another factor therefore girls should be more responsible. (FGD adolescent females, a Kigali secondary school)

Some young men find it a difficult subject to discuss:

The majority of the participants said that boys never discuss the risk of pregnancy with their girlfriends. They can't talk to them because are not fully aware, too. (FGD adolescent males, a primary school in Eastern Province)

Young men will admit that, even with the intention to use condoms, unprotected sex will occur from time to time if you are sexually active:

Normally men use condoms but not always because sometimes you meet a girl where there is no condom and you go ahead and have sex without a condom. (FGD males 18-25 Nyagatare District, Eastern Province)

Some people do not use contraception when they have sex accidentally that is when they start playing and they end up having sex yet it wasn't their primary goal in meeting, when they both have sex for the first time and they don't worry about pregnancies or promise to use other methods like withdrawing. (FGD adolescent males, a Kigali secondary school)

Girls note the same:

They all get so sentimental and forget the consequences ... Some others just forget it (FGD adolescent females, a Kigali secondary school)

Where money is changing hands, condom use is less likely:

Young people go to where they can get money and are thus forced into risky sex. If a young girl cannot get food at home and a boy offers to buy her some, she can easily give in to unprotected sex. Those who offer money to girls in most cases demand unprotected sex. (FGD adolescent males, a secondary school in Northern Province)

Prostitution is relatively common, according to the reports. It may be put down to chronic need for money, but others point out that lack of knowledge may also be a factor:

Poverty is also another cause of promiscuity among young girls. Girls who work for money are easier to trick into having sex for money especially those who do it to stay in their jobs. (Majority agreed) [However] I don't agree because even children from well to do families are also among the teenage pregnancies in the area. I think it is due to lack of sex education. (Other participants agreed with him) (FGD males 25+ Nyagatare District)

It is still reported that there are adult men (and women, in fact) buying sex from young people, but that the incidence is declining.

There has been a reduction in the number of sugar daddies/sugar mommies compared to other years. (CHW)

The issue of sugar daddies is not evident here, it is not common. (CHW)

Teenage pregnancies

The teenage pregnancy rate is decreasing but is still high:

Teenage pregnancies, it is still a problem but not so alarming. We sensitise parents to talk to their teenage daughters on the subject of unwanted pregnancies. (CHW)

There is a decrease in the number of teenage pregnancies. This year in the college near the new sector offices, only 4 girls were reported pregnant – a very significant reduction from the years before. It is also pleasing that not even one non-school-going teenage girl in my village was reported pregnant this year. I'm not sure if there has been a decrease in promiscuity among young people but the decreased number of pregnancies means that they are at least using protection when they have sex. (CHW)

Many girls drop out from school because of pregnancy. However, it was reported that some mothers help by looking after their daughter's babies so they can go back to school. Most of the fathers disappear, as it was basically spontaneous teenage sex.

2.11. Gay, Lesbian, Bisexual and Transgendered People

We held two FGDs, one with a homosexual group and one with a lesbian group, with the participants in the FGDs aged between 19 - 35 years and living in Kigali. All the informants are members of mutual support and advocacy organisations.

Homosexuality is not illegal in Rwanda, but according to respondents, they are stigmatised, excluded and treated badly by the community; they feel rejected and excluded from society.

The biggest challenge we face is the mentality of community members towards us especially parents who see us as abominations to the families. Many people isolate us and our families reject us upon realizing what we are and this compels us to remain on our own hiding and never wanting to associate with others. (Male informant in FGD)

We are not accepted by the public and our families: some of us are even abandoned by our families. (Female informant in FGD)

Sometimes people gossip about us in the areas where we live and there is a situation where nature defeats you and you expose what you are in the public. (Male informant in FGD)

The informants told us it is even more difficult for GLBT that live in rural areas; the stigma is even worse than in urban ones:

In rural areas the perception towards MSM is worse compared to urban areas. In rural areas our members are totally isolated and rejected by friends and families due to limited information; hence life is not easy. In urban areas sometimes people are more open due to exposure to such things and bear with such behaviours. Media and access to internet are playing a big role in making MSM known in the community especially in the urban areas and this has resulted into some people accepting MSM as normal and usual. (Male informant in FGD)

In villages, there are lesbians but they call them viruses that need to be fought. It's worse in villages than for us who are in town, we are ok. (Female informant in FGD)

Employers and landlords also discriminate against gay men and they get dismissed from employment for no good reason and evicted from rented accommodation:

We are like other people in the society we should not be isolated like what is happening in society today. Our employers isolate us and find grounds to dismiss us from work indirectly; landlords' chase us from their houses even though we are able to afford to pay the rent; our parents and families reject us. (Male informant in FGD)

The female respondents pointed out that it is very difficult for them. They cannot reveal their sexuality to their parents and they are under constant pressure to get married:

It is still very hard most especially for lesbians because they [parents] expect them to get married, parents keep pestering them asking when they are getting married. (Female informant in FGD)

However, some said that it is getting better in Kigali -- that people are becoming more aware of their rights, and they pointed to one radio programme putting across positive messages:

We thank Radio 10 who does advocacy for us; we also condemn those other radios which preach hatred. We would love them punished. (Female informant in FGD)

While most were rejected by their families a few had been supported:

My mum would support me whenever others blamed me for behaving like girls and ordered them to leave her child alone. With this support from my mum I kept doing what was in me and it later developed into being MSM. (Male informant in FGD)

The informants were keen to point out that generally they have not been discriminated against by the government as they had wrongly feared they would be:

We were interrogated by the police at the airport as we were returning from attending a conference in Nairobi Kenya. We were asked much about our existence and this resulted in some of our members running away from the country feeling insecure. However, the situation did not go bad as we had anticipated and we have not been done any harm by the government. (Male Informant in FGD)

A lot has changed because Rwanda was the 2nd to sign on the gay rights code in Geneva so we have hope that we shall be accepted in society the way we are. (Female informant in FGD)

However, they were concerned that local leaders had not been sensitised and did not challenge negative attitudes and behaviour directed towards them:

In communal work (Umuganda) an old man stood up and talked ill of me. We doubt if our leaders understand because there was not any serious reaction to that. (Female informant in FGD)

However, the government provides a SRH service for gay men in Kigali which the men spoke very highly of, although they pointed out that the service is not available outside the City:

The government is also caring about our health especially by training nurses and doctors to handle us in special cases for instance there are now nine in the whole country three at each health centre in Kigali though this is not enough for us and the service is only available in Kigali. (Male informant in FGD)

However, the female informants felt that the government could do more to meet their health needs:

The government should give us treatment for cervical cancer, breast cancer and also provide lubricants and condoms. These should be given for a specific period of time, for example every five months. (Female informant in FGD)

They also feel that the government could do more to support them generally and protect them from stigma and discrimination

The laws should be clear on homosexuality; the legal framework doesn't kill us but doesn't entirely protect us. (Female informant in FGD)

Like any other group we need the Government of Rwanda to include us in her programs, offer campaigns that are supporting and protecting us. The fact is that we exist and the government should know that we do exist and help us legalize our existence. (Male informant in FGD)

They pointed out that they do not choose to be homosexual or transgender; some say that it is how they were born; it is their sexual orientation and they became aware of it when they were still children. They just want to be left to openly live their lives.

I always wondered why one shouldn't have a right to their sexual orientation. (Female informant in FGD)

One transgendered informant, for example, told us:

This act of MSM is mainly something which one is born with. In early childhood one starts by admiring fellow boys and not being attracted by girls, dressing like girls, walking like girls and doing everything done by girls while hating activities for boys. (Male informant in FGD)

Others told us that they realised that they were different when they were still young children even if they were older before they fully understood their sexual identity.

For me I got to know at age 6. We used to have afternoon naps and I whenever I would sleep with a girl, I would end up feeling attracted to her and we could end up kissing. (Female informant in FGD)

For me I was 10 years, I started falling in love with girls. I loved playing football. I didn't have any feelings for boys. But I always had feelings for girls which I didn't really give much attention to. When I was 18 years, that's when I officially got to know what I am. I am even different because I am not a lesbian, I am transgender. (Female informant in FGD)

Others initially tried to reject their feelings but come to realise that they could not ignore their sexual feelings.

I loved my fellow boys but I tried hard to fight against it but failed and at the age of 20 years I decided to go ahead and do it. (Male informant in FGD)

Me I started by associating with girls but at the age of around 18 years I started responding to my feeling and began sleeping with men. (Male informant in FGD)

The GLBT community in Rwanda has formed a number of associations for mutual support and advocacy. PSI started working with them and as a result of this they got to know each other.

We started knowing each other through PSI conferences where they choose a PI educator who would move around sensitizing those few with the same sex orientation he knew and he could ask one person to get a colleague and the trend continues up to many people through face-to-face contact though we had an inferiority complex and feared to be identified. This helped us to know more of our people who share the same sex orientation and we later decided to form associations. (Male informant in FGD)

HOCA was the first association formed in Rwanda in 2004 and among the objectives for its formation were: uniting members for easy advocacy and easy access to contraception like condoms and gel lubricants. We continued being called for many meeting inside and outside Rwanda and mobilization was easier due to the formation of the association. (Male Informant in FGD)

The main objective was to advocate for our right to live like all the rest of citizens. Through HOCA we advocated for our human rights, we did a lot of press conferences and it was announced we could live free in 2009. Our other aim is to start projects that employ our members and pay school fees for those who want to go to school so that we can also contribute to the development of our country. (Female informant in FGD)

The male informants also told us that they use condoms and are aware of the risk of HIV but pointed out that there are men who practice MSM who are not open about their sexuality and may not be homosexual but have no access to women to sleep with:

Homosexual is done in prisons, in single sex boys' schools, in police and army camps and by long distance lorry drivers. Many men who are married and have families come to us for sex as well as Catholic priests. . (Informant in FGD)

2. Conclusions

- Universal Health insurance is a part of Rwandan policy and a universal requirement, and it is subsidised for the poorest. This gives access to affordable antenatal and maternity care, affordable family planning and affordable measures against the spread of HIV/AIDS, though what is available is limited when compared with the private insurances. Although the insurance itself is cheap or free for those with little money, however, the small cost of the photograph for the insurance card may be beyond the means of the poorest, the cost of insuring the whole of a large family can also stretch the budget of the poor, those who have not registered as citizens (obtained an identity card) cannot enrol, and it is in any case less useful when the nearest health centre is not close to the village so that it is necessary to pay the costs of travel. Over 90 per cent of households have at least some insured members but far fewer have managed to insure all. There is also some confusion about exactly what is covered by the insurance.
- Community Health Workers have been an important innovation in the health care system. These are elected community volunteers who receive brief training and act as the front line for family planning, the prevention of AIDS, malaria and other infectious conditions and the care and support of pregnant women and babies. They are able in principle to supply free family planning materials and advice. They are very widely seen as effective and supportive, with only one or two exceptions in remote areas, but condoms and other reproductive health supplies are not always available.
- Discussions about sexuality between adults or between adults and children remain taboo in Rwanda, which makes it difficult for women and especially young women to negotiate safer sexual behaviours. While couples will often say that sexual behaviour, contraception and family size are discussed between husband and wife, decision-making is still culturally a male preserve.
- Both adults and children learn about sex from the radio (e.g. the URUNAMA drama), and some children learn about sex at school. Young people have partial and often inaccurate knowledge about SRH and have difficulty in accessing services. They tend to rely on the radio and their peers for information, although some seek advice from CHWs.
- Men's attitudes to and understandings of fertility, family planning and couple communication and related issues have not been widely studied. There is evidence that both women and men do not have a comprehensive understanding of when women can get pregnant or of the causes of infertility, nor always a correct one.
- Family planning is becoming more common and more normal, but there is evidence that women cycle in and out of use of contraception because of side effects and may not be aware of the full range of methods available. Another equally important factor is that access to contraceptive materials may be intermittent in a given area, particularly if it is remote from the main routes.

- The proportion of young people who engage in risky sex is high, but the proportion using a condom remains low; unprotected sex is the norm among single young people, with legal restriction and abstinent messages making it difficult for them to get advice and products. Adolescent girls and young women are further deterred from using contraception for fear of being labelled as prostitutes. Adult use of contraception, though increasing, is also limited by culturally engrained beliefs. Men feel they cannot use condoms with their wives, for example, because condom use suggests promiscuity or at least the intent to be unfaithful;
- Although virtually 100 per cent of pregnant women make at least one antenatal visit to the health centre, only a third attend for the recommended minimum of four. The proportion of women attending in the first trimester remains low, mainly because of a reluctance to admit they are pregnant until they show. Few mothers or babies have postnatal check-ups.
- The proportion of women giving birth in a health centre attended by a skilled practitioner has increased and stood at 69 per cent in 2010 and there has been a significant reduction in the maternal mortality rate. Community health workers are active in encouraging women to go to the health centres for antenatal care and to give birth. Locally imposed fines for not doing so, some of which are in excess of what a casual agricultural labourer could earn in a month, are one important factor here.
- About 1 in 20 couples of childbearing age is infertile. Women are generally blamed, and as infertility is generally stigmatised women are generally divorced or abandoned when a couple fail to have a child.
- The legal grounds for abortion are very restrictive, and accessing a legal abortion is difficult and probably beyond the means of most ordinary women. An estimated 1 in 40 women aged 15-49 years has an abortion every year, often illegally, and 1 in 100 experiences life-threatening complications, with between 300 and 400 dying as a result of an illegal abortion every year. The punishment for women who are convicted of having an illegal abortion is severe, including fines and lengthy prison sentences.
- Infant feeding remains a concern, with just over 1 in 10 infants and young children (under 5 years) underweight and 44 per cent are severely malnourished (stunted). While this is partly due to ignorance on the part of mothers as to what they should be feeding their children poverty also plays an important role. When there is a food shortage period children eat twice a day and grown-ups once a day; otherwise, four times a day would appear to be the norm for children. Four kinds of problem underlie inadequate feeding:
 - Supplying an appropriate variety of foods is difficult in the villages even if you know what is needed and have the money to pay for it, given that the vast bulk of the available diet will be supplied by whatever crop has most recently been harvested.
 - Some people simply lack the knowledge and concentrate on the quantity rather than the quality of the infant's diet. Even those who do in fact know what is required in an infant diet may not be able to supply it in their area.

- Some have the knowledge but lack the money to supply protein foods in the diet (and sometimes green vegetables as well); meat is outside the reach of most poor families and even greens can be expensive. (Fruit is expensive in most areas, from the standpoint of the poor.) Milk may supply some of the deficit, but it is not universally available at an affordable price. There is a balance to be drawn by each housewife between buying the bulk to feed the family and the more specialised foods needed by infants and pregnant women.
- What is available varies from area to area.
- Although it is difficult to estimate the number of young women involved, there is significant concern about the exploitation of adolescent girls by older men that offer them money and other incentives in exchange for sex. In some cases the men may be engaging in sexual assault, offering the young women money for not reporting them; in others it may be considered paedophilia, as they are having sex with a girl under 18 years of age.
- There is concern about the number of teenage pregnancies and the negative impact that early pregnancy can have on girls' future life and health, although the absolute size of the teenage pregnancy rate is comparatively low.
- Antiretroviral treatment is available at no cost, and the vast majority of adults who need it are able to have it. Only about half of the children estimated to be in need of it are receiving it, however; reasons suggested in interview for why this should be are that the child and/or the family would be stigmatised if the child's condition were known, that they would blame their parents if they knew and become unmanageable, or that parents think it kinder that the child should die in childhood than live on with the burden of AIDS.
- Violence against women remains high; there is little evidence of a decline in domestic violence and there is high cultural tolerance of it. Men are expected to be in control of their families, men whose wives are not subordinate to them are seen as weak and unmanly, and so discipline (including physical discipline) is an expected and normal fact of the family.

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