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## Gender-Based Violence, Abortion and Sexual and Reproductive Health in Rwanda: Myth and Reality

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# **Gender-Based Violence, Abortion and Sexual and Reproductive Health in Rwanda: Myth and Reality**

**A thesis submitted in fulfilment of the requirements  
for the degree of  
Master of Research at  
University of Wollongong, Australia**

**Jeune Marjorie Pritchard**

**27 January 2021**

## Abstract

In the wake of Rwanda's 1994 genocide, former rebel leader turned President Paul Kagame set about restructuring the shattered state on a foundation of gender equality policies, arguing gender mainstreaming was crucial to national reconstruction. These policies have been acclaimed internationally and domestically. The existence of impressive gender equality legislation is extremely good politics for a state dependent on foreign aid, and Kagame's has skillfully leveraged international genocide guilt following the global abandonment of any responsibility to intervene and stop the killing. The political strategy of gender mainstreaming has delivered Kagame and his government an international reputation as a progressive gender equal society. Gender quotas have cemented Rwanda's place as world leader in the number and proportion of female parliamentarians, and this achievement is backed by an array of pro-women legislation. There is however a disjuncture between the myth of Rwanda as a gender equal society, and the reality.

Using primarily secondary sources, this thesis argues that Rwanda's internationally lauded gender quotas and legislation have not delivered fundamental rights for Rwandan women and girls in terms of freedom from gender-based violence, access to abortion and sexual and reproductive health. In fact, the Rwandan government and judiciary have actively suppressed women's sexual health rights. The denial of these fundamental freedoms constitutes an abuse of human rights. The thesis explores the underlying political, cultural, and religious reasons for this ongoing suppression. In its explanation of gender-based violence, abortion, and sexual and reproductive health, this thesis explores the reality of the supposed Rwandan gender equality for Rwandan women and girls, arguing that gender equality as articulated by the Kagame government is a myth.

## Acknowledgements

I want to express my profound gratitude to the Rwandan women, men and children who shared their experiences with me in the final chaotic days of the genocide in July and August 1994 when I first visited Rwanda as a journalist. Without the privilege of these shared stories, I would not have set out on this further research decades later.

I returned to Rwanda in 2016 at the end of my career in an effort to understand and gauge the reality of the government's gender equality policies for Rwandan women, post genocide. In searching for an Australian academic with specialist knowledge of Rwanda, I read Dr Deborah Mayersen's book, 'On the Path to Genocide – Armenia and Rwanda Reexamined'. I got lucky as Deborah was then at University of Wollongong, and while she subsequently secured a position at UNSW Canberra, it was clear from our initial meeting that she was a perfectionist and expected nothing less from a student. The resulting conjunction of journalism and academia was not always easy, but her honest feedback, directness, intelligence, and intimate knowledge of Rwanda kept me on track and focused. It was a privilege to present one of her papers at the 2019 International Association of Genocide Scholars (IAGS) Conference in Cambodia.

Special thanks also to Dr Charles Hawksley who applied his specialist knowledge of politics in transitional states like Solomon Islands and East Timor to make insightful suggestions and ask the right questions in the development of this thesis. My partner, Helen Thomas, a journalist, has always been forthright with her feedback: 'Just get on with it....it didn't happen to you.'

## Certification

I certify that this work this work is my own and has not been submitted for a degree at any other university or institution.

Jeune Marjorie Pritchard

27 January 2021

## Acronyms and Abbreviations

<b>Acronym/ Abbreviation</b>	<b>Explanation</b>
ARBEF	<i>Association Rwandaise pour le Bien-Etre Familial</i> Rwandan Association for Family Wellbeing
Avega AGAHOZA	<i>Association des Veuves du Genocide Agahoza</i> Association of Genocide Widows
CEDAW	The Convention on the Elimination of all Forms of Discrimination Against Women (1979)
DHS	Demographic and Health Survey, 2014-2015
Femnet	African Women’s Development and Communication Network
FDU-Inkingi Party	<i>Forces democratiques unifiees.</i> (Rwandan opposition party)
FWP	Forum for Women Parliamentarians
FSW	Female Sex Workers
FP2020	Family Planning 2020
GBV	Gender-based Violence
Gacaca Courts	Community courts. The term translates from Kinyarwanda meaning grass – the place where communities gather to resolve disputes.
GMO	Gender Monitoring Office
HDI	Health Development Initiative
HRW	Human Rights Watch
HIV	Human Immunodeficiency Virus
ICTR	International Criminal Tribunal for Rwanda
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic Social and Cultural Rights
ISANGE	“You are among Yours”. (Centres for victims of gender-based violence).
IPPF	International Planned Parenthood Federation

<i>Kangura</i>	Rwandan newspaper. Established 1990. Published in French and Kinyarwanda. Title translates as ‘wake others up’.
LDGL	Ligue des droits de la personne dans la region des Grands Lacs (Great Lakes Region Human Rights League)
LIPRODHOR	<i>Ligue Rwandaise pour la promotion et la defense des droits de l’homme</i> (Rwandan League for the Promotion and Defense of Human Rights).
Maputo Protocol	Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa
MINECOFIN	<i>Ministere des finances et de la planification economique</i> (Ministry of Finance and Economic Planning)
MINIJUST	<i>Ministere de la Justice</i> (Ministry of Justice)
MOH	Ministry of Health
MS	Men having sex with men
NISR	National Institute of Statistics Rwanda
PC-2012	Penal Code 2012. Reform to the penal code relating to abortion in 2012
PFTH	<i>Pro-Femmes/TweseHamwe.</i> Umbrella organization for Rwandan women’s’ groups
RCS	Rwandan Correctional Services
RCSP	Rwanda Civil Society Platform
RPF	Rwandan Patriotic Front
RPHIA	Rwandan Population-Based HIV Impact Assessment
RTLTM	<i>Radio Television Libre des Mille Collines</i> (Thousand Hills Independent Radio-Television)
SOAWR	Solidarity for African Women’s Rights Coalition
SPECTRA	Rwandan Young Feminists Activism
UNAMIR	United Nations Assistance Mission for Rwanda
UNAIDS	UN Body established by the United Nations Economic and Social Council (ECOSOC) to assist people living with HIV

UNDP	United Nations Development Program
UNDPKO	United Nations Development for Peacekeeping Operations
UNICEF	United Nations International Children’s Emergency Fund
UNIFEM	United Nations Development Fund for Women
UGHE	University of Global Health Equity
UNSCR 1325	United Nations Security Council Resolution 1325 of 31 October 2000 on the role of women in the prevention and resolution of conflict, peace building, peace keeping and post conflict reconstruction
VACYS	Violence Against Children and Youth Survey 2015-16
WEF	World Economic Forum
WB	World Bank
YAM	Rwandan Youth Action Movement. Advocates for safe abortions. The youth wing of ARBEF.

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## Chapter One: Introduction and Literature Review

This thesis is an examination of the reality of gender equality in Rwanda. It focuses on the supposed ‘mainstreaming’ of gender in Rwanda, a process by which women and men participate in all aspects of social, political and economic life. Rwanda has crafted something of a reputation for itself as a progressive gender equal society through gender quotas and pro-women legislation, and this thesis explores gender mainstreaming through an examination of gender-based violence, access to abortion and access to sexual and reproductive health care. The thesis argues that the fundamental rights that exist for women at law with respect to these issues are not in fact the reality for Rwandan women and girls.

This chapter first relates my interest in Rwanda and this topic before briefly traversing Rwanda’s political history, both pre and post genocide, with a focus on the rule of Paul Kagame since the genocide and its emphasis on gender. Through an examination of the literature, the thesis identifies the contested issue nature of interpretation of the role of gender in Rwandan society and the genocide, setting the scene for a specific examination of gender-based violence, access to abortion and access to sexual and reproductive health care in subsequent chapters.

### Historical context

In January 2021 it is over 26 years since one of the most catastrophic genocides of the twentieth century. These mass killings were the culmination of decades of sporadic conflict between the majority Hutus and minority Tutsis, much of which occurred due to the policies of the Belgian state and its indirect colonial rule. Under the 1884 Berlin Conference, the states now known as Rwanda and Burundi were placed under German control, however during the First World War Belgian occupied parts of Germany’s East African territory from 1916, and its status as governing authority was confirmed through the League of Nations as a “B” class Mandate (the “Belgian Mandate

for East Africa, Ruanda-Urundi”) under which Belgium was act as governing power ensuring that its people had “freedom of conscience and religion.”

After the Second World War the Mandate was converted into the United Nations Trust Territory of Ruanda-Urundi, and Belgian rule maintained the minority Tutsi as the governing elite. Belgium attempted to manage its African decolonization process, but in Rwanda it was not particularly successful. In November 1959 Hutu interests launched a revolt, the Rwandan Revolution, which ushered in a two-year period of political and social transition. In response Belgium organized communal elections in Rwanda for June of 1960, in which Hutu-dominated parties secured over 83% of the vote. Hutu leader Gregoire Kayibanda declared Rwanda independent in September 1961 with Dominique Mbonyumutwa as Interim President, and at full independence in July of 1962 Gregoire Kayibanda became Rwanda’s first President. He ruled until 1973 (Eriksson 1996: 21-41).

During the initial years of independence ethnic-based conflict erupted sporadically with an estimated 10,000 Tutsis killed, while thousands more sought refuge in neighbouring countries, mainly Uganda. In a military *coup d’état* on 5 July 1973 Juvenal Habyarimana deposed Kayibanda , promoting a platform of ending corruption and ethnic conflict. Habyarimana was re-elected in 1983 with 99.98% of the vote (African Elections Database, 2011). There was however, increasing international pressure to allow Rwandan Tutsi exiles to return home. In an effort to reduce tension, in July 1990 President Habyarimana conceded to a power sharing agreement with the Tutsi-in-exile army, the Rwandan Patriotic Front (RPF). Three months later, Paul Kagame and the RPF invaded Rwanda from the north, igniting a four-year civil war (Melvern, 2020: 218-221; Jessee, 2017: 8-11). Three years into the civil war, in August 1993, a peace deal in the form of the Arusha Accords was signed between the Habyarimana government and the RPF. The UN Security Council authorized the UN Assistance Mission for Rwanda (UNAMIR), which was formed to oversee the implementation of the Accords.

The signing of the Accords did not signal a halt in the conflict. The extreme faction of Habyarimana's party, Hutu Power, stockpiled weapons, broadcast racist and sexist anti Tutsi propaganda on Radio Milles Collines (RTLM) and published racist and sexist anti Tutsi propaganda in articles and cartoons in the magazine *Kangura* (Wake Up), exhorting Hutus to destroy Tutsis or as they described them, the *inyenzi* (cockroaches).

The death of President Habyarimana in a missile attack on his plane as it prepared to land at Kigali airport, on April 6, 1994, triggered the Rwandan genocide. The Rwandan government army erected roadblocks around Kigali almost immediately and the murder, torture, and mutilation of between 500,000 and 800,000 mainly Tutsis took place over the next hundred days. Murders took place at roadblocks, in villages and at private homes, while thousands more were slaughtered in Catholic Churches where they had taken refuge. Many people were murdered by the government-armed and trained civilian militia the *Interahamwe*. There were also instances of complicity by some priests and nuns in some of these church killings. Machetes and guns were the main implements used to kill, mutilate, and torture the civilian population, but rape was also a genocidal weapon, with Tutsi women targeted and punished with multiple rapes, torture, mutilation and death (Human Rights Watch, 1996: 12). The Rwandan Patriotic Front invasion ended the genocide on 18 July 1994 and drove nearly 2 million Hutus, among them genocidaires, across the border into Zaire, now the Democratic Republic of Congo (DRC) (Melvern, 2020: 221; Jessee, 2017: 11).

### Motivations

In July 1994 I was a journalist with the Australian Broadcasting Corporation (ABC). I went to Rwanda and recorded and produced two radio documentaries 'No Devils in Hell' – Parts 1 & 2, for *Radio National*. I encountered these grim hostile refugee camps in Goma in the production of *No Devils in Hell*, I covered what was really the final stages of the Rwandan genocide (July/August 1994), by which time most of the killing was done. During my time in Rwanda I hitched rides across the country, interviewing Hutus and Tutsis, victims,

families of victims, survivors, medicos, members of the Rwandan Patriotic Front (RPF), Major Rose Kabuye, who was to later run Kigali, and the military commander of the RPF, Paul Kagame, who in 1994 became Minister of Defence and Vice President. In 2000 he became Rwanda's President and at the time of writing has enjoyed 20 years in power, having won elections in 2003, 2010 and 2017.

I visited sites of mass killings. Inside one small Catholic Church at Ntarama, there were so many bodies and remains of bodies, it was almost impossible to step between them. The mummified remains of bodies, still clothed, littered the grounds outside the church. I stood with Enrico Fontini, an Italian paediatrician, outside the church on a July day in a still, very quiet rural setting. His job was taking care of Rwandan orphans whose parents had been murdered. We were reduced to silence. The documentaries I made for the ABC were an attempt to understand the genocide and its aftermath, as much for me as a journalist, as for an Australian audience.

There were 1400 orphaned and displaced children at the orphanage run by Fontini. Initially it was just a matter of keeping them alive. They had witnessed the shooting, hacking, and clubbing to death of parents and families, by Hutus, some of them former neighbours. In speaking with the children, who were mostly between the ages of six and nine, Enrico said they didn't want revenge, but felt the killers should be in prison, but if there were not enough people to build the prison, one child said, 'they could at least bring them to me, so they can look at me and apologise and cry' (No Devils in Hell, 1994: Part Two).

I caught a taxi from Kigali and crossed the border to Goma in Zaire into a vast Hutu refugee camp. Identifying militia was not difficult as there were so many soldiers in uniform. They were still armed with sub machine guns, grenades, pangas and tonnes of ammunition. These men ran this grim, grey, bleak camp like thugs:

Rwanda is empty, it's empty, it's an empty country. No Hutu can go there. People were being cut like cows, they could cut somebody with their knife, cut his neck and then cut from the neck downward, and take off the stomach, disembowel. That's what we feared and we all run away. They were RPF. They were killing everybody they met. (Unidentified Hutu female and unidentified Hutu male in the Mugunga camp, Zaire, 1994. No Devils in Hell. Part One).

A million and a half Hutus like these still crowded Rwanda's borders. In just over a week up to a fifth of Rwanda's population had left the country. Many of whom had taken part in the slaughter of up to 800,000 Tutsis. They were fleeing across Rwanda's borders before the advance of the Rwandan Patriotic Front and were concerned for their own safety:

RPF is doing propaganda, and asking people to go back to Rwanda, but I think they will fail, because you know they are killers. I can't go back. (Unidentified Hutu male in Mugunga camp, Zaire 1994: No Devils in Hell. Part One).

Both sides are now constructing very different histories of the war and its origins. (Jeune Pritchard, 1994: No Devils in Hell. Part One).

I returned to Rwanda in May 2016, once I had retired from journalism and this time my interest was the lived reality of Rwandan women and girls within the context of much touted gender equality policies legislated by Paul Kagame and his RPF government, post genocide.

### The Rape Victims of the Genocide

One of the most disturbing features of the Rwandan genocide is the use of rape and sexual violence. Gender played a critical role in planning and the lived experience of the 1994 genocide with rape and sexual torture being key elements of the tactics of the Hutu Power extremists. The sexual violence against Tutsi women was fueled by ethnic and gender stereotypes with the women being portrayed in the Hutu propaganda as 'seductress-spies', 'beautiful and sexy', inaccessible and far too good for Hutu men. Therefore rape, sexual torture and mutilation were used to degrade, humiliate and ultimately destroy them (Human Rights Watch, 1996: 11-13). Rape survivors recounted to Human Rights Watch, who authored *Shattered Lives*, that their rapists always mentioned their ethnicity with comments like "you Tutsi women think you're too good for us", and "we want to see if a Tutsi woman is like a Hutu woman", and "if there was peace you wouldn't accept me".

Testimonies from rape survivors indicate that rape was the rule and its absence the exception; some observers believe that almost every woman and girl who survived the genocide was raped (Shattered Lives, 1996: 16). The ages of women and girls raped ranged from as young as two to over 50. A survey of over 300 rape survivors by Rwanda's Ministry of Gender and Family Promotion (MIGEPROF) and the United Nations International Children's Emergency fund (UNICEF) found the average age of rape survivors to be about 24. Mutilation of sexual organs was often part of the rape or followed it. There was also mutilation of features supposedly characteristic of Tutsi women and girls, like noses and hands. Other mutilations included pouring boiling water into a woman's vagina, slashing open the womb of a pregnant woman before killing her, cutting off breasts and slashing the pelvic area (Shattered Lives, 1996: 36).

The *Kangura* magazine, an instrument of racist and sexist vilification against Tutsis, published 'Ten Commandments of the Hutu' at the beginning of the civil war in 1990, some of which exhorted Hutu women to be vigilant on behalf of their husbands and sons against the sexual allure of Tutsi women. Commandment 7 stipulated "The Rwandan armed forces must be exclusively Hutu. The experience of October 1990 has taught us a lesson. No soldier should marry a Tutsi woman" (Avega AGAHOZA, 1999: 12).

The devastation of being one of an estimated 250,000 to 500,000 women targeted in this genocidal strategy, is exemplified by Bernadette, one of the rape survivors interviewed by Human Rights Watch in 1996 for the *Shattered Lives* report. She lived in a commune near Gitarama with her husband and seven children. The *interahamwe* killed all the men and boys in the commune and she was left with her baby and three girls. She recounted that:

I was raped by a group of six Interahamwe. I knew them all... After they had finished raping me they threw me into the river to die along with my children. My children all drowned, but the river threw me back. I floated to the riverside (Shattered Lives, 1996: 24).

Such stories were all too common at the time, and I heard many stories of appalling sexualized violence when in Rwanda. This thesis has evolved out of

an interest in understanding how Rwanda has confronted its brutal history of genocide, and in particular the social and political rights of women before and after the genocide.

### Competing Post Genocide Narratives

The history of those events continues to be rewritten. Competing and confronting narratives exist that purport to deliver historical truths about Rwanda — pre-genocide, during the genocide and in the aftermath. The most recent, and the most diametrically opposed, range from the book by journalist Judi Rever (2018) on the crimes of the RPF, through to the work of journalist Linda Melvern (2020) who confronts the denial of the Tutsi genocide. Other narratives hark back to an idealized pre-colonial past in which they claim there were no ethnic or racial tensions prior to the Belgian rule (Jessee, 2020: 237-238; Longman, 2017: 59). There are different recollections of pre-colonial Rwanda by some Hutus and Hutu genocidaires. The most common Hutu narrative is one of oppression by the Tutsi monarchy (Jessee, 2020: 238). However, a unified past with no ethnic division has become part of the officially sanctioned history of the current government led by Paul Kagame. According to Jessee's research this narrative is accepted only by a minority of the population as an accurate record, but it is critical to maintaining stability and delivering a single uncomplicated political history (Jessee, 2020: 237). Longman (2017: 82-83) and Thomson (2018: 84) are in accord with Jessee's conclusions. This 'single story' could bode ill for the current Kagame regime as it appears to repeat the mistakes of the previous regimes of Kayibanda and Habyarimana. This narrative has all the hallmarks of an authoritarian regime, and arguably could threaten Rwanda's long term political stability (Jessee, 2020: 238).

One of the ongoing political tensions among the majority Hutu population is, what they describe as the failure of the RPF government to acknowledge any targeted killings of Hutus during the genocide. The extreme version of this narrative is the theory of the 'double genocide', that is, that Hutus were also victims of a genocide conducted by Tutsis. This version of history is

promulgated by some academics, journalists (Rever, 2018) and some members of the Hutu diaspora.

### The Single Story

It is within the context of these conflicting narratives that Paul Kagame and the RPF government set about restructuring Rwanda, politically, economically and culturally. Under the leadership of Kagame, the RPF ended the genocide. Kagame then used his total political power to re-engineer the shattered state, although as an authoritarian regime that tolerates no political opposition or freedom of the press.

Within these boundaries, Paul Kagame made the political calculation to make gender equality foundational to economic growth, cultural change and political stability. The government legislated to make the country the most gender equal state, globally. Gender 'mainstreaming' became policy in a state where gender norms had always been strongly patriarchal.

Rwanda has the highest percentage of women in national parliament, and portrays itself as a leader in gender issues, however as I argue in this thesis, the myth and the reality do not coincide. The focus on issues of gender-based violence, access to abortion and sexual and reproductive health demonstrate that the official rhetoric glosses over the lived reality for Rwandan women and girls who remain subjects of patriarchal social relations and experience unequal gender treatment.

### Traditional Gender Norms

Legislating for gender equality in a patriarchal state after a genocide was a monumental cultural and political restructure. To place this in context, it is necessary to first chart the evolution of traditional gender norms. Rwanda was split strictly along patriarchal lines — women bore as many children as possible, took care of the family and produced the food. Men ruled the household and were to be respected by all members of the family. Women could not own land: property legally went to the male heir or heirs, or to a

man's brothers upon his death (Uwineza and Pearson, 2009: 8-11). In this rural based economy, women did 65-70% of the agricultural work, but they had no right to control or inherit resources (Brown, 2016: 243-244). A woman also had no claims over property if there were no offspring, if her husband had died or if she had divorced. Additionally, if a woman had borne children and her husband had died, it was a cultural law that she would marry a brother of her husband (Brown, 2016: 244). Women were silenced in the private and public spheres. Feminist scholar Sara E Brown (2016: 244) notes "whatever men could do, a woman should and must obey". There is a saying in Rwanda that there are no mistakes for men: "Even beating a woman, even wasting money, even doing whatever he wants, there is no mistake for a man" (Uwineza & Pearson, 2009: 15). Women did not speak publicly in the presence of men and they certainly did not challenge, confront or criticize them.

Polygamy was a widely accepted practice, although it existed mostly among the wealthy. A woman was considered to belong not only to the male head of the household, but also to his extended family, and she might be encouraged to have sexual relationships with her husband's brothers (Uwineza & Pearson, 2009: 10). Marriage delivered a woman into the ownership of her husband.

Oral historian Erin Jessee takes issue with the above scholarship that emphasizes the patriarchal nature of gender norms, 'seemingly since time immemorial' (Jessee, 2020: 225). Her critique is that this consensus was reached by an examination of gender norms only since independence in 1962. She agrees that this research accurately reflects the effect on contemporary gender norms, but takes no account of the role of women in early Rwandan history. Uwineza and Pearson (2009: 16-17) disagree and contend that roles were still deeply gendered in pre-colonial Rwanda. There was a distinct split between respecting women as mothers and domestic workers, but subjugation through the traditional practice of polygamy, an expected deferral to men in decision-making and a distinct female absence from public engagement. Pre-genocide little had changed.

Brown is in accord with Uwineza and Pearson, arguing that Rwandan culture was one that demanded female obedience and subordination to men and reflected a long-standing “deeply entrenched patriarchal system” (Brown, 2016: 233). Jessee’s scholarship draws on oral tradition as interpreted by scholars and missionaries from the colonial period. She contends that women exerted agency beyond a subordinate role and she argues this through the lens of family planning and gender norms. However her evidence seems directly related to a woman’s social status, class and ethnicity (Jessee, 2020: 255). A favoured Tutsi wife in a polygamous marriage could be judged to wield greater power than a poor rural woman, although both roles would still be deeply gendered. In pre-colonial times, as well as during the colonial period and during the period of independent rule immense value was placed on having as many children as possible, but this was strictly the preserve of married couples. Single pregnant women and girls were regarded as the guilty party and they were ostracized, and at times abandoned to a solitary fate beyond the bounds of the village (Jessee, 2020: 227).

### Deeper Divisions

Religion and the nationwide conversion to Catholicism following the decline of the Tutsi monarchy in the early 1930s was a key factor in further containing and constraining women’s roles culturally and politically (Jessee, 2020: 229). She also draws on research that aligns conversion to Catholicism with the adoption of European values that in turn led to the increasing rigidity of gender roles. However most scholarship indicates that the traditional roles of women within a patriarchal system as wives and mothers was the established norm from the pre- colonial period. As indicated earlier, class and ethnicity cannot be dismissed as factors in the shaping of gender roles. Wealthier women were able to exercise a greater degree of control over their domestic domains, although ceding, by tradition, overall control to their husbands. Based on class, both pre genocide and under Belgian rule, Tutsi women were exempted from rural labor. There is some further pushback against the research on traditional gender norms in Rwandan society. H A Alahira takes issue with a ‘Eurocentric’ approach to female roles and advocates a more

African socio-cultural perspective, balking against “the universal theory of the origin of sexual oppression” that has “led to the erroneous conclusion that all women should come together in order to fight and abolish universal sexual oppression of women” (Alahira, 2014: 76-78). The argument develops that the result of adopting a purely Eurocentric position will not be gender equality, but a female elite whose goals and values set them apart from all other women and men (Alahira, 2014: 85).

### The ICTR and Sexual Violence

With rape and sexual violence being the norm for possibly every woman who survived the genocide, how can Rwandan women achieve justice? A variety of post-conflict mechanisms have been devised to deal with perpetrators of the Rwandan genocide, both international and national, however the experiences of women have not always been the focus of achieving justice.

Following the genocide, the United Nations Security Council established the International Criminal Tribunal for Rwanda (ICTR), with the first trial opening in 1997. The function of the tribunal was to identify and prosecute perpetrators for all acts of genocide. For the first time, rape was identified in international law, as an act of genocide. This was a dramatic change in international law, but it is critical to frame the cultural context of these hearings and the challenges confronting rape victims and the reluctance of many to give evidence. Many were daunted by cultural and judicial obstacles to pursuing complaints and had to overcome feelings of shame, community rejection, being stigmatized as rape victims, all responses that had existed before the genocide. These crippling responses were compounded by the fact that some women and girls had contracted HIV/AIDS as a result of rape. It was within this traditional cultural framework that the ICTR hearings were held (Human Rights Watch, 2004: 5).

The ICTR did, however, convict a former mayor, Jean-Paul Akayesu, on nine counts of rape and sexual assault in that he “ordered, instigated and abetted the multiple acts of rape of ten girls and women by numerous militia

members... sending a clear signal of official tolerance for sexual violence” (UNDPKO, 2009: 50). Akayesu was given a life sentence. The ICTR found that “Sexual violence was an integral part of the process of destruction, specifically targeting Tutsi women and specifically contributing to their destruction and to the destruction of the Tutsi group as a whole” (UN International Residual Mechanism for Criminal Tribunals: 7.1-7.9). Three media executives—two of whom were the founders of *Radio Télévision Libre des Mille Collines* (RTLM), the other the editor of *Kangura*—were found guilty for their role in instigating hatred and inciting genocide. Binaifer Nowrogee, Harvard lawyer and author of the *Shattered Lives* report, was very critical of the ICTR, for not charging these men with sexual crimes against Tutsi women (2007: 362). In fact, the three men were found to have “targeted, vilified and endangered” Tutsi women which could have led to rape and mutilation, but they were not charged with sexual violence. Nowrogee argued that this was a downplaying of the very significant role that sexual violence had played in the genocidal strategies of the perpetrators, as seen through RTLM broadcasts, the content of the *Kangura* newspaper and rallies and meetings of the Hutu faithful. Seven years into the ICTR hearings, 90% of completed cases had no convictions for sexual violence and in 70% of these cases the prosecution had brought no sexual violence charges, despite widespread and graphic evidence. Of the 30% that included charges of rape, 10% were found guilty of their role in sexual violence. Nowrogee found that this record represented a failure of political will and a ‘squandered opportunity’ (2007: 370). She questions these outcomes against the evidence that tens of thousands of rapes were committed during the genocide (Nowrogee, 2007: 369).

Thousands of women and girls were individually raped, gang-raped, raped with objects such as sharpened sticks or gun barrels, held in sexual slavery either collectively or through forced marriage, and sexually mutilated (ICTR Prosecution of Sexual Violence, para 4). During one trial where the rape was defined as torture, the accused denied any knowledge of rape, explaining to the court that, “in Rwandan tradition or culture, rape has never existed” (ICTR para 4).

This statement from a perpetrator is a chilling indication of how sexual violence was regarded in Rwanda, pre genocide and post genocide.

## Gacaca Courts and Sexual Violence

Thousands of those accused of genocide were incarcerated in overflowing jails, so to cope with an overwhelmed domestic judicial system the government reinstated the traditional *gacaca* community courts in 2005.<sup>1</sup> Within these courts, locally elected judges would hear all crimes, except where suspects were accused of planning the genocide. There were relatively few reports of rape and sexual violence, despite there being tens of thousands of victims (Human Rights Watch, 2011). The early gacaca law in 2001 proved a major impediment to women testifying, as victims were required to give written or oral testimony before a hearing of a minimum of a hundred community members. A written testimony had to be read to the community, and given the stigma attached to victims of sexual violence it is hardly surprising that few women were prepared to testify. The other option open to a complainant was that she could testify in camera before nineteen gacaca judges, and the accused. Changes to the law in 2004 allowed the complainant to testify before a single judge, but she was still afforded little protection. Human Rights Watch, 2004 found that many of the rape victims interviewed wanted to testify and hold the perpetrators accountable, but were daunted by cultural obstacles. There were no evidentiary rules in gacaca hearings, such as physical proof of rape, but this also allowed for the easy denial of sexual violence. Eyewitness accounts were hard to substantiate as many women and girls were raped following the killing of their families (*Shattered Lives*, 1996). The Rwandan penal code of 1977 prohibited defilement, rape, torture and sexual torture but failed to define these acts, so it was hardly surprising that the gacaca courts had difficulty recognizing and proving these charges.

The transfer of more than 8,000 cases of rape or sexual violence to the gacaca courts from the National Courts was opposed by women's groups such as *Association des Veuves du Genocide Agahozo* (Association of Genocide Widows) (AVEGA), the umbrella women's organization *Pro-Femmes/Twese Hamwe*, and the Rwandan Association of Trauma Counselors, as well as the victims of

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<sup>1</sup> The word *gacaca* in Kinyarwanda has been translated as "short grass", denoting the open spaces in villages on which Rwandan men would meet to decide issues.

sexual violence. These women had been reluctant to come forward, and had only done so having been assured their evidence would be heard before a conventional court, not a gacaca court. Their reluctance stemmed from a fear that their evidence would not remain confidential, because the gacaca judges were all from their own community and could possibly be related to the accused (Human Rights Watch, 2011). Corruption of judges was an issue for some, who believed that being heard in a more conventional court would mean less chance for the accused to corrupt the judge (Human Rights Watch, 2011). Given the difficulty and reluctance in coming forward, some women felt that rape was being minimized if heard before a gacaca court. Others felt that sentences were too lenient, especially if the perpetrator confessed. The most manifest examples of victim shaming were the women who did not pursue complaints because they had not told spouses or families of the rape and did not want to create problems within their community.

The gacaca system processed more accused than the ICTR, transnational trials and regular Rwandan courts combined, although research by Max Rettig held that the gacaca court system was fundamentally flawed and suggested that the process made little contribution to reconciliation, and possibly fueled ongoing conflict, resentment, and ethnic disunity (Rettig, 2013: 29-31). Amnesty International questioned the ability of gacaca judges with minimal legal or human rights expertise to 'withstand the political pressure to impose retributive sentences' (Amnesty International, 2002). Alison des Forges, author of *Leave None to Tell the Story* (1999), and witness for the prosecution at the ICTR, was also a critic of gacaca justice. Des Forges found that gacaca justice was unfair to perpetrators as well as victims, and represented a 'victor's justice' enforced by a Tutsi-dominated state.

### Post Genocide Progress on Gender Equality

After the RPF victory in the civil war, Paul Kagame used his political authority and intellect to restructure the Rwandan state in a manner that harnessed the gender imbalance—which was now 70 % female 30% male—to make Rwanda more inclusive of women. The proposed transformation was built into a

government statement known as *Rwanda Vision 2020*. Vision 2020 provided a “road map and justification” for gender equality policy and legislation (Brown, 2016: 242), which formed the basis for the six foundational pillars of the new Rwanda: good governance, human resource development, the building of a private sector, infrastructure, market-based agriculture and regional and international integration. Written in 2000 and based on these six pillars, the statement aimed to convert Rwanda from an agrarian economy to one that was knowledge-based.

Gender was a foundational and cross cutting issue, expressed in these terms:

In order to achieve gender equality and equity, Rwanda will continuously update and adapt its laws on gender. It will support education for all, eradicate all forms of discrimination, fight against poverty and practice a positive discrimination policy in favor of women (cited in Brown, 2016: 242).

Built on this foundation, Rwanda was a very attractive proposition to international aid donors as it represented a progressive restructure and crucially, political stability. Kagame deserves huge credit for the impressive statistics in lifting nearly one million people out of poverty between 2005 and 2010, the dramatic increase in life expectancy, the high proportion of female politicians and civil servants, the drop in infant mortality, the rise in adult literacy, and by world standards, a low ranking in state corruption, as assessed by Transparency International (Longman, 2017:265-270).

In her research on the reshaping of gender norms post genocide, Sara E. Brown is positive about the gains made by women under the RPF government, and she contends that it provides significant space for women to be influential in civil society and politics (Brown, 2016: 240). She does acknowledge however, that in the early years post genocide, the women’s committees in every level of government existed in the same subordinate capacity as they had pre genocide (Brown, 2016: 241). On imposing gender equality from the top down, Brown’s explanation is that the RPF returnees who gained political power post genocide were better positioned than their Rwandan counterparts as they were more ‘international’, having lived outside of Rwanda as refugees and having gained better education in the United States and Europe. The argument

followed that their perceptions of gender equality were more progressive than traditional Rwandan norms and that therefore the RPF returnees were better equipped to implement gender equality policy (Brown, 2016: 242).

David Mwambari likewise, adopts a fairly positive assessment of transitional changes in gender norms post genocide. His contention is that the proportionally high female population has altered the traditional Rwandan perception of labour, gender roles, generational responsibilities and power. His focus was on the flourishing of women based non-government organisations (NGOs) post genocide, although he does however acknowledge that their existence and sustainability is dependent on their approval by the RPF. Mwambari also acknowledges that even with a transitional shift in gender roles, the major obstacles for Rwandan women are patriarchal norms that inhabit all aspects of the culture (Mwambari, 2017: 67-71). A more pragmatic position is taken by Golooba-Mutebi in addressing the Rwandan aversion to political dissent. In his analysis, post genocide Rwanda has to be understood in the context of consensus building, and economic, social and political stability. His is a very positive endorsement of Kagame and his authoritarian rule, with the belief that adversarial political contests end in conflict (Golooba-Mutebi, 2013).

Scholarship countering these more positive responses by Brown and Mwambari include work by Debusscher and Ansoms who found through their interviews that little had changed for rural women, although the urban elite had thrived. They found that the transformative potential of gender equality was limited, and sometimes ignored if it conflicted with goals of economic growth and modernization (Debusscher and Ansoms, 2013: 1111-1134). Marie Berry interviewed women across class, profession and the urban rural divide and found that there were profound impediments to gender equality that were unlikely to dissipate soon. In spite of the women friendly policies in relation to land ownership, health and education and gender-based violence, it was hard to shift attitudes within families. Elite, urban, educated Tutsi women were the beneficiaries, but not the majority of Rwandan women.

Paradoxes still exist between development and poverty, stability and oppression, female empowerment and traditional female roles. Single women were denied the same rights as married women, a discrimination that continues currently in terms of access to sexual and reproductive health care and abortion (Berry, 2015). Onditi and Odera examined the impact of gender equality on female empowerment as outlined in the millennium development goals (MDGs) and sustainable development goals (SDGs). Across African states there was consensus that gender equality legislation would lead to empowering women, but the outcome of the MDGs has fallen short of that goal. The analysis by Onditi and Odera is that a strong human rights framework is fundamental to women's empowerment, no matter what gender equality legislation was in place (2017: pp. 155-156).

#### Female Political Representation in post-genocide Rwanda

The most spectacular exemplar of the implementation of gender equality policies in action was the growth in female political representation. In the 2003 Constitution, 30% of seats in the Lower House, the Chamber of Deputies, were reserved for women. In addition, 30% of positions in all decision-making bodies at national and local levels were reserved for women (Hansen, 2017: 11-13). While the 30% minimum figure would put to shame more established democratic states such as the USA or Australia, by 2008 Rwandan women held over 56% of seats in the Lower House, and this figure has now risen to an impressive 64%. Rwanda leads the world in having the largest percentage of women in parliament. This is a very impressive statistic, an image bolstered by legislation passed on gender-based violence, workforce participation and property and inheritance rights. It looked to the world that, in Rwanda, gender was being 'mainstreamed' and that women would play equal roles in political, economic and social decision making. Jennie E. Burnet found through her research into gender quotas and female empowerment, that women had reaped benefits in the form of heightened respect within families and within communities, accompanied by an increased capacity to speak and be heard in public forums and better access to education. These changes produced some negative consequences in terms of friction with male siblings over new

inheritance laws, male withdrawal from local politics with the increase in female representation and marital discord as women took on greater responsibilities outside the family. Burnet's main purpose in this research was an evaluation of cultural meanings of national, local and party gender quotas. A key finding of her research was that despite the greater legislated representation of women in parliament this had not led to greater democracy or a democratic legitimacy of the RPF dominated government (Burnet, 2011: pp. 29-35).

The winners in terms of gender equality were the female urban elite, mainly returnees, not the majority of Rwandan women. Although women occupied a legislated majority in government, Burnet found that the Forum for Women Parliamentarians (FWP), had struggled to find a clear, widespread women's agenda. The FWP was instrumental in bringing in gender-based violence legislation in 2008, but in the following year it supported a bill reducing maternity leave from eight weeks to two, and which increased working hours from 40 to 45 hours per week. These moves drew cynical responses from the majority of working women who believed that female politicians were putting their RPF affiliations and individual interests ahead of the collective interests of most women (Burnet, 2011: 303-344). Local power bases and RPF allegiances were the fundamental drivers of most political outcomes. In contemporary Rwanda, it continues to be politically strategic to be aligned with the government in order to eliminate the fear of being charged with divisionism or genocide ideology. It seems the increased presence of women has not actually translated to increased power for women.

Kagame implemented a cabinet reshuffle in late February 2020 and increased the number of positions from twenty seven to twenty nine. The Cabinet comprises twenty Ministers, six Ministers of State, and any other member that the President might want to include in decision-making. Women now make up 55% percent of the Cabinet. Portfolios allocated to women tend to be education, health, social affairs and protection, gender and family promotion, but women are making inroads into trade and industry and economic

development. However, the Minister for Health, Dr Diane Gashumba lost her job in the reshuffle for what the PM's Office described as "habitual gross errors and repeated failures during her tenure." (Taarifa Rwanda: 2020). The Health Ministry and the State Minister of Primary Healthcare have now reverted to the male domain.

### Rwanda and Women's Rights

Rwanda has supported, voted in favour of or ratified an array of international agreements protecting human rights and the fundamental rights of women that encompass reproductive rights like the access to safe and legal abortion, access to sexual and reproductive health services without discrimination and freedom from gender-based violence. Specific agreements include the 1948 Universal Declaration of Human Rights (UDHR), the 1952 Convention on the Political Rights of Women, the landmark 1966 International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), as well as the 1979 Convention on the Elimination of Discrimination Against Women (CEDAW), the 1993 Declaration on the Elimination of Violence Against Women, the Convention on Transnational Organised Crime's 2003 Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, the 2007 UN Resolution on Eliminating Rape and Other Forms of Sexual Violence in all their Manifestations including in Conflict Related Situation, and the 2008 United Nations Security Council Resolution 1820 on Women, Peace and Security on sexual violence between wars. A regional protocol, the Maputo Protocol—the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa—was ratified in 2004 (Institute of Policy Analysis and Research – Rwanda, 2011: 6-7). The treaties ratified prior to those signed and ratified by the Kagame government include CEDAW (1981), CCPR (1975) and CESC (1975). This is an impressive list of the Rwandan ratification of international covenants on the rights and protection of women and girls in conjunction with domestic and constitutional legislation on gender equality, but by no means does this tell the full story of gender equality and female empowerment in Rwanda.

The evolution of human rights legislation over the past twenty years recognizes that the denial of safe abortion services is a human rights violation. United Nations monitoring bodies on signatories to these covenants stress that, where abortion is legal under domestic law, it also has to be accessible in practice. As outlined in a report by Fine (2017) for Ipas—an international NGO that aims to increase access to safe abortions and contraception for women—the denial of access to safe abortion is a violation of the right to health, privacy, non-discrimination and freedom from cruel, inhuman and degrading treatment (Fine et al., 2017: 69-77).

In her research paper examining female political participation post genocide, C.L. Hogg questions the effectiveness and legitimacy of gender equality legislation that does not affect human rights abuses, authoritarianism, oppression and corruption. She raises the fundamental issue that the goal of gender equality should also incorporate the equal right to express dissent without fear of charges of divisionism and genocide ideology and ultimately imprisonment (Hogg, 2009: 34-37). In her index on Gender Quotas in Africa, C.M. Arendt measures whether female quotas are used to empower women or to reinforce party political control. Using her index on measuring Democracy at gender quota adoption, Rwanda ranks Low; on the percentage of women in legislature, Rwanda ranks High; on political competition, Rwanda again ranks Low, as it does with the civic space to debate these laws (Arendt, 2018: 300-304). Arendt concludes that political parties design quotas to reinforce their policies and that gender quota laws are not essential to improve female political participation. Female empowerment is measured by their independence and freedom to dissent, not by their numbers in government (Arendt, 2018: 302-303).

In the United Nations Human Development Report (2018) in their Gender Equality Index, Rwanda ranks 156 out of 189 countries and lands in the category of Low Human Development based on inequality in terms of reproductive health, empowerment and economic status. In a comparative

research piece in 2018, examining gender quotas in Burundi and Rwanda, the authors concluded after interviews with 700 men and women, Hutu and Tutsi that ethnicity outranked gender as an issue and as a major factor in political, social and cultural life (Guariso et al., 2018). This counters President Kagame's revisionist analysis that ethnic tensions and rivalries were a colonial impost (Guariso et al., 2018). A paradox exists that has seen a dramatic increase in female participation in governance from parliament through to local councils, while at the same time there has been an increasing authoritarianism of the state, euphemistically described as a 'transition to democracy' (Burnet, 2008: 30-35). Burnet contends that in the short term an increase in female representation has led to the inverse – less capacity to influence policy. She is not entirely pessimistic with this outcome, anticipating that in the long term, the greater acceptance and visibility of women in authority is preparation for serious cultural and political change, should a genuine transition to democracy take place (Burnet, 2008: 40-41).

One of the major obstacles to this transition is the linking of Rwanda's gender equality policy to nationalism, however any deviation from support for the government results in suppression of dissent. The two female politicians who have challenged the government have suffered reprisals. Diane Shima Rwigara attempted to run on an independent ticket for president in 2017. Her candidacy was immediately countered with the release of naked pictures of her, and she was disqualified and charged with forgery and jailed for a year before being released in October 2018. She has been publicly critical of President Kagame for what she describes as his oppression of women. Victoire Ingabire, leader of the FDU-Inkingi party was convicted of a terrorist conspiracy to undermine the government and of downplaying the genocide. She served six years of a fourteen-year jail term before being granted clemency in September 2018 (Umuhoza, 2015). The conclusion to be drawn is that loyalty to the RPF is a prerequisite for all parliamentarians, and it follows that female parliamentarians are therefore committed to following the RPF line on policy and implementation (Burnet, 2008: 30-35).

## Thesis Methodology and Method

Not surprisingly this thesis adopts a broadly feminist lens to explore issues of gender, sexual violence and women's health in Rwanda.

A feminist lens is the most rational method of assessing the effect of gender equality policies on Rwandan women and girls. The issues chosen for this thesis are foundational to the fundamental rights of women and girls universally. Without the political will to implement these rights, Paul Kagame's gender equality policies are a façade. They constitute an abuse of human rights and the treaties and covenants that Rwanda has ratified in relation to the rights of women. One argument put forward is that the state had to be made politically secure and without conflict to begin reconstruction post genocide. Political security and peace translates for the RPF government as a Rwanda with no dissent. Kagame rules an authoritarian state that tolerates no dissent but there will always be subterranean unease with some outbursts of public dissent while women and girls cannot access rights that are fundamental to gender equality.

In order to shape the argument of what constitutes real gender equality in Rwanda, I have drawn on a diversity of feminist scholarship throughout the following chapters. This scholarship is not couched in feminist theory, but I have drawn extensively on the research of Burnet (2008, 2011, 2012), Berry (2014, 2015), Brown (2016), Thomson (2013) and Jessee (2017, 2020). Each study draws very different conclusions, but their collective focus is on the rights of Rwandan women. This thesis narrows the focus to the fundamental rights of Rwandan women and the political and cultural suppression of these beneath a facade of gender equality. I have drawn extensively on press reports, on publications from advocacy groups, and to a limited extent on my own past journalism. I have also drawn extensively on legislation, documents and policies from the Republic of Rwanda in relation to the rights of women and compared these with the reality. In attempting this research I was inspired by a quote by Cynthia Enloe that reads like a universal rallying cry for women and girls everywhere: "It's harder and harder to fool us. It's harder and harder for

people in authority to throw...tokenism at us and make us think we should applaud" (Enloe 2017).

I had initially wanted to travel to Rwanda to conduct interviews. In my career as a journalist and radio documentary maker, the construction of a story and the gathering of content was always done on the ground—in Rwanda I had always conducted face-to-face interviews with those affected, both perpetrators and victims. This was not however possible with this particular study due to the difficulties encountered in attempting to obtain approval for ethics from University of Wollongong (UOW) in 2019 (which prevented me attempting Zoom or telephone interviews) and because of COVID-19 (which prevented any travel from Australia during 2020). It became impossible to attempt to allay the concerns of UOW's Research Ethics Committee that the information being provided would not trigger distressing memories—of genocide, sexual abuse, gender-based violence or other crimes—and that I could not adequately protect the sources from possible psychological harm. While I revised the ethics application to focus on health, the issues proved too difficult to be resolved, especially given the amount of time given to complete a Master of Research where the thesis is limited to one-year full time. While I understood the position of the Ethics Committee, I reflected that, at least when it comes to gathering information, the task of the journalist is in many ways more fortunate when compared to that of the academic researcher. This perfect storm of circumstances described above led to the thesis being based on material compiled by other scholars. Fortunately, existing literature on Rwanda includes many interviews with Rwandan women that relate to the issues under examination.

In compiling the literature review, the scholarship that best informed the shape and direction of this thesis was the academic research that has been conducted in Rwanda which contains extensive interviews, often conducted over many years of repeat visits. Scholarship on Rwanda pre genocide and especially post genocide is becoming increasingly divided. In this thesis I have attempted to reflect this in the diversity of the literature that I have examined

and analysed. I have attempted to tell not a single story, but the complexity of contradictions and paradoxes that is contemporary Rwanda, especially as it relates to gender equality and the fundamental rights of women and girls.

### **Conclusion: The Myth versus the Reality of Fundamental Gender Equality**

President Paul Kagame and the RPF government have through legislation and dramatic policy changes, attempted to re-engineer a deeply patriarchal state into one that is supposedly founded on gender equality. The government has attempted this in the relatively short time frame of 26 years, following the catastrophic 1994 genocide. The result has been that Rwanda leads the world in the proportion of women representatives in government. Constitutionally women are accorded gender equality, and legislation has been passed on gender-based violence, workforce participation and property and inheritance rights. Within this time frame one million people have also been lifted out of poverty, there has been a dramatic increase in life expectancy, infant mortality has dropped and there has been a rise in adult literacy. Rwanda has also ratified a broad range of international covenants protecting the non-discriminatory rights of women and girls.

Yet the domestic legislation and policy outlined in the literature review mask a much more complex picture of the reality of gender equality. Exceeding gender quotas in parliamentary representation while being unable to access fundamental rights such as access to safe and legal abortion, freedom from a scourge of gender-based violence and access to sexual and reproductive health is the reality for women and girls in contemporary Rwanda. These are the paradoxes and contradictions in a state that has rebuilt its domestic and international reputation on gender equality, and these are the research gaps that are explored and examined in the following three chapters.

One of the most contradictory aspects of this situation for Rwandan women is the continued toleration of gender-based violence. Sexual and gender-based violence is still considered to be a private matter, and a culture of silence is the norm. The high rate of sexual and gender-based violence is ongoing despite

the apparent protection accorded women and girls in the gender-based violence (GBV) legislation from 2008.

When pregnancy results from sexual violence, access to abortion is highly restrictive. Women and girls are punished by a penal code that includes lengthy prison terms of three to five years for having or having assisted an abortion. Despite impressive gender equality legislation, Rwanda's cultural context includes discrimination in accessing contraception, sex education, community and family shaming, and religious, civil and political conservatism.

The paradox of a government that embraces gender equality, yet jails women and girls for abortion, tolerates gender-based violence and prohibits access to sexual and reproductive services, is examined in the following chapters. The chapters are an examination of the reasons Rwandan women and girls are denied these fundamental rights. What follows in Chapters 2, 3 and 4 is an exploration not of the myth of gender equality in Rwanda, but of the reality.

## Chapter Two: Gender-Based Violence

Gender-Based violence (GBV) is a serious problem in Rwanda. Overwhelmingly, women, girls and children make up the highest proportion of reported cases of GBV, and men and boys are the perpetrators. This situation exists despite legislation that recognizes and directly targets gender-based violence. Gender-based violence is defined as “any act that results in bodily, psychological, sexual and/or economic harm to somebody just because they are female or male. Such an act results in the deprivation of freedom and negative consequences” (MIGEPROF, National Policy Against Gender-Based Violence, 2011: 4). Conjugal rape, forcible abduction, sexual slavery and harassment are included in the criminal code, however penalties range from life imprisonment to sentences of six months to two years for conjugal rape (Republic of Rwanda, Law on Prevention and Punishment of Gender-based violence 2008: 81-83). Constitutionally, all individuals are guaranteed protection from “cruel, inhuman and degrading treatment” with legislation and policies framed to address, respond to and prevent violence against women, girls and children.

However, the breadth of the problem was identified in a national demographic and health survey (RDHS 2014-2015) cited in the National Gender Statistics Report 2019, reporting 34.5% of women aged fifteen to forty-nine years had experienced physical violence since age 15. In the same age category, 22.4% of women and girls had experienced sexual violence since age 15.

GBV continues to exist in a country where constitutionally, the life of the individual is held to be sacred and inviolable, where everyone has a right to life and the state is obligated to protect and defend every individual. Gender and the eradication of all discrimination against women was identified as a pivotal feature for the transformation of Rwanda from an agrarian society to a knowledge based one in the government’s *Vision 2020* policy paper (Rwanda Vision 2020, 2003: 17). The Vision 2020 statement ranked gender equality as the most critical issue underpinning economic growth and development. As a

result of this enshrined in legislation, 30% of all parliamentary seats are reserved for women. As at 2020 women are currently occupying 64% of Lower House seats. Rwanda can legitimately demonstrate that in the 25 years after the genocide, there has been a dramatic increase in life expectancy, a high influx of female civil servants, a drop in infant mortality, a rise in adult literacy, and by world standards a low international ranking for state corruption, as defined by Transparency International. The paradox is that, in spite of the successes in legislating and implementing gender equality policies, there still exists a high prevalence of gender-based violence. The following section is an exploration of why GBV continues to be a problem of such magnitude.

### Statistics on Gender-Based Violence

Nationally, the statistics on the prevalence of gender-based violence, physical and sexual, illuminate an ongoing and depressing problem. The National Gender Statistics report (2019: 25-32), traced gender-based violence, physical and sexual from 2005 to 2014-15. It compared gender-based violence against men and women aged 15-49. The report particularly targeted the reproductive health of women and the physical, emotional and mental health of their children. The only conclusion to be drawn from the statistics was that gender-based violence in Rwanda remained a serious problem.

On sexual violence, 22.3% of Rwandan females suffered sexual violence in 2010, which was almost unchanged in 2014-15 when 22.4% of women reported sexual violence. Both men and women reported multiple forms of violence. On spousal violence, 31% of women reported physical violence committed by a current or most recent partner or spouse (National Gender Statistics Report, 2019: 25-32). The Rwanda Voluntary National Report (VNR) 2019, drew on the same statistics and concluded that much greater efforts were needed to address sexual gender-based violence, which seems a weak response to the continuing high prevalence of GBV against women, girls and children. The high incidence of GBV is countered by glowing references to Rwanda's "strong political will" (VNR, 2019: 76) in mainstreaming gender into government policies. The reality of female empowerment in Rwanda is best

addressed in the findings of Jessica Hansen who notes that gender-based violence will not diminish in a state that devalues human rights (Hansen, 2017: 19-22).

### The Constitution and Gender-Based Violence

Within the Rwandan Constitution, discrimination of any kind—whether based on ethnicity, tribe, colour, clan, sex, region, social origin, religion or faith, opinion, economic status, culture, language, social status, physical or mental disability—is prohibited and punishable by law. Every child, according to the Constitution, is entitled to “special measures of protection by his or her family, society and the State, depending on the status of the child, under national and international law”. Every Rwandan adult and child is guaranteed protection under this broad sweep of rights and yet widespread gender-based violence is a common crime that undermines these protections. Fundamental human rights like the sacredness and the inviolability of the individual, the right to life, right to mental and physical integrity are all addressed in the constitution and later revisions.

Hogg makes the critical assessment that these gender equality policies have not translated to widespread female empowerment (Hogg, 2009: 34-54). Her argument is that these policies were politically strategic for the RPF dominated government to subvert and oppress any meaningful opposition or political freedom. Hogg’s assessment is strengthened and supported by Onditi and Odera who argue that a state that has not implemented a strong human rights framework will always struggle with female empowerment, in all its forms, no matter what gender equality legislation is in place (Onditi and Odera, 2017: 1-3). Burnet does not discount benefits for Rwandan women in that more women are more confident to speak publicly in village forums, some feel more capable of making decisions within their families, and there is greater access to education. Some of the fallout has been conflict with male siblings over changes in inheritance laws and marital discord as women expanded their roles beyond the family (Burnet, 2011: 320-340). However, Burnet, in accord with Hogg, Onditi and Odera, is unequivocal; legislated female

representation in parliament has not improved or increased the democratic legitimacy of this government.

It is important to frame the constraints on gender equality and women's empowerment and gender within the consolidation of the RPF government and the cementing of President Paul Kagame's authority. For example, a referendum in December 2015 to amend the constitution to allow the president to run for a third term was passed by 98.3% of voters. This was coupled with a motion to reduce the presidential term from seven to five years, which will take effect from 2024 (Platas, 2017). As one of Kagame's most vociferous critics, Filip Reyntjens observed there were no debates, no demonstrations, both houses of parliament unanimously approved the constitutional change, and only ten Rwandans registered any opposition after national consultations. The referendum passed with an astounding 98.3% voter approval (Reyntjens, 2016), numbers reminiscent of elections run by Bashar Al-Assad of Syria, Saddam Hussein of Iraq or Kim Jong Il of North Korea or Russia's Vladimir Putin.

#### [The Law and Culture and GBV](#)

Rwandan female politicians were the main drivers behind the bill for the Prevention and Punishment of Gender-Based Violence in 2008. This followed consultations with ministries, judiciary, grass roots groups and interviews with 720 women. The motivation for legislative action on GBV was that national police statistics recorded over six and a half thousand cases of violence against women, girls and children between 2002 and 2004. Given many instances of GBV would have been unreported, this was clearly an issue of epidemic proportions. Penalties enshrined in the criminal code included life imprisonment where rape resulted in a terminal illness or death or the deliberate transmission of a terminal illness, or sexual torture. Conjugal rape attracted a relatively low range penalty of six months to two years, as did child neglect, attracting penalties of six months to three years. And yet despite legislation directly targeting gender-based violence in all its forms, violence against women, girls and children continues to be a huge national issue.

A 2008 United Nations assessment of gender-based violence against Rwandan women found the challenges local organizations faced included the difficulties of disseminating and implementing existing laws and involving men in addressing violence against women. The numbers of victims were so large that local organizations lacked the skills and ability to deal with them. The population was also reluctant to attend sensitization meetings, women refused to name perpetrators out of fear and shame, and underlying all these challenges there existed deep-rooted patriarchal values (UN Women Global Database on Violence Against Women, 2008: 11-17). A study of intimate partner violence in 2016 attempted to unravel the ineffectiveness of the law. The results were confronting, but not that surprising in a state where gender equality policies were imposed from the top down. An article in the journal *PLOS One* found that there still existed a big gap between the law designed to protect women and the strongly gendered norms and values that stressed male dominance and control (Umubyeyi et al., 2016: 2).

Abused women were reluctant to seek help and support because of the shame of the abuse, poverty, financial dependence, gender inequality, and a desire to keep violence as a private matter. Women who suffered physical injuries and long term psychological injury were reluctant or unable to leave a partner because of their economic dependency. There was poor awareness that conjugal rape was a crime, and it followed that few married women sought help and support. The obstacles women and girls had to overcome in reporting sexual violence and seeking help and support were immense. Jailing or fining perpetrators was of little benefit to women because of their economic dependency on the abusive partner and isolation and poverty being their only options. Women also refrained from reporting abuse out of fear that this would attract further violence (Umubyeyi, 2016: 3-8). If a rape charge was to go to trial, one of the most significant legal obstacles for the complainant was the prosecution demand that there be obvious forensic signs of violence (Umubyeyi, 2016: 7). The report concluded that the law needed revising, especially in relation to rape, and that the acceptance of gender-based violence

as an abuse of human rights was a critical factor in acknowledging it as a serious crime. It is the magnitude of gender inequality that prevents abused women from seeking help and support despite the legislation drafted to protect them. As Umubyeyi et al. found in their interviews in 2016, men were reluctant to accept the new legislation and relinquish control. This combined with women's financial dependency and male and sometimes female ignorance of what constituted sexual violence, allows gender-based violence to continue as a national scourge (Umubyeyi et al., 2016: 5-9). The Ministry of Gender and Family Promotion (MIGEPROF 2011) likewise found it to be one of the main obstacles because of the "entrenched idea of the distinct gender roles of men and women, boys and girls". Many acts of gender-based violence were considered 'normal'. Although conjugal rape was a crime, it was not always held to be one by communities. Women, as well as men, saw sexual intercourse as a man's conjugal right. Other forms of domestic violence like beatings, physical injury, denial of property rights, verbal insults, and psychological harassment were often viewed as 'family matters' (MIGEPROF 2011). In an examination of the national extent of the problem, the report found that gender-based violence both reflected and reinforced inequities between men and women and compromised the health, dignity, security and autonomy of the victims along with the violation of a wide range of human rights. These included the sexual abuse of children, rape, sexual assault and harassment, the trafficking of women and girls and in some regions, the traditional practice of female genital mutilation. Gender-based violence against women and girls was perpetuated by their 'chronic economic dependency' (MIGEPROF 2011), and equally poor knowledge of their rights and especially the anti-GBV law, alcohol abuse, illegal marriages, affairs and intimidation. Other consequences of gender-based violence included depression, fear, lack of self-esteem and extreme stress.

In a follow-up study, examining the implementation of the 2011 MIGEPROF report, it was found that GBV was still a serious problem (Rwanda Civil Society Platform RCSP, 2018:13-14). It drew on various surveys, but one that targeted women and girls between 15-49 years (DHS 2014-15) revealed that men and

an even larger proportion of women, agreed that men were justified in beating their wives for reasons such as burning the food, going out without telling their husband, neglecting the children and refusing to have sex with him. Male abusers were often not aware of committing any crime or misdemeanor and the conclusion drawn was that continuous collaborative work was needed if there was to be any cultural change as “change comes slowly” (RCSP, 2018: 11-13). Gender was often confused with feminism—seen as a Western notion—and “this does not bear good fruit’ (RCSP, 2018: 39). However, the politics of transformation, post genocide, are also a critical factor in the ongoing prevalence of GBV. In debating whether gender equality policies lead to the political inclusion or exclusion, Jessica Hansen argues it would be simplistic to assume that rapid cultural change would follow legislative change post genocide. In the broadest political context, one can conclude that gender inequalities, where GBV remains a prevalent factor, will not subside in an authoritarian state where human rights are not highly valued (Hansen, 2017: 19-22).

### [The Legacy of the Genocide](#)

The scale and savagery of sexual violence during the genocide was unprecedented with Tutsi women and girls being the main targets. The scale of sexual violence during the genocide reflected the magnitude of the conflict and the ethnic hatred generated specifically against Tutsi women and girls. Rape was defined as a genocidal crime by the ICTR, the International Criminal Tribunal for Rwanda, and I address this later within this chapter. Widespread gender-based violence and the toleration of it, was culturally commonplace. This was evidenced by a survey carried out by the Association of the Widows of the Genocide, (AVEGA AGAHOZO, 1999), over a 5 year period. The initial focus was the victims of sexual violence during the genocide, but as the research progressed, it found that violence against women in towns and villages nationally was a daily occurrence. The research evolved into an examination of sexual violence during the genocide and daily sexual and domestic violence (AVEGA AGAHOZA, 1999: 3). One of the specific objectives was to study the link between violence in states of relative peace and violence

in conflict situations. Daily violence was found to be widespread although the scale and savagery of sexual violence during the genocide reflected the magnitude of the conflict and the ethnic hatred generated specifically towards Tutsi women. One of the more disturbing findings was that aside from the horrific genocidal violence and torture (AVEGA, 1999:18-22), ongoing daily violence inflicted on Rwandan women, girls and minors was “deeply rooted in memory and habits” and more difficult to eradicate than the aftermath of the genocide (AVEGA, 1999: 34). Such findings are broadly in line with the Women Peace and Security Agenda (UNSCR1325 of 2000) which notes that women and girls are often primary targets in war, and that the cessation of conflict does not mean an end to gender-based violence, rather that in many situations it intensifies.

Rape as a genocidal crime, was first defined under international law by the International Criminal Tribunal for Rwanda (ICTR), established by the United Nations Security Council in 1997, to prosecute the perpetrators of genocide. Sexual violence took many forms in ICTR judgments – rape, torture, inhumane acts were categorized as crimes against humanity or genocide and outrages against personal dignity were charged under war crimes (International Criminal Tribunal for Rwanda Prosecution of Sexual Violence, 2014). The linkage between sexual violence as a cultural norm and the prosecution of it as an international crime was exemplified during one hearing before the ICTR, where an accused, charged with rape, explained to the court that “in Rwandan tradition and culture, rape has never existed” (ICTR, para 4 ). The culture of silence, in relation to sexual violence, was exemplified by the reluctance of victims and witnesses to be heard by the ICTR. Some were reticent to talk about sexual violence to male investigators, but they also feared reprisals from the accused or families of the accused. These fears were compounded by the stigma of being a victim of sexual violence —a cultural stigma that existed prior to the genocide. The same reluctance was evident in the gacaca community courts, although a lower standard of proof was required compared to the ICTR. The reluctance of victims to be heard in gacaca courts exemplifies many of the reasons a culture of silence is the norm, a situation in which

gender-based violence flourishes. Some victims feared their evidence would not remain confidential, others feared that the judges could be related to the accused; that judges could be bribed; that the rapists were not identifiable or had died, and that the perpetrators got a lighter sentence if they confessed. In alignment with cultural norms, some women and girls chose not to proceed with charges, because they had not told spouses or their families of the rape or rapes, and they did not want to create problems within their communities (HRW Rwanda, 2004: 9-12).

Sara E. Brown draws a dramatically different conclusion from the legacy of the genocide. Her argument is that it took the catalytic impact of the mass killings to transition the state from a patriarchal one subordinating women to one committed to advancing women's rights (Brown, 2016: 243). She advances an argument that, while these changes might have happened through the impact of globalization, democratization or modernization, the transition could not have happened with such speed without the catalytic agent of the genocide. Brown describes Rwanda's gender mainstreaming as 'exceptional' in comparison with neighboring countries (2016: 243). This is not to say that Brown dismisses the challenges to the implementation of gender equality policies. These are represented by the rural/urban divide, in which female urban returnees tend to do much better than their rural sisters in a culture that is still rife with the old norms of masculinity and femininity (2016: 243). Brown is correct about the catalytic impact of the genocide—in post conflict Rwanda women comprised 70% of the population, and it was essential and politically strategic for women to step into roles in order to rebuild the state. Legislated gender quotas alone do not however change a deeply rooted patriarchal culture. What Brown does not address is what must be foundational to gender equality, even in a democratic state in transition: freedom from gender-based violence, access to abortion and sexual and reproductive health.

The expectation was that the introduction of a political quota system would not only improve women's status and as a consequence, but would mark a

decrease in gender-based violence. This has not been the case (Hansen, 2017: 22). Jessica Hansen's powerful and compelling argument is that the cultural and political discrimination against Rwandan women and girls exists in a repressive authoritarian state and until these human rights abuses are addressed, there will be no real change in the status of women and girls. Brown does not address the grip of the authoritarian state ruled by an authoritarian government that controls the extent and reach of gender equality. Hansen expresses some optimism that increased female political representation "could prepare the path for Rwandan democracy" (Hansen, 2017: 22). What also needs addressing here is the reconstructed official narrative pre-genocide, in which in the new version, as conceived by the RPF government, had Rwandans living in unified harmony in pre-colonial times, with no ethnic divisions. This is contrary to evidence that ethnic conflicts increased during the late colonial period (Longman, 2017: 244). He draws a conclusion that it was politically strategic to deflect blame to outsiders rather than blame Rwandans. Longman also believes that the ongoing repression of fundamental rights prevents the population uniting around a common agreement of the past, and in the long-term, this can only divide the state further (Longman, 2017: 270).

#### Gender Monitoring Office

The Gender Monitoring Office (GMO) was established in 2008 to oversee the implementation of the government's gender equality policies and the effectiveness of the state's response to gender-based violence. A 2010 assessment of services to counter gender-based violence reported that a wide range of government institutions, local administration, UN agencies and civil society organizations had collaborated in mobilizing the community to combat GBV with protection, legal assistance, health and psychosocial services. In assessing these services, the Gender Monitoring Office found that the 32 organizations working on GBV canvassed sensitization to GBV, education, female empowerment, and legal, medical and economic support. A more forensic follow-up measuring attitudinal and cultural changes would have

delivered a more accurate assessment of effectiveness. This assessment read like a promotional and public relations exercise for the GMO.

Rwanda ranked 9th in the global Gender Gap Index conducted by the World Economic Forum (WEF) for the 2020 index (published December 2019); Germany ranked 14<sup>th</sup>. Rwanda had actually dropped three places from the previous ranking year, falling from sixth to ninth. In the 2020 index Rwanda was ranked as the only African country among the top ten countries in gender parity. Antonio Cascais (DW.com. 2019) commented that this was not a widespread or an accurate picture of female empowerment in Rwanda. Even the Kagame government did not display a totally united and positive assessment of gender equality as related to gender-based violence. More realistic assessments emerged from some ministries. The Speaker of the House, Donatille Mukabalisa, described Rwanda in 2019 as still a patriarchal society and proposed gender issues be included in the budget, education, agriculture and infrastructure development, rather than being confined within the Ministry of Gender and Family Promotion, the traditional domain of women's issues (Cascais, 2019).

### Rwanda Vision 2020

"Gender is to be integrated as a cross cutting issue in all development policies" is the bold statement from the underlying *Rwanda Vision 2020*, drafted in 2000 by the Ministry of Finance and Economic Planning. The transformation was to be built around six pillars: good governance and a capable state; human resource development and a knowledge based economy; a private sector led economy; infrastructure development; productive market based agriculture; and regional and international economic integration. A successful transformation would necessitate an annual growth rate of 7% along with a doubling of the population from eight to sixteen million. Gender equality was the means to achieving this. Vision 2020 committed to a continuous updating and adaption of the laws relating to gender, education for all and positive discrimination that favored women. A 2012 review of the Rwanda Vision 2020 (2003) found that the country did well in an *Ease of Doing Business* report and

was given a thumbs up by the World Bank. This proved very attractive to ongoing commitment from international business and donor aid. But on political governance—freedom of expression and human rights, the score was far lower and Rwanda was ranked among the 10% of the world’s worst performing countries (Ansoms and Rostango, 2012: 7-11).

Vision 2020 does not fare well against performance indicators in the Inequalities in Human Development in the 21<sup>st</sup> Century report (UNDP, 2019). These indicators included female empowerment, reproductive health, violence against women and girls, quality of health, education and standard of living. The Index divided rankings as follows: Very High Human Development, High Human Development, Medium Human Development and Low Human Development.

Twenty-five years post- genocide, Rwanda was ranked 157 out of 189 countries in HDI and was situated in the ‘Low Human Development’ category (UNDP, 2019). This failure was attributed to there being only one agenda in an examination of stalled democratic transitions in Rwanda and South Africa (Beresford et al., 2018). The agenda was that of the RPF-dominated government. There was no middle ground and no tolerance of any political opposition. President Kagame equated any foreign criticism of his policies and strategies as ongoing colonialism, slavery, Western arrogance and bigotry (Burnet, 2011). His authoritarian rule crushed civil society. Initially international protests were muted in response to human rights abuses, possibly due to a collective guilt over the lack of response to the genocide. Critical exceptions have been external NGOs, human rights advocates and some academics. Vision 2020 defined female empowerment within the constraints of an authoritarian state. Exemplars of these constraints were the two female politicians, Diane Shima Rwigara and Victoire Ingabire, who were imprisoned for their strong public opposition to government policies. Released upon appeal to the High Court in late 2018, Rwandan journalist, Fred Muvunyi, working outside of the country, commented, “if you claim you are

empowering women and yet at the same time, you put in prison those who feel empowered, what kind of empowerment is that?" (Cascais, 2019: DW.com).

### Violence Against Children

One of the most alarming aspects of the magnitude of gender-based violence in Rwanda is contained in a 2018 survey of violence against children, and the cultural attitudes that have allowed this to flourish. In short, violence against children in Rwanda is endemic (VACYS 2015-16: 8). This government survey provided, for the first time, national estimates of the magnitude and type of sexual, physical and emotional violence experienced by children. More than 1,000 females and more than 1,100 males took part in the study, which divided the range for children to 13-17 years and for youth 18-24 years. The Violence against Children and Youth Survey found that 34% of both females and males in the 13-17 age group had first experienced sexual violence prior to the age of 13, while 46% of females aged 13-17 reported their first sexual experience as rape. The perpetrators were most often neighbors with the abuse happening at the child's home, or at the perpetrator's, or in the town or village. There seemed no safe place for a child. On physical violence, a greater proportion of males experienced physical violence, 60% as against 37% of females. Among those aged 18-24 years, 87% women and 94% of men reported more than one incident of physical violence in the twelve months prior to the survey.

Physical violence meted out to both females and males included punching, whipping and kicking, with perpetrators being parents, teachers and classmates.

There was an overlap of the three forms of violence—sexual, physical and emotional. With children, 9% of females reported two or all three forms of violence in the twelve months prior to the survey. Among male children experiencing two or three forms of violence, the proportion was 11%. Among youth, 18% of both females and males reported two or all three forms of violence, prior to age 18. The reporting of sexual violence was poor; and even

those who did report it, found that rarely was there any follow-up. A culture of silence existed with four in ten females telling absolutely no one. The silence also applied to two thirds of males interviewed. The damning conclusion drawn in relation to the non-reporting of sexual violence by female victims was that it was not considered a problem. This last reason was given by children (aged 13-17) and youth (aged 19-24) themselves, as one of the barriers to seeking help for incidents of sexual abuse. Other barriers included fear of getting into trouble, embarrassment for self or family, not needing or wanting services or feeling it was “my fault”. There was a high awareness of services offered, for those who had experienced sexual violence; but it was uncommon to make use of these (VACYS, 2015-16: 46).

The implications to be drawn from this initial survey on violence against children and youth are that it reflects a general acceptance of violence against children. There appears to be minimal awareness of the harm caused by violence and the long-term psychological and emotional impact. The children were fearful of getting into trouble and were embarrassed for themselves and their families. The high prevalence of violence against children and youth persists, in spite of a range of laws in place, for their protection. These laws included and it is worth listing them: the Rights and Protection of the Child 2012; the law on Prevention and Punishment of Gender-based Violence 2009; the law Governing Persons and Family 2016; the Justice for Children policy 2014; and the National Strategic Plan fighting gender-based violence 2011-2016. In response to the ongoing endemic violence, the VACYS report recommended that judicial and political enforcement was needed to protect Rwandan children, as well as the need to shift the cultural normalcy that tolerated such violence.

### [Isange One-Stop Centres](#)

The multi-functional Isange One-Stop Centres were set up to provide comprehensive services to all victims of gender-based violence, under the same roof, free of charge on a 24-hour, 7 day a week basis. The services include medical care, psychosocial support, legal services, relief, temporary shelter

and re-integration (Cousins, 2018). The multi- purpose nature of these centres locates them way ahead of almost all community and village level providers, where the training and quality of the message on gender is questionable, follow-up is minimal and any assessment of attitudinal change, non-existent. However, an earlier survey by Umubyeyi et al., 2016: 7-8) portrayed a low awareness of what was on offer with respondents barely aware of the centres and unlikely to use them as this would have meant a public acknowledgement of abuse and hence shameful to the family. These findings indicated that one stop centres were not the preferred option for abused women. In assessing anti GBV actions in 2018, eighty-nine percent of respondents reported that implementation of these policies, 'faced challenges' (Rwanda Civil Society Platform 2018) and these were linked to cultural beliefs and practices such as: the persistence of traditional views of masculinity and women's roles; the persistence of a lack of compassion towards gender equality and equality; grassroots authorities tending to cover up crimes, especially if suspects are family members (reported as 'negative solidarity'); GBV still being tolerated by women and men for reasons such as an avoidance of family conflict, marriage preservation, and the avoidance of conflict with a sexual perpetrator, especially one in a more powerful position (RCSP). The healthcare staff at Isange Centres, as assessed by the RCSP, were the only ones adequately equipped to realistically report on gender-based violence and provide support for women and girls (Rwanda Civil Society Platform 2018).

### Conclusion

As evidenced, the challenges involved in combating GBV are immense. Cultural beliefs remain a massive impediment to change. However, these cultural values and traditions exist within a political framework of an authoritarian state with a poor human rights record, but legislatively impressive gender equality policies. This is a pessimistic view, but one grounded in existing rigid cultural beliefs and entrenched ideas of male and female stereotypes. These conclusions are drawn relatively early (2011) by one of the government's own ministries (MIGEPROF) in a national report on GBV. In this report many acts of gender-based violence were culturally regarded as normal behaviour. The

high levels of GBV had far-reaching physical and psychological consequences and perpetuated male power, sustained by a culture of silence. The 2011 MIGEPROF report is impressive in its scope, the extent of GBV, its impact across all stratas of society, on economic development and on human rights (2011: 5-8). The fact that GBV continues to be major issue with an ongoing and devastating impact a decade on from the findings of this report, demonstrates the strength of the opposition to creating real gender equality. This opposition is cultural, religious, judicial and political. It is not difficult to draw the conclusion that there is a lack of political will when it comes to enforcing the legislative changes. The GBV law was promulgated in 2008, but while conjugal rape is not always held to be crime by the community, and women, along with men, view sexual intercourse as a man's conjugal right, cultural change will be glacially slow.

The national government report on violence against children and youth (VACYS 2015-16) is disturbing in its magnitude, type and cultural implications. While thirty-four percent of girls and boys (aged 13-17), had experienced sexual violence, prior to age thirteen, the victims rarely reported the abuse. When they did, there was rarely any follow-up. The alarming conclusion drawn in the VACYS report, of children and young people not reporting sexual or physical violence, is that children and young people gave as one of the reasons, that the abuse was not a problem.

As Hansen has stated, it would be simplistic to assume that legislative change is followed by rapid cultural change. After a catastrophic genocide, Rwanda is politically in transition, culturally resistant to change, highly dependent on international aid while seeking legitimacy on the international stage with the promotion of gender equality credentials. But there has been no corresponding decrease in gender-based violence in spite of gender quota systems legislated to enhance female empowerment. Evidence leads to the conclusion that gender-based violence will remain prevalent and pervasive in this authoritarian state, no matter what gender equality legislation is in place (Hansen, 2017: 19-22).

The next chapter continues the examination of Rwanda's actual performance with issues that matter to women's rights and focusses on the access to safe abortion services.

## Chapter Three: Abortion

This is the story of Anne, 20 years old and serving a prison sentence in Karubanda since 2007 for having had an abortion. She was brought up by her father as her mother died when she was very young.

I was in the 5<sup>th</sup> year of my secondary education when a teacher at my school started dating me. I needed school materials and since I could not afford them I allowed to have sexual intercourse(sic) with this teacher at this tender age. With limited knowledge on contraception use, I got pregnant and had to drop out of school since it's against school regulations. I decided to have an abortion and my elder brother out of fear reported me to the police. I am supposed to serve a period of 9 years of which I've so far completed 3 years (Umuhoza et al., 2013: 50).

For decades prior to Anne's imprisonment, abortion was effectively banned in Rwanda and was only permissible for the preservation of the physical or mental health of the mother. Women and girls were jailed for 'committing' abortion under all other circumstances and jail terms ranged from five to fifteen years. This punitive penal code reflected Rwandan society norms and values of gender inequality, religious, cultural and political rigidity, and the punitive measures meted out to women attempting to access their basic right to reproductive health. However, in spite of immense legal and cultural barriers, the rate of abortion was high. The Guttmacher Institute estimated there were 60,000 abortions annually, with the majority being illegal and unsafe (Ipas, 2015: 5). This chapter explores the contradictions inherent between the impressive gender equality policies written into the 2003 Rwandan constitution and the lived reality of women and girls seeking safe abortions. This section will outline the impetus for change and the forces that strongly opposed or restricted change to the punitive law on abortion.

In an historical perspective on family planning, Erin Jessee reported that women and girls who were unable to demonstrate that an abortion was necessary to preserve their physical or mental health had two options. They could proceed with the birth or seek an illegal and unsafe termination that carried a complication rate of forty-four percent (2020: 237). Rural women

had a higher complication rate of 67 % among women who self-induced, and slightly lower if they sought an abortion from a 'traditional healer' (61 %) (Jessee, 2020: 237; Guttmacher Institute, 2013). The impact on young single Rwandan women seeking an abortion was especially severe. They were condemned for being pregnant and unmarried. Parents often threw them out of home for being pregnant, and those who were still at school were expelled. It was these young women who would seek "traditional" and frequently unsafe methods to abort (Umuhoza et al., 2013: 51). A 2008 UN Women (UNIFEM) study across four districts in Rwanda, found that 86% of respondents reported they were pregnant due to rape by a family member or in the workplace (UNIFEM cited in Umuhoza et al., 2013: 51) Culturally, and in the eyes of the law, women and girls were the guilty parties. Culturally, and in the eyes of the law, men and boys bore no responsibility or guilt, and there was no exploration of the reasons for the spiraling number of unwanted pregnancies among young women and girls under eighteen. Widespread sexual violence was a critical factor along with very limited access to contraception, as all permissible forms of contraception were culturally regarded as solely for married couples.

### The Drive for Change

It took a group of young Rwandan women, members of the youth action group YAM—the youth wing of the *Association Rwandaise pour le Bien-Etre Familial* (Rwandan Association for Family Wellbeing) (ARBEF)—to advocate for safe, non-discriminatory abortion and the reproductive rights of all women. In collaboration with a Dutch NGO, YAM gathered data on young women hospitalized or jailed for procuring or attempting to procure an abortion (Umuhoza et al., 2013: 50-51; Jessee, 2020: 237). YAM and ARBEF linked up with the International Planned Parenthood Federation (IPPF), and this coalition of domestic and international bodies took up the fight against Rwanda's legal and political repression of women's reproductive rights. The campaigns were well targeted to the Ministries of Health, Gender and Family Promotion, Justice, the National Women's Council and the National Youth Council. Tactically, it gave face to the culture of silence around abortion, by delivering testimonies from women and girls from within jails and hospitals.

It gave a factual base to their campaigns, which emphasized the reasons for unwanted pregnancies as sexual violence, lack of access to information and contraception, but the fundamental base of all of these reasons was the issue of gender inequality. The YAM group also made skillful use of the domestic media and the fact that it was young women themselves, who addressed the highly divisive issue of abortion pressured some of the less conservative policymakers.

There were also other factors that drove the campaign for change. Domestic advocacy coincided with the ratification of international and regional conventions supporting women's reproductive rights like the 2003 Protocol to the African Charter on Human Rights and the Rights of Women in Africa (Maputo Protocol), which entered into force in 2005. The Ministry of Health also put together a five-year plan to provide safe abortion to all women in need and to reduce the death rate from unsafe abortions (Hodoglugil et al., 2017: 83). Politically, Rwanda was, and continues to be, a state heavily reliant on international aid, with the health sector being one of the major recipients. From this budget, the government used almost 11% of the reproductive health budget treating complications from unsafe abortions (Santoshini, 2019: 3). This was unsustainable against evidence that nearly half of all pregnancies in Rwanda were unintended, and 22% of these ended in induced abortions. Recording testimonies from inside jails in 2010 and 2011, YAM found that in Karubanda jail, 21 out of 114 women were there for abortions and 90% were 25 years or younger. Chantal Umuhoza, from the feminist group SPECTRA, while emphasizing the magnitude of unsafe abortions in Rwanda, noted: "Even if there is one woman who wants the service, then by not providing this service, we are literally telling the women that she can go and die" (Santoshini, 2019: 4).

The Penal code was reformed in 2012, (PC-2012), and although still highly restrictive, did legally loosen access to abortion. Critically, pregnancy resulting from gender-based violence was linked to legal abortion services. Terminations became available, if proven, in cases of rape, incest, forced

marriage and in some cases of risk to the health of the mother or fetus, but it required a court order, along with written approval from two doctors granting permission. This was not easy in a country where access to medical support was very limited—there was a ratio of one doctor for every 17,000 citizens, 70% of the population lived and worked rurally, and women and girls continued to battle cultural shame and stigma (Santoshini, 2019: 5). Amendments to the abortion law were legislated despite heavy opposition from the Catholic Church. But the conditions were quite prohibitive in obtaining permission for a legal abortion. This was exemplified by the fact that, following the 2012 amendments, only three cases went before the courts. The Health Development Initiative (HDI) a Rwanda based non-profit, reported that over a 3-month period in 2014, just 5% of women who were pregnant as result of rape, incest or forced marriage, sought an abortion. Not a single court order was successful. There was still a long way to go in shifting cultural, legal and political and religious opposition to women’s reproductive rights.

### [The Real Impact of the 2012 Abortion Reforms](#)

An Ipas report reviewed the impact of the 2012 abortion reforms on women and girls by interviewing a selection of inmates from among the three hundred and thirteen imprisoned for abortion in five jails across Rwanda (Kane et al., 2015: 9). The Rwandan Ministry of Health approved the review, as did the Rwandan Correctional Services (RCS). Kane suspected that the number of women incarcerated for illegal abortions was underreported by the RCS. The numbers of women prisoners jailed for abortion makes for sobering reading with approximately a quarter of the inmates in the five jails imprisoned for abortion. Their experiences were fairly uniform. All had suffered injuries from unsafe abortions and had sought emergency care from within their communities, but had been reported by families, neighbors and healthcare workers to the police. Arrests followed these reports and this was one of the more disturbing aspects of the criminalizing of abortion because Rwandan law, as it then stood, made it an offence not to report the ‘crime’. Community policing was part of national police policy in addressing local problems like GBV ostensibly, but local knowledge also delivered intelligence on abortions.

Many of these women according to Kane, may well have qualified for a legal abortion under the reformed code, but were ill informed as to their rights, or not able to meet all requirements for approval (Kane et al., 2015: 11-12).

Shame and stigma in reporting rape, incest and physical or mental capacity were just two of the cultural barriers to seeking an abortion. According to the Solidarity for African Women's Rights Coalition (SOAWR) rape and incest were rarely reported because of the stigma and shame, and therefore these cases rarely made it to the court system (Kane et al., 2015: 15). Compounding these obstacles was the prevalence of HIV among sexually active women and girls. A 2014 survey found that the highest prevalence of HIV positive was with women aged 35-39 (Kane et al., 2015:13). Added to this was the cost, and harassment, intimidation and extortion by some members of the police force. A successful prosecution for an illegal abortion could result in the woman or young girl facing one to three years in jail, and a fine the equivalent of US\$300. Political will in reforming a draconian penal code, did not translate into the provision of safe and accessible abortion services for young women and girls. The 2015 Ipas report unsurprisingly drew the conclusion that 'little had changed on the ground' following the 2012 abortion review, as legal abortions remained inaccessible for most women and girls. This was despite Rwanda being a party to and having ratified various treaties on reproductive rights and safe abortions. These included the Maputo Protocol, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), and the International Covenant on Economic, Social and Political Rights (ICECR) (Kane et al., 2015: 20; Fine et al., 2017).

### Cultural Barriers

The social and cultural histories of the women and girls seeking abortions had the common feature of sexual and gender-based violence, rural poverty, subordination, gender inequality and legacy of the genocide. Several of the girls were pregnant to men who paid for school fees, clothing and food. Most of the women and girls refused to give information about families and friends

because of the stigma of abortion and the fact that knowing of the pregnancy and abortion could lead their arrest of family and friends. A majority of the women reported that their parents had died during the genocide and they had little or no family support. Almost half of all pregnancies were unintended and 22% of these ended in an induced abortion. A further review of the 2012 legislative changes delivered a key finding that the pervasiveness and strength of the culture of silence and stigma around rape and abortion meant most women and girls chose silence and resorted to unsafe terminations rather than going public by seeking a court order (Hodoglugil et al., 2017: 88). A woman disclosing that she was pregnant as a result of rape, drew a real risk of being marginalized and shamed within her community, and greatly reduced any prospect of marriage. Almost insurmountable challenges faced women and girls seeking court orders to prove that a pregnancy was the result of rape, incest or forced marriage. In the case of rape, according to GBV procedure in place at the time, a victim had to present herself to a health centre within 72 hours of the sexual assault, but if it was left until the pregnancy was confirmed the case was registered as an abuse of the system (Hodoglugil et al., 2017: 88). Hence it was almost impossible to get a court order for a legal abortion.

Compounding cultural obstacles to securing a legal abortion was the fact that some the GBV counselors had limited knowledge of PC-2012, and as a result did not offer abortion as an option. (Hodoglugil et al., 2017: 88-89). The most accurate reading of this situation is that some health care workers did not understand that abortion was actually an option. While other healthcare workers counseled women to proceed with the pregnancy as a means of coping with rape trauma, as they acknowledged the difficulty of getting a court order. Other outcomes included rejection of a child born from rape with the child stigmatized as *ikenyendaro* (bastard), with the risk of neglect or abuse. One of the most confronting statistics was that the majority of pregnant GBV victims were minors (under 18 years), but these girls were not given special access to abortion in the 2012 review.

A dramatic amplification of the ongoing stigma surrounding rape and abortion was that in the two years following the 2012 reform, there was only one abortion as a result of rape (Hodoglugil et al., 2017: 89). Cultural and legal barriers to accessing safe abortions, without stigma or discrimination, particularly for young women, in the years following the 2012 review and reform, were immense. Estimates were that about 22% of unwanted pregnancies ended in abortion and following this, 40% of these abortions led to complications needing medical treatment (newsdeeply, 2018).

This extract from an interview in 2013 exemplifies the enormous cultural challenges women and girls faced in relation to their reproductive and human rights. This young woman was 21 when interviewed and had been imprisoned since she was 18 for having had an abortion; she had 4 more years to serve.

I used to stay with both my parents when I got impregnated by a 42 year old married local leader, who was also a family friend. Out of fear of my dad who is also a pastor, I arranged with the local leader to get me traditional medicine to do an abortion. I got very sick though and on the way to the hospital, I was over bleeding (sic) and my mum got to know from the doctor that I had aborted. After the abortion I was directly handed over to the police and then to prison. My dad urged me to keep it a secret to protect the local leader (Umuhoza et al., 2013: 52).

### Religious Barriers

The Catholic Church in Rwanda maintains an unshakeable resistance to any change in the abortion law. The church had built a strong political and religious powerbase from their arrival in Rwanda in 1900 as the Missionaries of Africa, better known as the 'White Fathers'. They cemented a relationship with the Rwandan monarchy and set about converting the population to Christianity. Historically, both the Catholic and Protestant churches were much more than religious centres—they set up schools, health centres, introduced crops, new farming techniques and various new enterprises (Longman, 2001: 11-12). The Catholic Church especially, was strongly interwoven into the political, social and cultural fabric of Rwanda. This continued throughout the twentieth century, despite the church's record of complicity, allied with inaction, during the genocide (Longman, 2001: 166-169). The Catholic Church continues to own and operate about 30% of health facilities at the community level, working in conjunction with Government owned health facilities. The church

has been the ideological force disseminating information, as well as controlling access to reproductive services (Santoshini, 2019:11-12). It was the most vocal opponent to any change in the abortion law, although the Rwandan Anglicans and Seventh Day Adventists held similar views. Changes in the abortion law also ran counter to the strong religious beliefs of some health care providers, exemplified by a retired nurse from the Nyarugenge District , who maintained that the women who induced an abortion should confess before the congregation before they could be reintegrated into the church, so they might fully grasp the gravity of their sin, ‘otherwise, women will carry out abortions over and over again, bearing in mind that the Church will absolve their sin’ (The New Times, 2015).

The Catholic Church continued to dictate health and reproductive services well into the 21<sup>st</sup> century, however the momentum for change has been gathering force domestically and internationally and culminated in the initial review of 2012. Lockstep with the Church’s resistance to contraception and abortion, Rwandan men did not support family planning, as witnessed by responses to a 2011 Government proposal that 700,000 men have vasectomies. Some men conceded that family planning was a good thing, but it was women’s responsibility, and a vasectomy was like “castrating yourself” (Jessee, 2020: 236). In response to the 2012 amendments, Catholic Bishop Smaragde Mbonyinge, Bishop of Kabgayi (40km southwest of Kigali) condemned the revision as “a shame upon the country” and that “anytime you kill a baby in its mother’s womb is always killing a person” (Jessee, 2020: 237). The Church flexed its power by calling for a referendum on the revised 2012 law, calculating that in a state where over 90% of people identified as Catholic, there was a good chance to condemn abortion as murder. The government however called the Church’s bluff, and there was no referendum. An ongoing yet uneasy interdependency has continued between the Catholic Church and the government.

## 2018 Abortion Reform and Responses

Ongoing international and domestic advocacy forced the Rwandan government in October 2018 to again change the persisting onerous and punitive conditions required to procure a legal abortion. The Catholic hierarchy responded with a message to the faithful that “the country was threatened by a pandemic of promiscuity” (christian-99.com, 2019) and that any acceptance of abortion risked divine punishment. The repressive 2012 reforms became unsustainable for the government which, while trumpeting its gender equality credentials, was still jailing women and girls in a fundamental abuse of their human rights. The changes came into effect in April 2019. This was a significant legal change for women’s reproductive rights in this deeply conservative state. The new grounds for an abortion included if the pregnant person was a child, the person had become pregnant as a result of rape, forced marriage, or incest and the continued pregnancy put the mother or fetus at risk (International Campaign for Women’s Right to Safe Abortion, 2019). Except in the case of risk to health of the mother or fetus, an abortion could not be performed beyond twenty-two weeks.

These were long awaited changes to the penal code on abortion and the rights of women and girls, but it is necessary to locate these changes within the political context. On 4 April 2019, President Kagame pardoned 367 women and girls who had been imprisoned for crimes of abortion, complicity in abortion and infanticide. This pardon was no coincidence as it was just days prior to the 25<sup>th</sup> anniversary of the 1994 genocide. Politically strategic as always, this act praised the president as exercising “his prerogative of mercy” and the press release stated that “The government has once again proven that Rwanda is a cradle of women’s rights...and (the decision) reflects the rights and freedoms of women and girls enshrined in the Constitution” (Okiror,2019). Jessee’s interpretation of the pardons is that they were greeted with accolades by pro-abortion advocates (Jessee, 2020: 238). My reading is that it was more nuanced than that: the changes were welcomed, but it would be a total misrepresentation to equate the granting of pardons with evidence of fundamental gender equality for Rwandan women and girls. However, the

tension between church and state continued to play out in the public forum, though not always attributed to either entity.

According to Jessee (2020: 238) the Catholic hierarchy had been relatively muted in their response to the pardons; however a savage indictment of the church was unleashed in an opinion piece in the Kigali daily, *The New Times*, several days after the pardons. It attacked the church's role in the genocide and a statement they had issued demanding the release of elderly and ill perpetrators. These were perpetrators described in the press as refusing to confess to their roles in the genocide and continuing to believe in a genocide ideology. Both the pardons and the missive coincided with the 25<sup>th</sup> anniversary. The opinion piece went on to attack the church's resistance to all female equity policies like legal abortion and "any other progressive policies" with an endless flood of petitions (Ruhumuliza, 2019). One has to conclude that, in a country with minimal press freedom, the journalist was expressing a government sanctioned viewpoint. Ruhumuliza described the church as experiencing an existential threat to its influence and a decline in the numbers of the faithful, "Now it seems that the Catholic churches are drying up and they've started to feel nostalgic" (Ruhumuliza, 2019). Further criticism of the church was made by the Health Minister, Diane Gashumba, in June 2019, when she complained that the catholic hierarchy was frustrating government efforts to limit the number of births.

We can't continue with a situation where health care professionals trained and paid by the government can't do their job because the church has prevented them...It's time our constitution was respected and our country's laws enforced, since dialogue with the church hasn't worked (The New Times, 2019).

Some of the health care workers on the frontline are pragmatic without a political agenda. Ndayambaje is a midwife and health services coordinator at the new rural medical campus at the University of Global health Equity UGHE, a private venture jointly funded by the Gates Foundation and Partners in Health and opened in early 2019 by Paul Kagame. The midwife's argument is that Rwanda faces an outbreak of teen pregnancies, unsafe abortions, preterm births, school dropouts and teen sex workers. In order to counter these medical and social catastrophes, non-discriminatory access to sexual and

reproductive health services should be top priority (Ndayabaje, 2020). The midwife is yet to find majority support culturally and politically.

The Rwandan feminist group SPECTRA wanted Kagame to lift the ban on abortions totally, and it expressed its frustration that although more than 50% of politicians were women this did not indicate their support for the right of women and girls to decriminalized abortions. The government appeared to be distancing itself from the Catholic Church, but this cannot be read as a liberalization of reproductive rights. The Minister for Gender and Family Promotion was quick to allay cultural and religious fears that some women would abuse the reforms of 2018, by restating that abortion was still illegal and was still a crime. The inadequacy of the reforms, as they related to girls under eighteen, required that they be accompanied by a parent if they sought an abortion following rape. This was a severe limitation if the pregnancy had resulted from a rape by a family member, a neighbor, or family friend. Some lawmakers argued that excluding parents was a denial of parental rights, and that some young women would use abortion as a means of birth control. This position was supported by female politician, Euthalie Nyirabega, and was backed by some health workers who were concerned that illegal abortions “could slip through the system” (Rwirahira, 2018).

Women and girls still languished in jail for abortion related crimes, even following the pardoning of 367 inmates on 4 April 2019, and even though Kagame pardoned another 52 young women on 11 October 2019. Ironically, this second lot of pardons took place on the International Day of the Girl Child (11 October) and the statement issued from the Cabinet meeting read that Kagame was, “exercising his power of mercy to give people another chance”, while the tone from the Justice Minister, Johnston Busingye, was more punitive stating that the President found it “fitting to give these convicts another chance” (Journal du Cameroun, APA News 12 October 2019). Neither statement indicates recognition of gender equality policy in action, nor the reproductive and human rights of Rwandan women and girls.

## Conclusion

Non-discriminatory access to abortion still deeply divides Rwanda. There are divisions between the Catholic Church and Kagame and some of his Ministers; between some Government Ministers; between Rwandan feminists and the Government; and between poorly informed, conservative and frequently religious, healthcare workers and would be clients. Domestic and international activists and advocates continue to push for the decriminalization of abortion so no woman will be jailed for exercising her reproductive rights. Activists and advocates have delivered legislative change in 2012 and 2018, but the cultural, political and religious pushback is strong.

Rwandan President Paul Kagame maintains a delicate balancing act between the state's reliance on international aid, international approval for gender equality policies, the ratification of treaties on women's non-discriminatory reproductive rights and cultural, political and religious resistance. It is deeply disturbing that access to 'illegal' abortion remains a crime and that women and girls are dependent on a presidential 'act of mercy' to be pardoned for their crimes. This makes a mockery of Kagame's internationally lauded gender equality policies. One estimate is that up to 24,000 women and girls need emergency medical treatment annually from unsafe abortions, and those needing help are mostly young, rural and poor (Ipas 2019; Rwanda FP2020). It continues to be young, poor, rural women and girls who do not benefit from the façade of gender equality (Berry, 2014:1-8; Burnet, 2012).

There are sporadic public outbreaks of ideological division, often in the government friendly press, with Kagame attacking the Catholic Church for its role in the genocide and its resistance to legal abortion (Ruhumuliza, 2019). The most recent foray, via the Kigali based *New Times*, argued for the removal of restrictions on contraceptives for teenagers. The President plays a duplicitous 'double game', one that is critical of the religious opposition to contraception and contraceptive information for teenagers, yet his government expresses a fear that sexually active teenagers will be

psychologically damaged and should be held accountable for unwanted pregnancies (Bishumba, 2020).

The other major problem is the patriarchal Rwandan male. There remains a huge resistance to women's sexual and reproductive rights on this front, as seen by the response to the proposed vasectomy campaign and social attitudes to GBV. The patriarchy and the Catholic Church are powerful allies, and they are joint enemies of fundamental gender equality in the form of universal access to sexual and reproductive health for women and girls. At the end of this chapter on abortion and the right to a safe abortion, I feel I should quote Valerie Hudson, Professor of International Affairs, from a letter to the *New York Times* entitled 'Gender isn't just a human interest sideshow to high politics', which she had written in anticipation of the 25<sup>th</sup> anniversary of the UN Conference for Women in Beijing: "The fate of nations is tied to the status of women ... [and] the law of the first political order is this: What you do to your women, you do to your nation" (NYT, March 6 2020).

## Chapter Four: Sexual and Reproductive Health

This chapter explores the sexual and reproductive health services available to women and girls in Rwanda. It focuses on accessibility and the obstacles to access. It maps the changes in sexual and reproductive health from independence, pre genocide and post genocide to the present day. Issues addressed are contraception, sexually transmitted diseases, prevalence and incidence of HIV, resistance to change and the forces driving change. These are complex issues that continue to this day to be highly contentious in this religious and patriarchal state. Family planning was always a patriarchal affair, even prior to the German and Belgian rule of the late nineteenth century and the full scale conversion to Catholicism beginning with the Tutsi kings and extending to every village and villager. Women were defined as mothers and carers in accordance with traditional gender norms, and their key role was to bear as many children as possible (Jessee, 2020: 221).

There is general agreement among academics who explore gender equality in Rwanda, that female roles were submissive and subservient, and although Jessee agrees with these assessments, she suggests that in family planning practices, women had a little more agency than is generally acknowledged (Jessee, 2020: 221-223). This might however be an overly optimistic reading of the evidence available and not reflective of more widespread practices or norms. The issues involved in sexual and reproductive health are indeed complex, and alliances and collaborations shift and change between stakeholders such as church and state, conservatives and progressives, women and men. The battlefronts are cultural, political, economic and religious, and the political context is both domestic and international. The stakes are high, as non-discriminatory access to sexual and reproductive health services for women and girls in Rwanda would mean a fundamental restructuring of the Rwandan state.

### Family Planning Pre-Genocide

Rwanda's first family planning program offering modern contraception, to married couples only, was set up in independence year, 1962. The average family had 7.7 children per couple according to the first fertility survey of 1970 (Solo, 2008: 10). A five-year plan (1977-1981) included family planning goals, in recognition that overpopulation was an enormous economic problem in this tiny rural state. In 1981, a national office of population was set up to implement population programs and began the integration of family planning into all health services on offer. However, the sexual and reproductive health services on offer were being made in the cultural context of a profound gender inequality and ran counter to the religious and political interests of the Catholic Church. The take-up of contraceptive methods, outside of abstinence and 'natural methods' stipulated by the Catholic Church, was minimal and ineffective. Proof of this contraceptive failure was that the size of the average Rwandan family increased to 8.5 in the early 1980s. To counter this, a local affiliate of International Planned Parenthood was invited into Rwanda by President Habyarimana to optimize contraceptive take-up in the mid 1980s (Solo, 2008: 10).

Kayibanda and Habyarimana, the first two leaders of the newly independent Rwanda, were however both devout Catholics, and tried to adhere to their church's dictates on family planning. President Habyarimana tried to balance the dictates of the church against overpopulation, economic stagnation, poor farming methods and poverty by making a bold step to allow pharmacies to stock condoms and encouraging couples to use other methods to restrict the number of children to four. The result was a backlash from within his own party and from the Catholic Church, with raids on pharmacies by vigilante mobs and the destruction of condom stocks (Jessee, 2020: 231). The Catholic Church attacked Habyarimana as a corrupt and discriminatory ethnic force, resulting in the president backing down and giving in to the power of the church. The national population office in 1990 did however attempt to implement family planning goals of reducing the total fertility rate (TFR) from 8.6 children to 4 by increasing the use of contraceptives from 2% to 48% by

the year 2000 (Solo, 2008: 10). This shift was against a political background of the Rwandan Patriotic Front incursion and the start of the civil war in 1990. There was also some success with the implementation of these goals at the individual family level with the recognition that big families were unsustainable economically, in spite of powerful traditional norms. Midway through the civil war, the average family size was 6.2, with a contraceptive take-up rate of 13%, and this was despite the conflict and the ongoing and vigorous opposition from the Catholic Church (Solo, 2008: 10). Change, although incrementally slow, in relation to contraception and family sustainability, was a challenge to cultural and religious tradition.

### Contraception Post Genocide

Post genocide, Paul Kagame's government had the herculean task of rebuilding a shattered country, where upwards of 800,000 had been killed and infrastructure was decimated. A reassessment of family planning policy was implemented along with policies of social, political and economic reconstruction. In 2000 a demographic and health survey recorded average family size as 5.8 children, but even then the contraceptive take up rate was as low as 4%. Kagame was however to build and shape his domestic and international reputation on gender equality, as foundational to economic, social and political growth in Vision 2020 (2003).

Julie Solo's research covered the growth of health care centres as they tackled the once taboo subject of family planning and assessed the delivery of services and client inhibition. The reasoning was that offering wide ranging services and options would create demand and help break down cultural and religious barriers. Health care clients she interviewed lamented their economic poverty and the burden of raising even one child (Solo, 2008: 24-27). The confidential services for women meant that husbands did not need to know that their wives were using long-term contraceptives like Depo-Provera. This was a challenge to understandings of Rwandan masculinity that were built around fertility and big families. While contraception use presented a challenge to religious dogma that defined contraception as a sin, married women felt more secure and

distanced from marital and religious disapproval and persecution, especially when anonymity was assured.

There was a slow incremental climb in contraceptive use from 2005, following a dramatic fall in usage in 2000. Injectables became the most frequently used contraceptives – 5% as against 2% for the birth control pill—but both were still very low figures. (Solo 2008: 7). There was a much higher usage in urban areas than in rural (21% as against 9%) and higher usage among more educated women than those with little or no education (29% as against 6%). Given the urban/rural divide, these statistics are not surprising. Implants ranked second over a four-year period from 2004 to 2008; the pill ranked third and condoms and IUDs at the bottom of uptakes (FP2020: 2018-2019). Percentage wise, the results were: injectables 51%; birth control pill 16.9%; condoms 7.9%; IUDs 2.5%. Sterilisation for women stood at 2.5% while for men it was just 0.4%. It is important to counter Solo's more optimistic, though not uncritical, research into family planning as there were reasons other than educational ones that accounted for the much lower uptake among rural women. Rural women, if victims of abuse, were reluctant to attend health clinics seeking family planning help and support because of shame, traditional gender inequality and poverty. Many suffered physical and psychological abuse, and had poor awareness that marital rape was a crime. These factors led to fewer married rural women seeking reproductive health services (Umubyeyi, 2016: 7-8). The government should be given praise for the increase in contraceptive prevalence and the decrease in the state's fertility rate from 6.1 children per woman to 3.9. This was the result of profound policy changes that aligned poverty, economic growth, fertility and unsustainably large families. However, family planning policy was designed for married women, and was never intended for single women and girls.

### Resistance: The Government and the Church versus Single Women and Feminists

Under the Kagame government the failure to delivering sexual and reproductive services to young unmarried women has continued to be one

driven by politically conservative moral and religious forces. The reality, according to Rwandan feminist Chantal Umuhoza (2019), is that most young Rwandan women are sexually active by age fifteen, but they are provided with little information and no access to sexual and reproductive services. There was an embargo on providing what could be life-saving information for teenagers under the age of majority (18 years) with information that could prevent unwanted pregnancies and sexually transmitted diseases. This was not just about affordability, it was also due to legal and cultural restrictions, aligned with the discrimination and stigmatisation that young women encountered at health facilities (Umuhoza, 2019). In the four years from February 2016 to February 2020 there was a surge in teen pregnancies as indicated by the 78,000 babies born to teenage mothers (Bishumba, 2020). These statistics represent a major political and cultural failure for the new generation of Rwandan women. Rather than representing fundamental gender equality the high number of teenage mothers should be placed within the context of Rwandan social attitudes, especially those of Rwandan men. In a patriarchal society where men are overwhelmingly unwilling to take any responsibility for contraception it is worth reprising the male response to a 2011 government proposal that 700,000 men undergo vasectomies, at government expense. “Family planning for men?.. don’t you think it’s like castrating yourself? Only women should adopt family planning”(Jessee, 2020: 236).

The Rwandan state’s failure to provide sexual and reproductive health services for young women is noted in the current government’s strategic health plan for 2018-2024. However, the focus is on delivering information, rather than access, to a full range of sexual and reproductive services (Umuhoza, 2019). This amounts to a political, religious and cultural denial of the sexual realities of Rwandan youth. The plan references “age appropriate contraception”, and proposed sex education does not include contraceptives at youth friendly health centres. The reality of adolescent sexual behaviour and needs sits at the margins of Rwanda’s health policy; these are in many instances admirable policies designed to safeguard women’s health, but for

more than two decades the focus and funding has been on maternal, newborn and child health.

Umuhoza and SPECTRA are powerful advocates for the implementation of comprehensive sex education and the full access to sexual and reproductive services, without any age limitation. Among advocates, there is a determined push to embrace the reality that many Rwandan girls are sexually active in their teens and that the legal age of majority should be reduced from eighteen to fifteen. Further advocates of reform argue for amendments to the law that makes it a legal requirement that a health worker to inform the parent or guardian if a minor seeks sexual or reproductive services. According to the Bishumba article (2020), a draft bill, yet to be enacted, would repeal this requirement, and allow a fifteen year old to access contraceptives, without informing their parents or guardian.

Paul Kagame's response to these moves has been cautious, possibly in consideration of attempting to unify sharply divided cultural, political and religious entities. He has expressed a fear that teenage sexual behaviour could be psychologically damaging and that Rwandan youth are being sent the wrong message: "We should fight teenage pregnancy...and work on reducing it to a minimum as we also hold the people involved accountable" (Bishumba, 2020). Kagame's collaboration with the Catholic Church is based on the fact that it currently funds and controls about a third of the country's hospitals and clinics, and the state is reliant on the Church to deliver on promised family planning policy. Yet the obstacles within Catholic healthcare remain immense. Jessee cites a nurse at a Catholic clinic who said she received requests on family planning only from married couples, explaining that "if you don't have a husband, what do you need family planning for?...You have nothing to plan" (2020: 238). SPECTRA and the Health Development Initiative (HDI) are allies and advocates for legal changes to empower Rwandan youth, and although both concede that the conversation has stalled, the combined push is for the government, conservatives and religious to "accept the reality of today's teenager" (Bishumba, 2020). One rather more pragmatic member of Statistics

of Social Protection was quoted in the Bishumba article: “Whether you like it or not, and regardless of the effort that you put in abstinence, teenagers will still have sex”. The statistician went on to point out that in one of Rwanda’s district, births to teenagers was above the national population growth rate (Bishumba, 2020). In the last 4 years, (2016-2020) 78,000 teen births have been reported in Rwanda; that is a 200% increase in the last ten years (Ndayambaje, 2020), yet responses from state health services are couched in bureaucratic caution about an ongoing discussion gathering different points of view, “to come up with the best solution for our population”: (Bishumba 2020).

### HIV Prevalence and Incidence

Rwanda has been the only country in sub-Saharan Africa to have successfully implemented voluntary testing and counseling of heterosexual couples to reduce viral HIV transmission (Ingabire et al., 2019: 558). The statistics were collated from the first national survey measuring Rwanda’s HIV response (conducted from October 2018 to March 2019) and make interesting reading. Eleven thousand households were targeted and approximately 210,200 adults (15-64 years) were found to be living with HIV (RPHIA, 2019). This equated to over 17,000 women and over 14,000 men interviewed and tested for HIV. Prevalence was higher among women than men in the same age category, registering as 3.7% against 2.2% for males. Stable heterosexual relationships were estimated to have the highest rate of HIV transmission at 65% percent (RPHIA, 2019). Prevalence among young Rwandan adolescents, aged 10-14, corresponded to nearly 6,000 young people living with HIV (RPHIA, 2019). Among young people aged 20-24, HIV prevalence was higher among young women than among young men, with women registering 1.8% as compared to 0.6% for men, and even while young women recorded triple the rate of young men living with HIV, these percentages are very low.

As Karuhanga (2019) notes the absence of drugs in sub-Saharan Africa was already a problem in treating HIV/AIDS, but “...in Rwanda it was even worse because there was even a Genocide and (spreading) HIV was used as a weapon of war ...”. In the area of HIV mitigation President Kagame deserves praise. In

the last twenty-five years the prevalence of those living with HIV in the general Rwandan population has fallen from 25-30% to less than 10%. While on the surface this would appear to herald success, in a country where 60% of the population is aged under twenty five, and where culture and tradition dictate that young Rwandans abstain from sex until marriage, this could become a major health issue, unless addressed at the highest political level, irrespective of religious pressure (Schwandt et al., 2018: 6-9).

### On the Periphery

Paul Kagame and his cabinet will need to exercise strong political will, challenge tradition and resist the religious organisations if they are to deliver non-discriminatory access to healthcare for all Rwandans, as promised in the Constitution. Bolstering the cabinet's position, the UNAIDS report of 2017 committed to eliminating gender inequalities, ending all forms of violence against women and girls, and accessing key populations living with HIV, but these still remain major issues. Girls and women, and children under 14, remained vulnerable to HIV infection due to a combination of factors like gender norms and cultural attitudes to sex and sexuality. This in turn limited access to information and education and kept women and girls economically vulnerable and dependent. HIV testing services are available in 99% of health clinics, but adolescent girls and young adults, who represent the biggest proportion of the Rwandan population, have limited access to testing services (unaids.org 2017).

Also on the periphery in accessing HIV services, are female sex workers with an estimated prevalence rate of 51%, which is 17 times greater than the rest of the population (Ingabire et al., 2019: 564-566). Findings in the survey found that the proportion of female sex workers were living with HIV (over 50%), had barely shifted from previous studies. More alarming was that one in four female sex workers who had reported being HIV negative in previous studies, reported as being HIV positive in this study, which attests to a dramatic failure rate in treatment compared to the general population, and to the continuation of HIV transmission in Rwanda. Another key population group with an

equivalent vulnerability to female sex workers (FSW), is men who have sex with men (MSM). Preliminary results of a 2018 survey in Kigali of MSM estimates a population of approximately eight and a half thousand, with the HIV prevalence estimated to be 9.2%. Just as with female sex workers these men suffer similar stigma and discrimination.

### Conclusion

German and Belgian colonialism and the Catholic Church reinforced Rwanda's traditional norms of the large and expanding family as a sign of wealth, prestige and pride. Erin Jessee's research into selected oral traditions (*ibitekerezo*) has revealed that there was, in pre-Christian, pre-colonial times, enormous pride and social pressure for Rwandan families to produce as many children as possible (Jessee, 2020). As mentioned previously, President Habyarimana attempted a bold economic and cultural move to break with tradition, and encouraged married couples to use condoms. The backlash from the Catholic Church, his own party and a conservative population quickly torpedoed that initiative. Other obstacles collectively reinforcing religious roadblocks are Rwandan male intransigence, rural isolation, human resources in health clinics—high turnover, low skill base, low levels of family planning funding, the majority of which still comes from international donors—and President Kagame himself who has negotiated cautiously between the more conservative rump of his government, the religious organisations and the electorate.

The issue of sexual health is more complex than it might initially appear, and it can be hard to gauge whether we are witnessing gradual progress, political timidity, a strategic buying of time as a means to overcome fierce opposition, or an amalgam of all three. Kagame appears to be playing a cautious game, although in 2019, he welcomed the establishment of a more liberal leaning rural medical campus, privately funded by the Gates Foundation and Partners in Health (Bizumungu, 2019). Whether this indicates a gradual liberalizing of the government's position on sexual and reproductive health is not entirely apparent.

On another front, in a country where a free press is anathema, the conservative daily and de facto government paper *The New Times*, has published articles written by a new generation of young Rwandan feminists, advocating access to and use of sexual and reproductive services for young unmarried teens (Bishumba, 2020). The Health Development Initiative (HDI) and international health and reproductive bodies are advocating similar changes to those advanced by young Rwandan feminists like Chantal Umhuza. They use the language of gender equality in policy initiatives like Vision 2020 as leverage for change.

Paul Kagame has built his domestic and international reputation for stability and economic growth on gender equality, but his government's poor record on human rights makes him a target for progressive academics, NGOs, politicians and other governments. They are vociferous in their criticism of his repressive regime, and what this means, in reality for the reproductive rights of women and girls. As Onditi and Odera observe the ability to access sexual and reproductive services, whether one is married or single, has not followed on from the highly touted gender equality legislation (Onditi and Odera, 2017: 157-158; 163).

The surge in teen pregnancies is indicative of the severely restricted access to reproductive services. It is the young, rural and poor women and girls who have not reaped the benefits of gender equality legislation, especially where it applies to sexual and reproductive health (Mann & Berry, 2016). Burnet (2012) describes this as the façade of gender equality. Arendt unpacks the political quota system, arguing it gives no true indication of women's empowerment and their ability to shape policy. Rwanda is ranked low in an assessment of democratic flow on from its gender quotas—the flipside of this is its high ranking for the number of women as a proportion of the legislature. The presence of women has not however translated into the empowerment of women, and this is especially the case for young, poor, rural women and their access to sexual and reproductive services (Arendt, 2018:). So it is essential to

keep questioning publicly the broader political, cultural and religious context in which gender equality policies have been shaped by the Kagame government, a context where young women especially are the losers.

## Conclusion: Gender-Based Violence, Abortion, Sexual and Reproductive Health in Rwanda: Myth and Reality

Following the Rwandan genocide women comprised almost 70% of the remaining population. The vacuum left by the massacre of hundreds of thousands of Rwandan men, meant it was essential and politically strategic for women to assume more publicly visible roles in a conservative patriarchal state, if society was not to collapse totally. But the reality was that Paul Kagame and the Rwandan Patriotic Front have dictated the terms of women's engagement. The state needed stability and Paul Kagame and the RPF delivered. Despite some international concern over how stability was achieved and the denial of human rights, political stability was the key to attracting international aid and economic regeneration. The repression of gendered, ethnic and civil rights was deemed justified to maintain stability in the creation of a new Rwanda. No matter how much international and domestic praise is lavished upon Kagame for addressing gender equality after 1994, the rates of gender-based violence, abortion and failure to provide appropriate access to sexual and reproductive services for women are evidence that the gender mainstreaming so beloved by international donors is not actually the reality of the situation for women in Rwanda. Rather than being peripheral issues for Rwandan women, this thesis has argued gender-based violence, abortion and sexual and reproductive health services form the basis of gender equality.

President Paul Kagame legislated policies of gender equality as being crucial to the reconstruction of the new Rwanda, post genocide. These policies have been acclaimed internationally and domestically. Internationally, the existence of impressive gender equality legislation is extremely good politics

for a state dependent on foreign aid, and for leveraging genocide guilt following the global abandonment of any responsibility to intervene and stop the killing. The harsh truth is that freedom from gender-based violence, access to safe abortions and access to sexual and reproductive health services is not the current reality for all Rwandan women and girls. This is despite the fact that the state has ratified and is signatory to a number of international instruments and United Nations declared basic human rights for women and girls (Kane, 2015: 4-11; CEDAW, 2009: 5). The real barriers to gender equality continue to be cultural, religious, political and judicial, and women and girls are the targets and the victims. Not infrequently women and girls are held responsible for GBV, not the male perpetrators, as one of the prevailing views is that women and girls have brought this violence on themselves through their disruption of traditional gender norms (Mannell, 2014).

Widespread gender equality is far from the reality, despite gender mainstreaming policies being touted and lauded as critical for economic growth and development (Hansen, 2017:11-13). GBV remains widespread and ongoing in spite of a criminal code that directly targets gender-based violence and a constitution that guarantees protection from cruel, inhuman and degrading treatment (Rwanda VNR Report, 2019: 76-78). Reasons for this are complex, inter-related and interdependent. Gender policies have also been imposed from the top down—they have not evolved from a grass roots agitation for cultural, political and religious change. It could be described as a President leading and controlling a women's movement that maintains a façade of gender equality while jailing women and girls for having an abortion or assisting in an abortion. For these 'crimes', prison sentences range from five to fifteen years and the deeply conservative judicial system required, until very recently, court approval for a 'legal' abortion and the approval of two doctors (Santoshini, 2019: 8-14).

With respect to access to abortion, young women remain the most vulnerable group, legally, medically and culturally. Widespread sexual violence was a critical factor resulting in unwanted pregnancies, along with highly restricted

access to information on sexual health and contraception. Shame, stigma, guilt and ostracism remain as factors that prevent women and girls seeking an abortion. For generations, the most accurate reading of the laws on abortion has to be that women and girls were held to be the guilty parties. They were the perpetrators. Men and boys were not held accountable, whether abortion was a result of rape, conjugal rape or incest. Although there were changes to the penal code in 2012 and 2018, as late as April 2019, and to coincide with the 25<sup>th</sup> anniversary of the genocide, Kagame was praised for exercising his “perogative of mercy” by pardoning 367 women and girls for abortion, complicity in abortion and infanticide. The government press release congratulating the President on his act of mercy read: “The government has once again proven that Rwanda is a cradle of women’s rights...and (the decision) reflects the rights and freedoms of women and girls enshrined in the Constitution” (Okiror, 2019). Kagame pardoned another 52 young women in late October 2019, stating that these women were being given “another chance” (Okiror, 2019). The Justice Minister was more punitive in tone, stating that “it was fitting to give these convicts another chance” (*APA News Agence de Presse Africaine*, 2019). While releasing women from jail for having abortions is overdue, the portrayal of such gestures as ‘mercy’ are clear proof of the current depth of real gender inequality in Rwanda.

Another profound indication of gender inequality was the jailing of two opposition female politicians for political dissent. These two women were voicing alternative political viewpoints that should constitute part of robust political debate, however in an authoritarian and repressive state like Rwanda, the assumption was that in return for political elevation, women would be ‘malleable’ enough not to deviate from accepted government ideology (Hogg, 2009: 4-6). Victoire Ingabire Umuhiza spent eight years of a fifteen-year sentence in jail on charges of terrorism and threatening national security (Aljazeera, 2018; New York Times, 2018). Diane Shima Rwigara ran as a presidential candidate against Paul Kagame in 2015 and was publicly critical of his gender equality policies. She was charged and convicted of tax evasion and forgery. Both women were finally released from prison and charges

against Rwigara were dropped by the High Court, but Kagame warned both women they would find themselves back in jail, if they were not careful (Burke, 2018). This was a salutatory lesson to women who dared voice opposition to the political agenda of the RPF dominated government. The jailing of these two politicians sent an unambiguous message to all women and girls.

Individual female politicians have not been entirely silent or complicit in relation to gender-based violence, abortion and sexual and reproductive health, however their criticisms have been aimed at the religious, not the government policies. Health Minister, Diane Gashumba has attacked the role of the Catholic Church on family planning and their adherence to “allowing only natural contraception” (christian-99. com 2019), yet the rate of real change to the fundamental rights of women and girls has been glacial. The Ministry of Gender and Family Promotion has acknowledged the national extent of gender-based violence (MIGEPROF, 2011: 7-8), finding that violence against women and girls reflected and reinforced a culturally based gender inequality. A follow-up study by the Rwanda Civil Society Platform found that GBV continued to be a serious problem, and that male abusers did not acknowledge that abuse was a crime or a misdemeanor (RCSP, 2018: 33-35). The report observed that gender equality was equated with feminism, which is seen as western notion, and which “does not bear good fruit” (RCSP, 2018: 39). In spite of the sensitization initiatives being implemented at village level, the outcomes present a pessimistic picture of changing traditional norms. These include the adherence to the traditional role of masculinity and the consequent shame some men feel in supporting or attending gender equality programs (RCSP, 2018: 33). Added to this is reluctance by victims to report assaults due to shame, stigma and family pressure and the silent toleration of gender-based violence by women, as well as men. Some of the underlying reasons are avoidance of family conflicts, preservation of the marriage and lack of the confidence, without village support, to name the perpetrator (RCSP, 2018: 33).

Paul Kagame has made well-publicized and strategically commendable efforts to mainstream gender equality policies in the reconstruction of Rwanda, post genocide. But it is gross political hypocrisy to embrace and legislate gender equality, while at the same time permitting a high tolerance of gender-based violence, the jailing of women and girls for what are deemed illegal abortions, and prohibiting access to reproductive health services, especially for young women and girls. Women awarded the seats or positions reserved for women do so having been vetted by the RPF; their allegiance is meant to be to the RPF, and not to the ordinary Rwandans in the electorate (Thomson, 2018: 189). The president is a brilliant political strategist, who brooks little opposition or criticism and condemns international criticism of his ongoing violation of human rights as evidence of the 'old colonialism'. Domestic opposition to his rule is contained or eliminated by fear, resignation, imprisonment and at times assassination.

After the horrors of the 1994 genocide, the Kagame government has brought political stability to the state, but this stability has been accompanied by a political climate in which dissent is not possible. Political stability has come at a great price for women and girls, with the ongoing repression of their fundamental rights. Transitioning to a state with real non-discriminatory gender equality, embracing fundamental rights for all Rwandan women and girls, may lie in a generational change propelled by the sixty percent of the population, now under twenty-four years of age.

Susan Thomson is one of the strongest critics of the Kagame regime and its stability and longevity as an authoritarian state. She also questions the ongoing intimacy between the Catholic church and state, reflecting a similar pattern, pre and post genocide, with the church continuing to tolerate economic inequality, social exclusion and ethnic violence (Thomson, 2013: 62-75; Thomson, 2018: 252-253). Thompson argues this intimacy between church and state, a government intolerant of dissent, a fearful population with an older demographic shattered by genocide, and clinging to traditional gender inequality, will never translate into an open non-discriminatory access

to reproductive services (Beresford et al., 2018). The Catholic Church is also unlikely to relinquish voluntarily its moral grip on the sex lives of Rwandans, while President Kagame is unlikely to sever government ties with the Church, as the state is to a large part dependent on its provision of health care. In assessing the evidence on the cultural, political, and religious constraints and obstacles to accessing sexual and reproductive health care, especially for single women and adolescent girls, it will be the current bold and upcoming generations of Rwandan feminists, who will be the main determinants of change for young Rwandans, both male and female. If it can occur, such a change must be generational, emboldened, and fearless enough to challenge the political power of Kagame RPF state, the cultural power of Rwandan patriarchy and the religious conservatism of the Catholic Church.

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