

At just sixteen, Alice (not her real name) is four months pregnant. Her education is on hold. On a chilly Tuesday morning in Rwamagana District, she visited the local hospital—but was turned away. She needed a referral letter from Cell officials or her mother’s consent because the father of her unborn child had fled.

“I live with my single mother, a domestic worker. I got pregnant after being forced to have sex without protection,” Alice said. “The man—he’s Ugandan—fled the country fearing arrest.”

Alice is one of thousands of girls whose stories expose a silent crisis sweeping across Rwanda’s Eastern Province: teenage pregnancy, abandonment, and a justice system that too often turns away.

In Kayonza District, 17-year-old Claudine delivered her child last December. She dropped out of school and was expelled from her home.

“He denied responsibility. I’ve never seen him again. Now I raise the baby with my grandmother,” she said.



The Ministry of Gender and Family Promotion (MIGEPROF) recorded 22,454 teen pregnancies in 2024, up from 22,055 in 2023. While the numbers show a small increase nationally, regional disparities are striking.

According to the 2023 Rwanda Demographic and Health Survey (RDHS-6), the Eastern Province recorded 8,801 cases, making it the hardest-hit area. Districts like Rwamagana and Kayonza reported teenage pregnancy rates of 10%, far above the national average of 5%.



(Source RDHS)

From 2019 to 2024, the adolescent fertility rate has hovered at 36 births per 1,000 girls aged 15–19, a trend showing no meaningful decline.

State Minister for Health Yvan Butera told Parliament this month, that nearly 38 percent of babies born to teenage mothers in Rwanda experience stunted growth, he said, with long-term consequences for their physical and mental development.

“We need to stop pretending this is normal,” said MP Lydia Mushimiyimana during a recent parliamentary session. “This crisis is now comparable to an epidemic.”

Multiple actors are implicated. Local leaders, community health workers (CHW’S), teachers, and even families have been accused of ignoring or downplaying cases.

“We know the men,” said Clementine Uwamahoro, a counselor from Women Rights Foundation. “Some are boda-boda riders, some are married men, and others are even teachers. But cases often disappear quietly—out of shame, poverty, or pressure from local leaders who want to settle matters privately.”

Government-backed “Inshuti z’Umuryango” which translates to “Friends of the Family” in English, a network of community-based volunteers in Rwanda who play a crucial role in child protection and family support and One Stop Centres, specifically Isange One Stop Centres, facilities designed to provide comprehensive support to survivors of gender-based violence (GBV), often lack resources or legal authority to intervene proactively.



Even where services exist, implementation is weak. CHW often focus on malnutrition and ignore signs of sexual abuse or neglect.

Iragena Louise, a CHW in Kabarore Sector, Gatsibo District says that barriers are both legal and cultural. In Rwanda, girls under 15 need parental consent to access contraception, yet parents are rarely involved in these conversations. Stigma, lack of confidential services, and gender norms keep girls in silence.

Member of Parliament Tumukunde Hope Gasatura supported access to health services for adolescents but suggested setting the age at 16, when Rwandans receive national identity cards required for many hospital visits.

A 2020 Legal Aid Forum study revealed that 46% of families don’t report rape cases because suspects provide financial support. Another 17% hope for marriage, and 16% maintain emotional attachments to perpetrators.

Even though Rwanda’s laws on defilement are strict, enforcement remains weak. The Penal Code mandates 20 to 25 years in prison for anyone convicted of defilement—defined as any sexual act with a person under 18.

In aggravated cases, such as when the victim is under 14 or suffers permanent physical or psychological harm, the sentence increases to life imprisonment. Yet, between 2023 and 2024, the Rwanda Investigation Bureau (RIB) registered 4,567 defilement cases involving 4,849 child victims. While 4,901 suspects were charged, very few were convicted, highlighting major gaps in justice delivery.

On July 17, 2025, RIB arrested the Executive Secretary of Muhanda Sector in Ngororero for allegedly impregnating a 17-year-old girl. Yet most cases never reach this stage.

“We shift blame—on poverty, culture, even parents—but in reality, it’s the system that’s failing to protect our girls,” said Minister Consolée Uwimana of MIGEPROF. “We have almost 70 grassroots leaders per sector, yet many remain passive.”



The conversation rarely includes boys. Yet, many teenage fathers lack guidance, services, or legal consequences.

“I was scared when she told me she was pregnant,” said Jean de Dieu, 18, from Kayonza. “We need education and support too—not just punishment.”

One teen father, Richard Matabazi, complained that after the birth, young parents struggle to access insurance, despite promises of postnatal support at One Stop Centres.

Though the 2014 National School Health Policy allows girls to re-enroll, most teenage mothers never return. Schools cite “integration challenges,” while families lack support or remain indifferent.

In Gatsibo District, 17-year-old Laëtitia was told to forgive her abuser—who was 26 years old—after he promised to provide for the child.

“They said we had settled as a family, so I should move on,” she whispered. Her mother declined to comment. The man was never charged.

The government is now pursuing a multi-sectoral approach. According to Minister Uwimana, this includes scaling youth-friendly health services, strengthening Inshuti z’Umuryango, enhancing the Isange One Stop Centres, and improving awareness campaigns.



Pictured above is an opportunity center that functions' as a multiservice hub to offer supper to teenager mothers in Kayonza District.

But activists and legal experts say talk is not enough. They are demanding a review of law enforcement practices, better protection for whistleblowers, and zero tolerance for out-of-court settlements.

Additionally, State Minister for Health Yvan Butera urged a strategy that combines education, family involvement, and science-based tools. He added, "We should not accept having more than 9,000 children at risk every year when prevention is possible,"

"This is a matter of justice," said MP Mushimiyimana. "We cannot build a nation by burying the pain of its daughters."