"…we discussed it together saying let's use family planning so that our children can grow up well.": Male Involvement in Family Planning in Rwanda Extends Beyond Communication about Contraceptive Use

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Abstract

Background: Couple communication about contraceptive use has been shown to be strongly correlated with contraceptive use. In Rwanda, where contraceptive use has increased dramatically over a short period of time, understanding the role of couple communication about family planning can help inform programs designed to further increase the use of family planning in Rwanda and elsewhere.

Methods: This study utilized qualitative methods in 2018, specifically 32 in-depth interviewers with current users of modern contraceptive methods and eight focus group discussions with family planning providers. Respondents were from Musanze and Nyamasheke Districts, the districts with the highest and lowest modern contraceptive use, respectively, to explore the role of couple communication about family planning in Rwanda.

Results: Findings demonstrate that spousal communication about family planning use prior to, and during, is very common and that some male partners even find ways to support their wife's use of contraception beyond communication, such as, supporting their female partners through reminders about appointments, attending counseling with their partner, and helping to manage side effects. Male partners were motivated to support their wife's use of family planning primarily due to their financial concerns related to management of the family.

Conclusion: With the level of communication occurring among Rwandan couples, the outlook for sustained, and even enhanced, family planning use in Rwanda is promising. Other nations with low contraceptive prevalence might try encouraging more male involvement in family planning by using some of the strategies that have been successful in Rwanda to increase contraceptive use.

84 **Background**

85 The Programme of Action produced at the 1994 International Conference on Population and
86 Development in Cairo, Egypt, included a focus on gender equality – stating that in order to achieve more
87 equitable reproductive health outcomes men will have to be engaged deeply as they are the ones that
88 yield power in most spheres of life, from policy making in the government to intimate fertility decisions
89 at the family level. The section highlighted that communication between men and women will be
90 necessary to achieve reproductive health (1). Despite a history of awareness about the powerful role
91 men play in family decisions (2–4), family planning program efforts have historically focused on women
92 as the primary audience for messaging, services, and outreach (5,6). This focus on women persists for
93 most contemporary family planning programs around the world (7). In addition, most of the workers
94 who provide family planning services are female – further contributing to the view that family planning
95 is in the woman's domain only (8,9).

96 In many patriarchal nations in sub-Saharan Africa (SSA), men are the masters of the household and all
97 decisions related; however, family planning has been labeled as within the woman's realm. In fact, in
98 many nations in SSA men explain their lack of involvement in family planning due to the fact that it is a
99 woman's issue (7,9). Given that males make decisions about family matters yet see family planning as a
100 woman's purview, couples may face a difficult situation in that family planning may be needed to meet
101 the family needs but communication between two parties about the overlapping needs might be limited
102 or non existent. Decisions about family size and family planning are made by two different people but
103 the decisions must be synchronized. In order to bridge this gap, communication between spouses is
104 necessary. This is likely why spousal communication about family planning is often a strong predictor of
105 current family planning use (2,10–13).

106 The availability of contraceptive methods is another area of female focus in family planning programs.
107 The share of contraception globally attributed to male methods has been falling (8). The majority of
108 family planning methods have been designed for use by the female partner. Today there is no reversible
109 male method available, hence, male uptake of contraceptive use is constrained by limited options
110 available – vasectomy, condom, standard days method, and withdrawal (7,14). Vasectomy remains
111 unpopular in SSA primarily due to misconceptions, provider bias, accessibility, and its permanence
112 (14,15); however, another issue with vasectomy is that awareness about it is low, often lower than
113 awareness of female sterilization (8).

114 Another male-controlled method, condom, is often seen as used for sexual encounters outside marriage
115 and as such not appropriate for use within marriage (9,16). Along these lines, research has shown that
116 some men believe that any woman using contraception is promiscuous (9,15,17). As a result of the
117 limited male methods available as well as the views about those methods, a main route for male
118 involvement in couple contraceptive use is to be a supportive partner of the female's initiation and use
119 of contraception.

120 Lack of spousal communication about family planning, often due to perceived spousal disapproval, has
121 been noted by women as a major obstacle to using contraceptives (16). A particularly strong indicator
122 of family planning use, in low use settings, is the woman's perception of her husband's approval of
123 family planning (12) as well as spousal communication about family planning use (10,18). Research
124 shows that when male partners are involved in family planning, women are much more likely to initiate
125 and sustain family planning use (19,20).

126 In Rwanda, contraceptive use increased dramatically over a short time period. The modern
127 contraceptive prevalence rate among married women increased from 17% to 53% from 2005 to 2010
128 (21). This type of increase, particularly in such a short time period and in this region of the world, is

129 unprecedented. Rwanda's family planning program ranks very highly when compared to other family
130 planning programs around the world (22). In this setting of impressive gains in contraceptive uptake, it is
131 important to study the role of spousal communication and male involvement in family planning to
132 better understand the contraceptive context in Rwanda within couples. This study aims to understand
133 the role that male partners play in the family planning program in Rwanda at the couple and family
134 levels – and how their role may contribute to the success of the family planning program.

135

136 **Methods**

137 This study in Rwanda in 2018 utilized qualitative methods, specifically eight focus group discussions with
138 family planning providers and 32 in-depth interviews with current contraceptive users. The focus group
139 discussions and in-depth interviews were evenly split between Musanze and Nyamasheke, the two
140 districts in Rwanda with the highest and lowest modern contraceptive prevalence rates among married
141 women, respectively (21).

142 The eight focus group discussions (FGD) with family planning providers took place in February of 2018
143 with an equal number of provider types – family planning nurses and community health workers (CHW).
144 Each FGD had between eight and 12 participants. There were 87 family planning providers in total who
145 participated in the study. Each FGD lasted around two hours. Family planning providers were recruited
146 via individuals who had regular contact with all of the family planning providers in the district.

147 A total of 32 in-depth interviews were held in July of 2018 with female current family planning users
148 who were at least 18 years of age. Current users were recruited via family planning providers. The
149 average interview duration was 43 minutes.

Native Kinyarwanda speakers were recruited and trained to conduct the FGDs and IDIs. The training included an introduction to the study, review of the topic guides, best practices in qualitative data collection, role of the data collectors, data analysis in the field, and research ethics. The data collectors spent ample time with the topic guides – reading, explaining, discussing, and role-playing in preparation for the data collection.

The focus group discussions and in-depth interviews were all conducted in Kinyarwanda with only the study participant(s) and interviewer/moderator/note-taker(s) present. Every data collection activity was audio recorded with study participant permissions. Audio recordings were then translated into English and transcribed verbatim. Analyses were conducted using thematic content analysis (23) utilizing Atlas.ti version 8 (24). Codes were then transferred into and analyzed in Microsoft Excel. The data were inserted into tables where the study participants made up the rows and the subthemes were the columns.

Ethical approval to conduct this study was obtained from institutional review boards at Western Washington University and at the Rwandan Ministry of Education. Every subject participant read and signed a written consent form prior to participation.

Results

Importance of Spousal Communication about Family Planning Use

Family planning providers and women both noted how family planning use is most successful when husbands and wives communicate about use prior to initiating use.

> I would advise her not to use contraceptive methods if she has not talked about it with her husband first…
>
> CHW, female, 61, 5 children, Musanze

172

173 When it comes to the decision of family planning, two people (i.e. husband and wife) need to be

174 informed.

175 Nurse, male, 40, 4 children, Musanze

176

177 Women were asked how their spouses felt about their decision to use family planning. All of the

178 participants in Nyamasheke and the vast majority in Musanze reported supportive male partners.

179 I: Can you tell me how your partner felt about this decision (to start using family planning)?

180 R: There was no problem, because we had to discuss it before I went to use family planning. He

181 supports me because he doesn't want me to have more kids than we can take care of.

182 Female, 41, injectable user, 5 children, Musanze

183

184 **Financial Considerations**

185 Over two-thirds of the women reported their discussions about family planning were related to family

186 management and financial flexibility. Incorporating topics about family management and being able to

187 support your family was a reoccurring theme in many of the spousal conversations about family

188 planning. Inclusion of family management in spousal discussions of family planning use was more

189 common in Nyamasheke than in Musanze.

190 I: You told me that you recently used family planning; can you tell me how your husband felt

191 about this decision?

192 R: My husband received this decision well because he saw how life was hard and we discussed it
193 together saying let's use family planning so that our children can grow up well. We said we'd
194 wait to have another child when our life got better.
195 Female, 38, condom user, 4 children, Nyamasheke
196

197 **Progression of Spousal Communication and Initiation of Use**

198 Family planning providers discussed how women must discuss the topic of family planning with their
199 spouse prior to initiating contraceptive use. They presented the onus of spousal communication as
200 falling upon the woman's shoulders.

201 Most often, the sequence narrated by family planning providers was that the woman would be exposed
202 to family planning messages – at the health center, by a CHW, or through another source. Once she was
203 informed about family planning, and interested in pursuing the use of a method, the next step for her
204 would be to go back home to discuss the decision with her husband.

205 After she gets information about family planning, she discusses it with her husband because she
206 can't make the decision alone.
207 Nurse, female, 55, 3 children, Nyamasheke
208

209 Less often the sequence noted by providers was that the woman discusses the topic of initiating family
210 planning use with her husband first, and then seeks out more information from a provider. Family
211 planning providers in Musanze more often noted this than providers in Nyamasheke.

212 …she must first come to a mutual agreement with her husband. Afterwards, she can go to family
213 planning provider at a health center or to a nurse.

214 Nurse, female, 2 children, Musanze

215

216 Women reported that when the discussion about family planning was brought up by one partner, it was
217 more likely to be initiated by the female partner; however, some participants noted that their male
218 partner was the one to initiate the discussion about family planning in the household.

219 I: When you first discussed that idea of family planning to your husband, how did he feel?

220 R: I was so surprised because it was he who first told me about family planning…

221 Female, 38, condom user, 2 children, Nyamasheke

222

223 Providers also noted that male partners could have greater influence in some relationships.

224 I think her husband has the most influence over the decision, he may have advised her to go. For
225 example he says, “We have two children already and we are in a financial crisis, so I think that
226 you should go to see family planning provider.”

227 Nurse, male, 40, 4 children, Musanze

228

229 It was more common in the in-depth interviews than the focus group discussions for women to note
230 their experience with family planning communication with their spouse as communal. Around three-
231 quarters of the women described discussions and decisions about family planning with their husbands
232 as collective. The decision was not just made by the husband or wife but, instead, as a union. Collective
233 decision-making was slightly more often noted in Nyamasheke than in Musanze.

234 I: Can you tell me how your husband felt about the decision to use family planning?

235 R: My husband received this decision well because we took much time to discuss it. And if you
236 discuss with your husband about it, and you both agree, there is no problem.
237 Female, 38, implant user, 5 children, Nyamasheke
238

239 **Covert Use**

240 The topic of covert use arose in almost all of the focus group discussions with providers. The main
241 message conveyed was that covert use does exist when necessary. Nurses noted this theme more
242 frequently than CHWs .

243 It is a possibility that her husband may not agree on the use of contraceptives. However, that
244 does not mean that she is not allowed to utilize family plaining services. She may ultimately
245 decide to use contraceptive methods without her husband's support.
246 Nurse, male, 40, 4 children, Musanze
247

248 Furthermore, when women resort to covert use, providers' words demonstrated how they would work
249 with women to use contraceptives in a manner that aligned with their needs and did not expose their
250 use.

251 The CHW will look for her partner and teach him and he won't show the husband that his wife
252 has started using family planning.
253 CHW, male, 42, 4 children, Musanze
254

255 Although rare, some women interviewed chose to not initially disclose their decision to use family
256 planning methods with their husbands because the husbands were not agreeable about the use of
257 family planning but were planning to disclose to their husbands over time. Some husbands who were

258 initially disapproving of family planning changed their minds once they saw the advantages, and through
259 frequent dialogue with their wives, they became supportive. All of the respondents who noted initially
260 opposed partners reported that their spouses eventually supported and accepted their decision to use
261 family planning. This theme arose more in Nyamasheke than in Musanze.

262 The first time I told my husband I wanted to use injectables he didn't understand it but after a
263 while he started understanding how important it is and we don't have any problems about him.
264 Female, 40, sterilized, 9 children, Nyamasheke
265

266 **Household Challenges Result from Not Discussing and Not Using**

267 Family planning providers were concerned about how the use of family planning, without consent of the
268 husband, would result in challenges for the household. Family planning providers in Musanze as
269 compared to providers in Nyamasheke brought up these concerns more often.

270 I would discuss and ask if she has already talked about it with her husband so that she will not
271 have any problems with him.
272 CHW, male, 61, 5 children, Musanze
273

274 Women elaborated that the challenges involved husbands discovering and stopping her use of family
275 planning as well as women receiving subpar services due to their fear of being discovered. Additionally,
276 some women noted how contraceptive use could lead to problems in the marital relationship if not
277 done as a team.

278 …I used to talk to my husband about it and he did not understand it well. And I thought that if I
279 used family planning, it might lead to divorce and break the family.
280 Female, 43, injectable user, 4 children, Nyamasheke

281

282 In contrast, even more noted how the lack of contraceptive use can also lead to problems, such as
283 divorce, for married persons.

284 …it helped my family because if you have more kids it can also create a dispute with you and
285 your husband because you see that there is a number you can handle together. There are ones
286 who have this problem and it causes them to get divorced. All these things won't happen
287 because we use contraceptives.
288 Female, 45, pill user, 2 children, Nyamasheke

289 I use family planning because I don't want fights in my family.
290 Female, 38, pill user, 3 children, Musanze
291

292 I: How do men in the village feel about contraceptives?

293 R: Years ago, men in this village didn't have any knowledge of contraceptives, and if they heard
294 that if a women goes to use contraceptives it would cause a dispute in the family because the
295 husband didn't want it. But now there is not a man with that kind of belief. Now the men mostly
296 go with the women when they want to get contraceptives.
297 Female, 38, pill user, 3 children, Musanze
298

299 **Male Method Use**

300 Family planning users noted a desire to share the side effect burden with their male partners; however,
301 the only male method that was acceptable to most of the male partners was the condom.

302 In the village, women are the ones who understand more about using contraceptives. Men do
303 not want to hear about or to use contraceptives, because the men don't accept the methods
304 that are available to them.
305 Female, 41, injectable user, 5 children, Musanze
306
307 My husband doesn't want to use family planning, he says, "No no, I can't go to use family
308 planning, it's impossible for me."
309 Female, 42, injectable user, 3 children, Musanze
310
311 I tried to discuss with my husband about him using male family planning methods so I could use
312 it for three months, then he could use his for three months and we rotate like that. But he said
313 no, and he refused to go to the hospital to learn about possible methods for himself.
314 Female, 38, injectable user, 5 children, Musanze
315
316 Some discussions with the family planning users surrounded method specific choices – in particular, how
317 couples negotiated method choice when male methods are an option.
318 I tried to use the injectable before and my husband refused. He preferred the pullout method.
319 Female, 50, injectable user, 5 children, Musanze
320
321 My husband doesn't want to get sterilized, but he agreed with me that I should get sterilized.
322 Female, 40, sterilized, 9 children, Nyamasheke
323
324 Raised also only by CHWs in Musanze was a plea for more male contraceptive methods.

325 We wish that man could also have their own method. Even if it is for a year it is ok because then
326 the women will be able to take a break…
327 CHW, male, 48, 4 children, Musanze
328

329 **Encouraging Male Involvement in Family Planning**

330 A few participants noted that community meetings were an opportune time to encourage men to
331 support their wives in family planning use.

332 …they have to encourage the men to learn about contraceptives, because there are women who
333 want to use contraceptives but their husbands won't allow them to go and seek contraceptive
334 methods. To me, I think it would be good if they gave advice in Umaganda and in Akagoroba
335 K`Ababyeyi, because the men also come to the Akagoroba K`Ababyeyi meeting.
336 Female, 45, pill user, 2 children, Nyamasheke
337

338 Others noted how home visits could help men change their initially oppositional views.
339

340 If a husband doesn't want his woman to go and use contraceptives, the community health
341 workers go to the family and try to teach the husband and explain to him why contraceptives
342 are important.
343 Female, 38, pill user, 3 children, Musanze
344

345 CHWs in Musanze and female contraceptive users also brought up the role that CHWs can play in
346 encouraging male involvement in family planning.

347 …there are families that feel like using family planning is for women only. It's my understanding
348 that as CHW it is my job to sensitize people. In our way of advising, we also have to work with
349 courage so that we can sensitize people who have not understood yet. The CHW has to sensitize
350 the family themselves by telling them that deciding to use family planning is the job of the both
351 the husband and wife.

352 CHW, female, 37, 5 children, Musanze

353

354 There are some women who are interested in using family planning but their partner or
355 husband is not interested or aware of it so the advice I can give them (CHWs) is that they have
356 to visit the houses who are in that situation so that they can convince both sides.

357 Female, 32, injectable user, 2 children, Nyamasheke

358

359 **Coming Together for Family Planning is Best**

360 Providers consistently noted how couple counseling is the best, not only for them, but for the couples as
361 well. This theme arose more often among nurses and providers in Musanze than among CHWs and
362 Nyamasheke providers.

363 It's better if she comes together with her husband and you tell them the good of using family
364 planning and the bad of kids close in age.

365 CHW, female, 44, 5 children, Musanze

366 If she comes with her husband, it would be easier. If you explain to her and she doesn't
367 understand or she might say she has to go back home to discuss with her husband. If they come
368 together, it will be easier because they make their decision at that time in that place.

369 Nurse, female, 40, 1 child, Musanze

370

371 In situations where the men were not present, the onus was placed upon the woman to ensure her male
372 partner participates in the process in the future. Furthermore, if they do not come as a couple, the
373 woman has to come for the information, return home to discuss with her husband, and then sometimes
374 go through that process again when deciding upon a method.

375

376 **Male Support Can Extend Beyond Communication**

377 Women noted how spousal support often extends beyond verbal agreements. Many husbands played
378 influential roles in supporting their wives on their journey with using family planning methods in terms
379 of motivating and supporting use – especially through experience of side effects. These themes arose
380 more often in Nyamasheke than in Musanze.

381 One thing that motivates me is that my husband continues to encourage me to use family
382 planning.

383 Female, 29, implant user, 2 children, Nyamasheke

384

385 …my neighbor was also asking how we were able to space our kids, I used to tell them that we
386 planned together and my husband helped me to use family planning so we can raise our kids
387 that are not close in age.

388 Female, 38, condom user, 2 children, Nyamasheke

389

390 One of the ways husbands supported their wife's use of family planning was through reminders about
391 appointments with providers. Husbands could also support their wives by joining their wives for family
392 planning counseling.

393 I: How did your husband feel about your decision to start using family planning?

394 R: My husband feels good and now he tries to go with me to the health center to get the
395 methods and he doesn't want to have many children, so he agrees with me. He doesn't want me
396 to stop using family planning for a long time. Now he tries to tell me to find many specialists so
397 that they can help in order to continue using family planning.

398 Female, 36, implant user, 3 children, Nyamasheke

399 I: Can you tell me how your partner reacted to your decision to use contraceptives?

400 R: For me, my partner is the one who brought up the idea of using contraceptives because he
401 understood the importance of them. We went together when I went to test for pregnancy and
402 they taught us together how to use contraceptives and the importance of using contraceptives.
403 After we gave birth, my partner told me that, since we already have a child, that he didn't want
404 kids close in age and that we should to think about using contraceptives so that we could have
405 another kid when the first is grown. We sat together and discussed about using contraceptives,
406 and I discussed with him and accepted to using contraceptives.

407 Female, 45, pill user, 2 children, Nyamasheke

408

409 **Discussion**

410 This study sought to better understand the role of male partners in family planning use in Rwanda.
411 Overall, family planning providers and individual female contraceptive users described most male
412 partners as involved in the family planning process in Rwanda via participation in conversations about
413 initiating contraceptive use and continuing support of family planning use. Male partner support of
414 contraceptive use was seen as positive in terms of aiding women in initiating and sustaining
415 contraceptive use to meet familial spacing and limiting goals designed to support the livelihood of their

416 children. There were some differences between the two districts and provider types – but overall there
417 were more similarities than differences.

418 When a couple decides to use a female-designed contraceptive method, male partner support of this
419 use can range from initiating the discussion about family planning use to participating in decisions about
420 when to initiate method use and what method to use. Male partners also support their female partner's
421 sustained use of contraceptives by providing general support when side effects do occur and engaging in
422 discussions about switching methods when side effects are unbearable. Male partners in Rwanda were
423 also noted as sometimes participating in family planning beyond the discussion stage – in terms of
424 motivating their partners to continue using, accompanying partners for the first, or later, visits with
425 providers, and even reminding their partners about appointments with providers. In contrast, other
426 studies have found that men are frustrated by contraceptive side effects due to how they impact sexual
427 frequency, and therefore, discourage contraceptive use by their female partners (7,15).

428 Rwandan men were often compelled to initiate and participate in conversations and decisions about
429 family planning use due to consideration about the ability of the couple unit to manage their finances to
430 properly raise and care for their children. Other research in sub-Saharan Africa has also found that the
431 financial association between family planning use and family health to be motivating for husbands to
432 discuss family planning use (11,17,25). In contrast, men in Uganda were too busy meeting the financial
433 needs of the family to be bothered with discussions about family planning use and complained about
434 the expense of treating side effects on household finances (7).

435 Women in Rwanda were more likely to initiate the family planning discussion than men, but the
436 discussions were most often described as communal. The consequences of using family planning
437 without consent as well as not using family planning at all could be rifts in the marriage – ultimately
438 even divorce.

439 Despite all of these positives, men were still reportedly reluctant to seek out and use male methods,
440 particularly vasectomy. Additionally, some male partners in the community were still not supportive of
441 their wives using family planning services so study participants recommended that further outreach via
442 community meetings and home visits led by providers may be beneficial. Providers and women in
443 Rwanda agreed that family planning use is best when both partners are on the same page about the
444 decision, and even when going for counseling and care as a couple. In general, including men in family
445 planning counseling will likely lead to increased uptake of contraceptive use (10).

446 Researchers have noted how efforts to target and involve males in family planning programs have been
447 rare, to nonexistent (5,8). As a result, researchers have advocated for more mobilization efforts at the
448 individual, couple, and community levels to increase communication between spouses about fertility
449 goals and family planning use (6,18). Efforts to increase contraceptive use through a male peer
450 education model significantly increased contraceptive use through increased spousal dialogue about
451 family planning (11). Research with men indicates that including them in the counseling in the home
452 with CHWs may encourage their involvement throughout the process (17,26). In this study, CHWs were
453 noted as persons who could sensitively talk with resistant men about the benefits of contraceptive use.

454 Most male partners are supportive of their wife's family planning use in Rwanda. This support can
455 extend beyond acceptance. In comparison to other family planning programs in other nations, the male
456 support of family planning is unique. Male support of family planning in Rwanda might occur due to the
457 leader of the nation, who is a man, speaking publically and openly about his support for family planning
458 – and with this message echoing throughout all levels of the government (27–29). The leadership and
459 modeling about how men can and should be supportive of family planning might contribute to these
460 unique views in this country. Additionally, CHWs are important pieces of the family planning program in
461 Rwanda – and some of them are men. Electing fellow male community members into a role of educating

462 and advocating for family planning use in the community, and at the household level, might also
463 contribute to norms that engage males in the family planning conversation (27).

464 As contraceptive use increases in a community, shifts may occur. A shift from male partners as barriers
465 to family planning services – to facilitators of services. In Rwanda, where the contraceptive prevalence
466 rate is near half of the population of reproductive aged married women, more men are supporting
467 contraceptive use than opposing it. If use continues to increase, increases in male support of family
468 planning use might also rise. This appears to be a potentially positive feedback loop, as male partners
469 shift from barriers to facilitators, contraceptive use will likely continue to increase among the
470 population.

471 It is possible that uptake of male methods might increase over time in Rwanda as use of contraceptives
472 becomes even more normalized, male involvement continues to increase, and there is a recognition that
473 family planning use can be a shared endeavor for a couple, beyond just the discussions and decisions.

474 This study had a few limitations. Most importantly, male partners were not included in the sample so
475 the views about male involvement in the family planning process were only sourced from female
476 partners and family planning providers. Only current contraceptive users were included – so women
477 who have never used family planning and dissatisfied users who initiated use but discontinued were also
478 excluded from the sample. Finally, this study occurred in just two districts in Rwanda, and is qualitative,
479 so the results are not generalizable.

480 The strengths of this study were that both current contraceptives users and family planning providers
481 were included in the study – and similarities as well as inconsistencies between the two samples were
482 examined. The family planning provider sample also included both family planning nurses and
483 community health workers – to increase the perspectives included from the providers who work with
484 clients in the clinic and those who work more intimately in the community with their neighbors.

485 Future research in this area should include male partners in the study to understand couple dynamics
486 around family planning use in Rwanda from the male perspective. Additionally, research that is inclusive
487 of couples who have not used contraception would help fill gaps in understanding the spousal
488 communication norms in Rwanda. Research on the uptake of male methods of contraception over time
489 will also be interesting to track to see if there is an unprecedented increase in use, and at what time that
490 change occurs given the other contextual factors changing at the same time.

491

492 **Conclusion**

493 Couple dynamics surrounding family planning use in Rwanda appear to be very positive. Most women
494 report communicating with their male partners about the potential of family planning use in a loving,
495 communal manner. The support of male partners extends beyond the initial discussion and decision
496 phase, into the experience of interacting with providers, reminders about appointments,
497 accompaniment to appointments, as well as motivation and support to sustain use through the
498 unpleasant experience of side effects, which can often influence frequency of sexual intercourse within
499 partnerships. For those male partners who are not engaging in the process, women recommend more
500 community meeting exposure as well as home visits. With the current level of support that husbands are
501 providing to their female partners in Rwanda, it is likely that even more husbands will support their
502 wives and increase their participation in the family planning program in the future.

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