

Rwandan Government Family Planning Mobilization Efforts Impact National, Community, and Individual Conversations and Motivations to Utilize Family Planning

Significance/Background:

Rwanda's family planning program has achieved unprecedented gains over the past decade. Between 2005-2015 contraceptive use soared from 17% to 53% for married women. Among other interventions, the government has sponsored various media campaigns seeking to elicit positive attitudes toward contraceptive use among Rwandan citizens. A combination of radio, television, and newspaper campaigns have reached all corners of the country. Their efforts have indeed been successful; total demand for family planning increased from 55% in 2005 to 72% in 2010. These mobilization efforts are integral to the growth of Rwanda's family planning program; demand is likely to continue increasing as more women see contraceptive use as socially acceptable. The government's focus on normalization of family planning has shifted Rwanda's social landscape so that most married women feel comfortable seeking out contraceptives; however, research shows that youth and unwed women still often feel that family planning is not an option. Along with this setback, total demand for contraceptives did remain stagnant at 72% between 2010-2015. In the wake of this stagnation, it is imperative to reflect on the ways in which narratives about contraceptive use are produced nationally, and how this may affect community norms and interpersonal discourse. A critical focus on these sociocultural influences could offer insights into the rapid increase followed by a relative stagnation in demand for family planning services.

Main Hypothesis/Question:

The goal of this research is to use focus group discussions with family planning providers and in-depth interviews with female modern contraceptive users to learn about the family planning service and use environment in Rwanda. The providers' unique relationships with a variety of women who utilize family planning allowed them to share assessments of the interpersonal communication that occurs between spouses, families, and peers with regard to contraceptive use. The in-depth interviews with female contraceptive users helped to provide a deeper and clearer picture of how individuals are being impacted by the government's family planning program. This knowledge, along with their perspectives on the broader community education efforts, helps to uncover and contextualize the strong impact that interpersonal, community, and national mobilization efforts have on Rwanda's increase in demand for family planning services.

Methods:

This qualitative study was conducted in the Musanze and Nyamasheke districts of Rwanda in February and July 2018. These districts were selected because they represent the areas of the country with the highest and lowest rates of modern contraceptive methods usage respectively.

The data collected for the study in February 2018 consist of four focus groups conducted with community health workers (two in Musanze and two in Nyamasheke) and four focus groups conducted with family planning nurses (two in each district as well). A total of 84 family planning provider study participants spent between 1.5 and 2.5 hours with two native Kinyarwanda speakers leading and recording the focus group discussions at a university in Ruhengeri and a hospital in Kirambo. The topic guide included questions about barriers for clients, strengths and weaknesses of the current mechanisms for the provision of services, and a

range of questions regarding respondent opinions and perspectives on their daily interactions and observations as family planning providers, including responses to hypothetical scenarios regarding unwanted pregnancies for married and unmarried women and adolescents in rural regions of Rwanda.

The data collection that occurred in July 2018 include 32 in-depth interviews with Rwandan women who currently use (or have recently discontinued) a modern contraceptive method. 16 women were interviewed in the Musanze district, and 16 others in the Nyamasheke district. All 32 study participants spent between 30 minutes to an hour with one native Kinyarwanda speaker who conducted the interview and recorded the interaction. These interviews took place at a university in Ruhengeri and a hospital in Kirambo. The topic guide for these interviews included basic demographic questions, along with questions about each woman's history with contraceptive use. Interviewers also asked the participants questions about their personal experiences with family planning providers, as well as various questions about how they came to their decision to use a contraceptive method. Finally, participants were asked what advice they might have for other women, for service providers, and for the Rwandan family planning program as a whole.

Audio recordings and written notes were transcribed into English by three of the authors, including two Kinyarwanda speakers and at least one native English speaker. Data analysis was guided by the thematic content analysis approach and executed using Atlas.ti 8 software and group level matrices. Institutional Review Board approval was obtained at Western Washington University in Bellingham, Washington and with the Rwandan Ministry of Education prior to data collection.

Results / Key Findings:

Interpersonal level mobilization

Within every focus group discussion and in-depth interview, study participants brought up the concept of women and neighbors "mobilizing" each other to seek out family planning. Participants described scenarios where women give direct advice to their peers about family planning, share their own experiences, or simply model the balanced lifestyle they can uphold due to their use of contraceptives.

Maybe (she) thought about using family planning because she heard this from her friends and got excited to use it also.

When the friends of (her) see how (her) family is doing well. They will be curious to know how she does. They will get information about family planning from (her) and maybe they can start to use family planning also.

I think that those not using family planning services when they see people who do use these services and that they are supported with good health they will start imitating them and then family planning will increase.

Out of the 32 individual interviews conducted, 90% of women said they discuss family planning with friends, 21% said they discuss with coworkers, and 25% said they discuss with neighbors. Women highlighted the impact of friends and their local community as a vital source of family planning information. The emphasis on interpersonal support was reiterated in our focus group discussions when providers noted that most of their new patients make their initial appointments because a friend or family member had advised her about the benefits of contraceptives, and encouraged her to seek out support from a professional.

There are many women who go to the CHWs to seek help because they saw other women using contraception successfully and their kids grow up healthy.

Community level mobilization

Participants also discussed various community education events utilized as a tool to help shift Rwanda's societal norms, so family planning is viewed as acceptable, responsible, and for the good of the nation. Women in Rwanda who may lack an informal setting to discuss contraceptive use can go to organized events and hear testimonials from others about the benefits of family planning. One woman stated that the testimonials she hears from other women "help [her] know how to handle [her] own problems. In the past we didn't have these meetings where we could discuss and try to find solutions to our problems." Many women shared similar sentiments and highlighted the ways these structured community events have helped them access information and feel more comfortable seeking out contraceptives. The providers in our focus groups also noted the changes they have seen since the government began funding, supporting, and providing training for the facilitation of these community events.

There are programs where every woman in the village meets at night to discuss about everything (Akagoroba K'Ababyeyi). During the meeting they get information about how to use family planning. There is a time that women who use contraceptives give them a testimony. They knew her before she used a contraceptive, and after, so they can see the benefits she has had from using contraceptives. The testimonies help them.

Sometimes when we are in a meeting or during Umuganda we can have a discussion about family planning and teach the people how to use it. So at that time we talk about who is allowed to use these methods. In that case when somebody is interested, she will not be ashamed or afraid to come to ask for help or advice.

This type of community level support and engagement has been a big factor in Rwanda's steady demand generation for contraceptive use. Providing a variety of spaces for everyone in the community to learn about contraceptives has allowed for many people to open themselves to the idea of contraceptive use, and feel that it is socially acceptable to ask questions and seek out services.

Years ago, men in this village didn't have any knowledge of contraceptives, and if they heard that if a women goes to use contraceptives it would cause a dispute in the family because the husband didn't want it. But now there is not a man with that kind of belief.

National level mobilization

The interpersonal and communal shifts in discourse around contraceptives over the past decade have been so massive in part because Rwanda's national government has made their family planning program a priority. Participants in our study noted that nationwide media campaigns about contraceptives are disseminated via radio, television, newspapers, and billboards, and this can sometimes be the first place people learn about family planning.

The other thing the country helped us in is that they use radio and television and placards to talk about family planning. They put everywhere information about family planning.

Not only do these platforms help disseminate information, they also help citizens recognize that their government is in support of family planning, and consider contraceptive use to be something that will help the nation develop. This form of top-down support allows for broader social acceptance and has contributed to the slow and steady shifts in communication between friends, neighbors, families, and whole communities regarding family planning use.

We have a chance in our country because we have good governance that listens to us and helps us. That encourages people to use contraceptives. For the other countries for the rest of the world the advice I should give them is that the leaders need to understand first. If the leaders know the reasons for using contraceptives and encourage their people to use it, and also bring them the methods, and train the nurses in family planning, I think they also can have a good family planning program.

Multiple Levels Working Together

Several interviewed women made mention of government sponsored radio advertisements, CHWs, nurses at health centers, the language of their local community, and their friends and family as different sources of family planning information. These multifaceted sources all working together and offering consistent information has greatly increased overall awareness and has cultivated a stronger sense of social acceptance. Women and families have been able to hear about family planning in a positive way directly from their president and other government officials, as well as community leaders, neighbors, and friends. Steady support in all of these areas has allowed for more and more Rwandans to feel comfortable seeking out contraceptives and sharing their own experiences with others.

Potential Barriers

Despite all of the positive comments about strategic multilevel intervention efforts, participants also noted some societal barriers that they continue to endure. Providers in every focus group, along with some of the women we interviewed, noted that young and unmarried women are still often seen as people who should not use contraceptives. Furthermore, some religious institutions with great influence over community values and norms still condemn the use of contraceptives regardless of marital status.

I couldn't talk about family planning because many of my friends from the church were not supportive of family planning. If I had said that I use contraceptives to many people, it would be a problem to me, and even to my pastor. He would ask me why I did that when he has repeatedly said that it's a sin.

Barriers such as these were described as potential setbacks for the program as it aims to continue generating demand and raising the national contraceptive prevalence rate to a place closer to the standards of a developed nation.

Knowledge / Contribution:

The results of this research call for a recognition of the impact that social norms have on the level of demand Rwandan women have for contraceptive access. The decision to utilize family planning occurs only partially from individual agency; spousal, familial, communal, and national norms all serve to inform each woman's choice. Although the government is not directly present during interpersonal communication among citizens, their national and community education efforts can indirectly influence the initiation and content of these private conversations in a positive way. This can lead to broader support for family planning users from their families and neighbors. In recognition of the impact these mobilization efforts have had on demand generation thus far, they can also be seen as a tool to return to when questioning how to combat the recent stagnation and the potential plateau in contraceptive use and demand that often occurs within the family planning programs of developing nations. A focus on national and community support for contraceptive use among sexually active youth and unmarried women could help to combat the current stigmatizing narratives, thus allowing a larger population of women to consider their contraceptive options without fear of disapproval. As these top-down efforts find their way into community events and interpersonal communications, barriers could be lifted and overall demand generation is likely to increase.