

“Contraceptive use can also increase the love between husband and wife.”: Male Involvement in Implant Use in Rwanda

Abstract

Family planning use in Rwanda increased from 17% to 64% between 2005 and 2020. The most commonly used modern contraceptive method in 2020 was the implant, at 27%. This study is interested in understanding the role of male partners in implant use in Rwanda. Rwandan male partners were mostly supportive of their wife’s implant use. Many couples discuss their family plans together, first deciding on the number of children they want and then making decisions about family planning use to meet those child number and spacing goals. Male partners were motivated to use family planning for financial reasons as well as increased intimacy and caring. Some male partners disapproved of family planning – primarily due to side effects that might interfere with the frequency and pleasure of sex. When males disapproved, some females would use covertly, with the help of providers, sometimes seeking out a thigh insertion to increase the secrecy of implant use. Occasionally male partners would discover covert use and demand implant removal. Ultimately, however, providers described that family planning is a women’s right and decision.

Introduction

The increase in family planning use in Rwanda has been impressive – from 17% to 64% among married women between 2005 and 2020. The most commonly used modern contraceptive method in 2020 was the implant, with 27% of married women using this method (National Institute of Statistics of Rwanda, Ministry of Finance and Economic Planning, Ministry of Health, & The DHS Program, ICF International, 2016). This study is interested in understanding the role of male partners in implant use in Rwanda.

Methods

The qualitative study included 16 in-depth interviews and eight focus group discussions with family planning nurses and current implant users split evenly by demographic and geographic area, in two districts of Rwanda, Musanze and Nyamasheke, in July 2024.

Results

A number of sub themes arose under the umbrella theme of male involvement in implant use in Rwanda– primarily with males in a supportive role but some themes of male partners as a barrier. The most predominant theme, by far, was couple collaboration in family planning decision making and use. Less often, yet still prevalent, spousal communication about family planning use was not always collaborative, and sometimes the male partner was presented as the authority figure in family planning decision making.

This theme was followed by the themes of male approval of family planning – often due to birth spacing desires. There were a number of other subthemes under the umbrella of motivations for male partner support of family planning use, including: better finances, increased intimacy, less stress, and a more caring home life. Male partners are often involved in decisions to initiate, continue, or discontinue contraceptive use – and sometimes male partners even select the contraceptive method.

Another main theme was male disapproval of family planning, sometimes leading to covert use, and, subsequently if discovered, male partners demanding early removal of implants. Despite instances of disapproval, family planning providers noted that women's desires always take priority in situations of couple conflict around family planning use.

Couple Collaboration in Implant Use

The most common sub-theme within the theme of male involvement was couple collaboration when making decisions related to family planning use – inclusive of initiating, continuing, or discontinuing implant use. This theme was more frequently mentioned in Nyamasheke, in focus group discussions, and by implant users.

...we first discussed and decided it together and we put our planned our goals together.
(MU, FDG #1, 15:8)

In contrast, less often couple communication in family planning use decision-making meant the wife sought permission to use contraception from the husband - who is the male authority figure. This theme arose more often in Musanze than Nyamasheke.

I will discuss it with him before (removing the implant). Because if I do it without consulting him, there will be a big problem. (MU, IDI 1)

Motivations for Male Partners

Birth spacing was brought up as an important motivation for family planning use for male partners and initiator of family planning discussions between couples. It was most commonly mentioned in focus group discussions. The benefits of family planning and birth spacing for couples were consistently mentioned. Most frequently, study participants noted the financial benefits of having less children, in particular, to be able to provide for the existing children is less stressful and motivates male partners to agree to family planning use. This theme arose more often in focus group discussions among implant users.

The man will also benefit because he will not be the only one doing work, because the mother will have time to go out and work making money for the family, which also benefits the country. (NN, FGD #2, 2:42)

Another advantage noted for both husband and wife as well was more taking care of each other without the distraction of caring for too many, closely spaced children. This came up primarily in Nyamasheke and in focus group discussions.

Contraceptive use can also increase the love between husband and wife... If the babies are coming following each other, it ends with not caring for your husband. (NN, FGD #2, 2:46)

A final benefit noted was increased intimacy between husband and wife – particularly due to the absence of fear of an unwanted pregnancy. These benefits were most commonly discussed in Nyamasheke, via focus group discussions with implant users.

...when the wife joins the family planning program he feels happy in doing his action (sex). Even the husband during the action (sex), he is worried that his wife will get pregnant again, but if the woman has already joined the family planning method the husband feels free at any time to do the action (sex) because he is feeling there is no problem.... (NU, FGD 4, V)

Husbands were noted to sometimes go beyond just approving his wife's family planning use and actively participated in the process. This included encouraging their wives, reminding them about appointments, selecting the method, and encouraging other husbands to have their wives use family planning. This was mentioned most often in Nyamasheke in focus group discussions.

My husband is the one who encouraged me to use family planning and we discussed it together....He has been a big part of me choosing the implant. (MU, IDI #3, 21:32)

Male Partners Disapproval and Covert Use

Less often male disapproval of family planning was mentioned, however. The main reasons for disapproval was side effects. The main concern with side effects was that they would negatively impact intimacy. Male partner disapproval of family planning was more often raised by nurses in Musanze.

...my husband told me that he will not allow me to come for family planning because he has heard other men saying, my wife came for family planning and now in bed nothing is happening. (MN, IDI #2, 20:31)

This disapproval led to some women to resort to covert use - where the wife uses family planning without the knowledge of her husband. Covert use was mentioned mostly in Musanze and entirely by nurses.

...when we see the husband is continuing to be stubborn this is when we tell the wife to come get the implant in secret without telling the husband. (MN, IDI #3, 22:31)

And he said just to give birth and God will provide. In this case, if you are an intelligent woman and you know that the problems will be yours, she come and tell you in the secret and tell you, "Doctor, I need you." (MN, IDI 1)

Mostly discussed by nurses in Nyamasheke was the insertion of the implant in the thigh as opposed to the upper arm, as is medically indicated, to support user's desires to use the implant in a way that their husbands cannot see or feel.

C: The doctor advised her to put it under the bum, the husband is not going to know you will have it....He can't know that place. (NU, FGD 4, C)

Husbands sometimes found out about their wife's covert use of implants, which could lead to a forced removal of the implant as demanded by the husband, whether by health care providers or at home.

...The husbands tell them, "Don't come back until the implant is out." (NN, IDI 2)

But the husband starts to say, "Why are you using the method did we have discussions about it? Why did they insert the method?" So, to have peace at home she removes the implant. It means that when the wound is not yet healed, she can take a razor she can cut on the wound so that she can push the implant out. (MN, IDI #1, 19:41)

Women's Decision Prioritized

Despite the importance of husband participation in family planning conversations, it was also emphasized that the wife's decision to use family planning is prioritized. This appeared in both the assertion that it is the woman's body and therefore her right to choose and in stories of nurses assisting women in covert use. The emphasis of the wife's decision was noted exclusively by nurses and most often in Musanze and during focus group discussions.

...the woman always has the right to the family planning methods, even if her husband does not know or agree ...the secret is still between me as a nurse and my client. (MN, FGD #2, 14:27)

In this family planning program, it is good the husband and wife discuss BUT (emphatically) I am adding the word but because the body is for the owner of it. The wife may feel tired and she is the one who bears the pregnancy. Her husband may not be understanding or want to use the family planning method... So now the wife is privileged

to choose and to use it how she wants it. If she doesn't want to get pregnant in the future, she is allowed to get the method she wants even though the husband doesn't agree with her because the problem she faces is for her own body and not for her husband. So, she has the right of her own body. (NN, FGD #1, 1:152)

Discussion

Rwandan male partners were mostly supportive of their wife's implant use. Many couples discuss their family plans together, first deciding on the number of children they want and then making decisions about family planning use to meet those child number and spacing goals. Male partners were motivated to use family planning for financial reasons as well as increased intimacy and caring. Some male partners disapproved of family planning – primarily due to side effects that might interfere with the frequency and pleasure of sex. When males disapproved, some females would use covertly, with the help of providers, sometimes seeking out a thigh insertion to increase the secrecy of implant use. Occasionally male partners would discover covert use and demand implant removal. Ultimately, however, providers described that family planning is a women's right and decision.