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### **Family Planning Can Improve Women's Lives in Rwanda, But Is Still Feared for Its Possible Side Effects**

*by Emma-Claudine Ntirenganya*

(March 2011) Traveling to the Rubavu District in Rwanda's Western Province, a district situated at the Rwanda and Democratic Republic of Congo border, was very exciting. As I passed through the city of Musanze, I was amazed that you can observe from afar the range of volcanoes. The houses on the side of the road are painted in yellow, orange or white. The old houses have been destroyed. The road is clean. This is the region of Rwanda considered to be the country's attic, because it has fertile soil and produces a good harvest that includes sweet potatoes, maize, and other vegetables. People here still practice polygamy and some women give birth to many children in competition with the common-law wives.

Once there, I contacted local governors for their help in identifying and interviewing two women who are the same age, who have a similar business, and who had been married in the same year. Although similar in these respects, I soon found out how different those two women are. These two women—Djamilla and Donatha—both come from Rubavu District. Many women here practice sweet potatoes commerce from within Rwanda, or maize and sugar that they bring illegally from the Democratic Republic of Congo, despite the fact that if they are caught, their things are taken and they are fined.

According to Rwanda's National Institute of Statistics (NIS), in Rubavu District 64 percent of women give birth at home, with only 36 percent delivering in health care facilities. In contrast, nationally 45 percent of women deliver at health care facilities, according to the Rwanda Interim Demographic and Health Survey (DHS) of 2007-08.

According to the Vice Mayor in charge of Social Affairs there, women in Rubavu deliver between five and eight children, and the Rwanda DHS situates Rwanda at 5.4 lifetime births per woman. According to the Rwanda NIS, Rubavu is among the districts where contraception use among women from 15 to 49 years of age is quite low: 86.4 percent of women in Rubavu do not use contraception. Nationally, according to DHS, 36 percent of women in Rwanda use some method of contraception, and 27 percent use modern contraceptive methods. According to the most recent DHS, the lifetime chance of dying from maternal causes is 1 in 35 in Rwanda, which, while still high (in developed countries it's 1 in 3600), is an improvement over the 2005 survey, which showed a 1 in 13 chance.

I arrived at the first house when it was evening, and I saw a modern house still under construction; it was not paved yet, not painted, had no ceiling, and had a roof composed of tiles. This is where I met Djamilla, a 32-old-woman, married to a tax collector, and mother of six children. Djamilla described to me her life of pain. They had moved recently, ordered to leave the village for the centers where they would be able to more easily find health and development facilities. But now, before being able to complete the building of the new house—the house that has just two outside doors without windows, because they had to use bricks to cover the windows—they are told that its model is not convenient to the area. They are told they must use bricks and sheet metal, and they have no means to do it.

Djamilla is afraid they will have to go back to the village, where they don't have a house anymore. Djamilla has been practicing commerce around sweet potatoes since the birth of her fifth child. She had to look for something to do to help her husband feed the family. After her fourth child, she had thought about family planning, because she thought the four children were enough. Unfortunately, she had been discouraged by friends telling her the family planning methods used have negative effects on health. While she was wondering if she should go and try or not, she got pregnant.

After Djamilla had the fifth baby, the family got poorer and poorer. Then she began to sell sweet potatoes. She also decided to go for family planning, despite whatever negative effects she might experience. She had been using injections for three years when she realized she was getting thinner and suffering from headaches; so she decided to stop using injections. She said that she had proposed to try implants, but that the nurse told her that implants have the same effects as injections. Then she stopped using family planning, and she became pregnant again, with her sixth child.

She did not want another child. The baby is now six months old and the sweet potatoes commerce is getting worse. "It is very difficult to do this with a baby," she explains. "I can't leave him home; no one else can look after him. I am obliged to bring him to this little market. And when I begin to breast-feed him, the clients come, and I stop. The clients, seeing the child crying, prefer to buy from another person so that I can continue to breast-feed the baby. And I am not happy because it is the money going away!" Djamilla also recognizes that the baby is growing up under very bad conditions. "He can't get a breast as he wants," explains Djamilla, adding, "I breast-feed him with the dirty hands, and he can't get washed himself until I get back home the evening!"

Djamilla confirms that she has gone back for family planning methods, whatever negative effects she may face. "I don't want to give birth anymore. Six children are too much! I wish I had had four children, especially when I look at my colleagues who have only two or three children. Their children are the happiest, their mums also. I can't give birth anymore!" Djamilla's decision is spurred on by the realization that they will be unable to pay for school fees and materials when they have more than one child in secondary school. She also is pained when she remembers how she cannot procure for her children even the simple things of everyday's life, like sweets, chewing gums or bread, however cheap they are. The second woman I meet, Donatha, is very happy with her family planning use. Her husband is an artist, and they have four sons. No daughter, but she confirms she will not give birth anymore, while it is common in Rwanda to give birth to many children because you have had only sons, or only daughters, and that you are looking for the ones you do not have.

Today she is in her thirties, but she had married at seventeen. By 18 years of age, she had given birth to her second son. She said she suffered a lot. She was unable to find clothes for her children and dressed them in their father's t-shirts. "It was terrible! When you see me like this, you can't understand what life I lived at that time," Donatha said, with regret in her eyes.

When she saw how hard her life was, she decided to go for family planning. She began with injections, and a year later, she changed to implants. Happy and smiling, she declared, "Can you imagine that I have had two children in almost one year! At eighteen! But then, thanks to family planning, I have had two other children in ten years!"

These ten years have been full of blessings, according to Donatha. She has had time to recover, not getting sick as often as before; she has had time to rest and to practice commerce on a larger scale—from sweet potatoes to importing goods from abroad and selling clothes as a wholesaler.

Donatha confirms that today she is happy with her husband, because she has got time to take care of him. Her youngest child is now three years of age. The first two sons have been sent to study in the neighboring country, Uganda, where they stay and come back home in holidays. She says she feels sorry for women who are afraid to go for family planning services for fear of negative effects, especially when she thinks of all the things they cannot afford to buy for the children that they have.

***Emma-Claudine Ntirenganya*** is program manager of Radio Salus in Rwanda.