
DISCOURSE ANALYSIS OF MALE STERILIZATION IN RWANDA'S FAMILY PLANNING POLICY PRACTICE

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Received: 08 December 2022; Accepted: 27 December 2022; Published: 31 December 2022

Abstract

This article intends to analyze the discourse of male sterilization (vasectomy) in Rwanda's family planning practice. It seeks to understand the public opinion towards the vasectomy as a birth control tool in Rwanda. The Family Planning Vision 2020 (FP2020) forum started in 2012 and more than 150 political leaders met at the London Summit on Family Planning agreed to give 120 million women in the world's poorest countries access to contraceptives by the year 2020. Rwanda has made great achievement toward these goals and the current trend in Family Planning use is encouraging. However, despite the explanations provided by the Government of Rwanda on the necessary need of family planning, many people including the religious leaders have different understanding on the family planning especially the male sterilization. By examining the discourse on family planning practices, this article demonstrates the different perception about vasectomy operation in Rwanda. The article is based on documents analysis and uses the methodology of political discourse theory.

Keywords: Family Planning Policy; Male Sterilization; Vasectomy; Rwanda

INTRODUCTION

Looking at the way the population of the world is increasing it is likely that in the future there will be scarcity of food and shelter and given the continuation of deforestation over food for the people in the world, the nature will be exhausted and that would lead to a grave natural disaster that might kill thousands of people (Hashem et al., 2022). Contraceptive methods have been introduced to address the problem of population growth not only to reduce their impact on economic development, but also to reduce their impact on the socio-ecological image of the whole world, and in some countries even mandatory legalized in China (Huiting, 2002).

Rwanda has been increasingly overpopulated. According to the United Nations statistics, since 17 September 2017, the people of Rwanda were 12.2 millions, on the land area of 24.668 Km² (Worldmeters, 2017). The Rwandan Ministry of Health in its five-year planning from 2012 to 2016 had a clear vision to control birth by strengthening the long-acting family planning methods at 70% by 2016. The men's contribution in family planning was mainly focused on use of condoms and the same strategic planning highlighted the involvement of male partners through vasectomy (Sokal & Labrecque, 2009).

In 2000, the Rwandan government introduced 'Vision 2020', a development programme that aimed to make Rwanda a middle-income country (Ministry of Finance and Economic Planning, 2020). As one of the most densely populated countries in Africa (World Bank, 2018), reducing the fertility rate was seen as key to reducing infant and maternal mortality, and producing a vibrant and educated middle class that could develop the country (Ministry of Finance and Economic Planning, 2020). As such, the government launched a massive, multisectoral public education campaign promoting family planning as a tool to reduce poverty and develop the country aiming to reduce the fertility rate from 6.5 to 4.5 total births per woman by 2020 (Ministry of Finance and Economic Planning, 2020). In 2020, 49% of women and 63% of men of reproductive age reported seeing or hearing family planning messages on the radio in the few months prior to being surveyed an increase from 35% and 50%, respectively, in 2000 while household radio ownership increased only 5% over the same period (NISR et al., 2015). At the community level, local authorities are required to mention reproductive health every time they address their constituencies. Additionally, during Umuganda, Rwanda's monthly community service day, both parliamentarians and community health workers (CHWs) share important information with communities, including family planning (ONAPO, 2001).

According to the Government of Rwanda, the male sterilization surgical procedure is reported to be cost effective and associated with fewer risks comparing to female tubal ligation

which require a general surgery with increased risk (The Newtimes, 2018). Following a study carried out in Rwamagana District Rwanda on the general knowledge on vasectomy, participants were asked to identify what male FP methods they know. The majority making 31.8% knew about either condoms and vasectomy (Adejumo et al., 2019).

However, a report from the Rwandan Senate has indicated that birth control is currently being hindered by religious beliefs. In a June 21, 2019 meeting at the parliament, the Rwanda's then health minister, informed the parliamentarians that she had tried to "educate the church" about the need for full family planning services but said the church was frustrating efforts to control births by accepting only natural contraception because the church says abortion and birth control practices risked divine punishment (Luxmoore, 2019). Church Leaders said that:

"We hope the state will not force doctors in public hospitals to facilitate abortion contrary to their objection of conscience, (...) "We would like tell all staff in our medical centers that we can never allow this sin of abortion, and we want Christian doctors to take the lead in protecting life," (Luxmoore, 2019).

Regarding vasectomy, there is fear of its irreversibility which make concerned men to oppose it despite reports of reversing vasectomies (Leslie, 2018). However, Mukansoro Odette (2014) says that the negative aspect of vasectomy as agreed upon by all researchers by unanimity and which can lead to the choice of an alternative method is the fact for vasectomy to be irreversible as it is for the tubal ligation. That said, vasectomy may not be the best contraceptive choice for couples who want to increase the time between pregnancies, or who have even the slightest reason to believe that they may want to have children in the future (Mukansoro, 2014).

According to the representative of United Nations Population Fund (UNFPA) to Rwanda, Jozef Maerien the participation of men in birth control is very crucial as he said:

"We are committed to mobilizing men to be prepared for births since it has a role in family development and provides enough time for a woman to care for herself. It is vital that men use birth control methods to alleviate sufferings of their wives receiving syringes and tables to control births" (Niyitegeka, 2016).

This article analyses the discourse of the male sterilization (vasectomy) in Rwanda. The findings of this study are expected to be instrumental in helping Rwanda family planning policy makers in devising ways of effectively achieving birth control goals through research based knowledge of Rwandan men's perception towards male sterilization.

However, there is no research done on discourse analysis of male sterilization in Rwanda's family planning policy practice and this literature gap in research gives the researcher more interest to highlight the most components of male sterilization in Rwanda. The findings of the study will contribute to the policy makers and academics. This research will be

significant to academics as it will enrich the existing literature on vasectomy and the outcome of the study will help researchers who are willing to research more on Male sterilization in Rwanda. The information resulting from the study will guide policy makers as well as politicians towards engaging men to actively participate to birth control programs.

Finally, this article intends to analyse the discourse of male sterilization (vasectomy) in Rwanda's family planning practice. It seeks to understand the different opinions regarding men participation to vasectomy in Rwanda.

LITERATURE REVIEW

Family Planning Policy

Family planning is the concept or strategy of limiting the size of families by spacing or preventing pregnancies, usually for economic reasons. Actually, family planning is the practice of controlling the children numbers and the intervals between their births, which includes through contraception or voluntary sterilization (WHO, 2013). Given they have the same meaning, family planning and birth control are used vice-versa, with birth control being the most commonly used.

Moreover, family planning has been defined as "Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility" (WHO, 2015). While the previous definition focuses on limiting the size of the family, Khattak et al specify the use of contraceptives when defining family planning as "the control of the number of children in a family and the intervals between them, especially by the use of contraceptives" (Khattak et al., 2018). The Medical Dictionary on the other hand adds a sense of intention and determination to the two previous definitions by stating that, "family planning intended to determine the number and spacing of one's children through effective methods of birth control" (Marriam, 2007).

Male sterilization

Regarding male surgical sterilization which is vasectomy, it stops sperm from going into his penis, so his ejaculate never contains semen. Sperm stays in the system after surgery for about 3 months (US Department of Health and Human Services, 2011). In Rwanda, vasectomy is still underutilized, due to various surrounding myths about side effects (Shattuck et al., 2014).

Vasectomy is a simple operation on a man to prevent him from impregnating a woman. It involves minor surgical operation where the vas deferens (the tubes that carry sperm) are cut

and sealed using thermal coterie. It is free of side effects compared to other methods. It is reliable approximately to 100% where there should be no fear to impregnate a woman. It is cost effective and does not imply lots of further operations and treatments as for other methods (Sokal & Labrecque, 2009).

Vasectomy operation trips start by preparing the beneficiary, before operations themselves and post operation eventual expectations and required behaviour. There are no special things needed to be done before being operated. On the day of the operation, the beneficiary brings an adult scrotal support (not a “jock strap”) to help him keep as comfortable as possible following the procedure. Also, the beneficiary brings someone with him who can drive him home, just a companion (Mukansoro, 2014). The physician will then assess the patient's general health in order to identify any potential problems that could occur. The doctor will thereafter explain possible risks and side effects. In some practices, the patient is asked to sign a consent form which indicates that he understands the information he has received, and gives the doctor permission to perform the operation (Hashim & Abrams, 2008).

However, if the patient is anxious, he must tell this to the physician for further preparations. In this case, the physician can give like drugs to relax, if the beneficiary wishes so. Otherwise, nothing special is supposed to be done before the operation, when of course the beneficiary has definitely chosen vasectomy to control births (Mukansoro, 2014). A vasectomy is usually done in the doctor's office or in an outpatient surgery centre. The operation takes about half an hour. The patient will be awake during the procedure. First, a small amount of genital hair will be removed by shaving or clipping, to help prevent infection. The doctor will give a local anaesthetic to numb the scrotum (the sac of skin that holds the testicles), and drugs to relax the patient, if necessary (Mukansoro, 2014).

After the patient is numb, the doctor will cut two small (3/4 inch) openings on each side of the patient's scrotum and pull out part of each sperm-carrying tube. The patient may feel some tugging and pulling. A very small section of each sperm-carrying tube is removed. The ends of the tubes where the section has been taken out will be sealed by stitching them shut. The doctor will close the two openings in the patient's scrotum with stitches. After three to 10 days, the stitches will disappear by themselves. The tissue removed is sent to a pathologist, who checks to be sure that it is pieces of the tubes (Mukansoro, 2014). Right after the operation, the beneficiary would expect that the doctor may ask him to lie down for a couple of hours with an ice pack placed on his scrotum. The beneficiary may have some bruising in the area of the surgery. The bruises should slowly lighten and be gone in about two weeks. There are no major restrictions besides not doing any strenuous activity for 3 to 5 days. The beneficiary will

feel more comfortable if he wears the scrotal support day and night for 10 days. His doctor will want him to return for check-ups. He should just feel back to normal within a couple of weeks (Darroch et al., 2016).

Moreover, the doctor must inform the patient that sterility does not occur immediately after the procedure is finished and that men must use other methods of contraception until two consecutive semen analyses confirm that there are no sperm present in the semen. This will take four to six weeks or 15-20 ejaculations to clear all of the sperm from the tubes. "No scalpel" vasectomies are gaining popularity. Instead of an incision, a small puncture is made into the scrotum. The vas deferens are cut and sealed in a manner similar to that described above. No stitches are necessary and the patient has less pain. Other advantages include less damage to the tissues, less bleeding, less risk of infection, and less discomfort after the procedure. In some, cases vasectomies may be reversed. However, this procedure should be considered permanent as there is no guarantee of successful reversal (Hashim & Abrams, 2008).

Vasectomy beneficiaries are advised, for the first eight hours after the operation, to rest with their legs elevated or lie on their back, to raise their testicles a little by putting a rolled-up washcloth under their scrotum, to place an ice pack rolled in another towel on top of their scrotum, to keep adult scrotal support on and place the ice pack outside of it, to keep the area dry for 24 hours to use an ice pack when resting (Mukansoro, 2014). According to similar other practices, following the surgery, ice packs are often applied to scrotum to decrease pain and swelling. A dressing (or athletic supporter) which supports the scrotum can also reduce pain. Mild over-the-counter pain medication such as aspirin or acetaminophen (Tylenol) should be able to control any discomfort. Activities may be restricted for one or two days and sexual intercourse for three to four days (Hashim & Abrams, 2008).

Vasectomy beneficiaries are also advised to avoid strenuous activity, including heavy lifting, for a week and to wear the scrotal support day and night for 10 days in order to feel more comfortable. More importantly, they are advised to avoid having sex or ejaculating for the first week after the operation and to use another type of birth control until their semen is clear of sperm, a situation which would be confirmed by a physician (Mukansoro, 2014). There are very few risks associated with vasectomy other than infection, bruising, epididymitis (inflammation of the tube that carries the sperm from the testicle to the penis), and sperm granulomas (collection of fluid that leaks from a poorly sealed or tied vas deferens). These are easily treated if they do occur. Patients do not experience difficulty achieving an erection, maintaining an erection, or ejaculating. There is no decrease in the production of the male

hormone (testosterone), and sex drive and ability are not altered. In any case, vasectomy remains safer and less expensive than tubal ligation or sterilization of a female by cutting the fallopian tube to prevent conception (Hashim & Abrams, 2008).

Introduction of official birth control methods

Before acquiring modern methods of birth control, women used withdrawal or periodic abstinence which methods which had many complications and failures. Condoms were usually used before the introduction of modern birth control methods (Harper et al., 2015). In the meantime, birth control methods were banned in some countries. For example, in 1873, the Comstock Act was passed in the United States prohibiting advertisements, information, and distribution of birth control and allowing the postal service to confiscate birth control sold through the mail. In 1916, Margaret Sanger opens first birth control clinic in the United States. The following year she was deemed guilty of “maintaining a public nuisance” and sentenced to jail for 30 days. Once released, she re-opened her clinic and kept persevering through more arrests. The struggle went on until 1938, when in a case concerning Margaret Sanger, a judge removed the federal ban on birth control, ending the Comstock era (Harper et al., 2015). The year 1960 is considered as the year of reference for the official introduction of birth control methods. This is when actually the first oral contraceptive, Enovid, was approved by the US Food and Drug Administration (FDA) as contraception. Today, birth control methods have multiplied and spread all over the world with technological advancements which help to assure fewer side effects (Mukansoro, 2014).

METHODS

This article uses a qualitative research method and uses discourse analysis for analytic technique. According to Gee & Handford, discourse analysis emanates from the sociology science and can be explained as “*examining the way knowledge is produced within different discourses and the performances, linguistic styles and rhetorical devices used in particular accounts*” (Gee & Handford, 2013).

According to Ghahroudi, M. L. & Kalkhoran (2020) discourse analysis has a particular relevance when listening to people's own explanation of a situation. Discourse analysis is an analytic technique and not a theory. Its popularity came from the growing interest in qualitative research and ways of analyzing the data it produces.

There are related methods, such as content analysis, that analyses content according to key variables, narrative analysis, which looks at the patterns people find in their lives and

situations, and conversational analysis, which looks at the structure of dialogue (Hsieh & Shannon, 2005).

Relevant documents were collected and reviewed based on related policy topics. The information was gathered from journals, theses, government reports and yearbooks, proceedings of seminars, symposiums, workshops, magazines, and websites in both Rwanda and other countries. The information covered family planning policy, male sterilization, vasectomy, and other programs related to these policies, as well as executive reports, academic study results, opinions about these policies and programs, and other documents related to family planning policy.

RESULTS AND DISCUSSION

Discourse Analysis on Vasectomy

A discourse analysis is a method of analyzing a written, spoken, or sign language, or any other important semiotic event (Jørgensen & Phillips, 2002). In this chapter, I will discuss about the Rwandan Government position on vasectomy and the opinions of opposing it.

The government of Rwanda has chosen the family planning as an important tool of development (Rwanda Ministry of Health, 2012). More than the timing and pregnancy intervals, the Rwandan government considers family planning as an instrument to improved health through decreased maternal, infant, and child mortality (Bucagu et Al., 2012). The country maintains an active method to the stated goal of reaching middle-income country status, and sees family planning as an important part of the strategy to increase the nation's economy (Bucagu et al., 2012). Today, the Government encourages the use of vasectomy among men because it has no side effects compared to other methods of family planning.

According to the new times magazine, the Prime Minister of the Republic of Rwanda, Edouard Ngirente declared that the government wants to build 1,700 more health centers by 2024 (Luxmoore, 2019). In 2018 during an opening of International Conference on Family Planning, the Prime Minister Ngirente reiterated important and great social and economic profits of investing in vasectomy and took the time to request for international commitments to respond to the challenges regarding contraception access (Gates Institute, 2018).

Furthermore, Rwandan Officials assert that Family planning is one of the affordable means to improve the betterness of the population in the world (Gates Institute, 2018). In addition, the Rwandan Reproductive Health Law stipulates that each mature person of 18 years old has the right to decide for himself/herself concerning human reproductive health matters including male sterilization (Partners in Population and Development, 2016). Sokal et al.,

(2009) support the Rwandan government position declaring that vasectomy is nearly 100% reliable where there should be no fear of impregnating a woman. It is cost-effective and does not imply as many other procedures and treatments as others methods.

My question here is what is the rationale of family planning policy implementation in Rwanda? Family planning has been the practice of controlling the number of children and intervals between births, especially through contraception or voluntary sterilization supported by the Government of Rwanda (World Health Organization, 2013). According to the World Health Organization, Family planning has the following benefits: (i) Mothers and babies are healthier in case they avoid risky pregnancies; (ii) Smaller families get more money and food for every kid; (iii) Parents have enough time to work and to stay with family; (iv) Delaying some pregnancies lets young people pursue their studies. (World Health Organization, nd)

It seems that the Government of Rwanda has embraced the theories of John Maynard Keynes and Thomas Malthus on economy and population growth. According to John Maynard Keynes, a country is overpopulated when the addition of one person results to the diminution of its well-being. Actually, Keynes argues that a person who normally lives in financial hardship because he has big family to feed, that person is overpopulated and he would be better off if he had smaller family. (Magness & Hernandez, 2017).

According to Thomas Malthus ‘‘the human population increases geometrically, while food production increases arithmetically. Under this paradigm, humans would eventually be unable to produce enough food to sustain themselves’’ (Drysedale, 1889; Kagan J, 2020). In Rwanda, the government has made family planning a national priority to reduce maternal mortality and decrease poverty and because of that, the family planning is regarded by the government as a way to empower the people (Springer Nature, 2018).

Speaking differently, another category composed by men disbelieve in vasectomy given its irreversibility and they express fear that after doing vasectomy, it is impossible to impregnant a woman if they wish it (Alexander & Anderson, 1979). Others feared that in case their wives die, their inability to reproduce would make them unable to find another wife. In addition, men think that male sterilization or vasectomy will affect them financially, that it will cause to general weakness and might cause also sexual performance hence fearing surgery and opposing it (Saoji et al., 2013). In research made by De Knijff et al., (1997) they found that vasectomy has a negative aspect because it is irreversible hence not being the best contraceptive choice for couples who wish pregnancies after break time. Furthermore, given vasectomy can cause a male partner to be anxious or concerned about the impact of vasectomy on his sexual

performance, concerns about this issue may cause stress which can affect a man's ability to have an erection or ejaculate (Catholic answers, n.d).

Men interviewed by the British Broadcasting Corporation (BBC, 2011) in Kigali-Rwanda, were cautious about such a permanent method of contraception. One man told the BBC:

"I think I can't go for it. You may plan to have two children and then unfortunately one dies, (...) when this happens when you already have had vasectomy, you can't have another child. Instead of going for vasectomy, you would rather practice other methods". (BBC, 2011)

Speaking differently, the family of Basabose Protégène and Mujawamariya Florence with three children applied permanent birth control methods so long before. They witnessed how they benefited from the preferred method of controlling births: *"It had no negative consequences on our health. Indeed, we make love in bed without worries of unwanted births,"* (Igihe, 2016).

On the other hand, despite the fact that the Church has always supported the Government of Rwanda towards its socio-economic transformation policies, it opposes the government on contraception programs especially on male sterilization and consequently, the remarkable opposition to family planning can be seen among religious Leaders although there is nothing in the religious literature that clearly prohibits contraception. However, in the year 1930, the Roman Catholic Church Pope Pius XI declared that contraception was originally evil and any person practicing using contraception methods, was disrespecting the law of God and therefore he/she deserved a divine punishment (The conversation, 2018).

Table 1. The Religious situation in Rwanda

No	Religion	Members by %
1	Catholic Church	46.5%
2	Protestants	45.4%
3	Other Forms of Christianity	4.4%
4	Muslims	1.8%
5	Atheists	1.8%
6	Rwandan traditional Beliefs	0.1%

As a result of Pope Pius XI declaration, all forms of contraception were forbidden in Roman Catholic Church. Only abstinence practice was acceptable to prevent pregnancies. Priests had to teach this to the people very clearly and frequently that no Catholic churches adherent could claim ignorance of the Church's prohibition of contraception (The conversation, 2018). In an interview of the Christian Science Monitor, (n.d) with Mary Goreth, a nun of the catholic church, she supports the Pope's declaration claiming that they cannot change what they believe although this belief can heavily affect Rwandan government family planning

policy given the Roman catholic church in Rwanda owns one third of all hospitals and clinics and it becomes complicated to force doctors in Hospitals owned by the Churches to facilitate abortion contrary to their consent (Luxmoore, 2019).

Furthermore, the church Leaders assert that contraception is irrelevant since it's a deliberate refusal of the nature God built into the human beings, known as natural law. The natural-law aim of sex is producing children. God's gift of the sex act, together with its pleasure and intimacy, should not be abused by deliberately frustrating its natural end which is procreation (Catholic answers, n.d).

My question here is "on which basis the Church prohibits family planning? Church Leaders respond this question based on the bible where the Bible describes one form of contraception and denounce it. when Judah requested his son Onan to go and sleep with the wife of his brother who had dead without a child, Onan approached the wife of his brother, slept with her but he threw the semen on the ground because he knew the child will be given to his brother. According to the Bible, what he did was very bad in the sight of God and he killed him (Holy Bible, Gen. 38:8–10).

Furthermore, based on "Human Experience" Pope Paul VI predicted grave consequences that would arise from the widespread and unrestrained use of contraception relating to conjugal infidelities. In addition, there is fear that a man would consider her wife as an instrument of selfish enjoyment, and no longer as his respected and beloved companion (Catholic answers, n.d).

CONCLUSION

In summary, this article presented the discourse analysis of male sterilization in Rwanda's family planning practice. It provided details on the Rwandan Government position on vasectomy and the opinions of opposing it. Using the methodology of political discourse theory, it was shown that there are various opinions on family planning in Rwanda especially on vasectomy. The Government of Rwanda support the vasectomy practice and other forms of birth control while the Catholic Church prohibit it. Men also in general are reluctant to use the vasectomy given its irreversibility but support other birth control methods.

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