

Rwanda's Catholic clinics strike a compromise with government on providing access to contraception

The government wanted to increase birth control use. But the Catholic Church runs about a third of the country's hospitals and clinics. So they struck a deal.

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(The Christian Science Monitor) For decades, if you needed health care in Masaka, a small town just outside Rwanda's capital, the Roman Catholic health center was your only option. That included women looking for birth control—most forms of which the Catholic Church forbids.

"That is our faith; we cannot change what we believe," said Mary Goretti Nyirabahutu, the Catholic sister in charge of the health center, connected to the Archdiocese of Kigali.

But now, around the corner, wedged into half of an old municipal office, a tiny government health center offers an alternative. "Family Planning," reads a tiny sign above the doorway.

"I'm also a woman of prayer," said Jackie Buseruka, the nurse who runs the clinic. "But your religion must not interfere with doing what is right."

When government leaders were looking for ways to increase the number of women using contraception a decade ago as part of a broader push to improve health care and promote development, they knew they had to include the Catholic Church, since half of Rwandans are members.

The church runs about a third of the country's hospitals and clinics, according to the Catholic charity Caritas, many of them in remote areas where there is no government-run alternative. It didn't make much sense to build new hospitals in those locations. But the church has been resolute that contraception is against its doctrine.

So the church and the government struck a deal. Women who came to Catholic facilities looking for contraceptives would be told all their options and then pointed down the road to the new health posts the government was setting up. These tiny, bare-bones operations had a single purpose: to give out birth control. Today, there are 88 of these, tethered to about 80 percent of the Catholic hospitals and clinics in the country.

"The way we see it, people are responsible for their own health and their own faith," said Prince Bosco Kanani, the director of Rwanda Catholic Health Services. "Our spiritual mandate is to let people choose."

Many Rwandan women have chosen the forms of birth control offered by the health posts. Two-thirds of married women and nearly one-third of all women now use contraceptives, and the fertility rate is less than four births per woman.

Sex is not the first topic many church leaders want to discuss. But in African countries, sex and public health have collided in ways that forced the church to be part of the conversation.

"When HIV came to finish us, that's when we realized we couldn't keep sex in the dark—we had to begin speaking about it in broad daylight," said Ronald Kasyaba, the deputy executive secretary at Catholic Medical Bureau in neighboring Uganda. "And the conversation has progressed from there."

In Rwanda, as in many countries, the prevalence of Catholic health centers means they have been close to the HIV epidemic for decades. (The Vatican has estimated that it provides 25 percent of the care HIV and AIDS patients receive worldwide.) That brought a reckoning among many Catholic health officials about protection against sexually transmitted diseases, a subject the church had spoken about only in whispers.

Yet the church has been reluctant to approve of the use of condoms to prevent HIV, let alone as contraception. But when church teachings and practical need diverge,

many quietly choose the latter.

“I cannot be limited by my faith when it comes to family planning,” says Adrian Hakorimana, a herdsman in Masaka. “The most important thing to me as a Catholic is to have a family that is a size I can take care of.”

Inside Buseruka’s dimly lit government clinic, she spreads out options for her patients. There are pills, intrauterine devices, condoms, and vials of injectable contraceptives.

“I never turn anyone who comes to this place away,” she said. “If they’re worried about religion, I tell them, God helps those who help themselves.”

Buseruka’s clinic has about 7,000 patients, from shy teenage girls to the wives of local pastors, who often send her text messages asking if they can come by the clinic after hours, when no one will be around to see.

Down the road, at the Catholic health center, Nyirabahutu seeks to interest married couples in church-sanctioned forms of family planning. She clutches a string of beads in her hand like a rosary, explaining that couples can use it to count the days of a woman’s cycle.

But it’s a hard sell. She sees about 1,000 patients regularly for such services. Still, she said she fully supports the government outpost down the road.

“Of course they are serving more people than us; they have more to offer,” she said. “The most important thing is that women are healthy, that having children is their own choice. They must be free to choose what is right for them.”

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