

The Power of Social and Behavior Change in Family Planning: Lessons from Rwanda

Contraceptive use in Rwanda rose from 17% to 64% between 2005 and 2020

Rwanda's family planning (FP) success offers valuable lessons for other countries aiming to achieve their reproductive health goals. In this brief, we highlight the FP challenges Rwanda faced and how social and behavior change (SBC) strategies played a key role in overcoming them. These learnings can be helpful for government officials seeking to drive similar advancements in their own contexts.

Rwanda's FP challenges mirror those of many countries in Sub-Saharan Africa

Over two decades, Rwanda has juggled multiple FP challenges and priorities in a resource-limited setting, including:



- Building FP awareness among the general population
- Supporting community health workers to strengthen links between communities and nearby health facilities
- Reducing provider bias during service provision
- Combating FP misinformation
- Fostering couple communication
- Improving postpartum FP uptake
- Boosting youth-friendly services

Rwanda uses diverse SBC strategies – supported by donor and government funding - to address challenges and amplify FP successes

Foundational to Rwanda's FP success is the government's strong political will and coordination among stakeholders. Each month, government officials, development partners and non-governmental organizations (NGOs) convene in a working group to discuss FP related challenges, priorities and solutions. To build on this powerful collaboration, the government and partners also apply a multi-faceted SBC approach that includes education, community involvement and innovative communication methods to achieve its goals. One NGO representative's advice to other countries summarizes Rwanda's SBC philosophy: ["When it comes to SBC, leverage different approaches - social media, community](#)



outreach, radio talk shows – all of them work together to support the community. And remember, if you don't provide the information, community members will seek it another way. They might receive it from unprofessional people who give wrong information.”

These initiatives have been funded by donors (such as USAID and UNFPA) alongside gradual, increased government funding. Rwanda now allocates over 15% of its budget to the health sector, which meets the Abuja Declaration's recommended threshold. Its FP2030 commitment also aims to increase domestic funding for FP (which until recently was between 4–5%).

Let's take a closer look at a few SBC initiatives in Rwanda, and how each one boosted their FP outcomes.

Looking back: Rwanda's past and current SBC strategies effectively utilize mass media, community dialogue and digital platforms

Radio soap operas

One of Rwanda's first SBC successes in FP is its flagship radio soap opera program, run by Urunana Development Communication. Their content –running for over 20 years – focuses on public health communication, with sexual and reproductive health and FP comprising the core of their messages. Their programs are national, represent all 30 districts, and have a remarkable listenership of 9M people (approximately 70% of the country's population).

Approach for success: Urunana expertly uses **narratives and storytelling** to captivate audiences. They mix a top-down and bottom-up approach to craft stories that maximize impact and drive behavior change. At the top-down national level, they collaborate with the Ministry of Health (MOH), the Rwanda Biomedical Center (RBC), NGOs and international organizations to align on content. By reviewing research, DHS data, and ongoing programs, the stakeholders identify gaps and prioritize SBC topics that match government initiatives. At the bottom-up grassroots level, their staff visit, experience and observe rural living to develop creative and deeply relatable stories that shift behavior. Their fictitious villages include elements across regions that make their stories universally attractive. They also heavily consult with audiences during pre-tests and post-tests of their content.

Community dialogues and interpersonal communication

“One thing that puts Rwanda aside is the intentional conversations we have within the communities,” reflected a key respondent. Community dialogue sessions—such as “parents' evenings”—provide intimate spaces for health workers, parents and other influencers to discuss health topics, including FP. They have sparked open discussion, transforming FP from a taboo to a common topic among couples. RBC works closely with development organizations such as Society for Family Health (SFH) and Health Development Initiative (HDI) to implement community dialogue and interpersonal communication sessions.

Approach for success: Rwanda's community dialogues succeed by using **peer educators, guided reflection, testimonials, and trusted leaders** to create stigma-free spaces for FP discussions. While traditional education campaigns can boost contraception knowledge, the information may feel distant and impersonal. Community dialogues, in contrast, foster knowledge-sharing that is deeply personal.

Furthermore, SFH and HDI use data to target areas with low FP uptake. They then train peer educators to conduct household visits and discuss FP with household members. Their SBC-informed training equips them to facilitate dialogue across various scenarios and tailor their discussions to the household members' needs. Dialogues are often timed closely with outreach programs – often located near busy markets - that integrate services like HIV care, FP, and breast cancer screenings. After these initiatives, health centers often see increased FP services. *“Our SBC activities and outreach campaigns are impactful because they not only provide information but also offer something tangible, like free condoms, which attracts more people. Additionally, interactive sessions during these campaigns allow for better community engagement, as they can ask questions and get immediate responses.”*

Youth-friendly digital platforms

CyberRwanda is a digital platform designed to improve the health and well-being of urban and peri-urban adolescents (12–19) by guiding them through their healthcare journey. The platform is engaging, educational, and impactful in addressing teen pregnancy and HIV prevention.

Approach for success: Co-created with over 800 Rwandan youth and hundreds of additional parents, teachers, health workers and community leaders, the digital platform features **narrative storylines, a FAQ library, and a pharmacy locator**. For those without phone access, it's available on tablets in 60 schools and Youth Centers nationwide (youth centers are government initiatives to provide health services to youth, including FP). The platform also offers **gamified training** for pharmacists on topics like provider bias and youth access to health products. All content is government-approved and validated by technical working groups. Rwanda's innovative use of SBC through digital platforms combats the misinformation and reduces the stigma unmarried youth face in accessing contraceptives.

To further reach teens, the MOH and partners also leverage social media platforms. For instance, on World Contraception Day, they use Twitter (now X) to gather healthcare providers, gynecologists, midwives, and nurses so that youth can ask them challenging questions. *“There's so much wrong information out there, especially on the internet. We use those platforms in a good way to ensure that we're providing the right information.”*

Facing forward: What will the future of SBC look like in Rwanda?

In just 15 years, the modern contraceptive prevalence rate among married women in Rwanda increased by a remarkable 48%, while unmet need for FP among all women dropped from 19% to 14%. Rwanda's diverse use of SBC strategies contributes to its FP success. Over the next 15 years, how will SBC continue to evolve? Key informants in Rwanda are already discussing new and novel SBC approaches. For instance:

Could SBC strengthen advocacy for policy reform? Rwanda's current reproductive health law requires parental consent for adolescents under 18, limiting their access to FP services. Prior attempts to reduce the age of consent for FP services failed. Could reframing the policy—lowering the consent age for a wider range of services, like FP and prenatal care—increase success? Partners are now pursuing this approach to gain parliamentary support.

Could SBC boost domestic funding for FP commodities? USAID and UNFPA currently procure the bulk of Rwanda’s FP commodities, but they are pushing the country to increase domestic funding and maintain its own commodity supply. The MOH, with UNFPA, released a business case showing that every \$1 invested in FP yields significant benefits in other sectors. This has shown promise in building buy-in for resource reallocation towards FP. Could SBC build on this success and further mobilize domestic resources towards FP commodity procurement?

Although it remains unclear how SBC will adapt over time in Rwanda, we know that it will evolve.

“SBC is the core of everything we do. Populations are dynamic. The Rwanda of 1999 is different from the Rwanda of today. The youth we had in 1999 are different from the youth today; The elderly we had in 1999 are different from the elderly today. Like the people and the times, SBC must be continuous and evolving.” —Key respondent

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