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The Contradictions of Choice

A policy analysis on the representation of reproductive choice within Rwanda's sexual and reproductive health and rights policies

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Abstract

Threats to women's sexual and reproductive health and rights (SRHR) globally are evident. The framing of SRHR within policy is vital, as it yields value for the advancement of women's SRHR. While Rwanda has adopted numerous policies on SRHR, many women are yet to experience gains. Through a qualitative single case study this thesis scrutinizes how reproductive choice is represented in Rwanda's SRHR-policies, and what limitations such representation entail. Carol Bacchi's "What's the problem represented to be?" is utilized to perform discourse analysis, and operates both as a methodological approach and a theoretical framework. Reproductive justice is utilized as a theoretical framework, interpreting the findings of this study. This thesis identifies four representations, which problematize reproductive choice, and pertain to limited access, lack information and knowledge, deep-rooted social norms, and insufficient innovation and technology. Following such, underlying assumptions perceive women as belonging to one homogeneous group, as responsible actors, and as passive recipients. A fourth assumption identified originates from aspirations concerning development and growth. The limitations of such representation entail those aspects that go unproblematized, namely the notion of viewing women homogeneously, the contradicting nature of framing women as both responsible and passive, as well as the high degree of politicization of SRHR. While women are viewed as homogenous and passive, they are nonetheless also viewed as responsible and as well as valuable for the country's long-term development trajectory. Such inconsistencies can in itself be seen as an additional limitation.

Keywords: women, Rwanda, SRHR, policy, WPR-approach, reproductive choice, reproductive justice

Word count: 9998

"[...] *no matter what kinds of regulations the government, the church, the family, or other authorities created, girls and women have always done what they could to shape their own reproductive lives."*

(Ross & Solinger, 2017: 11)

Abbreviations

ACRJ - Asian Communities for Reproductive Justice

ASRH - Adolescent sexual and reproductive health

CHWs - Community health workers

CSE - Comprehensive sexuality education

FP - Family planning

GBV - Gender-based violence

GoR - Government of Rwanda

ICPD - International Conference on Population and Development

MDGs - Millennium Development Goals

MNCH - Maternal Newborn and Child Health

mCPR - Modern contraceptive prevalence rate

PPFP - Postpartum family planning

SDGs - Sustainable Development Goals

SRHR - Sexual and reproductive health and rights

UN - United Nations

WPR - What's the problem represented to be?

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1 Introduction

Women's sexual and reproductive health and rights (SRHR) are elemental aspects of health and well-being (MSI Reproductive Choices, 2022). The Guttmacher Lancet-Commission, defines SRHR (see Appendix I for full definition) as a "state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction [...]" (Starrs et al., 2018: 2646). In annual reports released by Amnesty (2024) and Human Rights Watch (2024) on the state of the world, threats to and attacks of women's SRHR globally are evident. The framing of SRHR within policy is vital for its advancement. Especially as decisions and policies related to SRHR produce "embodied" consequences; that is, physical and tangible implications for the bodies and lives of women (Pugh, 2019: 1). While Rwanda has adopted policies aiming to enhance women's attainment of their rights, Rwanda continues to struggle to ensure women's SRHR. Discrepancies between the country's abortion law and policies on SRHR (MoH, 2019; GoR, 2016; MoH, 2018), and between gender policies, including SRHR and women's lived realities can be noted (Abbott & Malunda, 2016: 561-562; Uwineza & Pearson, 2009: 22-23), implying the value of exploring how issues are represented within policy.

This thesis applies a feminist lens to SRHR-policy in Rwanda. Dominant themes within previous research pertain to population control, racialization of reproduction, the broader development agenda, and implementation of SRHR. Within the context of Rwanda, previous research attends to access to SRHR-information and family planning (FP). Few studies have conducted policy analysis within the context of Rwanda, especially on contemporary policies. Bacchi's (2009) "What's the problem represented to be?" (WPR) has been selected to facilitate critical policy analysis on six policy documents by the Government of Rwanda (GoR), and address such a gap within existing research. The WPR-approach is a useful tool for policy analysis within a broad range of disciplines, health included. Within health discourses, Bacchi (2016: 1) has come to argue for the tool's importance in terms of grappling with the implications of meanings that policy-makers attribute to a problem, and potential discrepancies. Moreover, with reproductive choice having entailed quite narrow definitions historically (Ross & Solinger, 2017: 239), implying whether a woman does or does not have a child, the utilization of reproductive justice as a theoretical framework offers a broader definition within the context. For this study, the term reproductive choice is rooted within reproductive justice, elaborated upon in

section 4.1 Hence, it provides a more holistic perspective to reproductive autonomy, as choice is viewed as a highly social process, rather than only being biological (Ross & Solinger, 2017: 168). Through the utilization of the WPR-approach and the notion of reproductive justice, this thesis aims to address a gap of knowledge pertaining to conceptualizations of the status of reproductive choice within Rwandan policies.

1.1 Research aim and question

This study aims to explore how reproductive choice is represented in Rwanda's policies relating to SRHR, and the limitations that follow such representation, by utilizing the notion of reproductive justice and the WPR-approach. Through such approaches, this thesis seeks to provide more nuanced insights into how SRHR-policy operates within Rwanda's context, as a more comphrensive understanding of policymakers' conceptualizations of reproductive choice can yield in comprehending complexities and interlinkages further within the policy landscape. The research question of this study is the following:

- *How is reproductive choice represented in Rwanda's SRHR-policies, and what limitations does such representation entail?*

1.2 Delimitations

Firstly, this study is limited to women's SRHR, as it focuses on aspects related to women's reproduction.

As elaborated upon in section 5.3, not all six questions of the WPR-approach are utilized for this study. Hence, this poses a natural delimitation with the study being limited to the identification of problem representations, assumptions and limitations.

Moreover, this study does not seek to compare policies with the contextual realities in which they can be found. While it can be acknowledged that discrepancies exist (Abbott & Malunda, 2016: 561-562; Uwineza & Pearson, 2009: 22-23), this study's primary intention is to explore representations of reproductive choice within the selected policies.

Further, and as more elaborated upon in section 5.2, this study is not a comparative study seeking to compare selected policies with each other but rather utilize all for a nuanced perspective on the representation of reproductive choice. Additionally, my aim is not to explore

the discrepancies between laws and policies, such dynamics is rather brought up to build the case for this thesis.

1.3 Outline of thesis

This study begins by providing background on the status of women within Rwandan society and the country's laws on abortion and reproduction. Thereafter follows a literature review that discusses previous research on SRHR within a global and national context. The following section elaborates upon this study's two theoretical frameworks, namely reproductive justice and the WPR-approach. The fifth section covers the methodological aspects of this study. The section thereafter is devoted towards the analysis of this thesis, exploring how reproductive choice is represented in Rwanda's SRHR-policies, and what limitations such representation entail. This is followed by a section that concludes this study's findings and attends to future research.

2 Background

A shift in regards to gender can be noted in Rwanda after the genocide in 1994, as gender equality became prioritized as a politcal concern (Debusscher & Ansoms, 2013: 1115). Despite such, the realities of many Rwandan women awaits such transformation to transcend into real gains. Traditional norms and values persist within Rwandan society, reinforcing gender roles and stereotypes (Abbott and Malunda, 2016: 571, 578-579). Intimate partner violence and gender-based violence (GBV) remains high in Rwanda (Bahati et al., 2022: 2). Furthermore, United Nations (UN) Women (2020) reports that 74% of women are in the informal sector, resulting in heightened insecurities due to lack of social protection.

In 2019, Rwanda amended its previous abortion law that had been in place since 2012 (MoH, 2019: 4; Påfs et al., 2019: 1), granting girls under 18 years the right to terminate their pregnancy before week 22 (Ipas, 2019). The Ministerial Order N°002/MoH/2019 of 08/04/2019 carried out by the Ministry of Health (2019) allows abortion on the following grounds: the pregnant person is a child, the pregnancy is the result of rape, forced marriage, or incest, and the pregnancy dangers the health for mother and fetus. Except for the case when a pregnancy

endangers the health of the mother and fetus, an abortion can not be performed after the 22nd week (MoH, 2019: 5-6). Rwanda has had a Reproductive Health Law since 2016, outlining key components of reproductive health such as delivery and care, FP, and prevention and treatment in regards to infertility and GBV. It is further stated that all individuals have equal rights to reproductive health, and have the right to decide for oneself in relation to one's reproductive health (GoR, 2016: 47-48).

Previous policies on SRHR include the Family Planning Strategic Plan 2012-2016 and the National Adolescent Sexual Reproductive Health & Rights (ASRH&R) Strategic Plan 2011-2015 (MoH, 2018a: 9). Further, Rwanda is committed to the global initiative FP2030: Family Planning 2030, entailing that they aim to provide equitable and rights-based FP-services by 2030 for all Rwandans (FP2030, n.d.).

3 Literature review

The following sections constitute the literature review of this study. The two subsections below divide previous relevant literature into two strands; within a global context as well as within the context of Rwanda.

3.1 Research on SRHR within a global context

Areas such as population control, racialization of reproduction, inclusion of SRHR on the global development agenda, and its implementation have been identified to be of relevance to SRHR within a global context. Rwanda can be assumed to be influenced by global trends and challenges related to SRHR, but also face pressure from global intergovernmental organizations and civil society organizations.

Previous literature has emphasized the trajectory of both coercive and voluntary population control policies, and their impact on women. Both historical (Solinger & Nackahi, 2015; Kumar et al., 2015; de Silva & Tenreyro, 2017) and contemporary accounts (Hendrixson, 2019; Kim, 2019) of population control have surfaced within the literature.

Another theme identified within previous research is the racialization of reproduction. Scholars such as Wilson (2015), Sasser (2014), and Rapp (2019) argue for the value of viewing

race as a critical intersecting aspect of reproduction. Wilson (2015: 813) argues for the highly racialized nature of neo-Malthusian population control policies. The bodies and fertility of women from the "Third World" were according to Wilson (2015: 813) targeted through the emergence of such policies during the Cold War. Sasser (2014: 1242) similarly discusses the racialized nature of reproduction, and acknowledges how race saturates population policies, and how "Third World" women have been perceived as both a burden but also an opportunity for rescuing. Furthermore, reproduction has been argued to reproduce racial-ethnic markings (Rapp, 2019: 725).

Moreover, scholars have turned towards the impact of the International Conference on Population and Development (ICPD) in 1994 as well as the Millennium Development Goals (MDGs) in 2000. Despite advances, Kumar et al (2015: 29, 32) note that the ICPD inadequately addressed social inequalities and women's empowerment. Yamin & Boulanger (2012), Newman et al (2014), and Haslegrave (2013), are among scholars pointing out the pitfalls of the MDGs as it only addressed maternal health, and had no explicit references to SRHR (Yamin & Boulanger, 2012: 74). Rather than viewing women as independent individuals with rights, they were subjugated to childbearing and caretaker roles only (Yamin & Boulanger, 2012: 79-80). Following the implications of the MDGs, attention has turned to the Sustainable Development Goals (SDGs). Through the establishment of the SDGs, scholars have noted an intensified focus towards rights-based approaches to SRHR (McGranahan et al., 2021: 2), as it has been marked as necessary for a more comprehensive approach to SRHR (Tanira et al., 2019: 1; Kapilashrami, 2019; 4). Following such, scholars have especially come to highlight the need for rights-based family planning initiatives (Hardee & Jordan, 2021: 157).

A final theme identified within the literature revolves around the implementation of SRHR, touching upon challenges, accountability, and power. Despite SRHR being central to health outcomes, its implementation has remained a challenge (Sen & Govender, 2015: 228-229). Sen & Govender (2015) and Gruending et al (2021) explore the role of SRHR within a dynamic context due to health systems reforms, which has created a growing demand for universal health coverage. With such, the demand for a rights-based approach has grown too. While such transformations could entail opportunities for advancing SRHR, both studies underscore that significant challenges remain (Sen & Govender, 2015: 229-230; Gruending et al., 2021: 1-3). Furthermore, accountability has been raised in relation to the implementation of

SRHR (Gruending et al., 2021: 2, 5). Boydell et al (2019) explore factors that facilitate or hinder opportunities for efforts of accountability. Such factors include the ideological and political context, community voices, and health care systems (Boydell et al., 2019: 66-71). Sen et al (2020) and Schaaf et al (2021) bring in an additional aspect; namely the concept of power. Power and power-relations are argued to be deep-seated within SRHR (Schaaf et al., 2021: 1). In terms of accountability and power, Sen et al (2020: 9) argue that power shapes accountability strategies to a significant extent.

Studies utilizing the WPR-approach in relation to SRHR can be identified, with Isacson's (2021) signifying relevance theoretically and methodologically. Through a poststructural lens, she explores the representation of SRHR for women with disabilities in policies by the African Union. She finds that SRHR are mainly represented as maternal and child health, and that policies neglect unequal power relations through its quite individualistic notions of contraception, as well as reproduce disabled women as primarily vulnerable subjects regarding GBV (Isacson, 2021: 42).

3.2 Research on SRHR within the context of Rwanda

The majority of previous research within the context of Rwanda are descriptions of the status of SRHR, as illustrated below. There are few studies that conduct policy analysis, although Löwdin's (2017) has been identified as one, elaborated upon in section 3.2.2.3. In terms of identified themes, previous research emphasizes women's access to SRHR-information, as well as knowledge and perception in relation to health status. Secondly, FP is well-researched.

3.2.1 Access to SRHR-information

Mbarushimana et al (2023: 3-4) evaluate the curriculum of comprehensive sexuality education (CSE) since its adoption in 2016. Findings imply that internationally recognized areas of CSE varied quite significantly in frequency, with sexually transmitted infections, pregnancy, and affiliated risks being most discussed. It is noted that CSE is primarily based upon the risks and consequences of unprotected sexual activity and fails to consider the enjoyable aspects of sex (Mbarushimana, 2023: 10). Research carried out by Mbarushimana et al (2022: 4-9) identifies the barriers and facilitators for Rwandan youth and SRHR-information, finding factors

that are prevalent both on individual and community levels. Factors include years of CSE, knowledge and availability of parents, beliefs, and peer norms. Moreover, a study carried out by Lutasingwa et al (2023) explores parents' role in shaping their children's perceptions regarding their sexual health. More specifically, Lutasingwa et al (2023: 167) research two generations, namely teenage mothers and their parents, in Rwanda and conclude that there are significant discrepancies in their perceptions of SRHR.

3.2.2 Family planning

3.2.2.1 Rwanda's family planning success

Research has come to pay attention to FP in Rwanda due to its quite rapid advancements and centrality of the country's development trajectory (Schwandt et al, 2018: 2). Scholars have seeked to explore factors of such success and the extent in which ideas on FP have impacted norms on the community and individual level (Corey et al., 2022; Schwandt et al., 2018). Within both studies, actions undertaken by the government are perceived as factors behind the success of FP (Schwandt et al., 2018: 2; Corey et al., 2022: 4). Furthermore, mass media and community meetings are also mentioned to have had an impact. Information received through such channels are argued to have enabled somewhat of a shift in social norms among individuals and within families and communities (Corey et al., 2022: 6). Nonetheless, challenges remain such as misinformation, accessibility, inadequate financing, and religious opposition (Corey et al., 2022: 10; Schwandt et al., 2018: 4).

3.2.2.2 Contraception

A sub-theme related to contraception can be noted, primarily discussing contraceptive use, highlighting numbers and trends. Low usage of contraception has been associated with lack of CSE, misinformation, and religious and cultural beliefs can be attributed to such. Additional factors that differ among married and unmarried women could also be identified (Kawuki et al., 2022: 4). Kalinda et al (2022: 1, 5, 7) observe trends in contraceptive use, finding quite significant stratification, where factors such as education level, family size, and presence of community health workers are (CHWs) identified to be of significance.

Additionally, contraceptive discontinuation among women, especially during the first year of utilization, can be documented (Schwandt et al., 2021: 1). Following such, Schwandt et al (2021) sought to investigate strategies FP-programs employ to minimize contraceptive discontinuation as well as strategies users employ to avoid contraceptive discontinuation. On both ends, side effects of contraception are framed as a major obstacle that requires consistent work and support. Overall, the strategies taken on by the FP-providers studied are suggested to have the potential to enable increase in contraceptive use levels (Schwandt et al., 2021: 11-12). Previous research within the area of contraception clearly highlights how issues that relate to it operate at various levels simultaneously. While some women are not able to access contraception, some do not want to utilize it, and while some have accessed it, struggles remain.

Looking forward, scholars have come to identify the need for more rights-based approaches to contraception. Hémono et al (2022: 194) explore the potential of a new rights-based digital self-care intervention that aims to provide young Rwandan adolescents with both CSE and contraceptives. It is concluded that such innovation has the potential to reduce barriers and stigma relating to SRHR.

3.2.2.3 Underlying motives

A final sub-theme that has been identified within previous research in relation to FP pertains to the underlying motives of the Rwandan state. A study carried out by Debusscher and Ansoms (2013), not limited solely to SRHR though, touches upon such dynamics as gender equality policies in Rwanda are analyzed. Threats to such policies are elaborated upon, where an economic rationale is argued to be exemplified as one such threat (Debusscher and Ansoms, 2013: 1118). Furthermore, gender equality is argued to be a significant facilitator in terms of the country's government programs and aspirations. Additionally, when objectives of gender equality and economic development have clashed, the latter has been prioritized (Debusscher and Ansoms, 2013: 1119-1120). Löwdin's study (2017) builds upon insights brought forward by Debusscher and Ansoms (2013), as it seeks to explore how Rwanda has motivated its increased expansion of FP. By analyzing various government documents between 2000 and 2007, Löwdin (2017: 34-35) finds that the country's commitment to SRHR can be viewed as a means to enhance broader development goals. As mentioned earlier, previous research on SRHR within

the context of Rwanda consist of few studies conducting policy analysis, hence Löwdin's (2017) has been valuable for this study.

4 Theoretical frameworks

The following section discusses this study's theoretical underpinnings. Reproductive justice serves as an interpretative tool for this study. The WPR-approach is utilized to facilitate critical interrogation of the selected policies, through both interpretation and structure.

4.1 Reproductive justice

The term "reproductive justice" was coined in 1994 by various African American female activists to shed light on the rather individualistic nature of the pro-choice framework (Ross, 2017: 286). Troubled by such framing, they sought to broaden the scope of reproductive rights; making it inclusive for all women (Price, 2010: 42-43).

This paper proceeds from a definition of reproductive justice offered by the Asian Communities for Reproductive Justice (ACRJ) (2005). Various reproductive justice activists have over the years constructed their own definitions, although this study proceeds from the following definition of reproductive justice to provide clarity:

> "Reproductive justice is the complete physical, mental, spiritual, political, economic, and social well-being of women and girls, and will be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about (their) bodies, sexuality and reproduction for (them)selves, (their) families, and (their) communities in all areas of (their) lives" (ACRJ, 2005: 1).

As the definition suggests, reproductive justice aims to provide a holistic perspective to reproductive freedom. Further, it emphasizes three fundamental rights: 1) the right to not have children, 2) the right to have a child, and 3) the right to parent in safe and healthy environments (Ross & Solinger, 2017: 9). Such notions take a step back from traditional perceptions of choice, that have been individualistic and isolated from other issues of social justice, and framed simply as "a choice". Hence ignoring all the "[...] conditions and circumstances that influence a person's

decision whether or not to have a child" (Ross & Solinger, 2017: 123-124), as well as the broader environment in which children are born into (Ross & Solinger, 2017: 65). Furthermore, there is an emphasis on the *lived* experiences of reproduction, in contrast to traditional notions that have perceived it as a biological process. Reproductive justice hence recognizes that reproduction is both a biological and a social process. (Ross & Solinger, 2017: 7, 102, 168).

Moving on, intersectionality possesses a central role within reproductive justice (Ross, 2017: 286). Intersectionality was initially introduced by scholar Kimberlé Williams Crenshaw in 1989 (Carastathis, 2014: 304; DeFelice & Diller, 2019: 835). As Crenshaw (1989: 139) introduced the concept of intersectionality, she emphasized the intersection of race and gender and explored the multidimensional experiences of Black women. Reproductive justice proceeds from the perception that impacts of race, class, gender, and sexual identity oppressions are interconnected, rather than cumulative (Ross & Solinger, 2017: 74). Following such, activists have asserted that reproductive oppression is the result following the intersection of various simultaneous oppressions, being highly interlinked with struggles for social justice and human rights (Ross & Solinger, 2017: 69).

Reproductive justice, underlined by reproductive rights, social justice, human rights, and intersectionality, provides a necessary theoretical foundation to analyze the interconnectedness of reproductive choice with other societal aspects. Furthermore, an intersectional lens provides insights into how various forms of oppressions intersect to interfere with women's reproductive rights.

Moreover, this study's notion of "reproductive choice" follows that of reproductive justice. Hence, it is broad and encompasses more than purely "a choice", as previously mentioned. While Rwanda's abortion law is not part of this study's empirical material, it inflicts upon Rwandan women's autonomy. While such is important to point out, this all-encompassing definition of reproductive choice allows this study to take on a more holistic perspective.

The following subsection elaborates upon the WPR-approach, which will aid in understanding how reproductive choice is constructed within policies. Through both interpretation and structure, key aspects of reproductive justice, as discussed above, can be brought to light and discussed more in-depth.

4.2 What's the problem represented to be?

The WPR-approach (Bacchi, 2009: 1) encourages policy analysts to proceed from the way *problems* are understood within policy, and viewing such dynamics as endogenous to the policy process. In other words, through the examination of a policy one can come to identify how it understands the problem, to be a distinctive problem in itself. Therefore, it can be argued that policies construct problems. Hence, the notion of policy-making shall rarely imply the reaction to problems, but rather the framing of problems. Ultimately, policies are problematic activities (Bacchi, 2009: xi). Furthermore, value is embedded within how problems are represented within policy as it impacts how an issue is perceived and the experience of impacted individuals Bacchi (2009: 1).

Problem representation is central to Bacchi's (2009: 25) WPR-approach. The first out of three propositions emphasizes that problematization occurs in conjunction with governing processes, entailing that we as humans are governed through problematization. Secondly, there is value in studying problematizations, by focusing on the problem representations they contain, to gain insight into their construction, limitations, and ways in which they are perceived. Such insight yields significance in terms of grasping the reasoning and rationale within governing spheres (Bacchi, 2009: xiii, 35). A final proposition to the WPR-approach emphasizes a critical stance in regards to problem representations, and identifying the limitations of such representation. Hence, interrogation implies a shift in how we think governing and governing processes take place (Bacchi, 2009: 40, 47). With this study utilizing the WPR-approach, it hence proceeds from the above mentioned propositions.

Through the utilization of the WPR-approach, implied problems, assumptions, and unproblematized aspects of reproductive choice, with a theoretical underpinning in reproductive justice, can be identified.

5 Methodology

The following section elaborates upon this study's methodology. The initial section covers the research design and method, and the following sections proceed to cover aspects of data, limitations, and ethical considerations.

5.1 Design and method

This study is a qualitative single case study, seeking to explore representations of reproductive choice, and its limitations, within the context of Rwandan policy on SRHR. Like many other low-income countries, Rwanda grapples with a lack of resources, deep-rooted norms, and strong gender roles (Abbott and Malunda, 2016: 564, 566, 580). While its regime has upheld stability and economic growth, suppression of political rights and civil liberties remain low (Freedom House, 2024). Despite this, Rwanda is the first country in the world to achieve a female majority in parliament (Parliament of Rwanda, n.d.). As mentioned previously, Rwanda has adopted numerous progressive gender policies too (Abbott and Malunda, 2016: 1112). Ultimately, Rwanda is a compelling case for exploring representations of reproductive choice, showcasing contradicting notions pertaining to gender. Moreover, this study does not seek to generalize its findings to other contexts, as it is solely concerned with the case of Rwanda exemplified through its selection and setting (Robson & McCartan, 2016: 110).

Data is analyzed through qualitative discourse analysis, more specifically through the utilization of the WPR-approach. Hence, the WPR-approach is utilized both as a theoretical framework and as a methodological approach. The term “discourse” has seen a rapid increase in prevalence within contemporary research, yet remains highly contested (Bacchi, 2000: 45; Bacchi, 2009: 35). Due to its heterogeneous nature, discourse analysis is not classified as a unified body of theory, method, or practice (Punch, 214: 370). To clarify such ambiguity, I use discourse analysis only in the sense of Bacchi’s (2009) WPR-approach.

5.2 Data selection

The primary empirical material for this study is official policy documents, in line with the study’s aim. The following documents have been selected as the primary empirical material:

(MoH, 2018a).	Ministry of Health, National Family Planning and Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan 2018-2024, GoR.
(MoH, 2018b).	Ministry of Health, Maternal Newborn and Child Health (MNCH) Strategic Plan 2018-2024, GoR.
(MoH, 2018c).	Ministry of Health, Fourth Health Sector Strategic Plan 2018-2024, GoR.
(MoH, 2015).	Ministry of Health, Health Sector Policy 2015, GoR.
(MINALOC, 2020).	Ministry of Local Government, Vision 2050, GoR.
(MINECOFIN, 2017).	Ministry of Finance and Economic Planning, 7 Years Government Programme: National Strategy for Transformation (NST1) 2017-2024, GoR.

An initial selection criteria was primarily its thematic relevance to SRHR. The FP/ASRH Strategic Plan (MoH, 2018a) was therefore the first identified document. Bacchi (2009: 20) discusses the value in proceeding from a specific piece of document, and thereafter allow for examination of additional documents to broaden insights. Within the FP/ASRH Strategic Plan (MoH, 2018a), it is articulated that all of the documents listed above constitute a broader national framework by the GoR to promote advances within SRHR. Hence, a selection criteria thereafter came to constitute the belonging to such a framework. Ultimately, the primary justification behind the selection of the documents outlined above is grounded in the way they reference

together as being interconnected. The two initial documents listed (MoH, 2018a; MoH, 2018b) are those with the most thematic relevance to this study, addressing SRHR and FP. Hence, lots of data could be retrieved from these documents. The two documents that follow (MoH, 2018c; MoH, 2015) discuss SRHR, but have a primary focus on the broader health sector within Rwanda. Both address opportunities and challenges facing Rwanda's health sector. Finally, the two last documents (MINALOC, 2020; MINECOFIN, 2017) constitute broader agendas carried out by the GoR. Nonetheless, they mention SRHR and are referenced in all other documents selected.

Policies are limited to those that are contemporary, despite their being older versions of them. Within the FP/ASRH Strategic Plan (MoH, 2018a) it is clear that some of these newer versions of policies should be perceived as replacements, and not as additions. Such limitations align with the aim of this study, as it does not seek to compare or contrast past and contemporary policies.

All documents below have been retrieved from websites belonging to the GoR. The initial four have been retrieved from the Ministry of Health's official website. Further, Vision 2050 (MINALOC, 2020) has been retrieved from the website of the Ministry of Local Government and NST1 (MINECOFIN, 2017) from the Ministry of Finance and Economic Planning. All documents are in English.

Lastly, external material in the form of scholarly journals will be utilized as a complement throughout the analysis, especially in section 6.3. Such material is utilized to provide valuable insights aligning with the study's theoretical foundation, or to provide insight into the broader context in which these policies operate.

5.2.1 Data limitations

One document could not be located or retrieved, namely the National Reproductive, Maternal, Newborn, Child Adolescent Health (RMNCAH) Policy 2017-2030. This document is frequently referred to in some of the documents listed above, such as the FP/ASRH Strategic Plan (MoH, 2018a) and the MNCH Strategic Plan (MoH, 2018b), although has not been located; despite thorough searches on websites of the GoR, scholarly journals, as well as refined Google searches. It is mentioned that the FP/ASRH Strategic Plan (MoH, 2018a) and the MNCH Strategic Plan (MoH, 2018b) guide the implementation of such policy (MoH, 2018: 13), and

hence valuable insights from it arguably remain intact for this analysis. Nonetheless, it remains critical to acknowledge this limitation.

Additionally, the selected documents differ in length and main thematic area. As a result, some documents are utilized more than others. Nonetheless, this shall not impact the findings as this study does not aim to compare or contrast documents.

The selection and interpretation of the data being subject to my own interests and expectations could impact the internal validity of this thesis (Robson & McCartan, 2016: 108, 331) Hence, reflexivity has been practiced to steer away from subjectivity (Stewart-Withers et al., 2014: 62), which is further elaborated upon in section 5.4.

Further, it is worth touching upon representation. With this analysis proceeding from a set of specific documents, it may not fully capture the entirety of discursive practices in terms of SRHR in Rwanda. While the GoR and its respective ministries are credible actors, they are nonetheless not the only actors that shape the knowledge of SRHR within the discourse.

5.3 Data analysis

This study's analysis proceeds from Bacchi's (2009: 48) WPR-approach, operationalized through a set of six interconnected questions (see Appendix II).

For this analysis, questions 1, 2, and 4 will be utilized, aligning with the aim of the study; namely identifying problem representations, underlying assumptions, and their limitations. While all questions are interrelated, question 3 and 6 are more explanatory in nature. Question 3 seeks to explain the development and origin of problem representations as well as acknowledge the competing nature of such representation (Bacchi, 2009: 10). Question 6 builds on question 3 as it draws attention to the context in which such problem representations come about and thrive (Bacchi, 2009: 19). Question 5 discusses the effects of problem representations (Bacchi, 2009: 15), and is hence not of relevance to this study's aim. The selected questions, in adapted form, can be found below:

Q1	What are the problems related to reproductive choice represented to be in Rwanda's SRHR-policies?
Q2	What deep-seated presuppositions or assumptions underlie this representation of reproductive choice?
Q4	What is left unproblematic in this problem representation of reproductive choice?

The first question entails identifying the implied problems related to reproductive choice (Bacchi, 2009: 2-3). The second question aims to grasp the perceptions and understandings that underpin the identified problem representations of reproductive choice. This entails questioning what assumptions are being made, and what knowledge that is taken for granted (Bacchi, 2009: 5). The second question yields various advantages for this analysis, as it aids in identifying the conceptual logics that facilitate the policies' problem representations of reproductive choice. Recognizing that policies emerge and operate in discourse is a vital point, as it facilitates the inclusion and identification of assumptions, values, presuppositions and other insightful signs (Bacchi, 2009: 7). Bacchi's fourth question facilitates a more critical stance in relation to findings from previous questions, as it seeks to identify aspects that fail to be problematized. Applied to the Rwandan context, such analysis will aim to shed light on the limitations of problem representations of reproductive choice (Bacchi, 2009: 12-13).

As touched upon in section 1.3, the usefulness of Bacchi's WPR-approach within health policy has been demonstrated (Bacchi, 2016: 1). Its usefulness extends to gender policy too, as there is a notion of policies as gendering (Bacchi & Eveline, 2010: 111-112). In terms of SRHR, that merges both health and gender, the structure and interpretation of the WPR-approach will aid to identify and grapple with complexities of women's SRHR.

Concretely, the analysis proceeded with a thorough reading of all policies. They were revisited continuously at later stages too. The problem representations elaborated upon in section 6.1 constitute four overarching areas. These are what I argue to be the most dominant problem

representations, following the theoretical underpinnings of this study. As proposals in policies reveal how issues are being thought about and what needs to change (Bacchi, 2009: 3), the centrality of the identified main problem representations was evident as they constituted a common thread throughout policies. The notion of reproductive justice has also aided in the identification of problem representations, as it provides this study with its theoretical lens.

Assumptions were determined primarily by focusing on binaries, key concepts, and categories, as suggested by Bacchi (2009: 7). Due to this study's thematic area, binaries such as "man/woman", key concepts such as "women" and "rights", and categories pertaining to people, gender, and sexuality have been scrutinized. To identify aspects that were left unproblematized within policies, previous findings pertaining to identified problem representations and assumptions have been utilized, although additional literature also aided to make broader patterns within the discourse known.

5.4 Ethical considerations

The three Rs - Culturally *R*esponsive *R*elational *R*eflexive Ethics (CRRRE) - aims to illuminate how researchers are not able to fully grasp the perspective of the diverse culture with whom they research (Lahman et al., 2011: 1400-1401) The initial *R*, culturally responsive ethics, perceive culture as a construct that is not easy to grasp since we are so deeply involved within it. To be culturally responsive entails an awareness of our own culture as well as an attempt to understand others' culture (Lahman et al., 2011: 1401). In other words, it is pivotal to recognize my own role, and culture, in relation to the research process. I recognize that I am a white female researcher, having been based within Western academics throughout my entire life. My positionality can potentially create bias in the identification and analysis of problem representations brought forward. Nonetheless, as a means to tackle such bias, I critically acknowledge my own positionality. Following such, it is worth acknowledging the role of this study's theoretical frameworks, as theory informs my interpretations. Arguably, the utilization of theory is yet another means to tackle such bias. Further, Rwanda is a country with diverse cultural traditions and practices. There are practices that discriminate against women, but also practices that empower (Bizimana, 2010: 157). The second *R*, relational ethics, values the relational aspects of research. Such notions acknowledge the respect and dignity between the researcher and researched. While this study does take place in the field, respect towards those

primarily discussed, Rwandan women of reproductive age, remain vital to uphold. The third and final *R*, reflexive ethics, emphasizes the practice of reflexivity through all stages of the research process (Lahman et al., 2011: 1401-1403). To practice reflexivity, (Stewart-Withers et al., 2014: 62), I have had a pen and paper by my side to allow for continuous reflection. This further aligns with Bacchi's (2009: 21) notion of "nesting"; that is, the repetitive process required to conduct a WPR-analysis.

6 Analysis

The following section constitutes the analysis of this thesis. Proceeding from its theoretical underpinnings in the notion of reproductive justice and the WPR-approach, this analysis seeks to answer how reproductive choice is represented within policies related to SRHR within Rwanda, and the limitations of such representation. The notion of reproductive justice serves to primarily illuminate intersectionality, reproduction's interconnectedness with other societal aspects, and provide a broader lens to reproductive choice, especially in section 6.3.

6.1 What are the problems related to reproductive choice represented to be in Rwanda's SRHR-policies?

The following problem representations elaborated upon follow my identification of four overarching areas within the empirical material, as elaborated upon in section 5.3.

6.1.1 Limited access to SRHR services restricting choice

It is mentioned that "[...] isolated communities and underprivileged populations still have problems with geographic or financial accessibility to health services" (MoH, 2015: 5). These are argued to "cut off" or "hinder" (MoH, 2018c: 40) vulnerable populations, such as women, from securing access to health services. In terms of access, contraception is a central aspect noted: "[...] Rwanda is one of the lowest in the region for mCPR (modern contraceptive prevalence rate) among unmarried sexually active women" (MoH, 2018b: 24). Following such, increased access to modern contraception is argued to be highly needed for all women of

reproductive age (MoH, 2018b: 24). Moving on, “Delays in accessing skilled care [...] can significantly affect outcomes for mother and baby” (MoH, 2018b: 27), are partly imposing unnecessary risks for women involved, but also significantly limiting decision-making. Antenatal care is yet another aspect of access, and where “[...] only about 44% had at least 4 antenatal visits [...]” (MoH, 2018b: 26). “[...] Most women do not access antenatal care until the (mid to late) second trimester, making the recommended 4 visits particularly challenging to meet” (MoH, 2018b: 26), further signifies limited access for women and their health. In terms of reproductive deicison-making, antenatal care arguably provides a space for knowledge-exchange enabling more nuanced decision-making for pregnant women. “[...] Gaps both for regular FP and for PPFP (postpartum family planning) [...]” (MoH, 2018a: 19) in terms of access are mentioned to occur in both rural and urban areas, where it is argued that those most difficult to reach could likely be living in cities (MoH, 2018a: 19). Ultimately, limited access to SRH services is arguably framed as a barrier to women’s fulfillment of reproductive autonomy.

6.1.2 Lack of information and knowledge to facilitate informed choice

A second problem representation of reproductive choice is identified as lack of information and knowledge. Women’s sources of information in terms of SRHR are argued to stem from various sources, such as kin, peers, teachers, and CHWs. Yet, lack of knowledge or misinformation is argued to be a significant barrier for many (MoH, 2018a: 22). Women “[...] may lack the self-awareness to pursue contraception” (MoH, 2018a: 26), highly impacting their ability to make informed decisions. Moving on, it is suggested that “[...] families might lack accurate information regarding what to feed their children [...]” (MoH, 2018b: 36) as well as “[...] lack awareness about health practices that could positively impact on their child’s health [...]” (MoH, 2018b: 36). While more centered around child health, the framing of lack of information within such context is of value in regards to families’, and more specifically women’s, reproduction, as gaps in knowledge very well could affect family size and family size and time between pregnancies to exemplify. It is further mentioned that insufficient community participation in terms of health care services is the result of “[...] lack of knowledge by the population of their rights and lack of awareness of the role they can play” (MoH, 2015: 6).

6.1.3 Deep-rooted social norms disabling choice

When it comes to a woman's reproductive choice, social norms are framed as an obstacle towards such fulfillment, resulting in stigma and discrimination (MoH, 2015: 5). Social norms within Rwanda can be traced far back as "Traditional Rwandan society created strong gender norms and ideals for both men and women" (MoH, 2018b: 31), although are prevalent today as they "[...] affect the sexual and reproductive health of adolescents [...]" (MoH, 2018b: 31). While individual barriers to sexual and reproductive health (SRH) services are many, culture is emphasized as one (MoH, 2018a: 22). Certain cultural norms and values operate as barriers to towards fullfillment of choice, as "[...] a pregnancy is typically not discussed before it is physically visible to others" (MoH, 2018b: 36), which consequently "[...] limits the opportunities that women have to obtain medical advice and support during the early months of pregnnacy [...]" (MoH, 2018b: 36). In other words, women might not be able to exercise choice until it is too late in their pregnancy. Further, GBV constitutes a significant aspect of this problem representation (MoH, 2018b: 22), as "Many acts of gender-based violence, particularly domestic violence, are not clearly understood" (MoH, 2018b: 22). Sexual intercourse between wife and husband tends to be perceved as a marital right for the husband, normalizing domestic violence within marriages (MoH, 2018b: 22). In terms of political decision-making at national and regional levels, there is a tendency for politicians to "[...] fall back on traditional cultural norms and religion for their populist messages" (MoH, 2018a: 30), opposed to investing further in FP (MoH, 2018: 30).

6.1.4 Insufficient innovation and technology, to enhance quality, accessibility and diversity of SRHR methods, aggravating choice

The final problem representation identified revolves around innovation and technology in terms of SRHR. Technology in this case refers both to technology for communication purposes, commonly known as E-health (MoH, 2018c: 14), as well as new approaches and methods (MoH, 2018a: 27-28). There is an emphasis on technology as a means to improve the quality of health services in general services, as well as SRHR-services (MINALOC, 2020: 13; MoH, 2018a: 24). Furthermore, the need for broadening contraception is argued to "[...] require innovative approaches to introducing and accessing these products to Rwanda" (MoH, 2018a: 28). On a

more general note, innovation is argued to "[...] address the unique challenges and opportunities in Rwanda" (MoH, 2018a: 24), relating to the country's socio-economic and political context, FP, and contraceptive use (MoH, 2018a: 17-20). In terms of Rwanda's FP program more specifically, there is a need to "[...] explore and develop new strategies for reaching more Rwandans of reproductive age with unmet needs" (MoH, 2018a: 17). Ultimately, significant attention towards the role of technology and innovation in terms of further advancing quality, accessibility, and diversity of SRHR-methods points to the framing of insufficient utilization.

6.2 What deep-seated presuppositions or assumptions underlie this representation of reproductive choice?

The following section elaborates upon deep-seated presuppositions or assumptions in relation to the problem representations discussed in the previous section. Assumptions have been identified primarily through identifying binaries, key concepts, and categories, as mentioned in section 5.3.

6.2.1 Homogeneity

This section elaborates upon the assumptions treating women as homogenous in terms of the barriers they experience when trying to access SRH services. " all Rwandans" (MoH, 2018c: 1) and "all persons (MoH, 2018b: 11)" are examples of how Rwanda aspires for accessibility in terms of SRHR to include their entire population. It is stated that "The overall goal [...] is that every Rwandan citizen (or resident) of reproductive age fully exercise their sexual reproductive health and have access to the services of their choice [...]" (MoH, 2018a: 9). While such aspirations are inclusive and are framed to leave no one behind, underlying notions of viewing women as "one" emerge, where women's various experiences in accessing, securing, and realizing rights are not fully acknowledged. Differences in health needs among women and men are accounted for (MoH, 2018c: 17), although such distinction arguably prevails due to women's reproductive capabilities. To increase accessibility to contraceptives it is stated that it is of value to reach "[...] new users, such as postpartum women, unmarried women, [and] sexually active adolescents and young adults [...]" (MoH, 2018a: 17). While the value in reaching such groups of women remains, such distinctions arguably cluster women's experiences together and define

them by their relation to someone else. In the relatively few instances where recognition of disabilities, to exemplify, are mentioned, it proceeds less from the notion of empowerment and more so through the notion of "other". Recognition of individuals with disabilities are often situated at the very end of sentences, and clustered together with other vulnerabilities: "[...] people with disabilities or other vulnerable groups" (MoH, 2018a: 20). In terms of homogeneity it is worth touching upon sexual identity, as heteronormative relations are taken for granted. With such, the reasons as to why women seek care and health needs are also assumed to follow similar lines.

6.2.2 Responsibility

Saturating the problem of lack of information and knowledge is the assumption that women hold responsibility for facilitating it, and have the time to do so. Overall, it has been noted that "Community Health Workers [...] play a key role in the country's remarkable progress in the health sector" (MINALOC, 2020: 43). With community health services often being many's initial form of contact as they seek care (MoH, 2018c: 18), the provision of knowledge and information constitutes a central aspect among CHWs. Furthermore, CHWs are argued to have favorable insights "[...] in terms of cultures, norms, traditions, support systems, and community issues and strengths" (MoH, 2018b: 18). Construction of awareness within communities in regards to areas such as nutrition, pregnancy, and fistula is argued to be vital (MoH, 2018b: 19, 26, 28). Among Rwanda's CHW workforce, approximately 66% are women (GoR, n.d.). On top of such, women in Rwanda reportedly face "time poverty", due to a double burden of work, namely domestic work and unpaid care work. Unpaid care work is argued to be one of the leading causes of "time poverty" (UN Women, 2024a: 9, 19), with women spending an average of seven hours per day on unpaid care work, in contrast to an average of 2.1 hours among men (UN Women, 2024b). Notably, women bear significant responsibilities in both productive and reproductive spheres within their communities. Such responsibilities are taken for granted within the problematization of lack of knowledge and information for women's decision-making.

6.2.3 Passivity

This section elaborates upon the underlying assumption of women's passivity in terms of deep-rooted social norms as a disabler of women's decision-making. Such an assumption

suggests a belief that women are passive or submissive when it comes to their reproductive autonomy. Through such a notion, women's health-seeking-behavior in terms of their reproduction is perceived to be lacking. Social and cultural norms are framed to constitute itself through high instances of GBV Rwanda. As touched upon in section 6.1.3, SGBV brings about various implications for women's reproductive health, as well as decision-making. It is stated that "[...] only about 48% of women who have ever experienced physical or sexual violence sought help to stop the violence" (MoH, 2018b: 22), which can be argued to imply that women are passive actors in ending violence and gaining reproductive freedom. Furthermore, there is a portrayal of health services seeking women rather than women seeking health services. There is a need to "[...] bring MNCH health services close to the women and family" (MoH, 2018b: 18), as well as "[...] focus on developing strategies (to maintain the accelerated pace of contraceptive uptake) for reaching new users" (MoH, 2018a: 17). While there certainly is a need for expanding SRHR-services to those currently not covered, such notions nonetheless reinforce women as passive bystanders, implying that women are incapable of shaping their reproductive health.

6.2.4 Development and growth

The following section discusses the underlying assumptions of development and growth in terms of the problem representation of insufficient innovation and technology aggravating women's decision-making. It is noted that "[...] a healthier population will also be felt in the nation's economy and social development" (MoH, 2018a: 13). Following such, the productivity and potential of individuals are emphasized: "Talented young men and women with attractive projects that can generate productive jobs for others will be supported" (MINECOFIN, 2017: 16). More direct links to investments in SRHR can be found as well as it is argued that investments in family planning yield significant decreases in rates of fertility and mortality, which further is argued to create favourable conditions. "Countries that achieve demographic dividend, are posed for rapid economic growth" (MoH, 2018a: 17), implying the perception of close ties between health and economic development. Moreover, Rwanda "[...] aims to position itself as a center for medical tourism, biomedical research and pharmaceutical industries" (MINALOC, 2020: 13), where increased investors will "[...] contribute to lowering the cost of drugs in the country and further exporting to other countries" (MINALOC, 2020: 13). Within the roam of technology and innovation, the role of the private sector is emphasized as a "[...]

growing source of investment for health [...]" (MoH, 2015: 10) that is required for the expansion of the health sector (MoH, 2018c: 16), but also more generally for the country's continued economic trajectory (MINALOC, 2020: 8) with Rwanda aiming to be a middle-income country by 2050 (World Bank, 2024). Intertwined with notions of economic development is a sense of national pride, as "[...] Rwanda recognizes the importance of her culture and values [...]" and aims to "Reinforce values of excellence, patriotism, dedication and service while striving for dignity of the nation [...]" (MINECOFIN, 2017: 35). Such a notion aligns with Rwanda's aspirations of positioning themselves globally while also continuing to foster rapid economic growth.

6.3 What is left unproblematic in this representation of reproductive choice?

Limitations discussed below originate from the problem representations and assumptions brought forward in previous subsection, but are complemented by additional literature pertaining to women's SRHR within a global context, as well as within the context of Rwanda. By utilizing additional literature, linkages to the broader discourse in which women's SRHR operate within can emerge, and historical and contemporary patterns can be identified.

6.3.1 Women as "one"

The clustering of women into one larger group, as elaborated upon in section 6.1, fails to acknowledge the wide range of intersecting factors shaping women's reproduction (Ross & Solinger, 2017: 65-66), impacting reproductive choice. Identity politics have drawn the attention of many scholars, where Crenshaw (1991) is among the most notable. Crenshaw's (1991: 1242) argues that the issue of identity politics is not that it fails to identify differences, but rather that it commonly merges or ignores intragroup dissimilarities. As touched upon in section 6.2.1, tendencies of merging dissimilarities could be noted, as disabilities were merged with other vulnerabilities (MoH, 2018a: 20). Such entails a failure to recognize intersecting factors of women's navigation within the sphere of SRHR, and perhaps more importantly, what type of care and support that is needed. With reproductive rights being intrinsically linked to other rights and justices, such failure of recognition not only pertains to reproduction but broader human

rights (Price, 2010: 43). As mentioned in section 3.1, scholars such as Yamin & Boulanger (2012) have pointed out the reduction of women's capacity to only entail that of their reproductive capabilities. Such reduction is arguably strengthened through the notion of women's homogeneity, with reproduction being a common denominator. In such instances, women's reproductive rights are arguably not treated in conjunction with human rights and social justice (Ross & Solinger, 2017: 69-70). Moreover, diversity in terms of identities and binaries goes unnoticed as women are clustered together. On a global scale, similar dynamics can be noted as countries have struggled to adopt frameworks that are inclusive for a wide range of sexual identities. Hence, the need for specific policies that target certain needs for certain groups have been emphasized (Khozah & Nunu, 2023: 2, 11). Following such, a male-female binary is highly evident within policies, entailing discrimination towards individuals not identifying as either male or female. "Sexual citizenship" illuminates the pitfalls of such a definition, emphasizing the interlinkages between gender, sexuality, and policy. According to feminist scholars, sexual citizenship does not entail what one does, but rather who one is and self-identifies as (Ross & Solinger, 2017: 179, 196-197). Furthermore, the perception of women as one homogenous group arguably limits polyvocality; that is, the power of many voices to bring about change (Ross & Solinger: 2017: 59). Following such, the notion of universality is missed out upon (Ross & Solinger, 2017: 72). Ultimately, the clustering of women's experiences, identities, and needs fails to be problematized.

6.3.2 Responsibility and passivity

Responsibility and passivity as two identified underlying assumptions have been elaborated upon in previous sections. What fails to be problematized in relation to such assumptions are their contradictory nature. While women are viewed as bearing significant responsibility for facilitating information knowledge related to SRHR, they are nonetheless also perceived as passive agents due to deep-rooted social norms. The framing of women's responsibility is not a new phenomenon, with women's double burden work constituting heavy responsibilities within their families and communities, especially so in times of crisis (Seedat & Rondon, 2021: 1). The same can be said for women's passivity, with women having been subjugated to passivity within a wide range of spheres (Baraitser, 2023: 912-913). The evolution of both such framings arguably stem from expectations and perceptions of gender roles within

society, which allows for women to simultaneously constitute active and passive agents in terms of SRHR. Arguably, such a framing overlooks women's agency of their reproductive autonomy as it limits them as either responsible or passive, which in turn are roles that exist due to stereotypical perceptions of gender. Furthermore, the contradicting framing of responsibility and passivity facilitates quite a narrow understanding of women's experiences related to attaining their SRHR. Circumscribing such experiences to such notions neglects the full attainment of reproductive health, a condition that only can be satisfied when women can access accurate information and when services are distributed equitably to all those who require them (Ross & Solinger, 2017: 163). Further, linkages between the individual and the community in terms of SRHR have been attended to. It has been noted that not only the life of the individual is harmed when she is not able to achieve her own SRHR, but rather the life of her entire community. Historically, oppression of women's bodies has been utilized as a tool to control communities and not only individuals (Ross & Solinger, 2017: 159). Hence, lack of problematization in regards to the contradictions of responsibility and passivity arguably impacts not only women but also their communities. Ultimately, perceiving women as both active agents and passive recipients entail implications for women's SRHR, and broader human rights, entailing that both the failure or success of such attainment of rights rests upon the women themselves.

6.3.3 The politics of women's bodies

A final aspect left unproblematized pertains to the utilization of SRHR and women's bodies within a broader context. The 'politics of the body' have come to entail that the body itself is politically inscribed and impacted by practices of containment and control (Brown & Gershon, 2017: 1). Such notions turn a heavily private human activity into a matter for the public to have a say in, and hence ties it to a myriad of societal aspects. Rwanda's aspirations in terms of becoming a middle-income country and strengthening its role within the global economy is evident (Debusshcer and Ansoms, 2013: 1119), and is arguably of value when discussing SRHR. As touched upon in section 3.2.2.1, scholars have come to point out Rwanda's rapid advancements when it comes to SRHR, and more specifically FP. Simultaneously, tensions between Rwanda's economic rationale and its gender policies have gained attention (Debusscher & Ansoms, 2013; Löwdin, 2017). As elaborated upon in previous sections of this analysis, an assumption of development and growth has been identified, pertaining to similar dynamics as

those pointed out by previous scholars. Hence, Rwanda's politicization of women's bodies is constructed in a way to align with broader national objectives, and hence facilitate growth. Such politicization arguably operates both as a means to control women, but also as a means for women to exercise control themselves. Nonetheless, such politicization remains evident, especially as SRHR-policies interlink closely with a broader national agenda. Furthermore, the expansion of the definition of choice also includes women's rights to parent in a safe and healthy environment, rather than only choosing to have children or not (Price, 2010: 43). Within the politicization of SRHR, such notions tend to be neglected with women's reproduction being framed as quite narrow, and something for the public's concern. With reproductive justice being tied closely to social justice and human rights (Ross & Solinger, 2017: 69), one can question if women's rights potentially is, or will be, at odds with broader objectives carried out by the state of Rwanda. Notions of technology, innovation, and growth within policies allow for such questions to be raised. Ultimately, women's SRHR within a context of development and growth remains unproblematized. Following such notions, women's human rights, and also more specifically SRHR, are arguably sidelined.

7 Conclusion

The aim of this thesis is to analyze how reproductive choice is represented within Rwanda's SRHR-policies, and the limitations that follow such representation. With few studies within the context of Rwanda and SRHR conducting policy analysis, this study addresses such a gap through its utilization of the WPR-approach. Further, the notion of reproductive justice aids in providing a holistic definition of choice within the context. Thematically, the identified representations and conceptualizations of reproductive choice, and their limitations, contribute with insights.

It can be concluded that reproductive choice within the selected policies is represented in various ways. Such representation primarily problematizes reproductive choice, illustrated through the four problem representations identified that pertain to limited access, lack of information and knowledge, deep-rooted social norms, and insufficient innovation and technology. Together, these constitute implied problems related to the status of reproductive

choice as they hinder women from realizing and attaining their SRHR. Assumptions that follow such representations are identified as women's homogeneity, women's responsibility, women's passivity, and development and growth. In terms of limited access, underlying perceptions treat women's experiences and barriers as quite similar, hence overlooking a myriad of intersecting factors. The underlying assumption of responsibility is tied to the problem of lack of information and knowledge, as women are assumed to take on heightened responsibilities. Furthermore, the notion of passivity rises in conjunction with the problem of representation of deep-rooted social norms, as women are viewed as passive in relation to their SRHR. A final assumption identified is that of development and growth, with Rwanda positioning innovation and technology as significant for women's realization and attainment of SRHR. It is evident that such framing illuminates the value of perceiving reproduction as a social process, and not only a biological one.

It is vital to recognize that the research question of this study is twofold, and hence the following paragraph aims to address the limitations of representation. They are identified as viewing women as "one", the framing of women as both responsible and passive, as well as the politicization of SRHR. The first notion that remains unproblematized is the perception of viewing women as one homogenous group, which neglects intragroup dissimilarities and vulnerabilities and limits women's roles to that of their reproductive capacities. Further, the contradiction between responsibility and passivity remains unproblematized. With women simultaneously being viewed as responsible for securing certain rights, through the facilitation of information and knowledge, they are nonetheless also viewed as being passive due to the persistence of traditional norms and values. Such dynamics would entail that women's success or failure to both realize and attain their rights would rest solely upon themselves. A final aspect that remains unproblematized pertains to SRHR within a national context, as it is highly politicized in relation to the country's broader development goals. Arguably such notions sidelines women's human rights in favor of the pursuit of national objectives, and raises questions regarding the progressiveness of the policies in place. Combining all aspects that remain unproblematized, it is evident that there are clear inconsistencies, which in itself can be viewed as an additional limitation. While women are viewed as homogenous and passive, they are nonetheless also viewed as responsible as well as valuable for the country's long-term development trajectory.

Ultimately, women are perceived to be "lacking" in several areas of SRHR, such as access, knowledge, and agency, which is illustrated above. Such representation is further saturated by growth and technological advancements. Furthermore, the representation of reproductive choice within the policies facilitate limitations that showcase evident inconsistencies as the framing of women and their roles is conflicting. These findings imply that the GoR, as seen through its policies, are grappling with coming to terms with the status of SRHR. Such indecisiveness arguably yields vulnerabilities for women's human rights and SRHR. While such findings are not generalizable to other contexts, they nonetheless remain valuable for the broader discourse on SRHR as detection of patterns and inconsistencies can yield in advancing a more comprehensive and rights-based agenda towards SRHR.

With the selection of data depending primarily on intertextuality, future research could incorporate additional policies. Furthermore, as this thesis does not compare policies, prospective research could come to attend to such. Moving on, with some policies, especially those of direct relevance to SRHR, only lasting until 2024, value lies in exploring policies that eventually will come to replace them. Finally, with not all questions of Bacchi's WPR-approach utilized, insights pertaining to the emergence and effects of problem representations remain to be explored.

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Appendices

Appendix I: Definition of SRHR

Integrated definition of sexual and reproductive health and rights
Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to: - have their bodily integrity, privacy, and personal autonomy respected; - freely define their own sexuality, including sexual orientation and gender identity and expression; - decide whether and when to be sexually active; - choose their sexual partners; - have safe and pleasurable sexual experiences; - decide whether, when, and whom to marry; - decide whether, when, and by what means to have a child or children, and how many children to have - have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.
(Starrs et al., 2018: 2646).

Appendix II: Original questions of "What's the problem represented to be?"

"What's the problem represented to be?"
Q1: What's the 'problem' (e.g. of 'problem gamblers', 'drug use/abuse', 'domestic violence', 'global warming', 'health inequalities', 'terrorism', etc.) represented to be in a specific policy?
Q2: What presuppositions or assumptions underlie this representation of the 'problem'?
Q3: How has this representation of the 'problem' come about?
Q4: What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought of differently?
Q5: What effects are produced by this representation of the 'problem'?
Q6: How/where is this representation of the 'problem' produced, disseminated and defended? How could it be questioned, disrupted and replaced?
(Bacchi, 2009: 48).