

2

A Qualitative Research Approach to Psychosocial Well-Being and Mental Health of Individuals in Marital and in Family Relationships in Preand Post-genocide Rwanda

Immaculée Mukashema, Joseph Gumira Hahirwa, Alexandre Hakizamungu, and Lambert Havugintwari

Introduction

Marriage and family are indisputably important structures for human beings in most societies in the world. The family is a small social unit and a fundamental institution of human society that is formed from marriage. Both marriage and family quality affect health.

Marriage and health are directly related (Robles et al., 2014). Marital functioning is consequential for health (Kiecolt-Glaser & Newton, 2001). Marriage is associated with physical health, psychological well-being, and low mortality (Ross et al., 1990). If marriage seems to be an advantage to married people in terms of mental health (Fincham, 2003; Symoens et al., 2014), marriage should therefore be lived without high or destructive marital conflict. There is the suggestion that destructive marital conflict is a significant risk factor for psychological and physical

College of Arts and Social Sciences, University of Rwanda, Butare, Rwanda

I. Mukashema (⋈) · J. Gumira Hahirwa · A. Hakizamungu ·

L. Havugintwari

[©] The Author(s), under exclusive license to Springer Nature Switzerland AG 2021

I. Mukashema (ed.), Psychosocial Well-Being and Mental Health of Individuals in Marital and in Family Relationships in Pre- and Post-Genocide Rwanda, https://doi.org/10.1007/978-3-030-74560-8_2

health, and that poor marital quality might lead to overall deterioration in physical health (Choi & Marks, 2008; Segrin & Flora, 2017). Marital conflict has implications for mental, physical, and family health (Fincham, 2003). Marital conflict has been linked to the onset of depressive symptoms, eating disorders, male alcoholism, episodic drinking, binge drinking, and out-of-home drinking (Fincham, 2003).

Marriage protects well-being by providing companionship, emotional support, and economic security. There is a well-established positive association between marriage quality, and physical and psychological well-being (Shapiro & Keyes, 2008). The quality of marital interaction is related to the health of marital partners (Sbarra, 2009; Schmoldt et al., 1989). Marital well-being is an important factor in considering overall quality of life (Larson & Carroll, 2014). The marital relationship is an important factor to married people's mental health. Being happy married is associated with better mental and physical health (Carr & Springer, 2010; Umberson et al., 2013). Marriage may give psychological benefits such as providing enhanced feelings of meaning and purpose, and improving the sense of self (Bierman et al., 2006; Marks, 1996; Reneflot & Mamelund, 2012). Marriage enhances perceptions of well-being for both men and women (Mookherjee, 1997). The quality of marital interaction is related to the health and well-being of spouses (Schmoldt et al., 1989).

Family well-being provides a foundation for positive parenting and child well-being (Newland, 2015). Family relationships play a central role in shaping an individual's well-being (Merz et al., 2009). The quality of family relationships, including social support, can influence well-being through psychosocial, behavioral, and physiological pathways (Thomas et al., 2017).

Contextual Background to Marriage and Family Institutions in Rwanda

In the ancient Rwandan society, the family used to play a central role in the Rwandan people's lives (MIGEPROF, 2005). Social relationships were based much more on the nuclear and extended family, as well as on

the neighborhood, than on interpersonal relationships; but those social links in Rwanda have suffered from the tragedies of the last years (MIGE-PROF, 2005). Today's Rwandan society is going through an emergence of nuclear families characterized by individualism, resulting in the disappearance of community life (MIGEPROF, 2005). In addition, Rwanda is facing the problem of destructive marital conflict (MIGEPROF, 2011; Mukashema & Sapsford, 2013).

The importance of destructive marital conflict in post-genocide Rwanda is such that professionals are being consulted by spouses experiencing that problem (Mukashema & Sapsford, 2013). From the MIGE-PROF report (2011), 121 women were murdered by their husbands and ninety-one men were murdered by their wives; twenty-nine women committed suicide because of violence perpetrated against them by their husbands, and forty-nine men committed suicide due to violence they were experiencing from their wives. It is stated that psychological, social, and medical professionals see marital conflict in Rwanda as a growing social and health problem in the post-genocide period (Mukashema & Sapsford, 2013).

Marital conflict, family conflict, and domestic violence have recently gained interest as a new area of scientific research in Rwanda. The interest of research in the area of marital conflict, family conflict, and domestic violence has been influenced by the increase of conflict among spouses, and among parents and children (MIGEPROF, 2011; Mukashema & Sapsford, 2013; Ndushabandi et al., 2016).

The problem of marital conflict has been insufficiently explored in Rwanda (Mukashema & Sapsford, 2013) and only a few researches were conducted in the pre-genocide period in Rwanda. It is noted that most of the few existing number of publications about Rwanda were produced after the genocide against the Tutsis in 1994. That genocide had several consequences including psychosocial consequences and marital conflict in Rwanda can be seen as a legacy of that genocide (Sarabwe et al., 2018).

Among the suggested ways to understand the increase in marital conflict and intimate partner violence in Rwanda are that, it can partially and on the one hand be seen as being among the consequences of the genocide (Rutayisire & Richters, 2014; Sarabwe et al., 2018; Umubyeyi et al., 2014). On the other hand, it can be due to a misinterpretation

of gender-related laws by spouses (Ndushabandi et al., 2016), and it can be attributed to the misunderstanding of gender roles and human rights (Mukashema & Sapsford, 2013). Ndushabandi et al. (2016) suggest that legal provisions pertaining to gender equality should avoid contradictions between Rwandan traditional gender practices and Rwanda's cultural values. Also, traditional institutions should not be left out while dealing with family/marital conflict (Ndushabandi et al., 2016). However, it is hard to get a scientific reference on what Rwandan traditional gender practices looked like, or which of Rwanda's cultural and traditional institutions should not be left out while dealing with family/marital conflict.

While concepts such as marital conflict (Mukashema & Sapsford, 2013) and marital discord (Burnet, 2011) are quite newly used in Rwanda (Mukashema, 2014), it is observed that pre-genocide scientific literatures on psychosocial marital and family life in the community members within pre-genocide Rwandan society are rare, if not totally lacking. Research, on the other hand, has slowly started to show the link between the genocide of 1994 in Rwanda and the observed domestic violence in post-genocide Rwanda.

In a research, La Mattina (2017) has examined the long-term impact of civil conflict on domestic violence and intra-household bargaining in Rwanda, and found that women who got married after the 1994 genocide significantly experienced increased domestic violence in comparison to those who got married before. Gutierrez and Gallegos (2016) have studied the effect of women's exposure to civil conflict violent events during childhood and early teenage years on the probability that they will experience domestic violence in their marriages as adults. They have found evidence that a potential mechanism through which exposure to the conflict affects domestic violence in the long term is normalization of the use of violence. Rieder and Elbert (2013) have established prevalence rates and predictors of family violence in post-conflict Rwanda. Results from these authors' research indicated that cumulative stress such as exposure to organized violence and family violence in Rwandan descendants poses a risk factor for the development of depressive and anxious symptoms.

We think that in order to be able to fully draw significant conclusions about the variation in domestic violence and to attribute it to conflict and to the post-conflict period, it would be important to have evidence on what the situation of domestic and family violence previously was like. Yet, researches have suggested that the degree of the observed domestic violence in post-genocide Rwanda is linked to the genocide that happened in Rwanda (e.g., Rutayisire & Richters, 2014; Sarabwe et al., 2018; Umubyeyi et al., 2014), or confirm the effect of the genocide on domestic violence (La Mattina, 2017), or attribute the increase of domestic violence to the misunderstanding of gender roles and human rights (Mukashema & Sapsford, 2013), but in our view, some questions need to be answered. They include the following, among others.

The first important research-based evidence needed should be to make sure that all other variables which could play a role in the observed marriage and family instability in post-conflict Rwanda are isolated. Multiple variables such as broader social and contextual determinants of violence including social norms (Linos et al., 2013), honor and shame (Couture-Carron, 2020), religious beliefs (Jankowski et al., 2018) etc., may be linked to the observed extended situation of domestic violence in post-genocide Rwanda.

The second important need is for evidence-based academic information on how marriage and families were doing in terms of functioning and well-being of the members in the pre-genocide Rwanda period. If researchers say that domestic violence has increased in the post-genocide Rwandan period (La Mattina, 2017; MIGEPROF, 2011; Mukashema & Sapsford, 2013; Ndushabandi et al., 2016), and is seen as part of the consequences of the genocide (Rutayisire & Richters, 2014; Sarabwe et al., 2018; Umubyeyi et al., 2014), this would require that the pregenocide period in terms of marital and family life as well as the well-being of the family members be made known so as to make an academic basis of comparison to the pre- or post-genocide periods. This research would respond to the challenge of this second academic need stated above. It does not intend to establish a comparison between marital and family life in the pre- or post-genocide periods, but instead aims to describe what psychosocial well-being and mental health was

like for members in marriage and the family in pre-genocide Rwandan society.

A research project was designed and data were collected from Rwandan elders with perceptions to share on marital and family life in pre-genocide Rwandan society. These Rwandan elders' perceptions on marital and family life in pre-genocide Rwandan society are possibly formed through: (1) personally lived experiences in their own households, (2) observed in their family of origin, (3) or/and or listened to via oral transmission from the surrounding community members. The research team members had ultimately meant to explore, produce, and make available a scientific reference that would describe an overview of psychosocial life, marital and family well-being, marital conflict, and marital conflict prevention and management in the community members within pre-genocide Rwandan society.

The current chapter describes methodological design for a research that intended to achieve the following specific objectives: (1) to identify the characteristics of marital life of the community members within ancient Rwandan society; (2) to demonstrate the conditions of happiness in the family; (3) to evaluate the conditions of the marriage functioning and lasting in the community members within ancient Rwandan society; (4) to outline the factors of marriage destruction; and (5) to describe the ways which were used to prevent and to deal with destructive marital conflict, intimate partner violence, and domestic violence.

Method

Research Design Overview

Research Design

The present methodological design is for both exploratory and descriptive research. It is designed to conduct research in the area of marital processes, characteristics, functioning, psychosocial well-being in marriage and family of the community members within Rwandan society in the pre-genocide period, for which previous scientific references are rare.

Rationale for the Design and Approaches Selected

Qualitative methods standing alone (Levitt et al., 2018) were suitable because they produce rich, detailed, and heavily contextualized descriptions from each source (Levitt et al., 2018). The description of the methodology is detailed as to meet the recommended reporting standards for qualitative research available (see, e.g., Levitt et al., 2018; O'Brien et al., 2014).

Qualitative research approaches allow researcher–participant direct interactions during the qualitative data collection. Direct interactions permit access to subjective and detailed data collection from the participants as one among other advantages of qualitative research approaches as suggested by Rahman (2017). Qualitative methods often lead to extraordinarily rich data and exceed quantitative approaches for achieving some research goals (Ganong & Coleman, 2014).

The focus group discussion was chosen among other approaches for qualitative data collection strategies because interaction between participants in the research using focus group discussions brings out more information than it would if it was done through individual interviews. Compared to individual interviews and surveys, focus group discussion offers an opportunity to explore issues where there is little prior research on the topic (Nyumba et al., 2018). Focus group discussion builds on group dynamics to freely explore the issues in context, in depth, and in detail, without imposing a conceptual framework compared with a structured individual interview (Morgan, 1997; Nyumba et al., 2018). Building on the above reasons among so many others, the focus group discussions were suitable for the current research. Among the five types of focus group discussion (Nyumba et al., 2018), the single focus group which is the interactive discussion of a topic by a collection of all participants and a team of facilitators as one group in one place was used.

Even if the focus group discussion was chosen for its suitability for this research, the research team members were aware of the challenges faced by the approach in data collection. These challenges, among others, included the concern on how the expectations and assumptions of qualitative researchers might influence the research process (Levitt et al., 2018). This awareness led the research team members to continually make self-reflection during the research process.

Study Participants

Researchers' Profile

The principal investigator of the current research holds a doctoral degree in psychology. She is in charge of various courses of psychology related to mental health in the department of social sciences. She is an active academic and has conducted and published several research peer-reviewed articles and book chapters using both quantitative and qualitative approaches. Two research team members are social scientists as well. One of them holds a doctoral degree in peace and development studies. He has jointly conducted several researches using both qualitative and quantitative research approaches and served as a notetaker and moderator during focus group discussions. The other research team member holds a master's degree in social work and human rights. He was also a note-taker and focus group discussions moderator in exploratory research projects. The fourth member is an academic staff member specialized in both the English and Kinyarwanda languages. He belongs to the center of language enhancement of the university that the three other research team members also belong to. This team member also holds a master's degree in development studies. He contributed in tackling the linguistic issues in this research while also bringing in some input as a researcher.

Summary of Participants

A total of forty-five (45 = 100%) elders, Rwandan nationals who had and showed willingness and capacity to provide relevant information on marital life in the community within ancient Rwandan society participated in this research. Twenty-two (22 = 49%) were males and

twenty-three (23 = 51%) were females. Participants in one of the focus group discussions were from the "Guardian of memory" known as Inteko Izirikana (IN) in Kinyarwanda. This focus group was composed of two males and three females aged between 71 and 78. The "Guardian of memory" is an association of retired elderly people in Rwanda. Its members come together and educate Rwanda's youth about the country's cultural values and norms. The Association is located in Gasabo district of Kigali city. Participants in the second focus group discussion were from Rwanda Elders Advisory Forum (RE). This group comprised five males and two females aged between 59 and 76. The Rwanda Elders Advisory Forum consists of the elderly that are seen as patriotic Rwandan nationals in various domains, including academia, retired civil servants, military and business persons. The forum acts as a "think-tank for national development." The forum is located in Nyarugenge district of Kigali city. All the participants in the two focus group discussions in Kigali city were holders of university degrees (Table 2.1).

The third and fourth focus group discussions, of which one has seven males aged between 58 and 79 and another one that brought together eleven females aged between 60 and 78, were from Nyanza district (Ny), a semi-urban area in the southern province of Rwanda. Participants in these two focus group discussions were of zero years up to six years post-primary education. The fifth and the sixth group discussions, of which one was made of eight males aged between 61 and 98, and the other one with seven females aged between 60 and 90, were conducted in Karongi District (Ka), a rural area in the western province of Rwanda. In this area, the members of the two focus group discussions were of zero up to six years of primary education. The letters put in brackets next to the focus group discussions' full names are different acronyms given to each of the focus group discussions and serve as identifying elements to differentiate them. These acronyms have been used to refer to the concerned focus group discussions in the rest of the text instead of using the full names.

As regards participants' gender homogeneity and heterogeneity, some authors such as Krueger (1994) suggest that generating useful data can be achieved more readily within a homogenous group. Other authors such as Freitas et al. (1998) suggest that mixed gender groups tend to improve the quality of discussions and its outcomes. To satisfy both suggestions

Table 2.1 Summary of participants

FGD characteristics including name, code put in parenthesis, and	y or participant	3		
members by number and by gender	Number of participants	Age range	Level of education	Location
"Guardian of memory" known as Inteko Izirikana (IN), mixed: 2 males and 3 females	5	71–78	University degrees	Urban area
Rwanda Elders Advisory Forum (RE); Mixed: 5 males and 2 females	7	59–76	University degrees	Urban area
Nyanza (Ny), 7 males	7	58–79	0–6 Years post-primary education	Semi-urban area
Nyanza (Ny), 11 females	11	60–78	0–6 Years post-primary education	Semi-urban area
Karongi (Ka), 8 males	8	6–98	0–6 Years of primary education.	Rural area
Karongi (Ka), 7 females	7	60–90	0–6 Years of primary education	Rural area
Overall characteristics: (22 = 49%) males and (23 = 51%) females	45	58–98	0 Years of school education to university	Urban, semi-urban and rural area

about gender aspect for the quality of the data in the present research, out of six focus group discussions, two (one in Karongi and one in Nyanza) were composed of males, two (one in Karongi and one in Nyanza) were made up by females, and the two focus group discussions held in Kigali comprised mixed males and females (Kigali city).

Researcher-Participant Relationship

Both the research team members and the participants in the discussions share the same nationality and the same culture, and more importantly the same language, i.e., Kinyarwanda. This was helpful and allowed for good communication free of misinterpretation of ideas shared in the discussion. This could have had some influence on the research in one way or another, but the team members did their best to only stick to their respective roles during the data collection process.

Participants' Recruitment

Recruitment Process

The recommended number of participants in focus group discussions can be six to eight (Krueger & Casey, 2000), four to fifteen participants (Fern, 1982), or ten (Krueger, 1994). The initial plan for the number of participants to take part in each focus group in the current research was to have between six and ten people. However, without the guarantee that all the recruited people would attend the discussion (Levitt et al., 2018), an over-recruitment (Rabiee, 2004) of twelve members was done for each of six planned focus group discussions. Eventually, the smallest focus group had five members present in the discussion while the largest comprised eleven members, which is within the acceptable limits.

Researchers seem to be almost silent on the maximum recommended number of focus group discussions. Glaser and Strauss (1967) suggest that researchers should sample until the point saturation of each category is reached, i.e., when subsequent groups produce only repetitious information. For good results, just a few focus groups are sufficient, as data become saturated and little new information emerges after the first few groups (Carlsen & Glenton, 2011; Morgan, 1996). Most studies use four to six groups because they then reach saturation (Carlsen & Glenton, 2011). For Burrows and Kendall (1997) three or four focus group discussions would be sufficient. Guest et al. (2016) state that almost all themes in a data set can be discoverable within two to three focus groups. In the

current research, six focus group discussions were conducted and this number was in the range of the number recommended (e.g., Burrows & Kendall, 1997; Carlsen & Glenton, 2011; Glaser & Strauss, 1967; Guest et al., 2016; Morgan, 1996).

Participants' Selection

Purposive sampling was used since focus group discussion relies on the ability and capacity of participants to provide relevant and deep information (Morgan, 1988). In Kigali city, the recruitment of participants was facilitated by the leaders of the two organizations, i.e., Guardian of memory and Rwanda Elders Advisory Forum that the participants came from. In the southern and western provinces, the recruitment of participants was facilitated by the local leaders at the district, sector, and cell levels. These leaders were initially contacted by telephone and a letter was later on sent to them by email. The content in the email was almost similar to what had been discussed over the telephone. The aim of the email was to officially confirm the number and the characteristics of participants needed for each specified group; and the date and time when the focus group discussions were to be conducted. The local authorities helped in inviting the participants and setting the convenient venue where the focus group discussions were to be held.

The field data preparation and collection was conducted between October and December 2018. No payment was made to participants as compensation for their participation in the focus group discussions. Each participant in focus group discussions held in Karongi and Nyanza districts, however, was reimbursed with the transportation fee they had spent to move from the living place to the administrative place where the focus group discussion was conducted and to go back home. The fee reimbursement could not influence the data because it was provided at the end of the discussion and the participants were not informed about this before.

Data Collection Strategies

Data Collection Procedures

Prior to effective implementation of the research project, the following sequence was observed: (1) the research proposal was submitted to the university of Rwanda for approval and funding; (2) the university directorate of research submitted the research proposal to reviewers who scrutinized it to ensure that scientific and ethical aspects were taken into account prior to approval; (3) the research proposal was presented by the research team in a school seminar to faculty members from various social science schools; (4) a one-day workshop training was organized: the principal investigator facilitated the workshop that served to refresh the research team members on the skills, scientific and ethical behaviors needed for the focus group discussion process. The focus group discussion guide was pretested too; (5) from the university of Rwanda, mission orders were issued to the research team members so that they could travel to the field for data collection.

For each focus group discussion, the research team members and the invited participants would gather in a specific convenient room for a group discussion at each place as detailed under the point: "participants' numbers and socio-demographic/cultural information." The moderator would first welcome all of them. She would all the time work with two research team members, one to serve as the note-taker and the other one to conduct audio recording and collect informed consent forms and transport reimbursement payment form once filled in. The moderator would introduce herself, and so would the two research team members. In turn, each participant was to introduce him/herself as well. Thereafter, the principal investigator would hand a copy of the informed consent form to each participant. This informed consent form contained the following information: words of greeting; introduction of the research team and the institution they were coming from; required age of the participant and the aim and specific objectives of the research; motivation of the research and request of contribution from the participant; rights the participant had to freely participate in the research and to stop contributing at any time during the process; assurance that no name or

voice of the participant will appear in the report; telephone number and email of the principal investigator; date; space for signature by a participant (in case of consent to participate). Under the signature on the consent form, the participants were requested to freely provide information on their geographical location and socio-demographic information and they were assured that everything would be kept confidential.

For practical purposes in the context of this specific research, the moderator, with all due respect and ethical consideration, had to seek permission from the participants so that she could first of all read the informed consent form to all of them. That was done and proved to be important for two reasons: (1) the ones who had zero years of education and thus who were not able to read by themselves could understand the content and rationale behind informed consent, (2) all the participants could get the same meaning of the informed consent and some of them would get the opportunity to ask questions for further clarification on the content. After that, the moderator would ask each participant, one by one, to freely choose to be part of the group or not, and would explain that any choice they would make ought not to have any negative consequence.

The above protocol was applied in all the six focus groups. All the participants in the groups agreed to participate and a signed informed consent was obtained from all of them. Following the consent to freely participate in the study, the request would also be made by the moderator to audio record the focus group discussions. During the whole research, all the participants in all groups gave their consent for the focus group discussions to be audio recorded. Prior to the discussion proper, the moderator would state the ground rules to be observed for the good and ethical progression of the discussion.

During the focus group discussions, the facilitator would first of all state each theme, one at a time, in Kinyarwanda, the Rwanda national language. A focus group discussion guide based on the research specific objectives was developed. The statement was formed in an open-ended way. The formulation was for instance: "we would like you to tell us what could be observed as the characteristics of relationship between spouses in the community members within ancient Rwandan society";

one sub-question under this statement was for instance: "what characterized the relationship between spouses in the community members within ancient Rwandan society? We would like you to talk about the strategies which were used to deal with marital conflict in the community members within ancient Rwandan society"; one sub-question for this was for instance: "how was marital conflict dealt with in the community members within ancient Rwandan society? We would like you to tell us about what could be the causes of marriage destruction in community members within ancient Rwandan society"; one sub-question under this statement was for instance: "what were the types of marital conflict that existed in the community members within ancient Rwandan society? What were the causes of marriage destruction, if there was any? What types of marital conflict and domestic violence existed in the community members within ancient Rwandan society?" and so on.

All the stated themes were formulated in relation to the specific objectives of the research. As the discussion was going on, the moderator would restate and reformulate the theme for the participants. In order to deepen ideas, probing open-ended questions such as "can you talk about that more? [following what was said or was given as an added thought by a participant] Can you explain in detail what you mean?" etc., were asked by the facilitator as the discussion was going on. The next theme was stated after there were no new ideas coming from the participants. Non-verbal communication and body language expressed by participants were observed and noted as well.

A challenge for the qualitative data collected was the difficulty for the researchers to find out how the Elders participants' perceptions about marriage and family in ancient Rwandan society were formed. Three ways of the formation process of reported perceptions of the participants are possible. The Elders' reported perceptions may have been: (1) a self-reporting on their own lived marital and family experience in their own households; or (2) the experiences from what they have observed in the marital and family life of their parents; or (3) the information they have heard about the marital and family life in ancient Rwandan society. Thus, in Chapters 3–7 the presentation and discussion of the data will be made independently of how the participants' perceptions were formed.

The time spent in each of the six groups was between 60 and 120 minutes as recommended for example by Nyumba et al. (2018). Through debriefing sessions at the end of each focus group discussion, the research team members would indentify some codes for emerging findings from the discussions (McMahon & Winch, 2018). The identified codes were considered during the intensive coding process of the data analysis.

Data Transformation

A one-day training workshop on data transformation was organized. A group of fourth-year students in social work was recruited to get hands-on training in qualitative data transcription. They were specifically trained about the ethical context of the current data. The audio recorded material was transcribed from voices to soft documents in Kinyarwanda. This was done immediately after the data collection. The transcribed data were then translated from Kinyarwanda into English. Notes that had been taken and non-verbal behaviors that had been observed during the discussions were also organized by the researchers and safely kept to support subsequent data analysis and reporting.

Analysis

Considered as a foundational method for qualitative analysis, thematic analysis was applied to identify, analyze, and interpret patterns of meaning within the current qualitative data as suggested by Braun and Clarke (2006). The first step of the analysis was the familiarization with the data by the research team members by reading through the transcribed text, relistening to the voices recorded and writing up initial ideas to be used in the reporting together with the notes taken during the field data collection and debriefing sessions.

The second step was concerned with assigning preliminary codes to the content of each unit of analysis. The unit of analysis was each entire transcript. NVivo software was used to store, organize, and manage the data. Numerous category codes were generated too. A list of quotes was established and the ones used in the report were chosen from there. The third step was all about comparing and compiling codes generated for different transcripts into themes. During the fourth stage, themes were reviewed to complete the analysis and finally, the fifth step was devoted to defining and naming the themes.

Conclusion

This chapter presents the qualitative research approaches used to conduct a research project on the psychosocial well-being and mental health of the members in marriage and family relationships in Rwanda's preand post-genocide periods. The overall research significance and implications of the research findings are presented in separate chapters, i.e., in Chapters 3–7. Chapter 3 presents an overview of the characteristics of marital life in community members within ancient Rwandan society; Chapter 4 is about the conditions of healthy marriage and marital happiness; Chapter 5 shows patience and commitment as keys to functional marital life in the ancient Rwandan society; Chapter 6 describes the Elders' views on socio-cultural causes of marriage destruction in the ancient Rwandan society; and finally Chapter 7 is about preventing and dealing with destructive marital conflict in community members within ancient Rwandan society. Each chapter shows the implication of the data presented therein.

The findings from this research are based on perceptions of the participants and therefore may be difficult to generalize. Further extended research and probably with a different approach will be needed. It might be a study comparing marital and family life, as well as the well-being of the spouses and the family members, in the pre- and post-genocide periods in Rwanda.

Acknowledgements This research was conducted through the financial support of the University of Rwanda-Sweden Program.

Declaration of Interest Statement

There is no conflict of interest.

References

- Bierman, A., Fazio, E. M., & Milkie, M. A. (2006). A multifaceted approach to the mental health advantage of the married. *Journal of Family Issues, 27*, 554–582. https://doi.org/10.1177/0192513X05284111.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3,* 77–101. https://doi.org/10.1191/1478088706qp0630a.
- Burnet, J. E. (2011). Women have found respect: Gender quotas, symbolic representation, and female empowerment in Rwanda. *Politics & Gender, 7*, 303–334. https://doi.org/10.1017/S1743923X11000250.
- Burrows, D., & Kendall, S. (1997). Focus groups: What are they and how can they be used in nursing and health care research? *Social Sciences in Health*, *3*, 244–253.
- Carlsen, B., & Glenton, C. (2011). What about N? A methodological study of sample-size reporting in focus group studies. *BMC Medical Research Methodology*, 11(26). https://doi.org/10.1186/1471-2288-11-26.
- Carr, D., & Springer, K. W. (2010). Advances in families and health research in the 21st century. *Journal of Marriage and Family, 72*, 743–761. https://doi.org/10.1111/j.1741-3737.2010.00728.x.
- Choi, H., & Marks, N. F. (2008). Marital conflict, depressive symptoms, and functional impairment. *Journal of Marriage and the Family, 70*(2), 377–390. https://doi.org/10.1111/j.1741-3737.2008.00488.x0.
- Couture-Carron, A. (2020). Shame, family honor, and dating abuse: Lessons from an exploratory study of South Asian Muslims. *Violence Against Women,* 26 (15–16), 2004–2023. https://doi.org/10.1177/1077801219895115.
- Fern, E. F. (1982). The use of focus groups for idea generation: The effects of group size, acquaintanceship and moderation on response quantity and quality. *Journal of Marketing Research*, 19, 1–13. https://doi.org/10.1177/002224378201900101.
- Fincham, F. D. (2003). Marital conflict: Correlates, structure and context. Current Directions in Psychological Science, 12(23), 23–27. https://doi.org/10.1111/1467-8721.01215.
- Freitas, H., Oliveira, M., Jenkins, M., & Popjoy, O. (1998). The focus group, a qualitative research method reviewing the theory, and providing guidelines to its planning. *ISRC Working Paper* (010298), 1–22. http://gianti.ea.ufrgs.br/files/artigos/1998/1998_079_ISRC.pdf.

- Ganong, L., & Coleman, M. (2014). Qualitative research on family relationships. *Journal of Social and Personal Relationships*, 31(4), 451–459. https://doi.org/10.1177/0265407514520828.
- Glaser, B., & Strauss, A. L. (1967). The discovery of grounded theory: Strategies for qualitative research. Aldine.
- Guest, G., Namey, E. E., & Mckenna, K. (2016). How many focus groups are enough? Building an evidence base for nonprobability sample sizes. *Field Methods*, 29(1), 3–22. https://doi.org/10.1177/1525822X16639015.
- Gutierrez, I. A., & Gallegos, J. V. (2016). The effect of civil conflict on domestic violence: The case of Peru (RAND Working Paper Series WR-1168). Available at SSRN: https://ssrn.com/abstract=2851158 or http://dx.doi.org/10.2139/ssrn.2851158.
- Jankowski, P. J., Sandage, S. J., Cornell, M. W., Bissonette, C., Johnson, A. J., Crabtree, S. A., et al. (2018). Religious beliefs and domestic violence myths. *Psychology of Religion and Spirituality*, 10(4), 386–397. https://doi.org/10.1037/rel0000154.
- Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, 127(4), 472–503. https://doi.org/10.1037/0033-2909.127.4.472.
- Krueger, R. A. (1994). Focus groups: A practical guide for applied research. Sage.
 Krueger, R. A., & Casey, M. A. (2000). Focus groups: A practical guide for applied research (4th ed.). Sage.
- La Mattina, G. (2017). Civil conflict, domestic violence and intra-household bargaining in post-genocide Rwanda. *Journal of Development Economics*, 124(C), 168–198. https://doi.org/10.1016/j.jdeveco.2016.08.001.
- Larson, J., & Carroll, S. J. (2014). Marital well-being measures. In A. C. Michalos (Ed.), *Encyclopedia of quality of life and well-being research*. Springer. https://doi.org/10.1007/978-94-007-0753-5_1731.
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, 73(1), 26–46. https://doi.org/10.1037/amp 0000151.
- Linos, N., Slopen, N., Subramanian, S. V., Berkman, L., & Kawachi, I. (2013). Influence of community social norms on spousal violence: A population-based multilevel study of Nigerian women. *American Journal of Public Health*, 103(1), 148–155. https://doi.org/10.2105/AJPH.2012.300829.

- Marks, N. F. (1996). Flying solo at midlife: Gender, marital status, and psychological well-being. *Journal of Marriage and the Family*, 58(4), 917–932. https://doi.org/10.2307/353980.
- McMahon, S. A., & Winch, P. J. (2018). Systematic debriefing after qualitative encounters: an essential analysis step in applied qualitative research. *BMJ Global Health*, *3*(5). https://doi.org/10.1136/bmjgh-2018-000837.
- Merz, E.-M., Consedine, N. S., Schulze, H.-J., & Schuengel, C. (2009). Well-being of adult children and ageing parents: Associations with intergenerational support and relationship quality. *Ageing & Society, 29,* 783–802. https://doi.org/10.1017/s0144686x09008514.
- MIGEPROF [Minister in the Prime Minister's Office in Charge of Family Promotion and Gender]. (2005). *National policy for family promotion*. Kigali. https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/92985/117299/F-1037879932/RWA-92985.pdf.
- MIGEPROF [Ministry of Gender and Family Promotion]. (2011, July). *National policy on fighting against gender-based violence*. Kigali. https://migeprof.gov.rw/fileadmin/_migrated/content_uploads/GBV_Policy-2_1_.pdf.
- Mookherjee, H. N. (1997). Marital status, gender, and perception of weilbeing. *The Journal of Social Psychology, 137*(1), 95–105. https://doi.org/10.1080/00224549709595417.
- Morgan, D. L. (1988). Focus group as qualitative research. Sage.
- Morgan, D. L. (1996). Focus groups. *Annual Review of Sociology, 22*, 129–152. https://doi.org/10.1146/annurev.soc.22.1.129.
- Morgan, D. L. (1997). Focus groups as qualitative research. Sage. https://doi.org/10.4135/9781412984287.
- Mukashema, I. (2014). Facing domestic violence for mental health in Rwanda: Opportunities and challenges. *Procedia Social and Behavioral Sciences*, 591–598.
- Mukashema, I., & Sapsford, R. (2013). Marital conflicts in Rwanda: points of view of Rwandan psycho-socio-medical professionals. *Procedia-Social and Behavioral Sciences*, 82(2013), 149–168.
- Ndushabandi, E. N., Kagaba, M., & Gasafari, W. (2016). *Intra-family conflicts in Rwanda: A constant challenge to sustainable peace in Rwanda*. http://www.irdp.rw/wp-content/uploads/2019/02/intrafamily-conflicts-last-version-2.pdf.
- Newland, L. A. (2015). Family well-being, parenting, and child well-being: Pathways to healthy adjustment. *Clinical Psychologist*, *19*, 3–14. https://doi.org/10.1111/cp.12059.

- Nyumba, T. O., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Qualitative Methods for Eliciting Judgments for Decision Making*. https://doi.org/10.1111/2041-210X.12860.
- O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, 89(9), 1245–1251. https://doi.org/10.1097/ACM.0000000000000388.
- Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of Nutrition Society*, 63, 655–660. https://doi.org/10.1079/PNS2004399.
- Rahman, M. S. (2017). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language "testing and assessment" research: A literature review. *Journal of Education and Learning*, 6(1), 102–112. https://doi.org/10.5539/jel.v6n1p102.
- Reneflot, A., & Mamelund, S.-E. (2012). The association between marital status and psychological well-being in Norway. *European Sociological Review*, 28(3), 355–365. https://doi.org/10.2307/41495128.
- Rieder, H., & Elbert, T. (2013). The relationship between organized violence, family violence and mental health: Findings from a community-based survey in Muhanga, Southern Rwanda. *European Journal of Psychotraumatology,* 4(1), 21329. https://doi.org/10.3402/ejpt.v4i0.21329.
- Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analytic review. *Psychological Bulletin*, 140(1), 140–187. https://doi.org/10.1037/a0031859.
- Ross, C. E., Mirowsky, J., & Goldsteen, K. (1990). The impact of the family on health: The decade in review. *Journal of Marriage and the Family*, 52(4), 1059–1078. https://www.jstor.org/stable/353319.
- Rutayisire, T., & Richters, A. (2014). Everyday suffering outside prison walls: A legacy of community justice in post-genocide Rwanda. *Social Science and Medicine*, 120, 413–420. https://doi.org/10.1016/j.socscimed.2014.06.009.
- Sarabwe, E., Richters, A., & Vysma, M. (2018). Marital conflict in the aftermath of genocide in Rwanda: An explorative study within the context of community based sociotherapy. *Intervention*, *16*(1), 14–21. https://doi.org/10.1097/WTF.000000000000147.
- Sbarra, D. A. (2009). Marriage protects men from clinically meaningful elevations in C-reactive protein: Results from the National Social Life, Health, and Aging Project (NSHAP). *Psychosomatic Medicine*, *71*, 828–835. https://doi.org/10.1097/PSY.0b013e3181b4c4f2.

- Schmoldt, R. A., Pope, C. R., & Hibbard, J. H. (1989). Marital interaction and the health and well-being of spouses. *Women and Health*, 15(1), 35–56. https://doi.org/10.1300/J013v15n01_04.
- Segrin, C., & Flora, J. (2017). Family conflict is detrimental to physical and mental health. In J. A. Samp (Ed.), Communicating interpersonal conflict in close relationships: Contexts, challenges, and opportunities (pp. 207–224). Routledge/Taylor & Francis Group.
- Shapiro, A., & Keyes, C. L. M. (2008). Marital status and social well-being: Are the married always better off? *Social Indicators Research*, 88(2), 329–346. https://doi.org/10.1007/s11205-007-9194-3.
- Symoens, S., Colman, E., & Bracke, P. (2014). Divorce, conflict, and mental health: how the quality of intimate relationships is linked to post-divorce well-being. *Journal of Applied Social Psychology*, 44, 220–233. https://doi.org/10.1111/jasp.12215.
- Thomas, P., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation in Aging*, 1(3), 1–11. https://doi.org/10.1093/geroni/igx025.
- Umberson, D., Thomeer, M. B., & Williams, K. (2013). Family status and mental health: Recent advances and future directions. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of the sociology of mental health. Handbooks of sociology and social research* (pp. 405–431). Springer. https://doi.org/10.1007/978-94-007-4276-5_20.
- Umubyeyi, A., Mogren, I., Ntaganira, J., & Krantz, G. (2014). Women are considerably more exposed to intimate partner violence than men in Rwanda: Results from a population-based, cross-sectional study. *BMC Women's Health*, 14, 99–110. https://doi.org/10.1186/s12888-014-0315-7.