Finding a path toward a 70% contraceptive prevalence target
Assessing barriers to modern contraceptive use in Rwanda

Aurélie Brunie, PhD
Elizabeth Tolley, PhD
Fidèle Ngabo, MD
Jennifer Wesson, PhD
Rwanda context

- Government of Rwanda committed to MDGs
- GOR requested study to inform concrete actions for reaching 70% CPR target by 2012:
  - Clarify reasons for non-use of modern family planning
  - Examine barriers to modern contraception
  - Explore psychosocial factors influencing modern contraceptive use
Research approach

• Community-based study in 21 areas in 5 out of 30 districts in Rwanda
• Data collected between Nov. 09 and Feb. 10
• Enumeration and random selection of households
• Survey of 637 women
  – One woman per household
  – Over 95% response rate
• In depth interviews with an additional 54 women and 27 male partners
Eligibility criteria

• Women
  – In union: married or living together with a male partner
  – Between 21 and 49
  – Not pregnant
  – At least one living child

• Men
  – 21 years or older
  – Written permission obtained from female partner

• Limitations due to design and eligibility criteria
Contraceptive use patterns

- Undecided: 1%
- Want to become pregnant in 12 months: 4%
- Want to space but not doing anything: 15%
- Want to limit but not doing anything: 22%
- Traditional Method: 8%
- Modern Method: 50%

Note: Results not comparable to estimates from the 2010 DHS due to differences in sampling and eligibility criteria.
Profiles of users and non-users

<table>
<thead>
<tr>
<th></th>
<th>Non-users (n=301)</th>
<th>Users (n=313)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence (%) *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>25</td>
<td>37</td>
</tr>
<tr>
<td>Rural</td>
<td>75</td>
<td>63</td>
</tr>
<tr>
<td>Education (%) *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No schooling</td>
<td>36</td>
<td>15</td>
</tr>
<tr>
<td>Primary</td>
<td>53</td>
<td>65</td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Partner support for FP (%) *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>80</td>
<td>98</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Unsure/do not know</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Mean age *</td>
<td>33.5</td>
<td>30.9</td>
</tr>
<tr>
<td>Mean number of children</td>
<td>3.4</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Weighted percentages and means are reported.
* Significant at the .05 level
Factors affecting non-use (Logistic regression, n=608)

- Factors that significantly increased the likelihood of use
  - Some education: primary; higher than primary
  - Having more children
  - Being sexually active in the past month
  - Having a partner who supports FP
  - Attending a FP talk by a community health worker

- Factors that significantly increased the likelihood of non-use
  - Being older
  - Being less than 6 months postpartum
  - Wanting a child within 12 months
  - Distrusting contraception
  - Acknowledging a set of barriers to contraceptive use
## Major stated reasons for non-use

<table>
<thead>
<tr>
<th>Reasons</th>
<th>% Intenders (n=214)</th>
<th>% Non-intenders (n=86)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting for return of menses</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Fear of side effects</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Infrequent sex/no longer with partner</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Partner’s opposition</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Inconvenient to use</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Not compatible with religion</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Desired pregnancy</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Infecund/subfecund/menopausal</td>
<td>1</td>
<td>43</td>
</tr>
<tr>
<td>Unsure/No particular reason</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Multiple answers are possible. Weighted percentages are reported.

73 out of 120 women more than 6 months postpartum

12 out of 30 women more than 6 months postpartum
Importance of partner support for FP initiation

- FP use often a joint decision

- Yet use appears unlikely without support
  “Yes, you must have a discussion knowing that it can lead to an agreement and he permits you to go take a FP method or he prevents you from going...We have not yet had such a discussion but I am sure that if we talk about it, he will agree.”
  (28 year-old, rural woman with two young children)

Primary decision-maker on FP use
Partner support for continuation in the face of side effects

- Meeting the economic and educational challenges of raising children
  “Prior to taking the injection, [my wife] was strong and brave. She did all the chores but during use she cannot work under the sun...we were patient, we must use it because we don’t have any other options. We must follow our decisions, using the injection.” (24 year-old man)

- Less supportive of continuation when side effects affect sexual relations
  “I gave a lot of thought to the decision to take, given that on the one hand I had health and marital problems due to side effects from the method, and on the other hand, I had my husband’s warning that said he would leave me if I gave birth to another child.” (29 year-old woman who experienced vaginal dryness from injectable use)
Misperceptions around menopause

• Women cannot get pregnant late in life, even if they are still menstruating

“When I was still young, I heard that a woman becomes menopausal when she is 45 and now I am 49; even if I see my period every month I am menopausal because I am over 45. That means I cannot get pregnant.” (49 year-old woman with three children)

• Women who are older and have not conceived over extended periods of time are menopausal
Misperceptions about return of postpartum fertility

• Women cannot get pregnant until menses return
  “Me, I had the return of menses three years after the delivery. So this child that I have is only five months, I think that even after a year I cannot get pregnant. I know it.” (37 year-old woman who recently gave birth to 4th child)

• Cannot go to FP services until menses return

• Need to wait six months before using FP
  “When the child is six months... The other mothers told me that it is better because injectables decrease maternal milk, and you must wait until the child starts drinking and eating something else, like gruel. I also heard that one must wait for the return of menses to go get a method, but for me it is taking a long time. This is why I cannot wait. All my children get to the age of two before I get my period. This is why I chose six months.” (30 year-old mother of five)
Potential barriers on the supply side

- Clients reported that providers were sometimes only willing to provide FP to women who were menstruating
  - 42.8% of survey respondents agreed with statement “If I go for FP, the nurse will ask to see my pad.”
  - 7 out of 35 current or past FP users in the qual. sample reported being asked to show proof they were menstruating or told to come back during next period

“When you get there for the first time, they ask if you are having your period. When it is no, they give you another appointment. But when it is yes, they give you cotton wool and you go somewhere discreet to put some blood and come back to show it to the provider. It is only then that the provider shows you the methods.” (49 year-old injectable user)
Lessons learned

- Information supporting family planning needs to reach men
- Women need more information about fertility and periods of risk of pregnancy, particularly postpartum
- Providers may benefit from instructions on postpartum and peri-menopausal women’s FP needs and eligibility for contraception
- Use of alternative screening methods, such as the pregnancy checklist, should be encouraged
Not the end of the story: Next steps

• Results disseminated to multiple audiences in Rwanda, including journalists and parliamentarians;

• Activities incorporated into National FP Workplan based on results;

• Plan to target the population, community health workers, and providers to increase knowledge about fertility in the postpartum period, later in life, and in the absence of menses.