Obstacles to IUD and contraceptive implant use in Rwanda and integration with couples' voluntary HIV counseling and testing.

Sarah Rae Strunk MD (Presenter)
Heidi Roeber-Rice MD MPH, Etienne Karita MD, Roger Bayingana MD, Lisa Haddad MD, Susan Allen, MD, MPH

Emory University School of Medicine
Rwanda/Zambia HIV Research Group
Projet San Francisco
Background

- Total Fertility Rate: 5.8
- 23% Children <5 yo Underweight
- Contraceptive Prevalence: 17.5%
- Unmet Contraceptive Need: 34%

Status of Family Planning

- **National Policy:**
  - Reducing birth rate
  - Reducing infant mortality
  - Decreasing maternal deaths
  - Decreasing population growth rate
  - PMTCT

- **Clinic Level**
  - FP services available in most government health centers.
  - Non-governmental organization sponsorship
  - Centralized tracking system

CVCT and LARC Counseling

- Ideal opportunity for counseling about family planning options.
  - Both partners present
  - Vertical transmission rate
  - AIDS orphans

- HIV Discordant Couples:
  - 46% End childbearing
  - 10% Delay for >2 years

- Point of service care

- PMTCT and postpartum planning

Methods

Evaluation

* Focus groups and interviews with 24 nurses from Rwandan health centers.
* Surveys of 42 nurses participating in CVCT training at Projet San Francisco, a research clinic.
* Clinic needs assessment survey administered to 42 nurse participants.

Training

* Integration of survey results with review of materials from analogous bilateral and international organizations.
* Development of a one-day theoretical training module administered by PSF nurse trainers.
* Implementation of practical training component requiring five on-site insertions of each method for certification.
Do you plan to have more children?

NO: Are you interested in receiving IUD or implant?

YES: Are you interested in receiving IUD or Implant today?

YES: Call PSF nurse to arrange observed insertion after post-test counseling.

NO: Encourage return to clinic for insertion of long-term method.

NO: Stop family planning counseling and proceed with CVCT protocol.

YES: Would you like to have a child in the next 3 years?

YES: Discuss benefits of birth spacing and reinforce family planning services of clinic.

NO: Are you interested in receiving IUD or Implant?

YES: Are you interested in receiving IUD or Implant today?

YES: Call PSF nurse to arrange observed insertion after post-test counseling.

NO: Encourage return to clinic for insertion of long-term method.

NO: Stop family planning counseling and proceed with CVCT protocol.
Figure 1: Baseline knowledge about listed attributes of the IUD compared to the implant as shown by percentage of correct responses.
Mechanism of Action

Figure 2: Distribution of baseline understanding of the mechanism of action of the IUD based on percentage of nurse response.
Figure 3. Provider attitudes about barriers to IUD and implant insertion as demonstrated by percentage of nurses who indicated listed concern was one of the top three barriers to IUD or implant insertion.
Figure 4. Percentage of nurses receiving prior training about the IUD or implant in the designated setting.
Figure 5. Percentage of clinics offering clients various family planning methods stratified by urban setting, rural setting, and combined percentages.
### Outcomes

Figure 6. Uptake of IUD and implant in clinics where nurses were trained (Gitega and Muhima) compared to control Kigali clinic where no training took place (Kagugu). Training took place in May through June 2010.

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Conclusions

- Nurses recognize the benefits of LARC as highly efficacious, user-independent forms of contraception.

- Fear of complications is the greatest provider barrier to insertion but is easily overcome with practical insertion experience.

- Clinic-level barriers to insertion are easily overcome with provision of technical assistance to clinic directors and integration of LARC and existing services.

- CVCT and LARC service integration can mutually reinforce prevention of HIV and family planning.
Merci et Murakoze

• Dr. Susan Allen and Dr. Etienne Karita for their vision and support of this project.

• Robertine Sinayembaba, Dr. Heidi Roeber-Rice, Dr. Lisa Haddad, and Dr. Roger Bayingana for their assistance throughout the project.

• The study participants and staff at Projet San Francisco and the Rwanda-Zambia HIV Research Group for their participation.

• The nursing directors and staff at Centre de Sante Muhima and CS Gitega for their patience, enthusiasm, and dedication to their patients.