PROGRESS IN FAMILY PLANNING

RESEARCH BRIEF

Expanding Contraceptive Use in Rwanda

Objective

To clarify reasons for non-use of family planning (FP), examine barriers to modern contraception, and explore psychosocial factors influencing modern contraceptive use.

Methods

A community-based survey was conducted in five districts in Rwanda among non-pregnant, parous women in union, ages 21 to 49, to identify reasons for non-use of modern contraception, and qualitative in-depth interviews were conducted to gain a more complete understanding of those reasons for non-use and to help identify concrete ways to intervene.

While use of contraception was high in this population, the study findings led to several suggested programmatic actions in order to reach the country's goal of 70% contraceptive use by 2012.

Findings

- Modern contraceptive use among the survey participants was very high. Overall, 50% were currently using a modern method, and 66% had ever used one.
- The main reasons for current non-use of contraception reported by women intending to use a method in the future were fertility-related, specifically, breastfeeding (15%) and waiting for return of menses (58%). This suggests that postpartum women in particular need more accurate information about when they are at risk for another pregnancy.
- Factors associated statistically with increasing the likelihood of contraceptive use were: having some education, having more children, being sexually active in the past month, having a partner who supports FP, and attending a FP talk by a community health worker.
- Factors associated statistically with increasing the likelihood of not using a method were: being older, being less than six month postpartum, wanting a child within 12 months, hearing a family planning message in the media, distrusting contraception, and acknowledging a set of barriers to contraceptive use.
- The study found no evidence that lack of knowledge of contraceptive methods and access to services were barriers to FP use.
- Client reports indicated that providers mostly relied on the presence of menses to rule out pregnancy before providing a method.
- The IUD was the least known method. Utilization of long acting and permanent methods other than implants was low.
- Men appeared to be mostly supportive of contraceptive use; however, they may benefit from increased informational activities. Community health workers emerged as an important communication channel in reaching men.

Conclusion

Women would benefit from messages that effectively communicate about risk of pregnancy, particularly in the postpartum period. Providers may also benefit from additional instruction on postpartum women's FP needs and eligibility for contraception. Provider use of alternative screening methods such as the pregnancy checklist should be introduced or reinforced. Presentation of information about IUDs and sterilization could be improved. Information supporting family planning needs to reach men, who play a key role in a woman's decision to use contraception; these efforts should utilize community health workers.

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Background

In Rwanda, a wide array of programs has contributed to strengthening the capabilities of family planning (FP) providers, increasing the availability of a full range of contraceptive methods, and promoting the use of FP. These concerted efforts may account for the increase in modern contraceptive prevalence from 10% in 2005 to 27% in 2008.[1] But to reach the 70% target set by the government by 2012, the country is seeking a greater understanding of the factors that limit modern contraceptive use.

To more fully understand the factors constraining contraceptive use in Rwanda and to help guide the design and implementation of FP programs and policies, the Ministry of Health collaborated with FHI to develop a study to examine the barriers to modern FP use. The study focused on identifying issues that can be translated into actions to achieve maximum impact on contraceptive prevalence. The objectives of the study were to clarify the most prevalent reasons for non-use of FP, examine barriers to modern contraceptive use, and explore psychosocial factors influencing modern contraceptive use.

Most intenders were not using a method because of fertility related reasons, specifically, waiting for return of menses and breastfeeding.

Study Design and Methods

A community-based survey was conducted to identify the range of reasons for non-use of modern contraception. In addition, qualitative in-depth interviews (IDIs) were conducted to gain a more complete understanding of those reasons for non-use and to help identify concrete ways to intervene.

The survey took place in 21 enumeration areas (EA) within five districts of Rwanda; one district was randomly selected in each of Rwanda's four provinces and Kigali city. Households were listed within each EA and randomly selected to participate in the study. Women within the selected households were eligible to participate if they met the following criteria: in union (married or living together with a partner at the time of the study), between 21 and 49 years of age, not pregnant, and had at least one living child. If there was more than one eligible woman in the selected household, one woman was randomly selected for participation. Findings are applicable to the five districts selected but may not adequately represent the entire country.

In each EA, a subset of households was randomly drawn from the master list; women in these households were invited to participate in IDIs, and others were asked to join the survey. The partner of every other woman interviewed in an IDI was also invited to join the study for a separate IDI. Eligible men had to be 21 years or older, and permission from the woman had to be obtained before inviting her partner to participate.

Three teams of field workers were responsible for data collection, and each team included a supervisor and separate interviewers for the quantitative and qualitative segments. The study collected survey data on personal digital assistants, or PDAs. Qualitative interviews were digitally recorded. The survey included 637 interviews; the response rate was over 95%. In-depth interviews were conducted with 54 women and 27 partners. Data were collected between November 2009 and February 2010.

Characteristics of Participants

The average age of the women who participated in the survey was 32, and the average number of children was 3.3. One-fourth had no education while 60% had a primary school education; the rest had secondary or higher. The average age of IDI participants was 33.4 years for women and 36.8 years for men. The average number of children was 3.5 and 3.3 respectively.

Modern contraceptive use among the survey participants was very high. Overall, 50% were currently using a modern method, and 66% had ever used one. Among current users, the method mix was dominated by injectables (61%), followed by pills (14%), implants (9%), male condoms (7%), and the Standard Days Method (SDM) (5%). Utilization of long-acting and permanent methods (LAPMs) other than implants was low (2.2% IUD and 1.4% female sterilization). Of the 258 women who were not using a method but reported wishing to delay or avoid pregnancy, 49 (19%) were using a traditional method while 209 (81%) were not doing anything.

Table 1 shows the main reasons for non-use reported by survey participants—those who were not currently using a method but intended to use one in the future (intenders) and those who did not intend to use a method (non-intenders). Most intenders were not using a method because of fertility related reasons, specifically, waiting for return of menses (58%) and breastfeeding (15%). The IDIs revealed misconceptions around return to fertility in the portpartum period. Some women thought they could not get pregnant or could not request a method at the health center until their menses returned.

For non-intenders (Table 1), the main reason cited for non-use was because they believed they were infecund or had reached menopause. Very few women (5% of non-intenders) were fundamentally opposed to contraceptive use because of religion, and only 6% of non-intenders referred to husband or partner opposition.

A logistic regression analysis was conducted to examine the independent effects of various factors that may influence the current non-use of contraception. Variables that significantly increased the likelihood of use included: some education (primary: OR=3.23, $p<0.01$; higher than primary: OR=6.25, $p<0.01$), having more children (OR=1.22, $p=0.01$), being sexually active in past month (OR=10.0, $p<0.01$), having a partner who supports FP (OR=8.33, $p<0.01$), and attending a FP talk by a community health worker (CHW) (OR=2.13, $p<0.01$). Factors that significantly increased the likelihood of non-use included: being older (OR=1.10, $p<0.01$), being less than six months postpartum (OR=5.14, $p<0.01$), wanting a child within 12 months (OR=8.81, $p<0.01$), hearing a FP message in the media (OR=2.40, $p=0.09$), distrusting contraception (OR=1.32, $p=0.03$), and acknowledging a set of barriers to contraceptive use (OR=3.44, $p<0.01$). Only the media variable was a surprising finding. There was no evidence that religion was associated with non-use.

Family Planning Intentions

A woman's intention to use contraception is influenced by a complex range of factors. The study found no evidence to suggest that lack of knowledge of contraceptive methods was a barrier to FP use. Nearly all survey respondents (99%) reported knowl-

Table 1: Major Reasons for Non-Use of Modern Family Planning*

	Intenders (n=214)(%)	Non-intenders (n=86) (%)
Waiting for return of menses	58	0
Breastfeeding	15	1
Fear of side effects	15	0
Infrequent sex/no longer with husband/partner	8	16
Husband/partner's opposition	5	6
Not compatible with religion	2	5
Inconvenient to use	2	8
Desired pregnancy	1	12
Infecund/subfecund/menopausal	1	43

** Multiple answers are possible*

edge of at least four out of nine methods and 49% of all nine methods. Although the study identified differences in knowledge between users and non-users, injectables, oral pills, male condoms, and implants were known by over 95% of respondents in both groups. The IUD was the least known method (69% overall).

Both survey and IDI data highlight the differing socio-cultural forces that reinforce or undermine the large family norm of Rwanda's past. For example, nearly 90% of all survey participants believed that having children bolstered a woman's position within her family and community, and an even higher percentage (94%) felt that a woman should wait until giving birth for the first time before using contraception. At the same time, almost all survey participants (98%) agreed that families should be smaller because of the cost of raising children. While the survey identified differences between users and non-users, both groups generally disagreed with pronatalist statements that encourage large families.

Some participants who wished to space or limit childbearing still faced resistance from churches and family members. However, women overall appeared to counter pronatalist and religious pressures for large families with an ethic of individual or family responsibility—one of raising the number of children that could be cared for properly. Acceptance of FP was high among both users and non-users, mostly in light of economic considerations and to a lesser extent widespread recognition of the benefits of birth spacing.

According to survey data, the vast majority of women (95%) had been exposed to FP information over the past year. Also, IDIs suggest that messages on FP have contributed to mostly positive attitudes about contraceptives. The radio in particular is a key source of FP messages; more than 82% of survey participants had been exposed over the last year. In addition to providing general messages about the benefits of FP, the radio was cited by some IDI participants as their sole source of information. A broad network of CHWs also provides FP information and promotional messages. Among male IDI participants, contact with a CHW was the most frequent source of FP information. In terms of relative importance, both users and non-users of contraception reported in the survey that healthcare providers were their most important source of information on FP (47% and 38% respectively). Based on IDI data, it appears that health center workers provide the most widespread and perhaps most comprehensive FP information. Some men also reported attending FP sessions while accompanying their wives on antenatal visits.

Both survey and IDI data indicate that the partner's attitudes towards fertility and contraceptive use play a central role in contraceptive decision-making. According to survey data, one of the two strongest predictors of non-use of contraception in the multivariate model is lack of partner support for FP. Despite overall high levels of partner communication and support for FP among survey participants, important differences existed between participants who were currently using and those not using a contraceptive method at the time of the interview. For example, almost all users (98%) reported that their partner supported the use of modern contraceptives, compared to almost 80% of non-users. In both groups, most indicated that both partners jointly made the final decision on contraceptive use. However, the proportion of participants reporting jointly deciding whether or not to use a method was lower among non-users (51%) than users (64%).

According to IDI narratives, without partner support, contraceptive use appeared unlikely. Overall, there were few cases when a husband was resistant to his wife's contraceptive use. The opposition that did occur was most often due to pronatalist or religious considerations. On the other hand, some men insisted on contraceptive use despite their wives' reservations. However, in most cases, couples made the decision together. Survey and IDI data further revealed that participants also drew support from friends, neighbors, and other contraceptive users. However, the final decision was made by the woman and her husband or partner.

Initiation of Family Planning

Even if individuals are convinced of the benefits of practicing FP and having smaller families, other factors may inhibit their ability to initiate contraception or to select the method that best suits their needs. Quality of services, in particular the client-provider interaction, may influence whether a woman receives a method or if she receives the method that is her optimal contraceptive fit. In addition, access barriers can challenge potential users to obtain FP services.

Informed choice demands that clients have information about all contraceptive options prior to initiating contraceptive use. Yet it appears from IDIs that providers may not always assess clients' knowledge of the full range of methods and supplement information gaps, in particular on IUDs and

sterilization. Indeed, survey data reveal that reported knowledge of these LAPMs is lower than knowledge of other methods. IDIs further show that perceptions of certain methods were sometimes based on misinformation, particularly for LAPMs. Misinformation or misperceptions may dissuade a woman from trying one or more methods.

Providers may add another barrier if they are only willing to provide contraception to women who are menstruating. A large proportion of survey respondents (43%) agreed with the statement that the nurse would ask to see their [menstrual] pad if they went for FP, and narratives from IDIs reinforce this picture.

Access to services does not appear to be a barrier to method use. Factors that can affect access include knowing where to obtain FP services, being able to travel to the service without difficulty, and the cost of the method. Most survey respondents (97%) reported they knew of a place where they could get FP services, though this may not be the facility that they regularly attend. One of the main reasons cited for seeking alternative service delivery points was lack of FP services or of a good method mix. This may be partly explained by the fact that about 40% of health facilities in Rwanda are religiously affiliated, and 18% are Catholic; some of these do not offer modern contraception (with the possible exception of the SDM).

The average travel time for respondents to their regular health center—about 52 minutes—was similar for both users and non-users. In addition, there was little difference between the groups on their reports on the ease or difficulty of taking time off to go to the health center. Three-fourths of respondents identified their regular health center as the place where they go or would go for FP services. There is no indication that using an alternative service affects FP access. FP services are subsidized by the state and therefore expected to be free in the public sector. In the IDIs 19 of the 35 current or past users reported that services were free or that they only had to pay a small fee at the time of the first visit or to cover supplies.

Family Planning Continuation

Once a method is initiated, many factors can influence contraceptive continuation. Despite their benefits, most contraceptive methods can cause side effects, which can be an important reason for changing methods or discontinuing all contraceptive use. More than two-thirds (23 out of 33) of the current or past users who made reference to side effects in the IDIs reported experiencing them at some point. Discussions of side effects were most prevalent in relation to injectables; while four women indicated experiencing no side effects from injectable use, 15 women described some kind of side effects, most often involving heavy bleeding (n=9).

The impact of side effects on use varies among individuals and by method. Some women tolerated the side effects, particularly when they did not affect their ability to go about their regular activities or when they had a strong desire to space or limit births. Some women reported receiving treatment for side effects, mostly bleeding. Alternatively, some current users switched methods at least once after experiencing side effects. In fact, more than a third of survey respondents and 15 of 35 IDI participants reported using multiple methods through their contraceptive history. Switching improved women's experiences in some cases.

Finally, IDIs highlighted some misconceptions around postpartum return to fertility, discussed above with the information from Table 1. A few women also had misperceptions about menopause; for example, two said they were menopausal even though they were still menstruating.

Ways to Increase Use, Continuation

Key findings that emerged from the study suggest the following types of programmatic action:

- The main reasons for current non-use of contraception were fertility-related, mostly because women were waiting for the return of their menses after childbirth, because they were breastfeeding, because they were having infrequent or no sex, or because they believed they were infecund or menopausal. There were misconceptions around postpartum return to fertility and menopause. Women would benefit from messages that effectively communicate about risk of pregnancy.
- Method choice may not always have been based on the full range of contraceptive options. Clients often had already chosen a method before seeing a provider; providers may also sometimes have offered firm advice on method choice. In particular, presentation of information about LAPMs could be improved. It is unclear whether these methods were not available or whether providers were reluctant to discuss or provide them.
- Women's reports suggest that providers mostly relied on the presence of menses—and sometimes on pregnancy tests—to determine whether clients were pregnant before providing a method. This may lead to repeated trips to the health center, which may in turn discourage method initiation. In addition, requiring clients to be menstruating for method initiation can expose women with significant delays in return of menses postpartum to unplanned pregnancies. Alternative ways to screen women for pregnancy, such as the pregnancy checklist, are available. The checklist is based on criteria established by the World Health Organization, and its effectiveness has been demonstrated in several settings.
- Men appeared to be mostly supportive of contraceptive use, though were sometimes concerned, particularly when method use impacted sexual relations or their wives' ability to work. Men may benefit from increased informational activities. CHWs emerged as an important communication channel in reaching men.

Reference

1. Institut National de la Statistique du Rwanda (INSR) and ORC Macro. *Rwanda Demographic and Health Survey 2005*. Calverton, MD: INSR and ORC Macro, 2006; INSR and ORC Macro. *Rwanda Interim Demographic and Health Survey 2007-2008: Preliminary Report*. Calverton, MD: INSR and ORC Macro, 2008.

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