



Examining the Influence of Providers on Contraceptive Uptake in Rwanda

Goal: The goal of this study was to identify provider-centered obstacles to family planning provision and to recommend actions to address them.

Background: In 2009–2010, the Ministry of Health, with technical assistance from FHI 360, examined demand side issues in family planning through a study looking at reasons for non-use of family planning. This study highlighted barriers in perceptions and knowledge on the client's side, but also pointed to possible barriers related to how providers conduct service provision. In 2011, the Ministry of Health requested FHI 360's support in exploring supply side issues, specifically the influence of providers on contraceptive use.

Methods: Structured interviews with family planning providers and their female clients were undertaken in 40 facilities across eight districts of Rwanda. The surveys took place in September and October 2012. Facilities were identified in the 2009–2010 family planning study as places where women would seek family planning services and methods. All providers offering family planning services were eligible to participate, and 60 providers were surveyed about their knowledge and attitudes about contraceptives, training in family planning, and experiences in providing specific methods. All female family planning clients 18 years and older, married or unmarried, were asked to participate. In total, 230 new family planning clients (i.e., they had not used a contraceptive method in the last six months) and 342 continuing family planning clients participated. Survey questions asked about the client's visit, including specifics on counseling, family planning methods received, and service aspects such as privacy and treatment by the provider.

Objectives:

- To explore provider-reported knowledge, attitudes, and practices in family planning service provision.
- To describe provider-reported training, experience, and self-reported skills in providing specified family planning methods.
- To assess quality of family planning counseling and service provision through client-reported experiences.

Key Findings

Screening and identifying methods

New family planning clients who came to the facilities to start contraceptive methods were frequently asked about the number of children they have (94%), the age of the youngest child (90%), and their desire for another child in the future (84%). Providers did ask new clients if they used family planning methods in the past (83%), but were less likely to ask about past problems (36%) or what method they are interested in starting now (55%). Providers were also less likely to ask new clients about other factors that could influence

their method choice, including their marital status (50%), if they are currently breastfeeding (67%), if they recently had a miscarriage (49%), or their HIV status (76%).

Medical tests or procedures performed

Nearly all family planning providers reported they perform blood pressure tests (98%) and measure the weight (98%) of women starting contraceptive methods; many also conduct breast exams (77%) and pregnancy tests (68%). Fewer reported conducting blood tests (40%), sexually transmitted infection (STI) tests (37%), and pelvic exams (18%). The experience of clients did not necessarily

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match provider reports. New clients less frequently reported that their providers measured their blood pressure (54%) and weight (70%), and less than 20% underwent a breast exam, pregnancy test, blood test, STI test, or pelvic exam the day they were interviewed.

Ruling out pregnancy

Among providers interviewed, 97% reported asking their new family planning clients if they have their menses, and 72% ask the clients to demonstrate that they have their menses. Eighty percent of providers also reported using the pregnancy checklist to rule out pregnancy; however, when providers were asked to name what conditions they use to rule out pregnancy in the absence of menses, most reported using pregnancy tests (92%). Less than one third of providers could name any elements on the pregnancy checklist.

Menses

A majority of new clients (84%) were asked by providers about their menses before starting a method; 47% reported they had their menses. The outcomes of the clients' family planning visits may have been influenced by the presence or absence of menses. Women were equally likely to receive a method, regardless of the presence or absence of menses (98% and 96%, respectively). The methods they started did differ, with new clients having their menses more likely to start

injectables (70%) and less likely to start oral contraceptive pills (13%) and male condoms (1%) as compared to their counterparts without menses (51% injectables, 24% oral contraceptive pills, 11% male condoms).

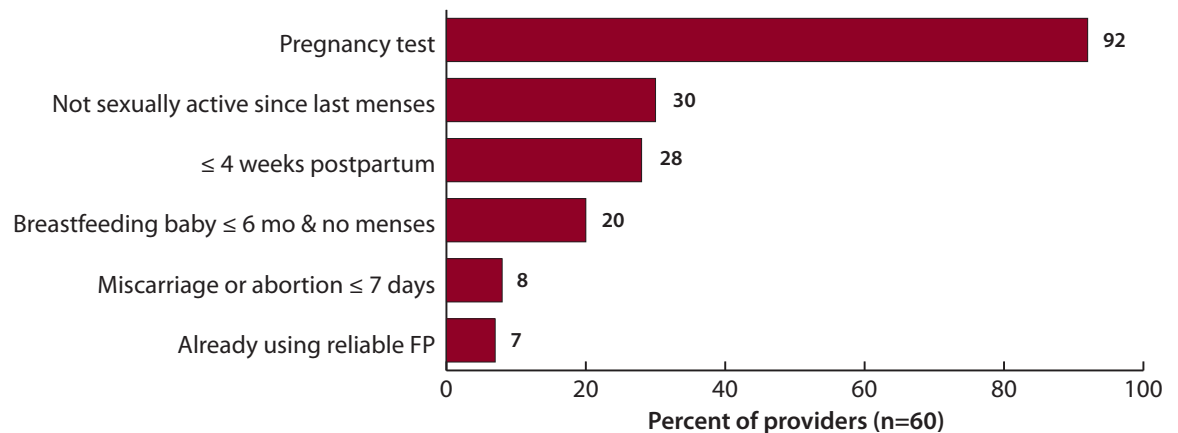
Discussing methods

New clients recalled providers primarily discussing injectables (87%), implants (79%), and oral contraceptive pills (77%); about half remembered discussions on IUCDs (54%). Few said the provider discussed other available methods with them. Providers very rarely counseled about permanent methods: 10% female sterilization and 4% male sterilization.

Starting a method

Nearly all potential new family planning clients (96%) started a method during their clinic visit. Most new clients who received a method started injectables (60%), followed by oral contraceptive pills (19%), and implants (13%); few received male condoms (6%) or an IUCD (3%). When women's fertility desires were compared to the methods they started, it was found that most women who wanted no more children or to delay their next child for three years or more were using short-term methods (87% and 83%, respectively). Implant and IUCD use was low for those who wanted no more children (13% and 1%) and women wanting to space for several years (14% and 3%), yet many could benefit from a longer-acting, more effective method.

"If a woman is not menstruating, under what conditions can pregnancy be ruled out?"



Knowledge and attitudes on injectables

Injectable contraceptives are the most commonly used method in Rwanda, and providers' knowledge and attitudes on injectables were examined. Nearly all providers (98%) accurately reported that injectables (Depo Provera) provide three months or 12 weeks of pregnancy protection. Only 7% of providers correctly stated that a client is still able to receive a reinjection at 14 weeks, or two weeks late. If a client does come late, providers said they would perform or recommend a urine pregnancy test (67%), tell the client to return when her menses start (38%), advise the client to avoid sex until her menses start (32%), and give her condoms to use (33%). When asked if they would recommend injectables to different types of women, providers showed limited willingness to recommend them to women who are 15-20 years old (52%), unmarried (25%), or have never been pregnant (22%).

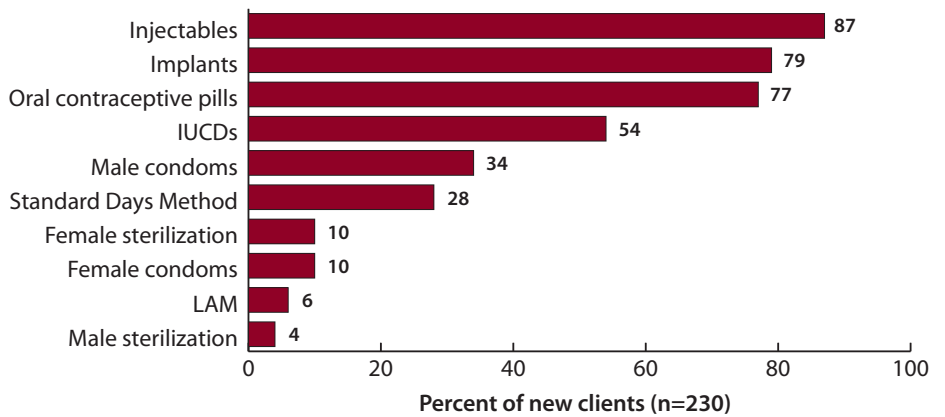
Counseling for method received

Among the new clients who received a method, most were counseled on how to use their method (72%), the length of pregnancy protection (87%), and when to return for resupply (93%). Other factors, including advantages, disadvantages, and what to do if problems arise, were less frequently discussed. Only 37% of clients who started a method received all of these essential counseling messages during their visit.

Side effects

Nearly half of clients who started a method were not told about any side effects during their facility visit (41%). Looking at discussions by method started, nearly half of injectable users and one third of oral contraceptive pill and implant users said they were not told about side effects. Of those new clients

"During today's visit, what family planning methods did the provider tell you about?"

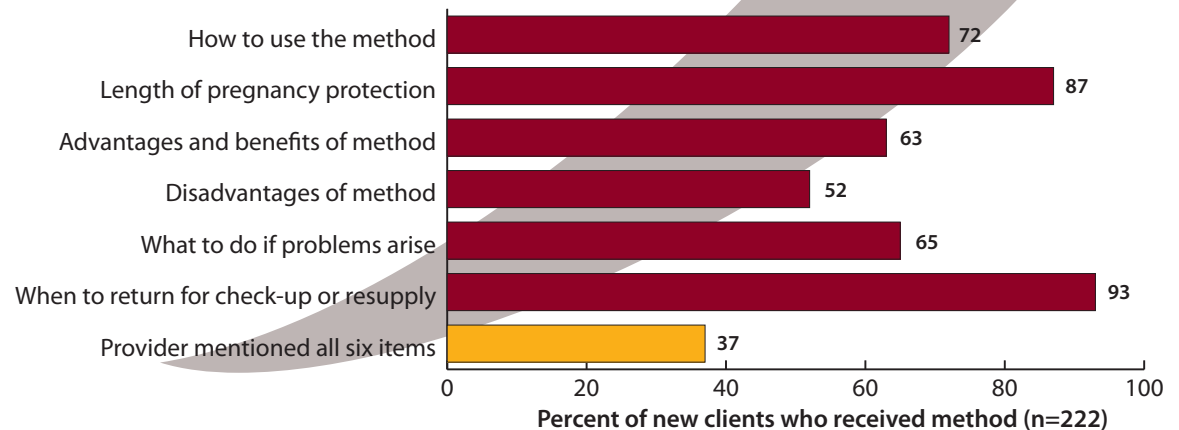


that did discuss side effects, 74% felt they understood the conversation very well. Among continuing family planning clients, half were experiencing a side effect, and 43% of these women did not talk about them with the providers, some because the provider would not let them ask questions or there was not enough time.

Provider-identified training needs

Approximately half of the providers interviewed said they needed full skills training to confidently provide IUCDs (57%) and implants (45%); an additional 32% requested refresher training for inserting and removing implants or IUCDs. A majority of providers requested full skills training on counseling clients on female sterilization (80%) and male sterilization (75%). Providers also indicated a need for training on LAM counseling (28% full skills, 47% refresher), postpartum family planning counseling

"What did the provider tell you about this method?"



(37% full skills, 42% refresher), and counseling clients on how to manage the potential side effects for their methods (48% full skills, 33% refresher).

Shortages of family planning methods

Providers were asked about possible shortages or stock-outs of family planning methods their facilities faced in the past six months, and 58% reported a shortage of at least one method. The most frequently reported shortages were for female condoms (28%), implants (23%), and IUCDs (20%). Shortages of injectables, the most commonly used method, were reported by 10% of providers.

Visit experience

All clients reported favorably about their overall experience at the family planning clinic. Most found the provider spoke in a friendly way (87%), listened well (90%), and responded to all questions (81%). Clients said the clinic space where they met with the provider was very private (84%), and they trust the provider will keep their information private as well (96%). The majority (97%) said they were very likely or likely to return to the same facility for future family planning services.

Summary

- Family planning providers are screening new clients for their fertility intentions before starting a method, but are not asking about other factors which could influence method choice.
- Providers report high use, but limited familiarity, with the pregnancy checklist, which is indicated under the Ministry of Health guidelines as the first means to rule out pregnancy.
- Providers are taking steps to rule out pregnancy, but relying on pregnancy

tests to do so, which is against Ministry of Health policy and could have added costs for clients of the national insurance scheme.

- Providers' focus on menses is not turning clients away without a contraceptive method, but may be influencing method choice and could increase the number of facility visits a client may have to make.
- Many clients could benefit from additional information and counseling on long-acting and permanent methods.
- Clients are receiving some key counseling messages, but overall the counseling on use of methods and side effects is inconsistent and insufficient.
- Some providers express confidence in their provision of long-acting methods, but the majority requested additional training in the provision and counseling on long-acting and permanent methods.
- Nearly all clients reported satisfaction and a positive clinic experience, and will continue to return to the facilities for their future family planning needs.

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