Expanding Contraceptive Use in Rwanda

Highlights and Related Implications for Postpartum Family Planning

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Presentation objectives

- Provide an overview of the study
- Highlight key findings, emphasizing those relevant to postpartum family planning programming
- Summarize implications of study findings
Background

- Study requested by the government to inform concrete actions for reaching 70% CPR target by 2012:
  - Clarify reasons for non-use of modern FP
  - Examine barriers to modern contraception
  - Explore psychosocial factors influencing modern contraceptive use
Study overview

- 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 partners
Eligibility criteria for women

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

Study was not designed to examine postpartum family planning, but provides useful insights
Patterns of use and non-use

- Modern Method: 50.4%
- Traditional Method: 7.7%
- Want to limit but not doing anything: 21.7%
- Want to space but not doing anything: 15.1%
- Undecided: 0.6%
- Want to become pregnant <12 months: 4.3%

Note: Results not comparable to other estimates from the DHS due to differences in sampling and eligibility criteria
## Characteristics of users and non-users

<table>
<thead>
<tr>
<th></th>
<th>Total (n=614)</th>
<th>Non-users (n=301)</th>
<th>Users (n=313)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>193 (30.8)</td>
<td>77 (24.8)</td>
<td>116 (36.7)</td>
<td>0.007</td>
</tr>
<tr>
<td>Rural</td>
<td>421 (69.2)</td>
<td>224 (75.2)</td>
<td>197 (63.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>No schooling</td>
<td>155 (25.2)</td>
<td>106 (35.9)</td>
<td>49 (14.8)</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>347 (59.3)</td>
<td>157 (53.5)</td>
<td>190 (65.0)</td>
<td></td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>112 (15.5)</td>
<td>38 (10.6)</td>
<td>74 (20.2)</td>
<td></td>
</tr>
<tr>
<td><strong>Had a child in the past 6 months</strong></td>
<td></td>
<td></td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Yes</td>
<td>96 (16.5)</td>
<td>65 (23.0)</td>
<td>31 (10.0)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>518 (83.5)</td>
<td>236 (77.0)</td>
<td>282 (90.0)</td>
<td></td>
</tr>
<tr>
<td><strong>mean s.e.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>32.2 (0.43)</td>
<td>33.5 (0.72)</td>
<td>30.9 (0.38)</td>
<td>0.003</td>
</tr>
<tr>
<td>Number of children</td>
<td>3.3 (0.11)</td>
<td>3.4 (0.15)</td>
<td>3.2 (0.11)</td>
<td>0.236</td>
</tr>
</tbody>
</table>

Weighted percentages and means are reported.
## 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>58.4</td>
<td></td>
</tr>
<tr>
<td>Fear of side effects</td>
<td>15.3</td>
<td>0</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>14.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Infrequent sex/no longer with partner</td>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td>Partner’s opposition</td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>Inconvenient to use</td>
<td>2.1</td>
<td>7.5</td>
</tr>
<tr>
<td>Not compatible with religion</td>
<td>1.6</td>
<td>5.4</td>
</tr>
<tr>
<td>Desired pregnancy</td>
<td>0.7</td>
<td>11.5</td>
</tr>
<tr>
<td>Infecund/subfecund/menopausal</td>
<td>0.7</td>
<td>42.8</td>
</tr>
<tr>
<td>Unsure/No particular reason</td>
<td>1.9</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
Factors affecting non-use (Logistic regression, n=608)

- **Factors that significantly increased the likelihood of use**
  - 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 the past month (OR=10.0; p<0.01)
  - Having a partner who supports FP (OR=8.33; p<0.01)
  - Attending a FP talk by a community health worker (OR=2.13, p<0.01)

- **Factors that significantly increased the likelihood of non-use**
  - Being older (OR=1.10, p<0.01)
  - **Being less than 6 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)
  - Acknowledging a set of barriers to contraceptive use (OR=3.44, p<0.01)
Misperceptions about return of postpartum fertility (Qualitative data)

- 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
(Qualitative data)

- 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)
Implications and limitations

• Women need more information about postpartum return to fertility
• Providers may benefit from instructions on postpartum women’s FP needs and eligibility for contraception
• Use of alternative screening methods, such as the pregnancy checklist, should be encouraged
• Limitations
  – Findings may not adequately represent the entire country
  – Study not designed around PPFP
  – Study adopted a demand-side perspective and does not permit the assessment of all service delivery aspects