

Family Planning Providers and Contraceptive Users in Rwanda Don't Consider Discontinuation an Option

Abstract:

Family planning (FP) programs cannot succeed without considering discontinuation. In some contexts, over half of users cease use within one year. Side effects (SE) are common causes of cessation. In this 2018 study, eight focus groups with providers and 32 interviews with FP users were conducted in Rwanda's Musanze and Nyamasheke districts. Data was analyzed via thematic content analysis. IRB approval was obtained and informed consent forms were signed by participants. Respondents either persisted through SE or switched methods when SE were too severe. Even those identified as discontinuers were actually still using methods to avoid pregnancy. Discontinuation was only seen as viable when pregnancy was desired, or when proper method use proved impossible. Providers instruct those who complain of SE to persevere or consider another method. Rwanda's impressive success and low discontinuation rates may be rooted in providers and users refusing to acknowledge discontinuation as an option.

Background/Objectives

In 2006, the African Union adopted the Maputo Plan of Action (MPoA), a program that calls for the expansion of contraceptive use through sub-Saharan Africa. Rwanda's use of family planning has proven to align with the MPoA; more than doubling over a ten year period from 17.4% in 2005 to 53.2% in 2015 and continuing to grow. This unique success warrants review, particularly regarding support of sustained use, so that techniques may be considered globally. Despite this remarkable increase in use, the vast majority of contraceptive users experience side effects in some capacity, which have the potential to lead users to discontinue. In some contexts, over half of users cease use within only one year; this is a widespread and troubling quandary. This is detrimental not only for discontinuers, who may face unwanted pregnancies or other undesirable consequences of discontinuation, but also for governments at large, whose overall stability and potential for development relies heavily on stable population growth.

Methods

Qualitative studies were conducted in February and July 2018 in the Musanze and Nyamasheke districts because they represent the areas of the country with the highest and lowest rates of modern contraceptive prevalence rates, respectively.

In February 2018, four focus groups were conducted with community health workers (two in Musanze and two in Nyamasheke) and four focus groups were conducted with family planning nurses (two in each district as well). A total of 84 respondents spent between 1.5 and 2.5 hours with a moderator and a note-taker, who led the focus group discussions in Kinyarwanda and collected recordings. The topic guide included a story vignette- regarding unwanted pregnancies for married and unmarried women and adolescents in rural regions of Rwanda, a sorting and listing exercise, as well as questions about typical clients and interactions with clients.

In July 2018, 32 interviews were conducted in Musanze and Nyamasheke; 16 in each district. Each interview lasted around 60 minutes, and was conducted and recorded in Kinyarwanda. The topic guide included questions pertaining to personal and social experiences with family planning. Audio recordings and written notes were transcribed into English. Data analysis was guided by the thematic content analysis approach and executed using Atlas.ti 8 software and group level matrices. Institutional Review Board approval was obtained at Western Washington University in Bellingham, Washington and with the Rwandan Ministry of Education prior to collection, and respondents signed informed consent forms prior to participation in the study.

Results

The topic of contraceptive method discontinuation among family planning users arose during focus group discussions only in specific scenarios. Discontinuation was presented as an option that a woman might make on her own due to a desire for pregnancy, or as a result of the inability to properly use the method, which would inevitably lead to the increased experience of side effects. Switching contraceptive methods was an even more common theme in the focus group discussions than discontinuation. All instances of a desire to discontinue contraceptive use, other than to get pregnant, were responded to with the option to either continue with the same method

or to switch to another method. The complete absence of providers discussing discontinuation due to difficulties with side effects was noticeable.

When she reaches the clinic, she will engage in a conversation with a provider and say the challenges that she faces while using the contraceptive pill and the provider will help her find another method that will match well to her health condition.

Due to the side effects she has with the method it will be difficult for nurses to convince her to continue with that method. That's why I said she will leave with another method.

Interviews with family planning users revealed a common theme: persistence. Respondents expressed a desire to continue using family planning despite facing side effects related to their contraceptive use. They often noted that the side effects were better than the consequences of the alternative of not using family planning at all. When side effects were too severe, study participants were often referred to the health centers to switch to another method.

So I think that family planning was helpful because if I hadn't used family planning, I might have like 10 children. And even though I had those side effects when I started using family planning, if I had given up using family planning in the first place I would have more children so I continued to use it even though I knew that I was passing through a hard time with the side effects until we had the children we wanted to have.

I think if it was not for family planning, we would have many problems in our lives. Our family would have had many children and some of them would have had to become thieves and we would have been a burden to society.

Results show that even those who identified as discontinuers were actually still using methods such as abstinence, the calendar counting, the pull-out method, and condoms.

I: So you told me that you stopped using family planning now, what is helping you to not get pregnant?

R: There is nothing that I do now. I'm just abstinent and I know that being abstinent is difficult but I know that it is my duty and I have to do it.

Discussion

Family planning providers presented very narrow options for the discontinuation of contraceptives – just two scenarios were presented. One was a desire for pregnancy. The other was a woman improperly using the method, experiencing failure or unmanageable side effects as a result, and making the decision to discontinue use without the advice of a provider. Family planning users coming to providers complaining of side effects were met with providers supportively offering only two options – to either stay with the current method, or to switch to a different method.

It is possible that part of the reason for such impressive success in enhancing contraceptive use in Rwanda has been the approach of family planning providers to current users desiring to

discontinue contraceptive method use. Through their supportive response to those who are unsatisfied, along with their unwillingness to acknowledge discontinuation as an option, family planning users might feel more supported and understand better that side effects likely reduce with duration of use, and are willing to try continued use, or switching to another method, as opposed to the other option of discontinuation. This could be the reason for the low discontinuation rates in Rwanda, at just 28% of users at one year of use (Rwanda DHS 2015). Other nations with less successful family planning programs as compared to Rwanda might learn from this example of how family planning providers respond to clients complaining of side effects – with discontinuation not considered an option until all other options have been exhausted.

Keywords

contraception, discontinuation, side effects, switching, Rwanda