# Examining the Comprehensive Integration of Family Planning Services into General Health Care in Rwanda


## Abstract

Family planning (FP) is vital to achieving sustainable communities, and the lack of successful FP programs in sub-Saharan Africa has resulted in high fertility rates that pose health risks and impede economic growth. In contrast, Rwanda's fertility rate is low and its contraceptive usage rate has tripled since 2005. It is unknown if and how integration of family planning services into other health services has contributed to this success. Qualitative data were collected from focus group discussions with FP providers and interviews with FP users in 2018 in Rwanda. Results indicate a sequence of FP health service integration: women were informed about contraceptive methods during pregnancy and initiated method use during child vaccinations. FP discussions were also incorporated into children's weight checks with community health workers. The comprehensive integration of family planning across services may explain much of the extraordinary increase in Rwanda's contraceptive usage, and has applications in increasing FP use throughout sub-Saharan Africa.


## Background

Sub-Saharan Africa has traditionally featured high fertility rates that bring financial insecurity to families and contribute to overpopulation in many countries. Consequently, family planning (FP) programs have been implemented throughout sub-Saharan Africa over the last several decades, yet many of them have been unsuccessful in significantly increasing the contraceptive prevalence rate; the average rate of unmet need for contraceptives in sub-Saharan Africa is 10.1% (DHS, 2015).

In contrast, Rwanda's FP program has been largely successful in the last decade, as the nation's contraceptive usage rate has tripled, and the rate of unmet need is only 5.6%. Rwanda's expansion of its FP program was part of Vision 2020, a government plan for development geared toward achieving the United Nation's Sustainable Development Goals (SDGs) of Sustainable Cities and Communities and No Poverty that also includes an outline for economic progress. Due to strong government support and widespread community involvement, many of the initial goals of Vision 2020 have been accomplished early, and while Rwanda's contraceptive prevalence rate doubled, the poverty level dropped from 45% in 2010 to 39% in 2014 (DHS, 2015). Rwanda's success is even more impressive when considering over 80% of the population is rural.

Reaching rural populations anywhere with health care is a challenge, this is magnified in sub-Saharan Africa with typically weak infrastructure. Thus, integration of health services has been helpful in reaching people with all of their health services at one time to minimize the difficulties of travelling to a distant health center regularly. Integration of family planning into other services has been a main focus with HIV care. In Kenya, integration of HIV and contraceptive services increased the contraceptive usage rate from 32% to 44% (Grossman et al., 2013). In general, efforts to integrate family planning services with HIV services have demonstrated increases in knowledge and use of modern methods of family planning (Haberlen et al., 2017). There have been efforts to integrate family planning into other health care services, including routine vaccinations for children. A study in Togo found that via minimal effort to integrate services, positive impacts resulted in increased FP use while there were no negative impacts on vaccination services (Huntington & Aplogan, 1994). A review of family planning integration into any health services had mixed findings, but integration in the studies located in SSA all had positive results in terms of family planning use (Sebert Kuhlmann, Gavin, &

Galavotti, 2010) In Rwanda, health providers in all areas of care are trained on FP, including on FP counseling. Community Health Workers (CHWs) also play a large part in integrating family planning discussions into home visits and health check-ins with community members.

Rwanda's successful family planning program is especially remarkable given the relative stagnation of equivalent programs throughout sub-Saharan Africa and the majority rural population. The factors that contributed to Rwanda's success are unknown. Therefore, we aimed to investigate Rwanda's family planning program in order to better understand the mechanisms of Rwanda's success in hopes of application to nearby FP programs.

**Methods**

Data for this research was collected in Rwanda in two phases in 2018. In the first phase, data were collected from 8 focus group discussions with family planning providers in Rwanda's Musanze and Nyamasheke districts. The second phase of data collection included 32 in-depth interviews with female family planning users 18 years and older in the same districts. These two districts were selected for data collection as they correspond to the highest and lowest rates of contraceptive usage in Rwanda, respectively. Study participants signed informed consent forms prior to participation.

Focus-group discussions and in-depth interviews were designed to elucidate how information about family planning is disseminated and provide insight to the process by which women access, begin using, and continue to use contraceptives. Data were collected in Kinyarwanda. Audio recordings were then translated into English and transcribed.

Data analysis was coded by theme using Atlas.ti 8 software and guided by content analysis. Group-level matrices containing quotations from different study participants were further analyzed using Microsoft Excel.

**Results**

Family planning (FP) providers expressed the many ways in which they disseminate information about contraceptives. FP discussions are often held during visits to health centers or visits with Community Health Workers (CHWs) initiated for FP or other purposes.

The ways that FP providers and CHWs work together to spread FP information exemplify the ubiquity of FP. Since CHWs are themselves community members, they are able to reach the entire community – current users, discontinuers, and never users. CHWs try to inform women desiring to use contraceptives about the process prior to visits to the health center so that when women arrive for pregnancy checks or to give birth, they are already informed, have already spoken to their husbands about using FP, and are prepared to initiate method use. Even after birth, CHWs make sure to continue discussions and check-in on women who have not yet begun using contraceptives. This helps ensure that FP needs do not go unmet.

*After they give her the information she needs, the CHW will send her to the doctor and the doctor before sending her into labor will find a method for her to use because she asked for it. He will find a method before sending her home, because she can get pregnant in those six months after birth. The doctor will make another appointment. (Musanze)*

*Here in our country, when someone is pregnant at a certain time, in her 15th week of pregnancy, she has to go to the hospital to check if her baby is growing so at that time they get enough information and also a lot of lessons on family planning. (Nyamasheke)*

*After giving birth, the CHW will continue to take care of her and further explain why using contraception is important…(Nyamasheke)*

Users often shared that FP information was integrated into routine health check-ups and other health services at the health center. This was noted by users in Nyamasheke more often than users in Musanze.

*At health centers when a women is going to seek other services, they remind her that the family program is there… (Musanze)*

*…I was going to the health center getting some tests for my first child when the nurses reminded us that the family planning program was also there... (Nyamasheke)*

When specifying how information was given, many users discussed receiving encouragement to start using contraceptives while visiting the health center for children's vaccinations.

*I: So, when you came for vaccination for your children what specific message did they give you that you still remember?*

*R: I believe that at that time that I came to get vaccination for my children I learned that contraception was a good thing and it helps a family in general in Rwanda, and that's what caused me to start using contraceptives. (Nyamasheke)*

*…when you first vaccinate the baby in the first two months the doctor advises you to use contraceptives, and I would say to listen to the doctor's advice because they would tell you about all the contraceptives you can use. (Nyamasheke)*

Discussions of family planning are also brought up by CHWs, especially at children's weight checks.

*…it's to say that my friends and my other colleagues in community health work we discuss it during the daily work when we are checking the weight of the children. (Musanze)*

Family planning providers also noted how information about other health services are integrated into family planning services.

*… as a woman going to use family planning the nurses continue to explain to her about family planning, how her life can go while using family planning, and as she continues going to talk with nurses she will get more knowledge about using family planning. Not only the service of family planning, the nurses will tell her about other services used in the health center. (Musanze)*

*When she visits the clinic she will receive compressive care. This not only means family planning services, but she may also receive vaccinations and STD testing (i.e. HIV/AIDS). She will be inclined to share her experiences with her peers/ neighbors. (Musanze)*

Users also reported having first received information about family planning during visits to the health center for pregnancy tests or check-ups during pregnancy. A sequence of family planning integration was often noted: women were informed about family planning methods during pregnancy and started using a method at health center visits for child vaccinations. Spacing was commonly cited as a reason to use family planning at various health check-ups.

> *I: I didn't ask you before, but you can tell me where you got your information about family planning at your first time using family planning?*
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> *R: Me, I first understood about family planning when I was going to get a pregnancy test when I was pregnant my first time. After getting those tests, they teach us about how a woman can use family planning programs in order to help children so they aren't close in age and to have a healthy life and to raise children well. They try to tell us about all methods and at that time when I go back home I discussed it with my husband. After agreeing with my husband is when we decided to use family planning after having our first kid. After giving birth, like one month, I go to the kid's vaccination and they give me that method of family planning. (Nyamasheke)*
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> *…even when you are pregnant the doctor talks about that family planning so that it will help that woman to not have children close in age. And how the family will live if at that time the woman does not use family planning. After those teachings, a woman decides to use family planning and decides how she plans to have children, the intervals. (Musanze)*
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> *I first learned about family planning from nurses when I was going to get tests at the hospital during my first pregnancy. And then, I also learned about it when I had my first birth because here, when a woman gives birth, the community health workers visit her and give advice on how to use family planning. (Musanze)*

Users reacted positively to the integration of family planning information into other health services, and advised family planning providers to continue or expand integration.

> *I: What advice might you have for family planning services providers in Rwanda?*
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> *R: The advice I can give them is that they can try to reach house to house, explaining the family planning program. And also, when they come to our village to give us advice for nutrition or vaccination, they may even add information about family planning. (Nyamasheke)*
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>> *I: What can you tell those community health workers as you collaborate well with them so they can continue to improve and develop the family planning program in Rwanda?*
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>> *R: They can profit the time that women come to take vaccines for their kid, and also at any time they come to the health center they can tell them about family planning so that they can know the benefits of using family planning and decide to use it. (Nyamasheke)*

**Discussion**

Family planning is comprehensively integrated into all health services in Rwanda, and particularly strong during antenatal and postnatal service delivery, likely due to the target population for FP messages aligning so well. FP providers often begin speaking to women about

the potential for birth spacing via contraceptives during initial pregnancy tests and pregnancy visits. These conversations are carried on throughout pregnancy, and often acted upon at children's vaccinations. This opportunity to implement a FP method at child vaccinations is helpful in optimizing transportation time and cost, for travel to health centers, and exemplifies a good "one-stop-shop" integration experience.

The "one-stop-shop" model for integration as described by Haberlen et al. (2017), where many different health care services can be administered at the same time and space, has been shown to increase cost efficacy in Kenya, and was generally linked to higher levels of modern method contraceptive use and knowledge among women with HIV. Advanced training for health care providers in the "one-stop-shop" model was found to be a crucial factor to success. Additionally, Rwanda features infrastructure to execute this model on several fronts: FP providers at health centers are trained in a variety of services, but CHWs also exist to support and sustain FP integration. Thus, Rwanda's success may also be attributable in part to the organized division of labor between FP providers.

CHWs are nominated and trained in every village to check-in on villagers' health; a system that has been integral to initiating discussions about FP and sustaining the topic after visits to health centers. CHWs hold meetings every month to discuss health issues, including FP, and make frequent home visits to check on pregnant women or women with newborns—a great time for discussion about birth spacing and potential contraceptive methods. Between discussions about FP with nurses at health centers to casual conversations with CHWs and neighbors at community village meetings, FP information is truly disseminated in contexts that will reach almost all women. Moreover, mentions of FP by providers at very many different health care services allows for conversations to happen in both medical and layperson terms with less risk of misinformation, because health care providers at all levels are trained on this topic and true information is likely to be conveyed most consistently.

The combination of integration of family planning across service delivery and well-organized execution of resource distribution and FP provider dissemination in Rwanda is a promising strategy for FP programs throughout sub-Saharan Africa.

**References**

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