

# Exploration of the characteristics of clients seeking voluntary vasectomy in Rwanda

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## Background

- Global demand for limiting fertility now exceeds demand for spacing except in western and central Africa.
- The 2014-15 Rwanda DHS reported that 8% of married women have an unmet need for limiting methods of FP.
- In Rwanda, voluntary uptake is 0.2% for vasectomy and 1.2% for tubal ligation.
- No-scalpel vasectomy (NSV) is a highly effective permanent method of contraception.
- FHI360 supported the scale-up of NSV in Rwanda from 2010-2012, which led to substantial voluntary uptake into 2013. However, due to attrition of trained providers, uptake had declined by late 2014.
- MCSP began preparations for improving access to permanent methods in 10 districts of Rwanda in October 2015, including procurement of NSV kits, development of training materials, and identification of potential trainers.
- In early 2016, MCSP began training doctors and nurses on:
  - comprehensive counseling that includes tubal ligation and NSV;
  - performing tubal ligations and NSV; and
  - conducting outreach and sensitization.
- This analysis aims to measure and document the role of outreach to increase voluntary uptake of permanent methods and help address unmet need for FP.

## Analysis Question

The goal of this analysis was to assess whether the package of interventions to improve the availability of NSV in 10 districts in Rwanda led to changes in voluntary uptake of permanent methods among clients at intervention facilities over time.

## Methodology

- Data were collected retrospectively on the number of NSVs performed during the two years pre-intervention (October 2013 to September 2015) and two years of intervention (October 2015 to September 2017) in 10 MCSP districts.
- Data on voluntary NSV was obtained from 12 district hospitals and 54 HCs, including client characteristics available in client records.
- Descriptive data analysis is shown here.

## Key Findings

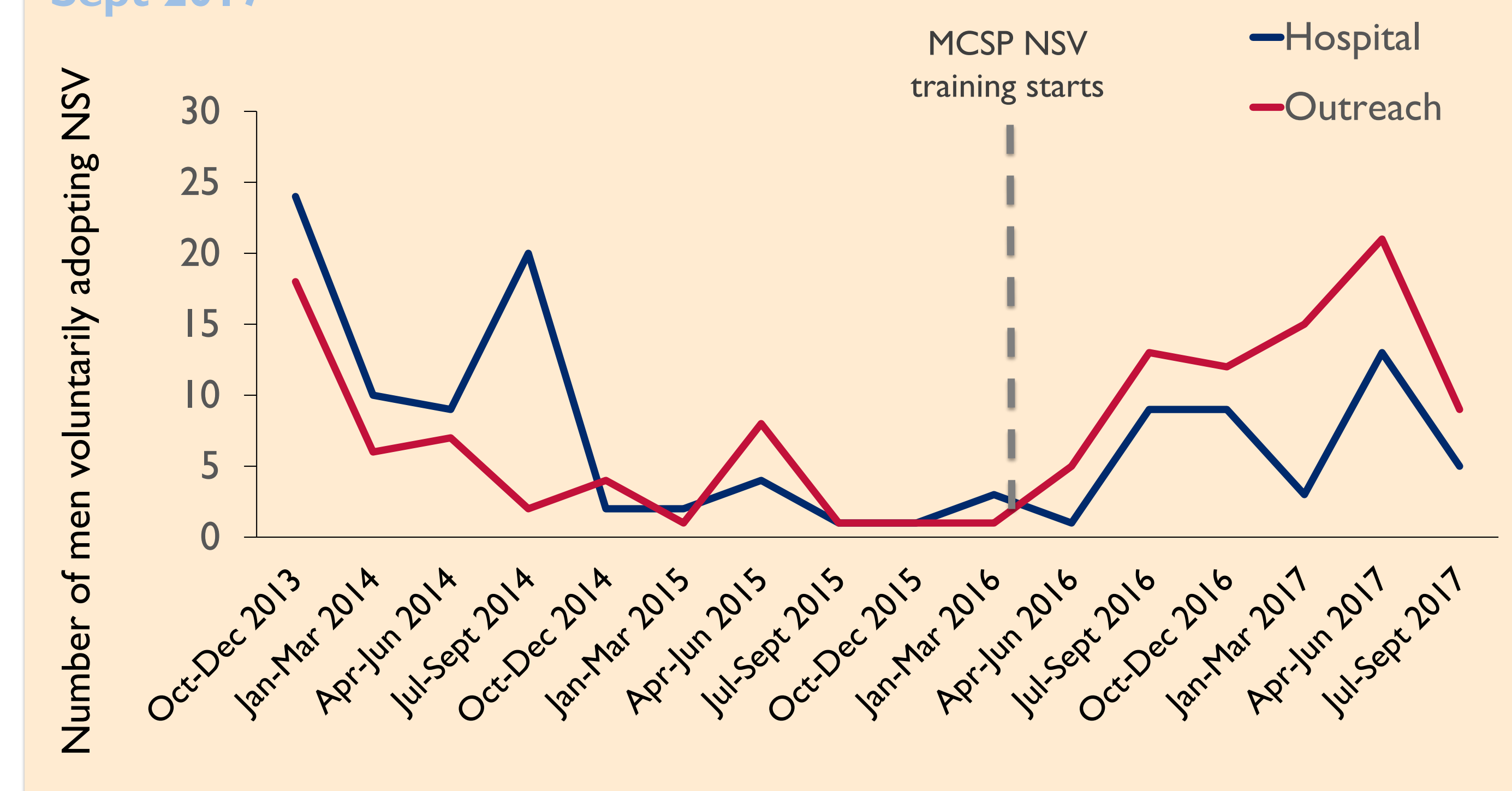
- The median age of NSV adopters was 40 during both periods.
- Most men voluntarily adopting NSV had  $\geq 3$  children, while 0.9% males who adopted NSV had 1-2 children.
- As seen in Figure 1, voluntary uptake of NSV was relatively strong in late 2013, then decreased to a low point between Oct 2014 and Mar 2016. Subsequent to MCSP's intervention in April 2016, uptake increased again.
- The contribution of NSV voluntarily provided through outreach began to outpace provision at hospital level.

## Key Findings (cont.)

Table 1: Characteristics of voluntary NSV adopters

	Pre-intervention		Post-intervention		Total
	n=119	%	n=121	%	
<b>Age</b>					
< 30	3	3%	4	3%	4
30-34	24	20%	19	15%	18
35-39	32	27%	37	31%	37
40-44	26	22%	24	21%	25
45-49	13	11%	19	17%	21
$\geq 50$	21	18%	18	13%	16
<b>Parity</b>					
1-2	0	0.0%	1	0.9%	1
3-4	32	37.2%	42	38.5%	74
5-6	35	40.7%	42	38.5%	77
$\geq 7$	19	22.1%	24	22.0%	43
<b>Marital Status</b>					
Single	2	1.7%	2	1.7%	4
Married	116	97.5%	119	98.3%	235
Divorced	0	0.0%	0	0.0%	0
Widowed	1	0.8%	0	0.0%	1
<b>Level of Education</b>					
None	0	21.0%	13	10.7%	1
Primary School	15	66.4%	68	56.2%	54
Secondary School	79	12.6%	39	32.2%	147
Higher Education	25	0.0%	1	0.8%	38
<b>Number of children planned before uptake</b>					
1-3 children	36	30.3%	45	37.2%	81
4-5 children	59	49.6%	50	41.3%	109
$\geq 6$ children	18	15.1%	16	13.2%	34
No plan	6	5.0%	10	8.3%	16

Figure 1: Voluntary NSV provided from Oct 2013 – Sept 2017



## Knowledge Contribution

- Outreach successfully increased availability and voluntary use of NSV.
- Engaging community health workers and health center staff in comprehensive counseling on all FP methods, including permanent ones, along with community sensitization efforts can generate interest in and seeking of NSV.
- Demand for permanent methods exists, thus continuing routine integration of permanent methods in hospital outreach activities should continue.