Tracking Post-Discontinuation Contraceptive Use Pathways in Rwanda. Second Analysis of 2014–15 Demographic and Health Survey

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Addressing discontinuation as a means of increasing voluntary FP use and reducing unintended pregnancies

• According to national surveys, modern contraceptive prevalence rates (mCPR) in Rwanda has plateaued: rapid increase from 2005 to 2010 followed by modest increase from 2010 to 2015.
• Scholar Anrudh K. Jain (2014) has suggested that family planning (FP) stagnation can be viewed as a leaky bucket in which one of the leaks is discontinuation.
• This research uses the reproductive calendar from the 2014-2015 Rwanda Demographic and Health Survey (DHS) to analyse what happens to women in the 12 months after they discontinue FP:
  • do they get pregnant?
  • do they resume use?
  • if they resume use, what methods?
  • Figure 1 shows levels of discontinuation by reason for discontinuation.

What happens immediately after women stop using a method?

• Another way to look at the issue: What are women doing immediately after they stop using FP? Are they pregnant, using a new method, or doing nothing?
• Figure 2 shows the immediate post-discontinuation status of women who stop using FP:
  • Almost 1/3 are unprotected in relation to a future unwanted or mistimed pregnancy. Discontinuers of implants and injectables pose a particular problem as many of them remain unprotected.

What happens in the longer run after women stop using a method?

• Figure 3 shows the evolution of reproductive status of discontinuers for all methods. At each month in the DHS reproductive calendar after a woman discontinues, we assessed what she was doing: Was she pregnant or postpartum? Was she using a method of FP? Or, was she neither pregnant nor using FP (i.e., unprotected)?
• After the first month, almost no women chose to reinitiate FP use. Switching to a new method occurred immediately or not at all.
• Over time, the percent of women who are unprotected falls, but only because they are becoming pregnant.
• Almost 60 percent eventually become pregnant (see upper right of Figure 3).

Policy and program implications

• Post-discontinuation follow up of clients who don’t want to become pregnant should be improved—after the first month, there is almost no use of a new FP method, thus resulting in pregnancies that would be considered unintended.
• Discontinuers of injectable and implants seem to be particularly frustrated—relatively few switch to new methods.
• Correct use of Standard Days Method is a particular problem, given high failure rate.

25-40% of Injectable, Pill, and Condom users discontinue (most often for method-related reasons). Almost 30% of Standard Days Method users discontinue (most often because of failure/ pregnancy). Fewer than 5% of Implant users discontinue.

Almost 50% of Injectable and Implant discontinuers do not want to get pregnant, yet are not using a new method. Almost 50% of Pill discontinuers find a new method. Standard Days Method discontinuers stand out for the high proportion of pregnancies (i.e., failures).

The percent of women who are pregnant or postpartum following discontinuation increases quickly initially and then slows/plateaus. The percent of women who take up a new method of family planning hardly budges from an initial level of about 25%.