

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?

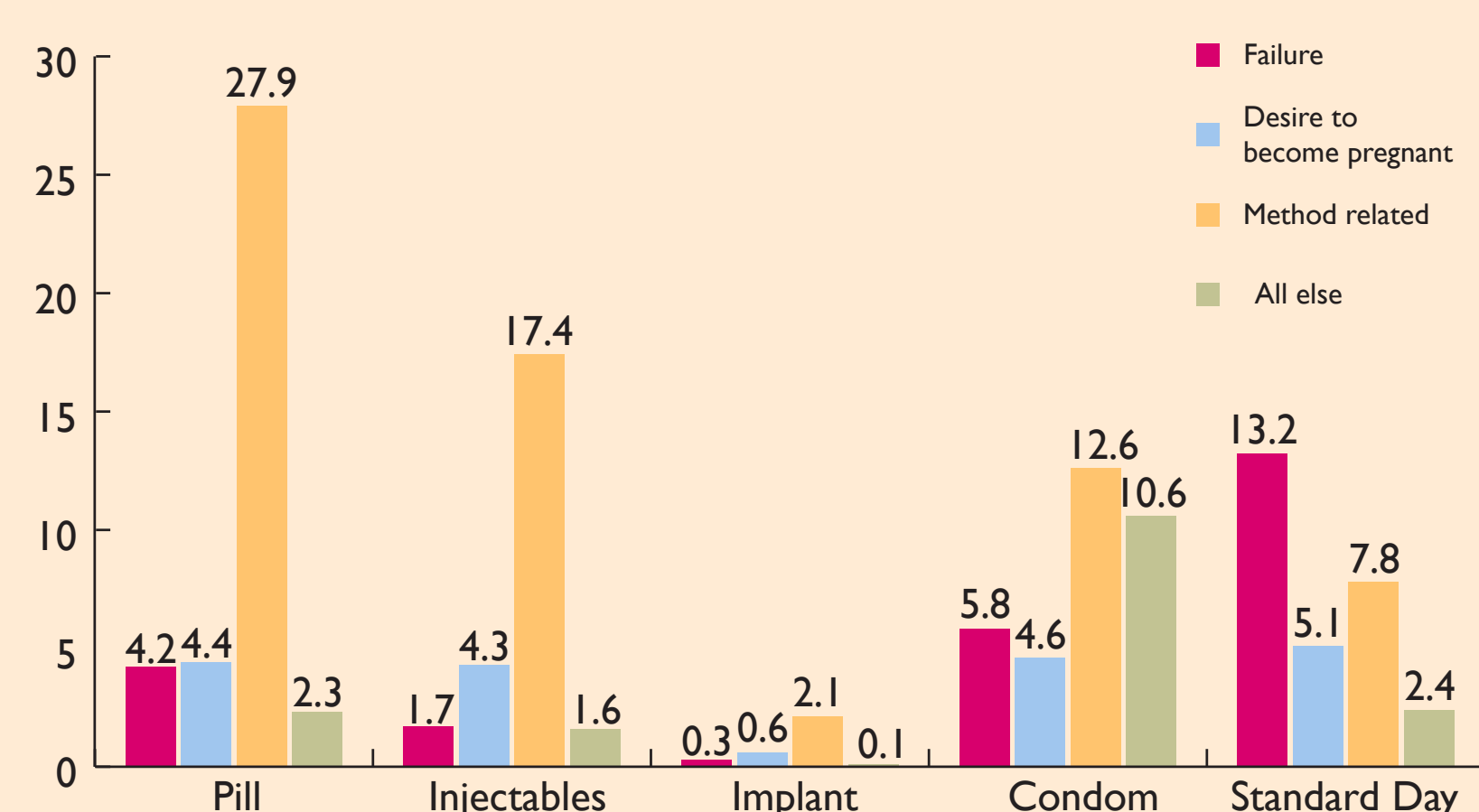
- Figure 3 shows the evolution of reproductive status of discontinuers for all methods. At each month in the DHS reproductive calendar after a woman discontinues, we assessed what she was doing: Was she pregnant or postpartum? Was she using a method of FP? Or, was she neither pregnant nor using FP (i.e., 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

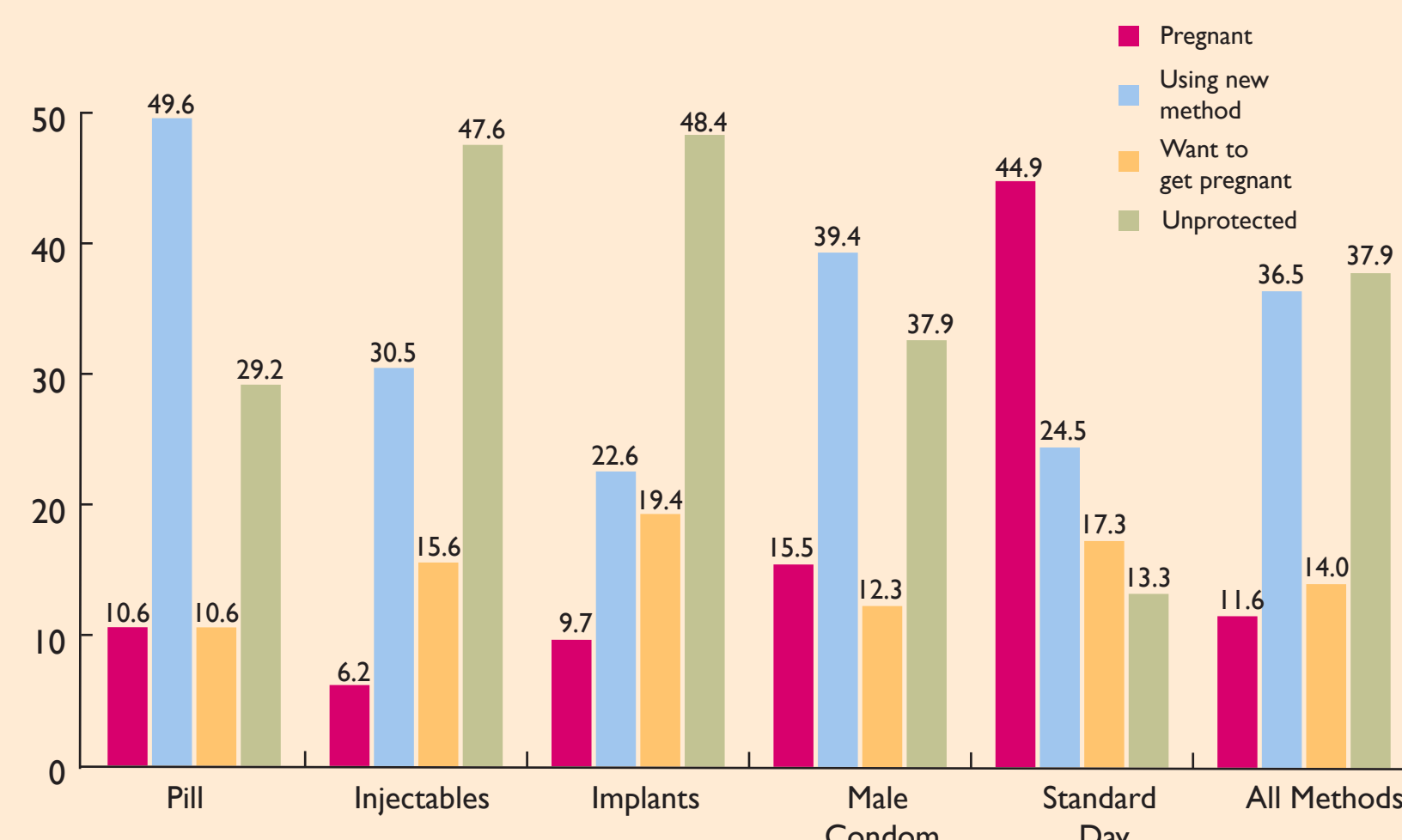
- Post-discontinuation follow up of clients who don't want to become pregnant should be improved—after the first month, there is almost no use of a new FP method, thus resulting in pregnancies that would be considered unintended.
- Discontinuers of injectable and implants seem to be particularly frustrated—relatively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

Figure 1: Contraceptive discontinuation (% discontinued within 12 months)



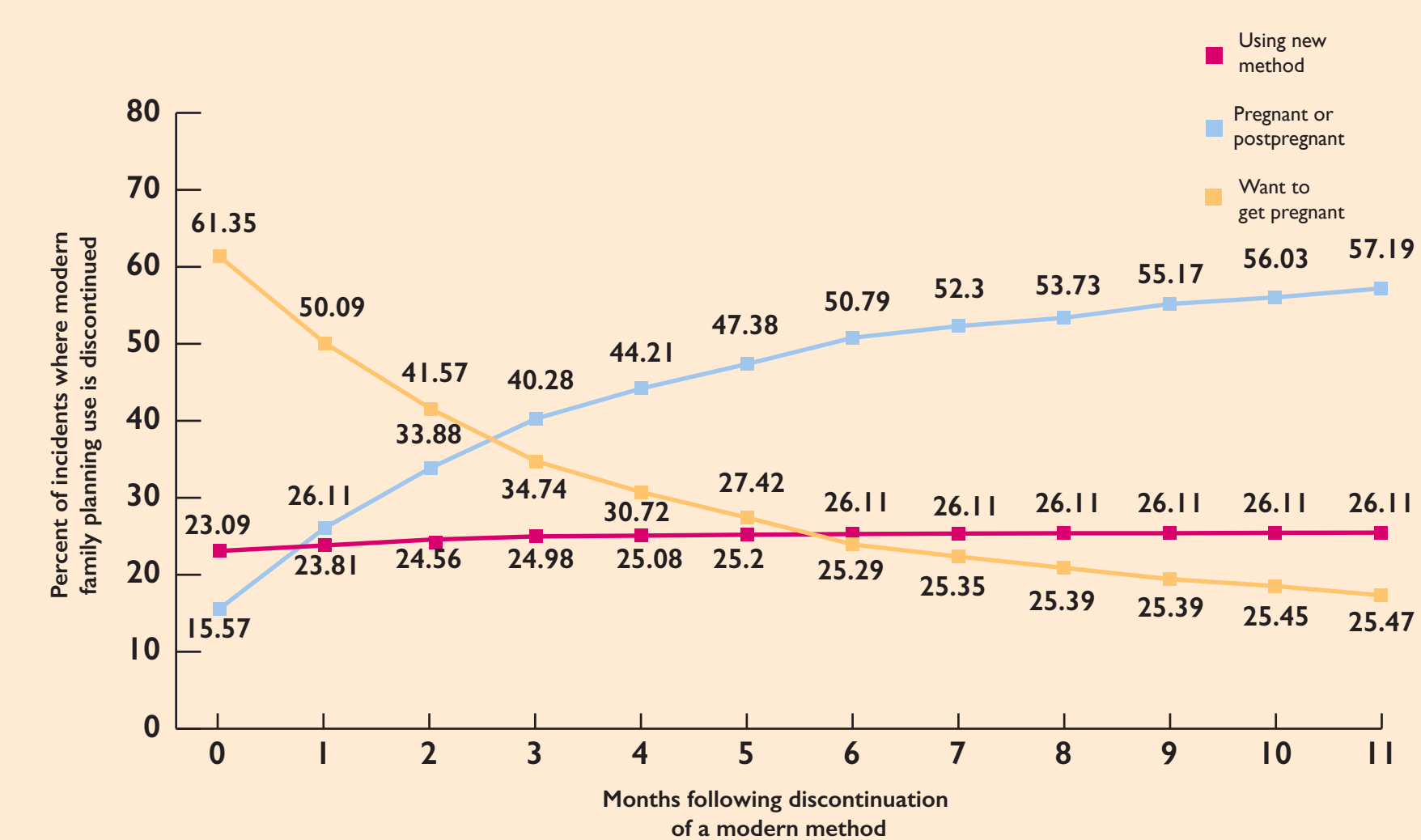
25-40% of Injectable, Pill, and Condom users discontinue (most often for method-related reasons). Almost 30% of Standard Days Method users discontinue (most often because of failure/pregnancy). Fewer than 5% of Implant users discontinue.

Figure 2: Immediate post-discontinuation status of women



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).

Figure 3: Evolution of reproductive status post-discontinuation



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%.