**FINAL REPORT**

**DISTRICT OPERATIONAL RESEARCH CHALLENGE FUND**

# BARRIERS AND MOTIVATORS ASSOCIATED TO IMMEDIATE POSTPARTUM FAMILY PLANNING UPTAKE IN NYABIHU DISTRICT, RWANDA.

Mrs. TWAMBAZIMANA Providence, Shyira District Hospital / MoH

**Musanze, November 2018**

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## Abbreviations

**MOH***: Ministry of Health*

**MSH**: Management Sciences of Health

**UR**: University OF Rwanda

**PF**: Family Planning

**PPFP**: Postpartum Family Planning

**DHS**: District health survey

**MSCP**: Maternal Child Survival Program

## Abstract

The major objective of the study was to examine the barriers and motivators associated to immediate postpartum family planning uptake in Nyabihu District, one of the seven districts of Western Province in Rwanda.

A sample of 350 respondents was included. The sampling frame was a list of early postpartum women who have attended at least one of the 16 health facilities of Nyabihu District from September to October 2018 for postnatal routine immunisation. Data were collected from structured questionnaires, entered in excel datasheet and then analyzed using STATA software.

The findings revealed that the mean age of respondents interviewed was 28.89 years old. The majority of respondents (61%) had attained formal primary education, while 25% had no formal education. More than half (57%) of study participants were using modern contraception methods. The majority of respondents (77%) have knowledge about the contraception method and among them, over half had got information from health facilities & health care providers. The most common contraception methods used were injectables, followed by oral Pills and implants. Female sterilization (tube ligation) was the least common method used. Factors that positively influence the immediate postpartum FP uptake include: education level, knowledge on FP methods, discussion with partner and / or joint decision on FP, easy access to FP services. Strong motivation to avoid unwanted pregnancy and control the number of births was also linked to effective use of contraception methods. The afraid of possible side effects was the most common barrier.

Based on these findings, it is recommended that greater efforts are still needed to provide early postpartum women and their partners with a range of method options, to facilitate their access to FP methods that best suit their needs and circumstances, and to uplift literacy levels of the couples in Nyabihu District.

## Introduction

Family planning (FP) is defined as the ability for individuals and couples to attain their desired number of children and plan the spacing and timing of their births through use of contraceptive methods (WHO, 2013). FP has been recognized worldwide as a key life-saving intervention for mothers and their children. Its benefits include improved health, economic, and social outcomes for women and families, as well as public health, economic, and environmental benefits at the population-level (Zhu, 2005 ; Mahande & Obure, 2016).

Postpartum Family Planning (PPFP) is the prevention of unintended and closely spaced pregnancies through the first 12 months following childbirt. Postpartum is an important entry point for family planning service provision. PPFP has an important role to play in strategies to reduce the unmet need for FP. Postpartum women are among those with the greatest unmet need for FP, addresses the needs of those who wish to have children in the future (referred to as 'spacers'), as well as those who have reached their desired family size and wish to avoid future pregnancies (referred to as 'limiters') (Mahande & Obure, 2016 ; Bakamjian, 2013).

According to an analysis of Demographic and Health Surveys data from 27 countries, 95% of women in postpartum period (0–12 months) want to avoid a pregnancy in the next 24 months. Unfortunately, more than 70 % of them are not using contraception methods. Previous studies have shown that closely spaced pregnancies within the first year postpartum are the riskiest for mother and baby, resulting in increased risks for adverse outcomes, such as preterm, low birth (Cheslack-Postava et al., 2011; Bakamjian, 2013; Owuor et al., 2018). On the other side, it was also shown that FP can reduce more than 30% of maternal deaths and 10% of child mortality if couples space pregnancies more than 2 years. If all couples waited 24 months to conceive again, under-five mortality would decrease by 13%. If couples waited 36 months, the decrease would be 25% (Owuor et al., 2018).

The drivers of family planning uptake are a set of multiple factors that may be complex and difficult to address in real world settings. These determinants can be grouped into predisposing,

enabling and reinforcing factors where a number of variables can be cocktailed in each stratum. These variables can range from individual to a set of variables embedded in health institution and community level structures (Wulifan et al., 2015; Elmusharaf et al., 2017). The low use of contraceptive has been linked mostly to lack of knowledge and practices of contraceptive methods (Soliman, 1999).

In low- and middle-income countries, about one-quarter of inter-birth intervals are less than 24 months. Statistics have shown that 222 million women had no access to modern contraception the first year of post-delivery in 2012 (Pfitzer et al., 2015). Previous studies have also revealed that availing women with modern contraceptive methods through immediate PPFP would help prevent an additional 54 million from unintended pregnancies in developing countries.

The government of Rwanda is committed to improve Family planning services as a major contributor in reducing maternal and neonatal death (Binagwaho et al., 2014). While on one hand different interventions on PPFP are being implemented to improve access to family planning services at all levels of care in order to achieve contraceptive prevalence rate (CPR) of 90% by 2018. Ten districts in Rwanda are conducting feasibility practices of immediate post partum family planning, including Nyabihu District, under the support of Maternal Child Survival Program (MCSP).

The package of the support included training of the facility staff on counseling and provision of all contraceptive methods available in Rwanda. On the other hand, the community mind set shows low understanding of PPFP as it has not been a practice for long time during which FP was provided out of child birth care services. A big challenge but also an opportunity is the national target with the current CPR of 48%. Spacing and limiting births still remain a national priority as it is shown in recent 2015 DHS report for unmet need in Family planning that is 19%, with a need for spacing of 51% and 8% for births limitation.

## Problem Statement

It has been reported that postpartum women are those with the greatest need for timing next pregnancy or limiting births. Postpartum period is a critical period for addressing widespread

unmet needs in family planning and for reducing the risks of closely spaced pregnancies (Abraha et al., 2017). In Rwanda, many efforts have been done to strengthen the Maternal Health Care and the use of Postpartum Family Planning uptake (Binagwaho et al., 2014; Schwandt et al., 2018). However, limited studies have been conducted to assess immediate postpartum family planning use and associated factors, particularly in rural areas like Nyabihu District.

## Main Objectives of the study

The overall objective of this study was to assess barriers and motivators to immediate postpartum family planning uptake in Nyabihu District, Northern Rwanda.

**Specific Objectives**

1. To determine the proportion of women receiving antenatal and postpartum counseling on family planning in Nyabihu District;
2. To assess contraceptive knowledge and practices towards family planning among early postpartum women from Nyabihu District;
3. To assess the different factors influencing the immediate family planning uptake among early postpartum women from Nyabihu District.

## Methodology

### Study design

This study has used a prospective cross-sectional design with quantitative approach.

### Study Population

Only breastfeeding women attending health facilities from Nyabihu District for postnatal immunization were included.

### Study area / site

All 16 health centers of Nyabihu District Hospital, were included in this study. Nyabihu is one of the seven districts of Western Province, and it is located in North-West of the country. It is administratively limited by Musanze District and Democratic Republic of Congo in North,

Ngororero and Rutsiro District in South, Gakenke district in East and Rubavu District in West. Nyabihu District has one Hospital (Shyira Hospital) with 16 health centers (Rwankeri, Kora, Kareba, Bigogwe, Arusha, Kabatwa, Mwiyanike, Rambura, Birembo, Rurembo, Gakamba, Jomba, Nyakiliba, Nyakigezi, Kintobo and Shyira) (Fig.1). This study has been conducted in all of those 16 health centers.

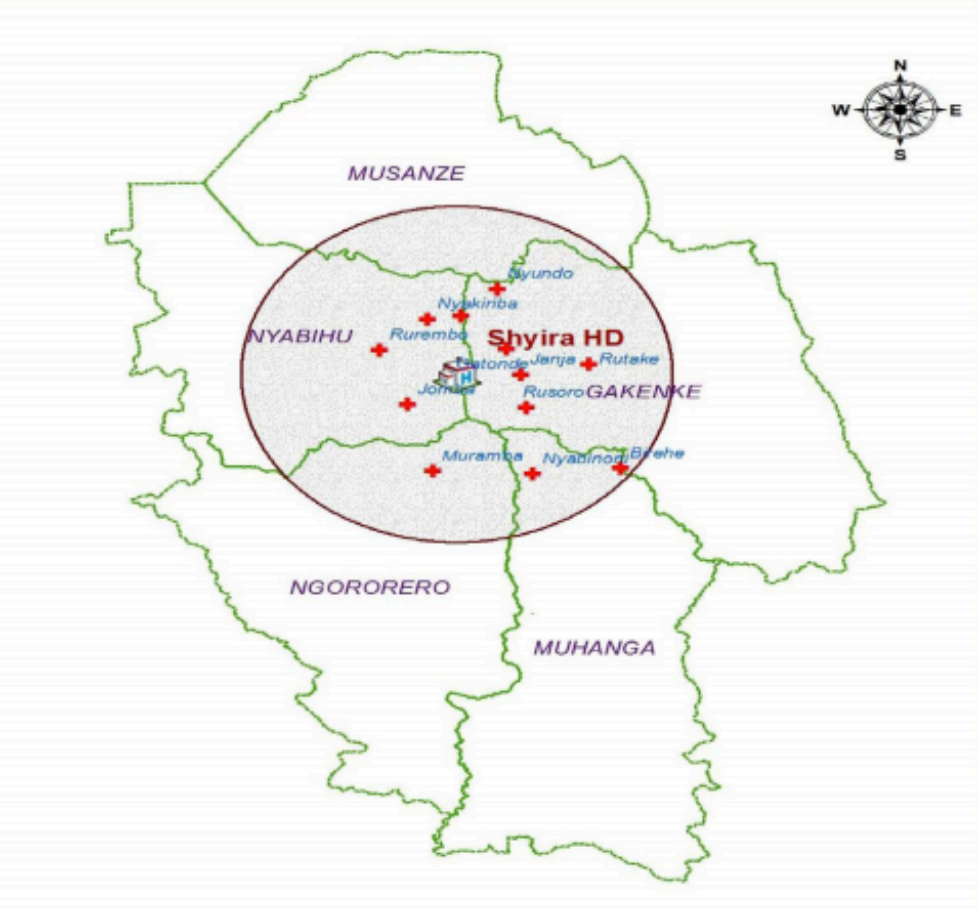



**Figure 1:** Situation of Shyira Hospital with main health centers

## Selection of participants / Recruitment (Inclusion & Exclusion criteria)

A total of 350 breastfeeding women were included. Only women who delivered in Nyabihu District and attended at least one of the 16 health facilities of Nyabihu District for postnatal routine immunization from September to October 2018 were involved. Women who delivered out of Nyabihu District were excluded.

### Collection and management of data

A structured questionnaire (See Appendix) was used to collect data on different factors influencing immediate postpartum FP. The questionnaire was orally administered using in-depth face-to-face interview by a trained health care professional. The dependent variables to be evaluated were: women who received ANC, postpartum counseling and use or not immediate PPFP; and the independent variables were: educational level, marital status, age, religion, profession, previous exposure to FP method, spousal approval, prior immediate knowledge on immediate PPFP, parity, number of living children and siblings. Data collected from questionnaires were entered in excel datasheet and analyzed using STATA software.

### Ethical considerations

Before contacting and interviewing the study participants, the study was approved by Rwanda National Ethics Committee (which protect the rights and welfare of human subjects). Informed consent was signed by each individual before participating in the study to ensure that the right and dignity of the human subjects was protected as per ethics requirement.

## Results

### 1. Socio-demographic characteristics of study participants

The mean age of study participants is 28.89, ranging from 19 to 45 year old. Ninety two percent were married, 5 percent were separated/Divorced and 3 percent cohabitant. Over half (61%) of the respondents had attained primary level of education, with 25% of respondents having not had any formal education. 12% attended the secondary school and only 1% has been at University. More than 73 % of the respondents were Christian (Catholics and protestants) while 25 % were Muslims; there were also 3% with traditional religion. Around 37% of respondents were self-employed, while 2 % are working for Government and 2 % for private sector. Over half (58%) of the respondents were engaged in other businesses. Almost the half of study participants was in the second economic category, 37% in the category III, and 14% in the first economic status. The respondents had between 0 and 10 living children. 76% have between 2-5 children, 15 % have only one child and 9% have between 5-10 living children (Table 1).

**Table 1**: Distribution of the study participants by sociodemographic variables (n=350)

| *Variable* | *Frequency* (%) |
|---|---|
| ***Marital status*** | |
| Married | 323 (*92.29*) |
| Cohabitant | 10 (*2.86*) |
| Separated/Divorced | 17 (*4.86*) |
| ***Educational level*** | |
| No school | 89 (*25.43)* |
| Primary | 214 *(61.14)* |
| Secondary | 43 (*12.29)* |
| University | 4 *(1.14)* |
| ***Age, Mean (SD), Range*** | 28.89 (5.46), 19-45 |
| ***Religion*** | |
| Islam | 86 (*24.57)* |
| Christian | 254 (*72.57)* |
| Traditional | 10 *(2.86)* |
| ***Siblings*** | |
| 1-2 | 21 *(6.00)* |
| 3-4 | 60 (*17.14)* |
| 5-6 | 116 (*33.14)* |
| 7 and above | 153 *(43.71)* |
| ***Economic status (ubudehe)*** | |
| I | 50 *(14.29)* |
| II | 172 *(49.14)* |
| III | 128 *(36.57)* |
| ***Profession*** | |
| Government | 8 *(2.28)* |
| Private Sector | 8 *(2.28)* |
| Self-employee | 130 *(37.14)* |
| Other (cult and none) | 204 *(58.28)* |
| ***Number of children*** | |
| 1 | 51 *(14.57)* |
| 2-5 | 267 *(76.29)* |
| 5-10 | 32 *(9.14)* |

## 2. Family Planning related characteristics among study participants

The figure below shows the knowledge about contraceptive method among study participants. The findings have shown that 77% of respondents have knowledge about the contraceptive methods used in Rwanda.

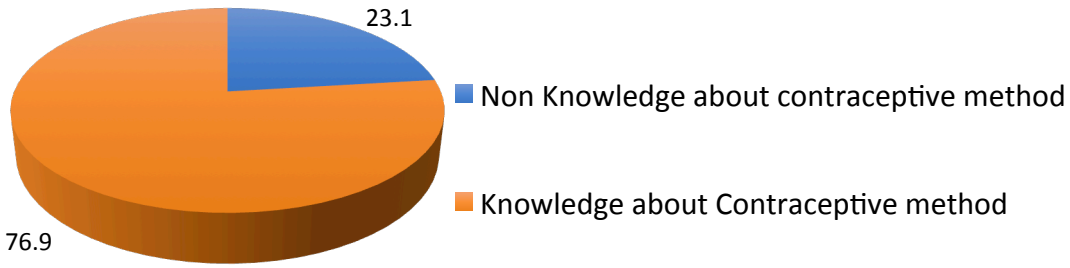
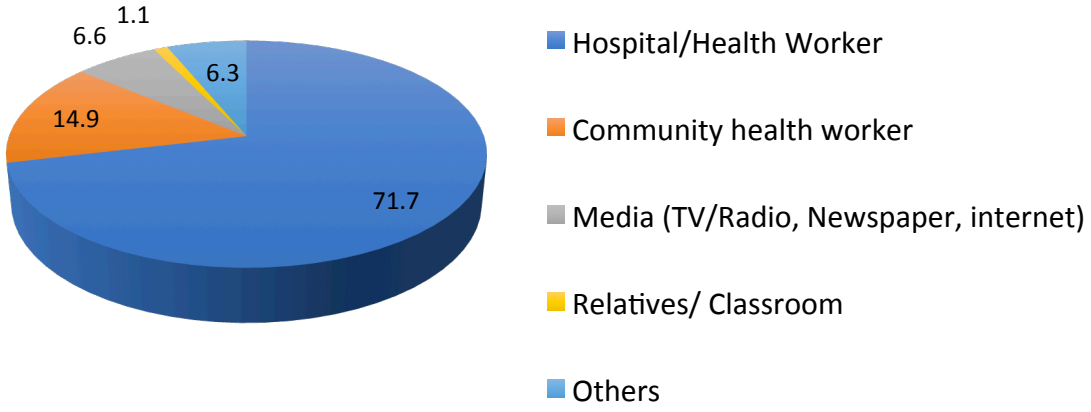



**Figure 2**: Contraceptive knowledge and practices towards FP among study participants

The same findings have also shown that among those 77% with knowledge about FP methods, over half had got information from hospitals / health workers, 15% from community health worker and 6.6% from Media (TV/Radio, newspaper and internet).



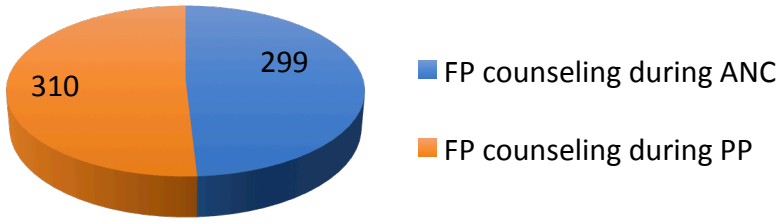



**Figure 3**: Sources of knowledge about FP methods and periods for FP counseling among early postpartum women from Nyabihu District

57.4 % of respondents reported using for the moment FP methods in Nyabihu District (Fig.4). It was also found that nearly 47% of the respondents had never used a modern FP method while 53% had previously used a FP method (Data not shown).

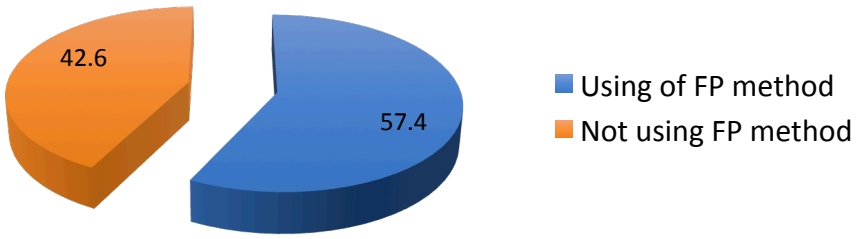



**Figure 4**: FP uptake among early postpartum women from Nyabihu District

Among those 57.4% of the respondents using FP methods, 75% were using injectables, 62% were using oral Pills, while the implants were the third commonest (61.4%) FP method used. Female sterilization (tube ligation) was the least common (3.7%) type of modern FP method used (Fig.5).

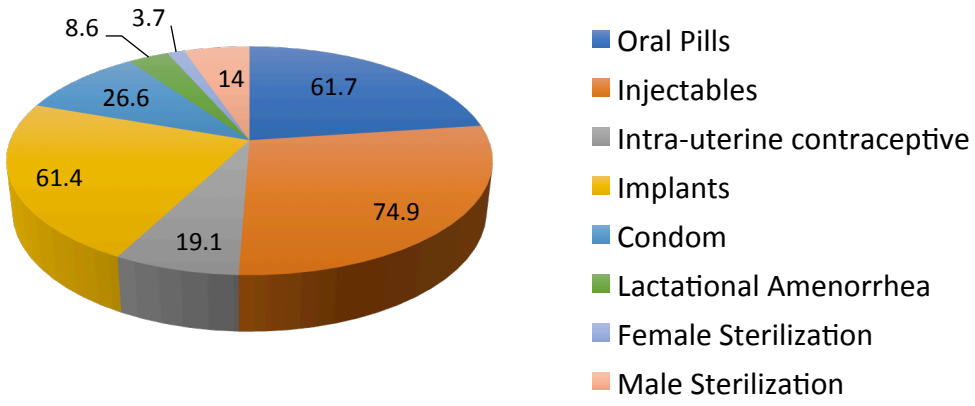



**Figure 5**: Types of contraception methods used by early postpartum women from Nyabihu District

Various benefits from FP use were mentioned by study participants and are reported in the figure below. More than 86% of respondents reported using FP contraceptive because of control number of birth. Preventing unplanned/unwanted pregnancy was the second reason for FP use.

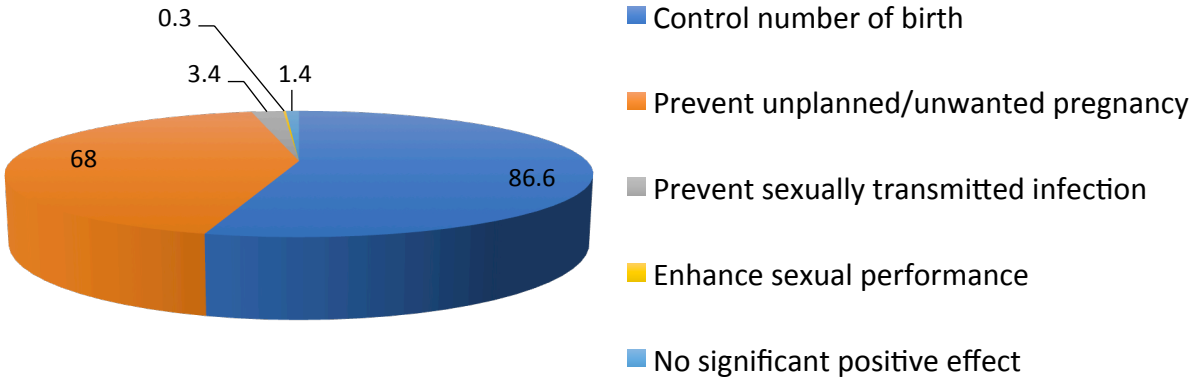



**Figure 6**: Reasons of FP utilisation among early postpartum women from Nyabihu District

On the other hand, the main reasons of not using FP methods were also reported by study participants. The first main reason (29%) was the afraid of possible side effects, and the last one was the desire to get pregnant (4%).

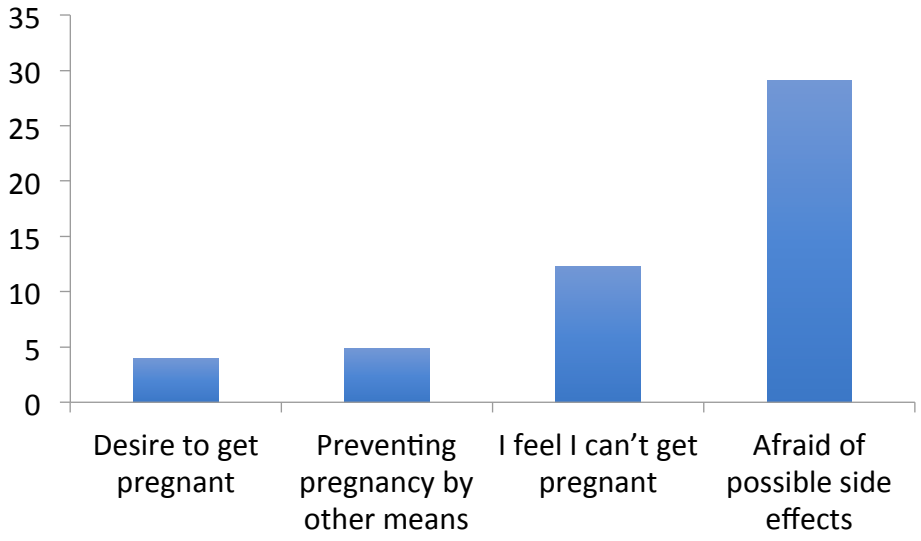



**Figure 7**: Reasons of not using contraception methods among early postpartum women from Nyabihu District

This study has also assessed the reasons of drop out. The first reason was the desire of having more children (13%). The second reason was reported to be caused by the fair of side effects and other health problems.

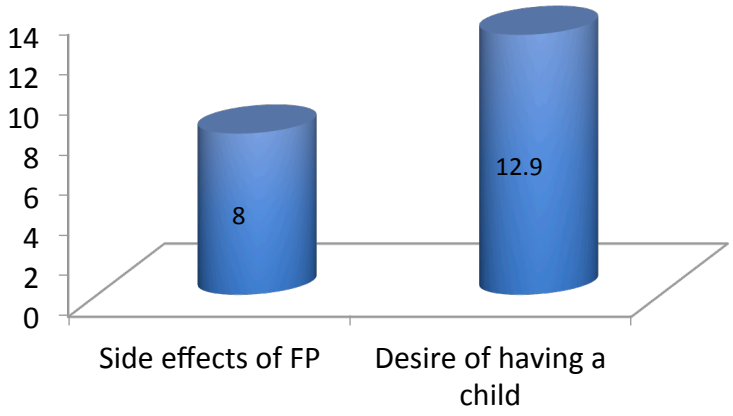



**Figure 8**: Reasons of drop out of FP methods among early postpartum women from Nyabihu District

Respondent's opinions about the negative effects of contraceptive methods were also reported in this study. Cancer was the main negative effect reported, followed by sexual pleasure decrease.

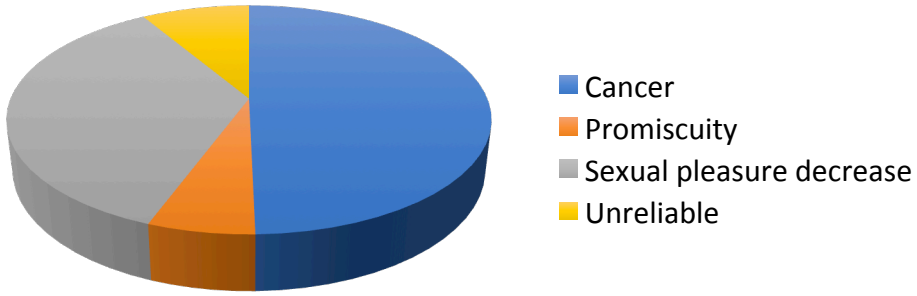



**Figure 9:** Opinions about the negative effects due to contraceptives among early postpartum women from Nyabihu District

## 3. Factors influencing immediate family planning uptake among study participants

Several factors have been found to influence the immediate FP uptake among early postpartum women from Nyabihu District.

**Table 2**: Determinants of immediate FP uptake among early postpartum women from Nyabihu District

| | OR | 95% CI | p-value |
|---|---|---|---|
| **Marital status** | | | |
| Married / cohabiting | 1.00 | | |
| Separated / Divorced | 4.72 | [1.50,14.78] | 0.008 |
| **Educational level** | | | |
| No school | 1.00 | | |
| Al least Primary | 1.28 | [0.78,2.69] | 0.334 |
| **Number of children** | | | |
| 1 | 1.00 | | |
| 2-5 | 0.80 | [0.43,1.48] | 0.473 |
| 5-10 | 1.06 | [0.42, 2.68] | 0.901 |
| **Knowledge about contraception** | | | |
| No | 1.00 | | |
| Yes | 3.64 | [2.00,6.65] | 0.000 |
| **Previous use of FP contraception** | | | |
| No | 1.00 | | |
| Yes | 0.31 | [0.17,0.57] | 0.000 |
| **Access to FP services** | | | |
| No | 1.00 | | |
| Yes | 7.17 | [2.13,24.19] | 0.001 |
| **Discuss with partner about FP** | | | |

| | | | |
|---|---|---|---|
| No | 1.00 | | |
| Yes | 2.35 | [1.28,4.32] | 0.006 |
| **Joint decision of FP use** | | | |
| No | 1.00 | | |
| Yes | 9.99 | [3.49,28.58] | 0.000 |

## Discussion

The government of Rwanda has embraced family planning as a central component of development (Republic of Rwanda, 2012). Beyond the timing and limiting of children, the government views family planning as a vehicle to better health through decreased maternal, infant, and child mortality (Bucagu et al., 2012).

This study aimed at identifying key determinants of immediate postpartum family planning uptake among early postpartum women in Nyabihu District. The findings have shown that different characteristics are associated with consistency to immediate postpartum FP uptake.

The mean age of respondents interviewed was 28.89 years old and was ranging from 19 to 45. The majority (61%) had attained formal primary education, while 25% had no formal education. Another 12 % had attained secondary education and only 1% has been at University. Generally, respondents having at least a primary educational level were more likely to use FP than those with no education.

The present findings showed high levels of modern contraceptive use in the study population (57%) and mostly positive contraceptive attitudes and intentions. The majority of respondents (77%) have knowledge about the contraception method and among them, over half had got information from health facilities & health care providers. The most common contraception methods used were injectables, followed by oral Pills and implants. Female sterilization (tube ligation) was the least common method used.

Different characteristics have been associated with consistency to immediate postpartum FP uptake. Respondents with knowledge on FP methods were 3.6 times more likely to use FP methods when comparing to those without knowledge. Most previous studies have also shown

that knowledge and access to family planning information increase the odds of contraceptive uptake (McNay, Arokiasamy, and Cassen 2003; Stephenson et al. 2007; Wang et al. 2013).

Similar to other studies, we found that women who discuss with their husbands about FP and / or participate in decision-making along its utilization were significantly more likely to use contraceptives. Strong motivation to avoid unwanted pregnancy and control the number of births was also linked to effective use of contraception methods. This is also consistent with prior results showing a strong association between women's motivation to avoid pregnancy and prevent sexually transmitted infections with contraceptive use (Wang et al. 2013).

Significant barriers to contraceptive use among study participants were identified. The afraid of possible side effects was the most common barrier. Fears about the side-effects from family planning have been well-documented barriers to use across the world and many fears are misinformation, while others reflect real experience (Esike et al., 2017).

In this present study, women who have easily access the services are 7.1 times to use FP when comparing to those without easy access. In Rwanda, during these last years, the geographical access to health services has improved with the construction and rehabilitation of new district hospitals and health centers, but approximately 23% of patients still have to walk for more than one hour or more than 5 kilometers to reach the nearest health facility. To address this access issue, the Government of Rwanda has recently initiated the Community-Based Provision of FP, by mobilizing the country's 45,000 village-based community health workers to increase the use of modern contraceptive methods; follow evidence-based practices that support effective contraceptive supply; stimulate demand; and create a supportive environment.

**Strengths and limitations of this study**

This current study has affirmed the importance of information provision about the benefits of family planning and the potential role of involving men in up-scaling the uptake of family planning methods in rural areas.

However, like any other quantitative study, the paper does not bring out the actual stories behind these statistics. Another limitation of the study is the lack of contextual factors related to the health system and external environment.

An additional limitation is the cross-sectional nature of the present study, which constrained from making causal inferences between the exposure variables (individual and community variables) and the outcome variable, current use of modern contraceptive.

Furthermore, data were only collected from women and not men, providing only women's perceptions of their spouse's attitudes, beliefs, and behavior. Future research should recruit samples of couples in order to more directly measure the male partner's role in contraceptive use.

## Conclusion / Recommendations

The findings of this study will help to improve the implementation of immediate PPFP in Rwanda, particulary in rural areas like Nyabihu District. It will also provide recommendations to policy makers on key strategies to reinforce PPFP.

Greater efforts are needed to provide women and their partners with a range of method options, to facilitate selection of methods that best suit their needs and circumstances, and to identify and assist users who are dissatisfied or are having difficulties using contraceptives effectively.

It is not enough for doctors, nurses and other healthcare workers to be well trained to provide postpartum contraception safely and appropriately. Service managers and other staff responsible for health facilities, including procurement, need to play their part in ensuring that no opportunity for providing PPFP is missed.

## Acknowledgement

I am greatly indebted to my supervisors, Dr Kayitare Emmanuel and Dr. RUBANZABIGWI Theoneste for their invaluable advice and assistance with data collection. My deep appreciation also goes to Dr Pacifique Ndishimye for his mentorship and guidance from the beginning to the

end of this research project. I also extend my thanks to Dr. Vedaste for his advice in the improvement of the Proposal and data analysis. I also register my appreciation to all nurses who assisted in data collection.

**Funding**

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**Availability of data and materials**

The transcripts from the current study are available from the corresponding author on reasonable request.

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## Annexes

## Ethical clearance

Republic of Rwanda

MINISTRY OF HEALTH

**National Health Research Committee**
**Ref: NHRC/2018/PROT/027**

To: **Ms. Twambazimana Providence**
**Principal Investigator**

**Scientific Review Approval Notice**

With reference to your request for approval of the Research Protocol entitled; **"BARRIERS AND MOTIVATORS ASSOCIATED TO IMMEDIATE POSTPARTUM FAMILY PLANNING UPTAKE IN NYABIHU DISTRICT, RWANDA";**

We are pleased to inform you that, following a thorough review and critical analysis of your proposal (**NHRC/2018/PROT/027**), your Research Protocol has been approved by National Health Research Committee.

However,

1) Changes amendments on approach and methodology must be submitted to the NHRC for review and approval to validate the changes.
2) Submission to NHRC of final results is mandatory
3) Failure to fulfill the above requirements will result in termination of study

Once again National Health Research Committee appreciates your interest in research and requests you to submit this proposal to the National Ethics Committee or IRB and then share a copy of the approval letter from them.

Your final approval reference number is **NHRC/2018/PROT/027.**

Sincerely,

**Dr. Parfait UWALIRAYE**
**Chairperson of NHRC**

Date: 29/06/18

## Consent form (Kinyarwanda Version)

Mwaramutse (Mwiriwe), Nitwa ……..

Akarere ka NYABIHU kabinyujije mu bitaro bya shyira kari muri gahunda y'ikusanyamakuru mu babyeyi bo mu karere ka NYABIHU ku ntego yo gusobanukirwa **impamvu zituma ababyeyi bamaze kubyara bataboneza urubyaro kurugero rushimishije**

**Intego y'ubushakashatsi. kumenya impamvu ababyeyi bamaze kubyara batitabira neza gahunda yo kuboneza urubyaro.**

Intego nyamukuru y'ubu bushakashatsi ni **uko** Amakuru azava muri ubu bushakashatsi azafasha akarere ka NYABIHU n'abafatanya bikorwa bako mu gushyiraho gahunda ziboneye abaturage.

**Amakuru ajyanye n'ubushakashatsi n'igihe ikiganiro kigomba kumara**

Ikiganiro kiramara hagati yiminota (15) n' iminota makumyabiri (20) ariko ushobora kugihagarika mugihe wumva ubishatse.

Ikiganiro kiribanda kuri gahunda yo kuboneza urubyaro, Niwemera kugira uruhare muri ubu bushakashatsi, urabisinyira hanyuma natwe ibisubizo byawe tubibike.

**Ingaruka zishamikiye kuri ubu bushakashatsi n'uburyo bwo gukumira inkurikizi zabwo**

Nta ngaruka ziteganyijwe kuba zaturuka ku miterere y'ibibazo, niba hari na zimwe zishobora kubaho, turagerageza kuzigabanya mu ikorwa ry'ikiganiro.

Nta bizami by'indwara tuzafata. Hari ubwo ibibazo bimwe bishobora gukora ku buzima bwawe bwite, ufite uburenganzira bwo kubisimbuka.

**Inyungu zishingiye ku kugira uruhare muri ubu bushakashatsi**

Nta nyungu y'ako kanya ishingiye ku kugira uruhare muri ubu bushakashatsi. Ibizava muri ubu bushakashatsi ni ingirakamaro kuri sosiyeti muri rusange, no mu karere ka NYABIHU by'umwihariko. Mu by'ukuri, ubu bushakashatsi buzatuma hakorwa gahunda zihamye **z'icyakorwa kugira ngo hakurweho impamvu zituma gahunda yo kuboneza urubyaro mukarere ka NYABIHU idakorwa neza** hashingiwe ku bitekerezo n'ibyifuzo byanyu. Amakuru utanga ni

umusanzu ku gihugu muri rusange, ni umusanzu ku baturage b'akarere ka NYABIHU by'umwihariko.

Nta mafaranga azahabwa abazagira uruhare muri ubu bushakashatsi. Amakuru ajyanye n'ibyiza bishamikiye kuri ubu bushakashatsi ku **mpamvu zituma abagore bataboneza urubyaro ku rugero rushimishije mu karere ka Nyabihu** azagezwa ku bashobora kugira uruhare mu itegura ry'ingamba zikenewe mu gukuraho **mpamvu zituma abagore bataboneza urubyaro ku rugero rushimishije** mu karere ka NYABIHU.

**Kubika amakuru mu ibanga**

Niba wemeye kugira uruhare muri iki kiganiro, amakuru utanga azagirwa ibanga. Amazina yawe, nta hantu na hamwe azandikwa.

**Kugira uruhare mu bushakashatsi ku bushake**

Icyemezo cyawe cyo kugira ngo ugire uruhare muri ubu bushakashatsi ni ubushake bwawe busesuye. ku bw'ibyo, abadashaka kubugiramo uruhare nta ngaruka mbi bizabagirira. Bityo rero, ufite uburenganzira bwo gufata umwanzuro niba ushaka kubugiramo uruhare. Nuhitamo kutabugiramo uruhare, nta muntu n'umwe bizatangwaho raporo kandi nta ngaruka mbi n'imwe bizakugiraho. Niba hari ikibazo wumva utanejejwe no gusubiza wabimenyesha kandi ushobora no kugisimbuka.

**Guhamya ko wemeye ku bushake bwawe kugira uruhare mu bushakashatsi**

Nasabwe kugira uruhare mu bushakashatsi: **Kumenya mpamvu zituma abagore bataboneza urubyaro ku rugero rushimishije mu karere ka Nyabihu** .

Nasomye amakuru yatanzwe hejuru ,cyangwa bayansomeye. Nagize umwanaya wo kubaza ibibazo, kandi ibibazo byose nabajije byashubijwe kuburyo nanyuzwe. Nemeye kubushake kugira uruhare muri ubu bushakashatsi.

Izina ry'uwagize uruhare : ……..

Umukono w'uwagize uruhare ……..

Itariki: umusi / ukwezi / umwaka )…….

Nasomye neza, ndahamya ko uru rupapuro rw'inyemerabushake rwasomewe neza uwagize uruhare mu bushakashatsi, yagize umwanya wo kubaza ibibibazo, kandi ibibazo byose yabajije byashubijwe kuburyo yanyuzwe. Ndahamya ko uwagize uruhare mu bushakashatsi yatanze inyemerabushake kubwisanzure .

Izina ry'umushakashatsi : ……..

Umukono w' umushakashatsi: ……

Itariki: umusi / ukwezi / umwaka )…….

Ikopi y'iyi nyemerabushake yahawe uwagize uruhare mubushakashatsi wabisabye.

## Questionnaire

*Introduction*

I am …… and under the support of Rwanda Biomedical Center we are conducting a study on "Barriers and motivators associated to immediate port-partum family planning uptake in Nyabihu District".

Your right to participate or not in this study is respected. You may also skip any questions of the study that make you feel uncomfortable. All information collected will be solely for research purpose and will be treated as confidential. It does not require your name or identity. The questionnaire will be destroyed 3 years after the study is completed. The researchers are not interested in anyone's individual responses, only the average responses of everyone in the study.

I will be very grateful if you chose to participate. You are expected to be 18years or above to participate in this study. Please fill the attached consent form as a sign of your voluntary participation.

*Thanks for your participation*

Section A: Questions for Women.

Please choose the answer that is most appropriate with a tick and provide explanation in simple words where applicable. It may take you about 15 to 20 minutes to fill this questionnaire.

**Section I. Social and demographic characteristics**

| No. | Question | Answer | Comment |
|---|---|---|---|
| Q101 | **Code of participant** | /__/__/__/__ | |
| Q102 | Date of interview | ……../09/2018 | |
| Q103 | Sector | …….. | |
| Q104 | How old are you? | /___/___/ | |
| Q105 | What is your marital status?<br>[Circle 1 answer only] | Single 1<br>Married 2<br>Cohabitant 3<br>Separated/Divorced 4<br>Widowed 5 | |
| Q106 | What is your formal educational level | No school 1<br>Primary 2<br>Secondary 3<br>University 4<br>Other: 5 | |
| Q107 | What religion do you attend? | Christian (catholic & protestant) 1<br>Islam 2<br>Traditional 3<br>Others: 4 | |
| Q108 | How many Siblings do you have? | 1-2 1<br>3-4 2<br>5-6 3<br>7 and above 4 | |

| | | | |
|---|---|---|---|
| Q109 | What is your economic status (ubudehe)? | I 1<br>II 2<br>III 3<br>IV 4 | |
| Q110 | What is your profession? | Government 1<br>Private Sector 2<br>Self-employee 3<br>Other,Precise: 4 | |
| Q111 | How many children do you have? | 1 1<br>2-5 2<br>5-10 3<br>>10 4 | |

**Section II. Awareness of Contraceptives and family planning use**

| No. | Question | Answer | Comment |
|---|---|---|---|
| Q201 | Do you know what are contraceptive methods used in Rwanda ? | Yes 1<br>No 0 | |
| Q202 | Where did you learn or heard about contraception? (You can tick more than one) | Hospital/Health Worker 1<br>Community health worker 2<br>Media (TV/Radio, Newspaper, internet) 3<br>Friends 4<br>Relatives / Classroom 5<br>Others 6<br>(Please specify) | |
| Q203 | Do you think family planning should be taught in schools? | Yes 1<br>No 0 | |
| Q204 | Which methods of modern family planning do you know (you can tick more than one) | Oral Pills_____<br>Injectables_____ 2<br>Intra-uterine-contraceptive (IUCD)__ 3<br>Implants_____ 4<br>Condom _____ 5<br>Spermicidal _____ 6<br>Emergency contraceptives (morning after pills)…… 7<br>Dermal Patch …… 8<br>Vaginal ring …… 9 | |

| | | | |
|---|---|---|---|
| | | Lactational Amenorrhea …… 10<br>Female Sterilization (Tubal ligation).<br>Male Sterilization (Vasectomy) …… 11<br>Natural family planning ……. 12<br>Others (Specify) _____ 13<br>Don't know any 14 | |
| Q205 | What are the benefits you think one can derive from family planning? (You can tick more than one) | Control number of birth 1<br>Prevent unplanned/unwanted 2<br>pregnancy. 3<br>Prevent sexually transmitted 4<br>infection 5<br>Enhance sexual performance 6<br>No significant positive effect 7<br>Don't 8<br>know…….. 98<br>Other<br>(Precise):……... | |
| Q206 | What in your opinions are about the negative effects of family planning? | Causes cancer 1<br>Enhances marital unfaithfulness 2<br>Increase promiscuity 3<br>Decrease sexual pleasure 4<br>Unreliable 5<br>No significant negatives effect 6<br>Other (Precise): | |
| Q207 | Are you or your partner currently using any family planning method now? | Yes 1<br>No 0 | |
| | Why are you using family planning? (if presently using any) | Prevent pregnancy 1<br>Prevent STIs/HIV 2<br>Others reasons (Specify) 3 | |
| Q208 | Why are you not using family planning method now (if not using any)? | Not sexually active 1<br>Desire to get pregnant 2<br>Preventing pregnancy by other means 3<br>I feel I can't get pregnant 4<br>Afraid of possible side effects 5<br>Other reasons (specify) 6 | |
| Q209 | If Q207 no, have you ever used any FP method/s before | Yes 1<br>No 0 | |

| | | | |
|---|---|---|---|
| Q210 | Have you ever used any FP method/s before and dropped out? | Yes 1<br>No 0 | |
| Q211 | If Q210 is yes, what it the reason of drop out? | personally side effects of FP 1<br>Rumors from others 2<br>Desire a child 3<br>Others (Specify) _____ 4 | |
| Q212 | Can you easily access the services? | Yes 1<br>No 2<br>Not applicable 3 | |
| Q213 | Are the FP services always available? | Yes 1<br>No 0<br>Don't know 98 | |
| Q214 | Are you pleased with the FP services? | Yes 1<br>No 0<br>Don't know 98 | |
| Q215 | Have you discuss with your spouse/partner about the use of family planning at any time? | Yes 1<br>No 0<br>Not applicable 3 | |
| Q216 | Did your partners agree to your use of family planning? | Yes 1<br>No 0<br>Not applicable 3 | |
| Q217 | During Antenatal care visits have you discussed with health provider about family planning (FP) method you will use after delivery period? | Yes 1<br>No 1<br>0 | |
| Q218 | During postpartum period have you discussed with health provider about family planning method to be discharged with? | Yes 1<br>Oya 0 | |

Participant signature…….

IBIBAZO MUKINYARWANDA

Section A: **IBIBAZO BIGENEWE ABAGORE BONSA**

Hitamo igisubizo kikunogeye maze wandike kuri numero bijyanye .Gusubiza ibibazo byose biragufata hagati y'iminota 15 na 20.

**Section I. Ibibazobisanzwe bijyanye n'imibereho ya burimunsi (Social and demographic characteristics)**

| No. | Urutonderw'ibibazo | Code z'ibisubizo | Ibindi bisobanuro |
|---|---|---|---|
| Q101 | **Code y'usubiza** | /__/__/__/ | |
| Q102 | Itariki yokubazwa | ...../09/2018 | |
| Q103 | Umurenge | …….. | |
| Q104 | Ufite imyaka ingahe ? | Imyaka /___/___/ | |
| Q105 | Iranga mimerere | Ingaragu 1<br>Arubatse 2<br>Twarishyingiye 3<br>Twaratandukanye 4<br>Yarapfuye 5 | |
| Q106 | Wize amashuri angahe? | Ntabwoyize 1<br>Abanza 2<br>Ayisumbuye 3<br>Kaminuza 4<br>Ayandi: 5 | |
| Q107 | Idini asengeramo? | Umukirisitu catholic 1<br>Umukirisitu Prostestant 2<br>Umusiramu 3<br>Gakondo 4<br>Ayandi: 5 | |
| Q108 | Waba ufite abavandimwe bangahe? | 0-2 1<br>3-4 2<br>5-6 3<br>7 cyangwa barenze 4 | |

| | | | |
|---|---|---|---|
| Q19 | Uba mukihe cyiciro cy'ubudehe? | I 1<br>II 2<br>III 3<br>IV 4 | |
| Q110 | Waba ukora iki? | Umukozi wa leta 1<br>Akoramu kigo kigenga 2<br>Arikorera 3<br>Ibindibivuge. 4 | |
| Q111 | Ufite abana bangahe? | 1 1<br>2-5 2<br>>=6 3 | |

**Section II. Ubumenyi bujyanye no kuboneza urubyaro (Awareness of Contraceptives and family planning use)**

| No. | Urutonderw'ibibazo | Code z'ibisubizo | Ibindibisobanuro |
|---|---|---|---|
| Q201 | Waba uzi uburyo bukoreshwa muri gahunda yo kuboneza urubyaro? | yego 1<br>oya 0 | |
| Q202 | Ayo makuru waba warayakuye he? (ushobora guhitamo aharenze hamwe) | Kubitaro/umukoziwo Kwamuganga 1<br>Umujyanamaw, ubuzima 2<br>Munana /radio/television 3<br>Mubinyamakuru 4<br>Kumbugankoranyambaga 5<br>Kunshuti/benewacumu 6<br>ku ishuri 7<br>Ahandi(havuge) 8 | |
| Q203 | Ese gahunda yokuboneza urubyaro mubona yagakwiye kwigishwa mu mashuri? | Yego<br>Oya 0 | |

| | | | |
|---|---|---|---|
| Q204 | Ni ubuhe buryo waba uzi bukoreshwa murigahunda yo kubonezaurubyaro? | Oral Pills 1<br>Injectables 2<br>Intra-uterine-contraceptive (IUCD) 3<br>Implants 4<br>Condom 5<br>Spermicidal 6<br>Emergency contraceptives (morning after pills) 7<br>Dermal Patch 8<br>Vaginal ring 9<br>Lactational Amenorrhea 10<br>Female Sterilization (Tubal ligation) 11<br>Male Sterilization (Vasectomy) 12<br>Natural family planning 13<br>_ubundiburyo _____ 98<br>Ntacyombiziho | |
| Q205 | Nakahe kamaro kokuboneza urubyarowabauzi ? (Ushoboraguhitamo uburyoburenze bumwe) | Kubyara umubare ushaka w'abana 1<br>Bikurinda gutwita muburyo utapanze cyangwa indaudashaka 2<br>Birinda indwara zandurira mu mibonano mpuzabitsina/ 3<br>Byongera ubushobozimumibonano mpuzabitsna 4<br>Ntakamaro kagaragara 5<br>Ntacyombiziho 6 | |
| Q206 | Waba utekereza iki kungaruka zishobora guterwa no kuboneza urubyaro?<br>What in your opinion are the negative effects of family planning? | Kanseri 1<br>Kutizerana kw'abashakanye 2<br>Guca inyuma uwomwashakanye 3<br>Bigabanya ubushake bwogukora imibonano mpuzabitsina 4<br>Ntacyobihindura 5<br>Ntacyombiziho 6 | |
| Q207 | Hari uburyo bwokuboneza urubyaro mwabamufite ubu wowe cyangwa umugabo wawe? | Yego 1<br>Oya 0 | |

| | | | | |
|---|---|---|---|---|
| | Ni ukubera iki mwahisemo kuboneza urubyaro? | Kwirinda gutwita<br>Kwirinda indwara zandurira mumibonano mpuzabitsina<br>Izindi mpamvu zivuge | 1<br>2<br><br>3 | |
| Q208 | Ni ukubera iki mutahisemo uburyo bwo kuboneza urubyaro? | Bigabanya ubushake bwogukora imibonano mpuzabitsina<br>Dushakagutwita<br>Dukoresha ubundiburyo<br>Numva ntashobora gutwita<br>Gutinya ingaruka zo kuboneza urubyaro<br>Izindi mpamvu zivuge | 1<br><br>2<br>3<br>4<br>5<br><br>5 | |
| Q209 | Niba ubu mutaboneza urubyaro, mwaba mwarigeze kuruboneza? | Yego<br>Oya | 1<br>0 | |
| Q210 | Waba warigeze ubonezurubyaro nyuma ukaza kubireka? | Yego<br>Oya | 1<br>0 | |
| Q211 | Niba warabiretse waba warabitewe niki? | Ingaruka zo kubonezaurubyaro<br>Ibihuha<br>Nashakaga umwana<br>Izindimpamvu _____ | 1<br>2<br>3<br>4 | |
| Q212 | Mushobora kubona uburyo bwokuboneza urubyaro bitabagoye? | Yego<br>Oya | 1<br>0 | |
| Q213 | Burigihe serivise zo kuboneza urubyaro ziraboneka? | Yego<br>Oya<br>Ntacyombiziho | 1<br>0<br>98 | |
| Q214 | Mwishimiye uburyo muhabwa serivise zo kuboneza urubyaro? | Yego<br>Oya<br>Ntacyombiziho | 1<br>0<br>98 | |

| | | | |
|---|---|---|---|
| Q215 | Wowe n'umugabo wawe mwaba muganira kurigahunda yokuboneza urubyaro? | Yego 1<br>oya 0 | |
| Q216 | Umugabo wawe yabayemera gahunda yo kuboneza urubyaro? | Yego 1<br>Oya 0 | |
| Q217<br><br>Q218 | Mugihe wazaga kwipimisha waba waraganirijweho na muganga uburyo bwokuboneza urubyaro uzakoresha umaze kubyara.?<br><br>Mumaze kubyara mwaba mwaraganirijwe na muganga uburyo bwo kuboneza urubyaro mutahana? | Yego 1<br>Oya 0<br><br>Yego 1<br>Oya 0 | |

Participant signature…….