Analysis of the Shifting Profile of Contraceptive Implant Users in Two Districts in Rwanda: An Abstract and Personal Narrative

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Abstract

Though short-acting contraceptive methods have historically been the most common methods used in Rwanda, particularly the injectable, now the implant is the most common contraceptive method used in Rwanda. This study aims to better understand the implant user profile in Rwanda. Data were extracted from family planning client forms located at public family planning clinics and health posts in two districts of Rwanda in 2022 and 2023. Half of the implant users in both districts selected the implant as their first method. Further analysis shows that women who initiate implant use as their first method are on average younger, have fewer children, have no abortion or child death experience, use implants for spacing, and are postpartum as compared to those who switch to implant. These demographic factors do not align with the common profile of implant users being older and having more children. This profile suggests that women who are young and at the start of their childbearing years select an implant as their contraceptive method after the birth of their first child. This trend implies long, effective birth spacing and smaller family size desires, suggesting a shift in family size norms as well as improved family planning education and accessibility within the region, particularly in the postpartum period.

Personal Narrative

It was February of 2022; I was in the winter quarter of my sophomore year and I was only beginning to find my footing among peers who were sure of what they wanted to do since entering the university. The previous two years were guided by uncertainty and indecision in my future career and academic aspirations. At that point in time, I was not part of a major yet, I had no idea what I wanted my Honors Capstone Presentation to focus on – all I had was a Public Health pre-major declaration on my record and a passion for health equity. I had recently unearthed a love for public health and was starting to take health education courses; however, since this was a newfound aspiration, I had no prior experience and was unsure of how to penetrate the public health field. Despite this, I was excited and hopeful for the coming years,
after discovering a path which was seemingly so aligned with my personal values and aspirations.

My answer came in the form of an email from one of my sociology professors at the time, Dr. Seth Feinberg. He had noted the Public Health pre-major declaration on my student record and told me he was impressed by my academic record in my time at Western. He informed me that he was organizing a paid summer research program that examines public health in central Africa, and invited me to learn more about the opportunity to partake. I was elated! Here was my chance to gain valuable experience in public health and take part in an exciting research opportunity abroad that could also serve as the topic of my Honors Capstone project.

Dr. Feinberg was talking about Western Washington University’s Research Experiences for Undergraduates (REU) program, funded by a U.S. National Science Foundation grant. Dr. Feinberg coordinated this program alongside Dr. Hilary Schwandt, who would become my advisor for this Honors Capstone. The purpose of this REU program was to provide students with skills in quantitative and qualitative social science research; this would be achieved through applied research in Rwanda, in order to gain information on the country’s successful family planning program. Over the next month, I gained more information on the program, applied, and was accepted. I contacted Dr. Schwandt and talked to her about creating a capstone project around this experience, and she agreed to be my advisor.

By the end of June, we were beginning preparations for our research and travel. The cohort consisted of eight students; four Western Washington University students (including myself), and four students from universities across the U.S. We spent two weeks in Bellingham learning about quantitative research methods and ethics, as well as the history and context of Rwanda and its family planning program. As we were to be living in Rwanda for a month, we
needed to ensure we were engaging through a lens of cultural sensitivity. It was critical that we learned about the Rwandan genocide and the current dictatorship, as we would come to have long conversations with locals and new friends about life, culture, politics – educating ourselves beforehand allowed us to navigate these conversations to ensure harmonious interaction and sensitivity for those we encountered.

Additionally, during our time in Bellingham, we learned more about our research focus for the project. As Dr. Schwandt and Dr. Feinberg had been running this program over multiple years, they had noticed particular trends and had an idea of what data they wanted to collect. That year, one topic they wanted to focus on was long-acting reversible contraceptive (LARC) use, particularly use of the contraceptive implant. In our data collection, we would be collecting data from family planning users who were using or had previously used the contraceptive implant in order to analyze demographic or environmental factors which may be associated with LARC uptake.

We traveled to Musanze, an urban district in Rwanda with high rates of family planning. In Rwanda, we met with the researchers and university students we would spend a majority of our time with. We developed strong friendships with everyone among the cohort, as we would share meals, go on excursions, and spend evenings playing card games with each other. We would spend long days on data entry, so it helped pass time to be among friends. Our data collection consisted of traveling to local health clinics, gathering family planning forms from the health records, and entering data on Excel sheets. We collected information about the women receiving family planning (e.g. age, education level, marital status, number of children), as well as their desired contraceptive method, received method, and the number of follow-up appointments they attended. Additionally, we used Stata software to code variables and clean our
datasheets. By the end of our data collection period, we had collected over 15,000 data entries. We finished up, said goodbye to our new friends, and traveled back to Bellingham.

In December 2023, a little over one year after our program had ended, I reached back out to Dr. Schwandt to start planning for this capstone project. She suggested that I help her write a paper about our findings regarding LARC use in Rwanda. She and Dr. Feinberg had just returned from another REU program trip to Rwanda; that year they collected data in Nyamasheke, a district in Rwanda with low rates of family planning, to be compared to the previous year’s dataset. They were making progress on a paper analyzing the demographic profile of women who were new family planning users choosing the contraceptive implant as their first method. We made arrangements for me to edit and rewrite the introduction and discussion section.

Starting January 2024, I conducted an extensive literature review on implant use in sub-Saharan Africa, as well as the demographic factors that predispose someone to choosing the contraceptive implant. I learned about cultural contraceptive norms between short-acting and long-acting methods in order to frame our conclusions in the context of Rwanda’s successful family planning practices. I gained valuable experience in conducting this literature review, such as how to identify relevant information, as well as how to efficiently organize my information. Dr. Schwandt and I met at least once every two weeks to check on my progress. Using the information from my literature review, I started writing in March 2024. Slowly but surely, I reworked the introduction and discussion into a product I am proud of. I will continue to work on the rest of this paper with Dr. Schwandt, and I hope to publish this paper in the coming years. For my Honors Capstone presentation, I discussed our research process and our findings, and contextualized Rwanda’s increase in family planning rates by discussing the value of widespread community support and mobilization.
I began my time with the REU Rwanda cohort about two years ago. Reflecting on this project is really wonderful to me, as it allows me to see how far I have come in my academic career. This project has solidified my passion in public health, particularly reproductive health, as well as unearthed a personal passion in research. I am now graduating with a Bachelor of Science in Public Health and a Bachelor of Arts in Sociology, and have completed multiple quantitative and qualitative research projects in my time at Western. My uncertainty for my future has faded, and what remains is a profound gratefulness for the opportunities and deep connections the REU program and this capstone project has provided me.