

# Rwanda Demand for Vasectomy Can Increase With Investment

## Background: Family planning landscape

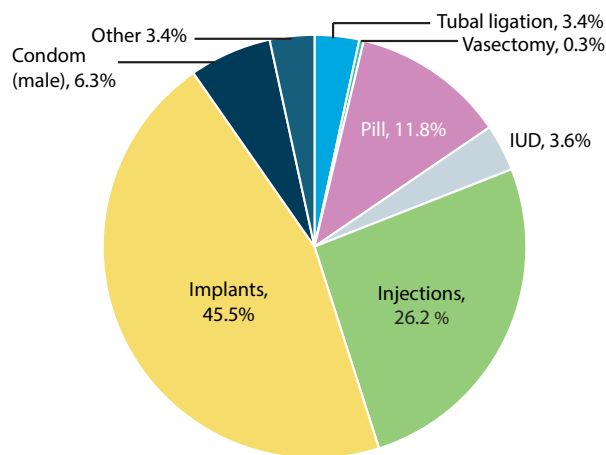
In Rwanda, 58% of married women use modern contraception. The modern contraceptive prevalence rate for married women has steadily increased over the last two decades, rising from just 5.7% in 2000 to 58.4% in 2020.<sup>1</sup> From 2005–2008, political support for family planning (FP) in Rwanda improved substantially, leading to increases in the availability of contraceptives and providers trained to provide contraceptive services.<sup>2</sup> The vast majority of modern contraceptive users access FP information and services through the public sector (77.1%), with 6.3% accessing contraceptives through the private sector.<sup>1</sup>

### Key FP statistics in Rwanda

- 58% of married women use modern contraception<sup>1</sup>
- Married women who use contraception most commonly choose implants, injections, and the pill (Figure 1)
- The unmet need for limiting births is 7.1%, and the unmet need for spacing is 6.5%<sup>1</sup>

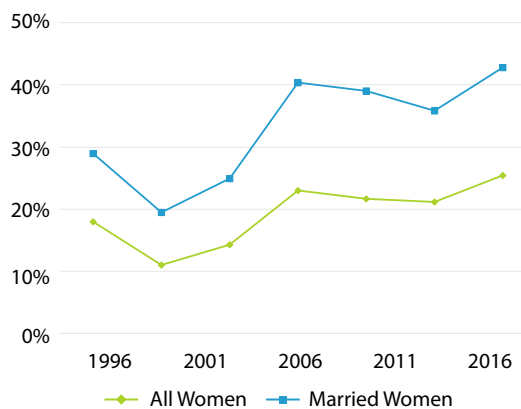
Since 2000, the proportion of married women who do not want to have any or more children has risen from 19.5% to 48.2% (Figure 2).<sup>1</sup> Despite this sizable demand for limiting births, permanent methods account for a small share of the method mix among married women.<sup>1</sup> From 2007–2020, tubal ligation accounted for 1.8–3.4% of the method mix, and vasectomy accounted for just 0%–0.4%.<sup>1</sup>

**Figure 1. Modern Method Mix (Married Women)**



Source: ICF. (2015). *The DHS Program STATcompiler*. <http://www.statcompiler.com><sup>1</sup>

**Figure 2. Total demand for FP for limiting births**



Source: ICF. (2015). *The DHS Program STATcompiler*. <http://www.statcompiler.com><sup>1</sup>

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## Vasectomy in Rwanda: Two projects expand access to vasectomy services



Source: Yagazie Emezi/Getty Images/Images of Empowerment

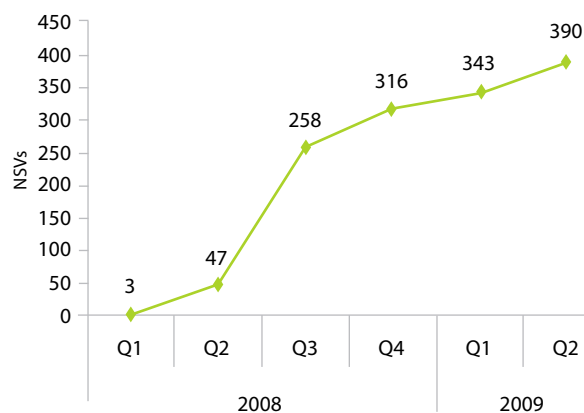
Past projects in Rwanda demonstrate that demand for and uptake of vasectomy can increase with investment. For example, in 2008 and 2009, the Capacity Project and Twubakane Decentralization and Health Program saw increases in vasectomy uptake after pairing provider trainings with community-level activities focused on generating demand. The project trained six doctors in no-scalpel vasectomy (NSV) provision and 12 nurses in NSV counseling at two district hospitals (Gicumbe and Nyabihu), established nine health outreach or extension centers where the trained doctors provided NSV services, held meetings with key community leaders, and developed and distributed communication materials about NSV to community health

workers and community members.<sup>3</sup> In the Nyabihu District, with support from the project, “clients established 12 vasectomy associations with over 200 participants” to reduce stigma and increase demand for NSV.<sup>3</sup>

In the first six months of the program (April–September 2008), “project-trained teams experienced waiting lists of clients wishing to have the procedure. [...] [In] a sample taken in August 2008, 211 clients were on the waiting list versus 172 clients who had had a vasectomy.”<sup>3</sup> By June of 2009, project-trained physicians had performed 360 vasectomies (Figure 3).<sup>3</sup> An evaluation found that a “major contributor to the success of the program appear[ed] to be the logistical and financial support of the program for providers to work at health centers.”<sup>3</sup>

The Program Research for Strengthening Services (PROGRESS) project, led by the Rwandan Ministry of Health (MOH) and FHI360, similarly demonstrated that FP programs can increase demand for and uptake of vasectomy. The MOH used a cascade approach to train 167 doctors and nurses from 42 hospitals to provide vasectomy<sup>4</sup> and spread messages about vasectomy through media outlets and community meetings, while community health workers offered counseling on vasectomy services.<sup>4</sup> In just two years, from 2010 to 2012, the project performed 2,523 vasectomies across all districts.<sup>4</sup>

**Figure 3. Total number of NSVs conducted over six quarters of the program.**



Source: Davis, et al. (2009). Final feasibility evaluation for no-scalpel vasectomy in Rwanda. <http://dx.doi.org/10.13140/RG.2.1.4890.0088>

Both the Capacity Project and PROGRESS demonstrated that demand for vasectomy can increase when vasectomy is included as part of broader efforts to expand access to contraception.

## References

1. ICF International. (2015). The DHS Program STATCompiler. The DHS Program. <https://www.statcompiler.com/en/index.html>.
2. Davis, J., Hurley, L., & Stratton, S. (n.d.). Successful no-scalpel vasectomy pilot program in Rwanda [brief]. IntraHealth. [https://www.intrahealth.org/sites/ihweb/files/files/media/rwandas-commitment-to-making-family-planning-services-available-to-all/Tech\\_Brief\\_No\\_Scalpel\\_Vasectomy\\_web.pdf](https://www.intrahealth.org/sites/ihweb/files/files/media/rwandas-commitment-to-making-family-planning-services-available-to-all/Tech_Brief_No_Scalpel_Vasectomy_web.pdf)
3. Davis, J., de Vries, D.H., Sinzahera, J., Twahirwa, W., & Sokal, D. C. (2009). Final feasibility evaluation for no-scalpel vasectomy in Rwanda (Report no. 635). ResearchGate. <http://dx.doi.org/10.13140/RG.2.1.4890.0088>
4. FHI 360. (2013). No-scalpel vasectomy: scale-up approach in Rwanda shows promise: Client dossier (clinical record), review and analysis. <https://www.fhi360.org/sites/default/files/media/documents/non-scalpel-vasectomy-rwanda-client-dossier.pdf>