

# Barriers to long-acting reversible contraceptive use in the DRC : a systematic review

Report of findings, March 2024  
Breakthrough ACTION DRC



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# 1. Background

## Context of family planning and LARC use in the DRC

Family planning has many benefits, one of which is the reduction of maternal and child mortality. Although the use of modern contraceptives is slowly beginning to improve in the DRC, the use of long-acting reversible contraceptives (LARCs) remains relatively low. The 2018 MICS survey found that 28.7% of women have an unmet need for family planning and that only 2.9% of married women were using a LARC compared to 17.6% married women using any modern contraceptive method<sup>1</sup>. Compared to other contraceptive methods, LARCs are highly effective, require little user involvement, and minimize the risk of user error<sup>2</sup>.

<sup>1</sup>INS, Enquête par grappes à indicateurs multiples, 2017-2018, rapport de résultats de l'enquête. Kinshasa, République Démocratique du Congo.

<sup>2</sup>Bahamondes, L et al., Long-acting reversible contraceptive (LARCs) methods, Best Practice & Research Clinical Obstetrics & Gynaecology, Volume 66, 2020, pp. 28-40, SSN 1521-6934, <https://doi.org/10.1016/j.bpobgyn.2019.12.002>.

# 1. Background

## Justification for systematic review

In 2021, Breakthrough ACTION completed a qualitative study exploring the social norms that influence men's involvement in family planning processes in three provinces: Sankuru, Lualaba and Kasai Central. In addition, CCP conducted a World Bank-funded formative study on beliefs, behaviors, and barriers related to the adoption of healthy eating and family planning practices (2022).

Building on the knowledge gained from its previous studies, Breakthrough ACTION carried out a rigorous systematic review including published studies and grey literature with a geographical scope covering the DRC and its bordering countries. This systematic review will enable PNSR to assess the quality of current evidence and synthesize findings on the barriers associated with the use of long-acting reversible contraceptive methods in the region. The review includes studies published in the last decade up to June 30, 2023, as well as grey literature and secondary analysis of the Social Norms and World Bank formative study transcripts to extract themes regarding long-acting methods. The results of the systematic review are intended to guide the adaptation and development of updated SBC approaches and tools to promote access to a wide range of FP methods, including long-acting methods.

## 2. Methodology

Steps to complete rapid review

1. Define research question
2. Define search parameters
3. Identify/disclose barriers/biases in approach
4. Plan & execute search
5. Screen and select resources
6. Quality appraisal
7. Synthesis

## 2. Methodology

Research goal

### Goal:

1. Synthesize evidence on barriers associated with use of long-acting reversible contraceptive methods in DRC and surrounding region to inform social and behavior change programming.

**Who:** client; spouse of client; other family of client; provider; local leaders

**What (behavior):** provision of LARC; use of LARC; continuation of LARC; support for spouse to use LARC

**Where:** DRC and region

**When:** Previous 10 years

**How:** see Step 2

## Key Questions to inform review

Which repositories to search?	PubMed, Web of Science, Embase, ProQuest, SBC Evidence Database
Inclusion criteria	Published 2013-present Focus on LARC use or support DRC and region Study identifies barriers to behavior among key audience Original article (not perspectives/opinion piece) Published in English or French
Screening protocol	Search each repository with key terms, download to EndNote/RefWorks Search terms available at end of presentation De-duplicate Title screen for eligibility Abstract screen for eligibility
Data extraction	Study design Location (within DRC) Population Outcome measures Intervention (if applicable) Results of study
Quality assurance/bias reduction	Follow Cochrane <a href="#">ROBINS-I</a> guidance in review of each retained study
Synthesis	Summarize key results in presentation to internal B-A team, then external if needed. English and French PPT to be produced

## 2. Methodology

Identify limitations and biases

- Published in previous 10 years
- English or French
- Some data repositories not used (assume overlap)
- Purposive identification of grey literature



## 2. Methodology

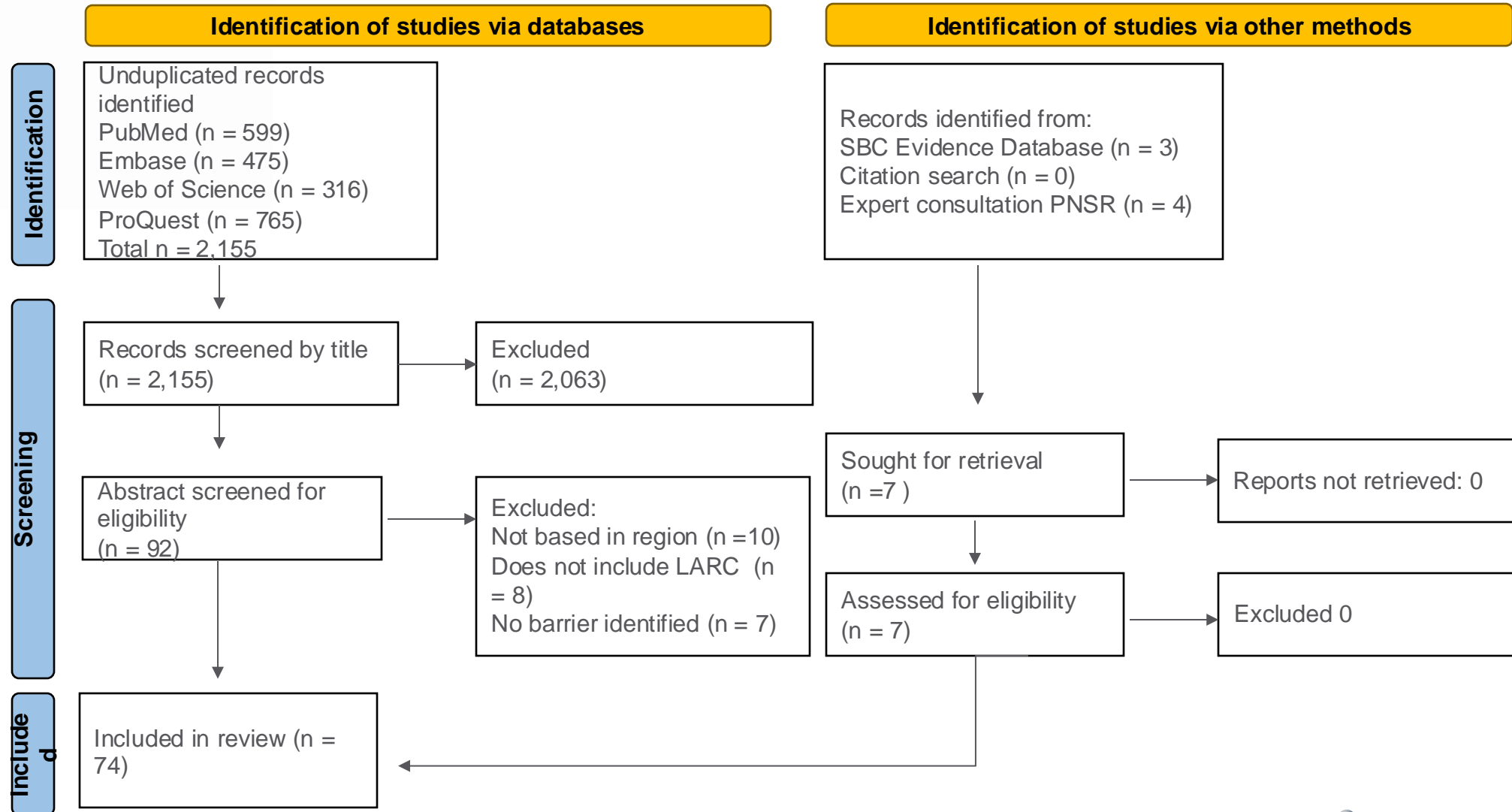
Search terms

LARC Term	Barrier Term	Location	Audience
Long-acting contraceptives	Barrier	DRC	Women
Long-acting reversible contraceptives	Obstacle	Democratic Republic of Congo	Adolescent
LARC	Need	Congo	Providers
LARC Methods	Continuation	Zambia	Healthcare worker
Contraceptive methods	Discontinuation	Burundi	Community health worker
Family Planning Methods	Access	Republic of Congo	
IUD	Availability	Congo	
Intrauterine Device	Acceptability	Central Africa	
Implant	Gender norm		
Implanon	Social Norm		
Contraceptive Use			
Contraceptive Provision			

EXAMPLE: "Long-acting contraceptives" AND "Barrier" AND "DRC"  
 "Long-acting contraceptives" AND "Obstacle" AND "DRC"  
 "Long-acting contraceptives" AND "Need" AND "DRC"

# 3. Results

## Breakdown of studies



# 3. Results

## Breakdown of studies

74 total studies (see study summary spreadsheet for detail)

- 44 studies used quantitative methods
- 15 used qualitative methods
- 15 used both quantitative and qualitative methods
- Secondary analysis of DHS, PMA, MICS datasets were common
  - These datasets do not include data on individual beliefs or perceptions regarding LARC that would inform development of an SBC strategy.
  - The analysis focused more on identifying sociodemographic variables associated with behavior.

# 3. Results

## Family planning and LARC use in the DRC

- The desire to have large families is common in DRC<sup>1</sup>
  - The average Congolese man wants 7 children while the average Congolese woman of reproductive age wants 6 children
    - This number decreases as the woman’s education level increases
- High ideal family size is linked with unmet need for family planning<sup>2</sup>
  - 8.1% of women of reproductive age reported an unmet need for limiting number of children
  - 23.8% of women of reproductive age reported unmet need for spacing between births

« Men want to have many children, and he will say that if a women receives a [contraceptive] method, she will not give me many children. »

- Woman, rural Kasai Central; BA DRC exploration of social norms

« I’m still on my second birth, how could I use [family planning] if I still need to have other births? » - Mother, urban Sud Kivu: PMNS formative research

1. Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) and ICF International. 2014. Democratic Republic of Congo Demographic and Health Survey 2013-14: Key Findings. Rockville, Maryland, USA: MPSMRM, MSP et ICF International.

2. Mosuse, M. A., & Gadeyne, S. (2022). Prevalence and factors associated with unmet need for family planning among women of reproductive age (15-49) in the Democratic Republic of Congo: A multilevel mixed-effects analysis. *PloS one*, 17(10), e0275869. <https://doi.org/10.1371/journal.pone.0275869>

# 3. Results

## Family planning and LARC use in the DRC

What do these studies say about LARC use?

- LARC methods in DRC are usually acceptable to target communities
  - Adoption of LARC in humanitarian settings is higher when compared to other settings in DRC
  - Desired family size plus perceived GBV risk also higher among women in these settings in DRC.
- LARC discontinuation is lower than discontinuation of other methods
- Immediate postpartum interventions (within 48 hours of delivery) are highly effective in LARC uptake
- LARC adoption higher in urban areas due to availability

# 3. Results

## Family planning and LARC use in the DRC

### 1. Satisfaction and Positive Feedback:

1. Studies indicate high satisfaction with specific short-term methods, such as Sayana® Press and DMPA-SC (subcutaneous depot-medroxyprogesterone acetate).
2. Positive feedback was reported for community-based distribution of LARCs by medical/nursing students in Kinshasa.

### 2. Acceptability:

1. Generally, there was a high level of acceptance and satisfaction with the provision of DMPA-SC by nonclinically trained community health workers in DRC.
2. The feasibility and acceptability of DMPA-SC self-injection methods were assessed, with the majority preferring self-injection.

### 3. Availability and Readiness of Health Facilities:

1. Facility assessments revealed that, after the 2018 decriminalization of abortion in DRC, around 31% of health facilities were ready to provide comprehensive abortion care, including LARCs.
2. Repeated surveys at facilities in Kinshasa observed inconsistent pricing, contraceptive stockouts, and limited availability of contraceptive methods, including LARCs.

### 4. Family Planning Services in Conflict-Affected Areas:

1. Studies in conflict-affected areas, such as Nord Kivu and Sud Kivu, found high modern contraceptive and LARC use, indicating that women in these areas choose contraception when quality services are available.

# 3. Results

## Family planning and LARC use in the DRC

### 5. Task-Shifting and Community-Based Distribution:

5. Community-based distribution projects, involving medical and nursing students as well as lay community health workers, were associated with high satisfaction levels among providers and acceptability among participants.

### 6. Impact of Interventions:

1. The Momentum project, led by nursing students in community-based service delivery, had a positive impact on family planning outcomes, including increased knowledge, perceived norms, personal agency, partner discussion, and modern contraceptive use.

### 7. Immediate Postpartum LARC (IPP LARC) Interventions:

1. Higher-intensity IPP LARC interventions significantly increased the overall proportion of women adopting an IUD or implant within the first 48 hours of delivery in DRC.

### 8. Provider Training and Integration:

1. Family planning training was incorporated into nursing schools in DRC, contributing to the delivery of couple-years of protection.

### 9. Barriers to LARC Utilization:

1. Fear of side effects, cost, sociocultural norms, and misinformation were identified as barriers to family planning, including LARC use, in both urban and rural areas.

# 3. Results

## Barriers to LARC utilization

What do these studies say about LARC barriers?

- Most documented barriers to uptake are similar to barriers to using other forms of contraception, including:
  - Fear of side effects, and in particular fear of sterilization
  - Community norms that disapprove of contraception
    - Fear of intimate partner violence contributes to covert use, which is estimated at 13.2% in Kinshasa and 14.9% in Kongo Central
  - Physical access is also a barrier
  - A woman or couple's preferred method is not always available
  - Cost
  - Negative experiences during service

« Certain mothers think that when an implant is placed in the arm, it will disappear. »  
- Nurse, rural Kasai Central; BA DRC exploration of social norms



# 3. Results

## Barriers to LARC utilization

- 1. Fear of Side Effects:** Many studies identified fear of side effects as a significant barrier to LARC utilization. This fear was reported across various contexts and populations.
- 2. Sociocultural Norms:** Cultural norms, including societal attitudes toward contraception and traditional beliefs, were identified as barriers. These norms could impact decisions regarding LARC use.
- 3. Access and Availability:** Limited access to LARC methods and availability of services were reported as barriers. This includes inadequate infrastructure, supply chain issues, and geographical constraints.
- 4. Misinformation:** Lack of accurate information and misconceptions about LARC methods were identified as barriers. This highlights the importance of education and awareness campaigns.
- 5. Cost:** Economic factors, including the cost of contraceptive methods, were reported as barriers to LARC utilization in some studies.
- 6. Provider Attitudes:** Negative attitudes or lack of support from healthcare providers also emerged as barriers. Positive provider-patient interactions were associated with higher satisfaction and acceptance.

# 3. Results

## Barriers to LARC utilization

Enabling Environment	Service Delivery	Social and Behavior Change
Low rate of secondary education for women, particularly in rural	Preferred method not available	Fear of side-effects (sterilization)
Couple power dynamic	Difficult to access facility	Spousal disapproval of LARC
Urban vs. rural living conditions	Cost to access services (transportation, consult)	Husband feels not involved in FP or LARC discussion
	Negative past experience seeking care	Disapproving community norms about contraception in general (peer norms, religious norms)
		Expectation for large families and minimal spacing between children.

# Study Profile

## Fear of Side Effects

Title: "So that's why I'm scared of these methods": Locating contraceptive side effects in... eastern DRC

- **Objective:** Examine how contraceptive side effects intertwine with the social and economic fabric of rural life.
- **Methods:** Repeated qualitative interviews with women and male partners in South Kivu (2013-2016)
- **Key Insights:**
  - Side effects from contraceptive use affect daily life/social standing in rural setting.
  - Life circumstances like poverty and access to facility were important factors when considering whether to use/change contraceptive method.
  - Pressure from husband (both related to family planning and household finance) influence decision on using contraceptive.
- **Conclusion:** Concern about side effects influenced by realities of poverty, perceived access to care, and social power structures.

# 3. Results

Triangulation with BA DRC studies

Concerns and misinformation related to side effects affect adoption of LARCs

*« Men are scared that women risk choosing a method that does not suit them, they are scared of the consequences of the [FP] method. »*

- Nurses, rural Kasai Central; BA DRC exploration of social norms

*« Neighbors give me advice...implants will disrupt your period. Even if you take out the implant you won't get pregnant. Don't use it. »*

- Pregnant woman, rural Kasai; PMNS formative research

# 3. Results

## Promising interventions

- Integration of family planning training in nursing schools
- Targeted promotion in conflict-affected areas and refugee camps
- Immediate postpartum family planning
  - Counseling during ANC
  - Counseling during delivery
  - Advocacy for LARC immediately after delivery
- Combining facility and community interventions

## Promising Intervention:

### Yam Daabo Postpartum Family Planning Intervention

**Background:** DRC activities in Kinshasa. Part of multi-country trial

**Intervention:** included facility-based and community intervention

Facility-based intervention	Community intervention
Provider training (postpartum FP)	Invitation letter to husbands from facility
Supportive supervision with dedicated staff at facility	Dedicated appointment card
Availability of services 7 days per week	Decision-making tool to facilitate communication between client and provider.

#### Results:

- Intervention group adopted LARC 86 days before control.
- Partner opposition reduced in intervention group vs. control.
- Discontinuation rate for LARC low, not effected by intervention.

# 4. Discussion

## SBC priorities

1. Develop targeted and culturally sensitive communication materials
  - Educate women and men about benefits of LARCs.
  - Emphasize effectiveness, convenience, and long-term benefit.
2. LARC information sessions should be led by people that reflect community needs:
  - Trust
  - Community needs to feel that person delivering messages can respond to questions
  - Engage with community leaders and influencers to enhance the credibility of the information
  - Provides increased opportunities for asking questions and helps build trust.
3. Prioritize integration of LARC counseling into postpartum care.
4. Learn more about topic beyond Kinshasa and North/South Kivu.

Primary audience:  
Adolescent girls,  
postpartum women

Secondary audience:  
Husbands, local  
leaders, health  
providers

# 4. Discussion

Recommendations supported by review

Enabling Environment	Service Delivery	Social and Behavior Change
Service availability 7 days per week	Mobile Outreach	Educate women and men about benefits of LARCs.
Targeted education initiatives, particularly in rural areas	Immediate Postpartum FP with integrated LARC counseling	Messages should emphasize long-term benefits for family e.g. that LARC can help ensure healthy spacing between children
Combine community and facility intervention	Service availability 7 days per week	Messengers should be people the audience knows and trusts
	Supportive supervision with dedicated staff at facility	Husband engagement during FP and ANC services



# Annex 1: Search Terms

## DRC Search Terms

1. “Long-acting contraceptives” OR “Long-acting reversible contraceptives” OR “LARC methods” OR “IUD” OR “Intrauterine Device” AND “Barriers ” OR “Obstacles ” OR “access” OR “availability” OR “need” AND “Democratic Republic of Congo” OR “DRC”
2. “Long-acting contraceptives” OR “Long-acting reversible contraceptives” OR “LARC methods” OR “IUD” OR “Intrauterine Device” AND “Democratic Republic of Congo” OR “DRC”
3. “Contraceptive methods” OR “Family planning methods” OR “IUD” OR “Intrauterine Device” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND “Democratic Republic of Congo” OR “DRC”
4. “Contraceptive methods” OR “Family planning methods” OR “IUD” OR “Intrauterine Device” AND “Democratic Republic of Congo” OR “DRC”
5. “Reproductive health” OR “Contraceptive utilization” OR “Contraceptive adoption” OR “Contraceptive decision-making” OR “IUD” OR “Intrauterine Device” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND “Democratic Republic of Congo” OR “DRC”
6. “Reproductive health” OR “Contraceptive utilization” OR “Contraceptive adoption” OR “Contraceptive decision-making” OR “IUD” OR “Intrauterine Device” AND “Democratic Republic of Congo” OR “DRC”
7. “Contraceptive use” OR “Family planning” OR “Birth control” OR “IUD” OR “Intrauterine Device” AND “Challenges” OR “Obstacles” OR “Barriers” OR “need” AND “Democratic Republic of Congo” OR “DRC”
8. “Modern contraceptive methods” OR “Modern contraception” OR “IUD” OR “Intrauterine Device” AND “Access” OR “availability” OR “need” AND “Democratic Republic of Congo” OR “DRC”
9. “LARC methods” OR “Long-acting reversible contraceptives” OR “IUD” OR “Intrauterine Device” AND “Sociocultural factors” OR “Cultural” OR “need” AND “Democratic Republic of Congo” OR “DRC”
10. “Contraceptive education” OR “Family planning education” OR “IUD” OR “Intrauterine Device” AND “Healthcare providers” OR “Healthcare workers” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND “Democratic Republic of Congo” OR “DRC”
11. “Women’s reproductive autonomy” OR “Decision-making power” OR “IUD” OR “Intrauterine Device” AND “Gender norms” OR “Societal norms” AND “DRC” OR “Democratic Republic of Congo”
12. “Economic barriers” OR “Financial constraints” OR “IUD” OR “Intrauterine Device” AND “Contraceptive affordability” OR “Cost of contraception” AND “DRC” OR “Democratic Republic of Congo”

# Annex 1: Search Terms

## Burundi Search Terms

1. “Long-acting contraceptives” OR “Long-acting reversible contraceptives” OR “LARC methods” OR “IUD” OR “Intrauterine Device” AND “Barriers ” OR “Obstacles ” OR “access” OR “availability” OR “need” AND “Burundi”
2. “Long-acting contraceptives” OR “Long-acting reversible contraceptives” OR “LARC methods” OR “IUD” OR “Intrauterine Device” AND “Burundi”
3. “Contraceptive methods” OR “Family planning methods” OR “IUD” OR “Intrauterine Device” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND “Burundi”
4. “Contraceptive methods” OR “Family planning methods” OR “IUD” OR “Intrauterine Device” AND “Burundi”
5. “Reproductive health” OR “Contraceptive utilization” OR “Contraceptive adoption” OR “Contraceptive decision-making” OR “IUD” OR “Intrauterine Device” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND “Burundi”
6. “Reproductive health” OR “Contraceptive utilization” OR “Contraceptive adoption” OR “Contraceptive decision-making” OR “IUD” OR “Intrauterine Device” AND “Burundi”
7. “Contraceptive use” OR “Family planning” OR “Birth control” OR “IUD” OR “Intrauterine Device” AND “Challenges” OR “Obstacles” OR “Barriers” OR “need” AND “Burundi”
8. “Modern contraceptive methods” OR “Modern contraception” OR “IUD” OR “Intrauterine Device” AND “Access” OR “availability” OR “need” AND “Burundi”
9. “LARC methods” OR “Long-acting reversible contraceptives” OR “IUD” OR “Intrauterine Device” AND “Sociocultural factors” OR “Cultural” OR “need” AND “Burundi”
10. “Contraceptive education” OR “Family planning education” OR “IUD” OR “Intrauterine Device” AND “Healthcare providers” OR “Healthcare workers” AND “Burundi”
11. “Women’s reproductive autonomy” OR “Decision-making power” OR “IUD” OR “Intrauterine Device” AND “Gender norms” OR “Societal norms” AND “Burundi”
12. “Economic barriers” OR “Financial constraints” OR “IUD” OR “Intrauterine Device” AND “Contraceptive affordability” OR “Cost of contraception” AND “Burundi”

# Annex 1: Search Terms

## Zambia Search Terms

1. “Long-acting contraceptives” OR “Long-acting reversible contraceptives” OR “LARC methods” OR “IUD” OR “Intrauterine Device” AND “Barriers ” OR “Obstacles ” OR “access” OR “availability” OR “need” AND “Zambia”
2. “Long-acting contraceptives” OR “Long-acting reversible contraceptives” OR “LARC methods” OR “IUD” OR “Intrauterine Device” AND “Zambia”
3. “Contraceptive methods” OR “Family planning methods” OR “IUD” OR “Intrauterine Device” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND “Zambia”
4. “Contraceptive methods” OR “Family planning methods” OR “IUD” OR “Intrauterine Device” AND “Zambia”
5. “Reproductive health” OR “Contraceptive utilization” OR “Contraceptive adoption” OR “Contraceptive decision-making” OR “IUD” OR “Intrauterine Device” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND “Zambia”
6. “Reproductive health” OR “Contraceptive utilization” OR “Contraceptive adoption” OR “Contraceptive decision-making” OR “IUD” OR “Intrauterine Device” AND “Zambia”
7. “Contraceptive use” OR “Family planning” OR “Birth control” OR “IUD” OR “Intrauterine Device” AND “Challenges” OR “Obstacles” OR “Barriers” OR “need” AND “Zambia”
8. “Modern contraceptive methods” OR “Modern contraception” OR “IUD” OR “Intrauterine Device” AND “Access” OR “availability” OR “need” AND “Zambia”
9. “LARC methods” OR “Long-acting reversible contraceptives” OR “IUD” OR “Intrauterine Device” AND “Sociocultural factors” OR “Cultural” OR “need” AND “Zambia”
10. “Contraceptive education” OR “Family planning education” OR “IUD” OR “Intrauterine Device” AND “Healthcare providers” OR “Healthcare workers” AND “Zambia”
11. “Women’s reproductive autonomy” OR “Decision-making power” OR “IUD” OR “Intrauterine Device” AND “Gender norms” OR “Societal norms” AND “Zambia”
12. “Economic barriers” OR “Financial constraints” OR “IUD” OR “Intrauterine Device” AND “Contraceptive affordability” OR “Cost of contraception” AND “Zambia”

# Annex 1: Search Terms

## Regional Search Terms

1. “Long-acting contraceptives” OR “Long-acting reversible contraceptives” OR “LARC methods” OR “IUD” OR “Intrauterine Device” AND “Barriers ” OR “Obstacles ” OR “access” OR “availability” OR “need” AND “Central Africa”
2. “Long-acting contraceptives” OR “Long-acting reversible contraceptives” OR “LARC methods” OR “IUD” OR “Intrauterine Device” AND AND “Central Africa”
3. “Contraceptive methods” OR “Family planning methods” OR “IUD” OR “Intrauterine Device” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND AND “Central Africa”
4. “Contraceptive methods” OR “Family planning methods” OR “IUD” OR “Intrauterine Device” AND AND “Central Africa”
5. “Reproductive health” OR “Contraceptive utilization” OR “Contraceptive adoption” OR “Contraceptive decision-making” OR “IUD” OR “Intrauterine Device” AND “Barriers” OR “Obstacles” OR “access” OR “availability” OR “need” AND “Central Africa”
6. “Reproductive health” OR “Contraceptive utilization” OR “Contraceptive adoption” OR “Contraceptive decision-making” OR “IUD” OR “Intrauterine Device” AND “Central Africa”
7. “Contraceptive use” OR “Family planning” OR “Birth control” OR “IUD” OR “Intrauterine Device” AND “Challenges” OR “Obstacles” OR “Barriers” OR “need” AND “Central Africa”
8. “Modern contraceptive methods” OR “Modern contraception” OR “IUD” OR “Intrauterine Device” AND “Access” OR “availability” OR “need” AND “Central Africa”
9. “LARC methods” OR “Long-acting reversible contraceptives” OR “IUD” OR “Intrauterine Device” AND “Sociocultural factors” OR “Cultural” OR “need” AND “Central Africa”
10. “Contraceptive education” OR “Family planning education” OR “IUD” OR “Intrauterine Device” AND “Healthcare providers” OR “Healthcare workers” AND “Central Africa”
11. “Women’s reproductive autonomy” OR “Decision-making power” OR “IUD” OR “Intrauterine Device” AND “Gender norms” OR “Societal norms” AND “Central Africa”
12. “Economic barriers” OR “Financial constraints” OR “IUD” OR “Intrauterine Device” AND “Contraceptive affordability” OR “Cost of contraception” AND “Central Africa”

# Thank You

For more information, please contact:

**Breakthrough ACTION DRC Office**

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