



PMA2016/Ethiopia: Implant use and removal in Ethiopia

Background Characteristics of Implant Users

Across all contraceptive methods, implants are the fastest growing method in Ethiopia, supplanting the injectable, which had been the fastest growing method.

Implant use among all women 15 to 49 years of age has increased from 3.5% to 6.4% over a 24-month period (February-April 2014 to March-May 2016) shifting in its share among all modern method users upward from 20.9% to 24.0%.

Table 1 shows the background characteristics of all modern contraceptive users and implant users. A higher proportion of implants users compared to all modern contraceptive users:

- Are within the age range 25-34 years
- Live in a rural area
- Are less educated
- Obtain their services from public health facilities
- Paid no family planning fees in the past 12 months

Table 1. Characteristics of all modern contraceptive and implant users

	Modern contraceptive users (%)	Implant users (%)
N	1993	462
Total % of all women	26.5	6.4
Age		
15-19	7.1	4.8
20-24	20.9	18.7
25-29	26.6	30.7
30-34	18	19.6
35-39	14.1	13.9
40-44	9.0	10.1
45-49	4.1	2.2
Marital status		
Married	89.9	90.5
Not married	10.1	9.5
Unmarried sexually active	4.7	3.0
Parity		
0-1	32.2	28.6
2-3	27.6	31.4
4 or more	40.2	39.9
Residence		
Urban	27.1	22.5
Rural	72.9	77.5
Education		
No education	43.5	47.6
Primary	37.1	37.2
Secondary+	19.3	15.2
Wealth quintile		
Lowest	15.4	18.0
Second	17.3	16.8
Middle	19.8	24.1
Fourth	20.1	20.9
Highest	27.5	20.2
Percent receiving method from public health facility	83.4	96.8
Percent paid for FP services in past 12 month	22.6	7.6



Implant services are much more likely to be offered from a public health center than a private one. This is reflected in the percentage of public and private facilities that offer implants.

Among facilities that offer family planning, **public facilities have higher proportion of staffs trained to remove implants.**

Table 2: Percentage of facilities offering FP that offer implants and have staffs trained to remove implants, by sector

All Health Facilities that offer family planning				
	Total (%)	Public (%)	Private (%)	
N	444	388	56	
Offer implant:				
No	15.8	6.2	82.1	
Yes and in-stock	81.3	90.7	16.1	
Yes, but not in stock	2.9	3.1	1.8	
Have staff trained to remove implants:				
No	24.7	69.0	10.0	
Yes	75.3	31.0	90.0	

Type of implant and the counseling received

72% percent of women using the implant are using a one-rod implant; 20.8% are using a two-rod implant; and 7.4% are using the six-rod implant or don't know the type of their implant.

99% percent of implant users were told how long the implant would protect against pregnancy when it was inserted.

Approximately 79% percent of implant users correctly reported the duration of their implant's protection.

Table 3. Type of implant and the counseling received, by residence

All implant users			
	Total (%)	Urban (%)	Rural (%)
N	462	232	230
Type of implant			
One rod	71.8	58.3	75.7
Two rod	20.8	31.1	17.9
Six rods	1.0	0.3	1.2
Do not know	6.4	10.3	5.2
Told about the duration of protection			
Correctly reported the duration of protection (based on type of implant)	78.8	71.5	81.0
Told where to go to have implant removed			
	84.0	79.9	85.2
Ever tried to have implant removed			
	7.2	10.1	6.4



Implant Removal

While the shift towards highly effective, long-acting methods is a positive one, it is important to ensure that women are able to have the implant removed if and when they choose.

- **84% percent of implant users were told where they could go to have the implant removed**
- **Being told where to have the implant removed varies by residence;** 79.9% of urban women were told where to get the implant removed versus 85.2% of rural women.

Of women who are current users of the implant, 7.2% (n=35) have attempted to have the implant removed and were unable to. The reasons and frequencies are given in *Table 4*.

Among women who discontinued use of the implant in the past 12 months and who did not start using a new method (n=42), the primary reason for having the implant removed are reported in *Table 5*.

About PMA2020/Ethiopia

PMA2020 introduces a new approach for data collection.

After drawing a sample of enumeration areas, women are recruited from the selected communities and trained to use smartphones to collect data from households and health facilities. The data are collected within a six-week period and findings are generated within another six weeks, for rapid turnaround. Survey rounds are collected annually, allowing for continuous tracking of key indicators.

In Ethiopia, data collection is led by the Addis Ababa University's School of Public Health at the College of Health Sciences (AAU/SPH/CHS), in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. Funding is provided by the Bill & Melinda Gates Foundation. Data collection for this survey round (4) took place between March and April 2016. A nationally representative sample of 221 enumeration areas were selected, with 35 households interviewed from each, generating a probability sample of 7,651 households and 7,481 females ages 15-49, and 456 health facilities. This memo presents findings from questions added to the fourth round of data collection in Ethiopia. Questions to current implant users focused on quality of counseling and accessibility of removal services, and were developed in collaboration with FHI 360.

Table 4: Reasons given for failure to remove implant

Among implant users who were unable to have implant removed	
	Total (%)
Total	35
Other reason/don't know	15
Counseled against removal	13
Told to return another day	3
Provider attempted but could not remove the implant	2
Provider refused	1
Travel/ cost	1

Table 5: Reasons given for discontinuing implants in the past 12 months

Among recent users of implant	
	Number
Total	42
Wanted to get pregnant	12
Health concerns and side effects	12
Other/Don't know	9
Interferes with body natural processes	3
Inconvenient to use	2
Infrequent sex	2
Difficult to get pregnant/ menopausal	1
Wanted a more effective method	1