

## INTRODUCTION

Since the launch of PMA Ethiopia in 2014, the modern contraceptive prevalence rate (mCPR) in Ethiopia increased from 23.0% to 25.8%. Although injectables remain the most widely used method among modern contraceptive users (53.2%), a growing number of women are using implants. Between 2014 and 2019, the proportion of modern contraceptive method users using implants doubled from 15.6% to 32.1%. This brief provides an overview of contraceptive implant users in Ethiopia, the quality of counseling and service provision for these users, and information on removal services.

### Characteristics of Modern Contraceptive and Implant Users

The weighted proportions of **modern contraceptive users** and the weighted proportions of **implant users**, among modern contraceptive users, by selected background characteristics.

	Modern contraceptive users (N = 2,278)	Implant users (N = 675)
<b>Overall percent</b>	<b>25.8</b>	<b>32.1</b>
<b>Age</b>		
15-19	8.7	8.1
20-24	21.5	18.9
25-29	27.2	30.3
30-34	16.8	16.6
35-39	14.4	13.8
40-49	11.4	12.3
<b>Region</b>		
Tigray	5.2	6.8
Afar	0.1	0.0
Amhara	27.2	21.6
Oromiya	38.9	42.9
Somali	0.1	0.0
Benishangul-Gumuz	1.3	1.4
SNNP	19.6	18.5
Gambella	0.4	0.3
Harari	0.3	0.4
Addis	6.5	7.6
Dire Dawa	0.4	0.5
<b>Residence</b>		
Rural	63.8	67.1
Urban	36.2	32.9
<b>Marital status*</b>		
Married	91.2	91.9
Not married	8.8	8.1
<b>Parity</b>		
0-1 children	34.5	31.4
2-3 children	31.5	35.4
4+ children	33.9	33.2
<b>Education*</b>		
No education	36.3	37.3
Primary	39.5	41.2
Secondary or Higher	24.2	21.5
<b>Wealth quintile</b>		
Lowest	14.7	18.1
Lower	18.3	19.1
Middle	21.3	20.6
Higher	19.9	18.8
Highest	25.9	23.5

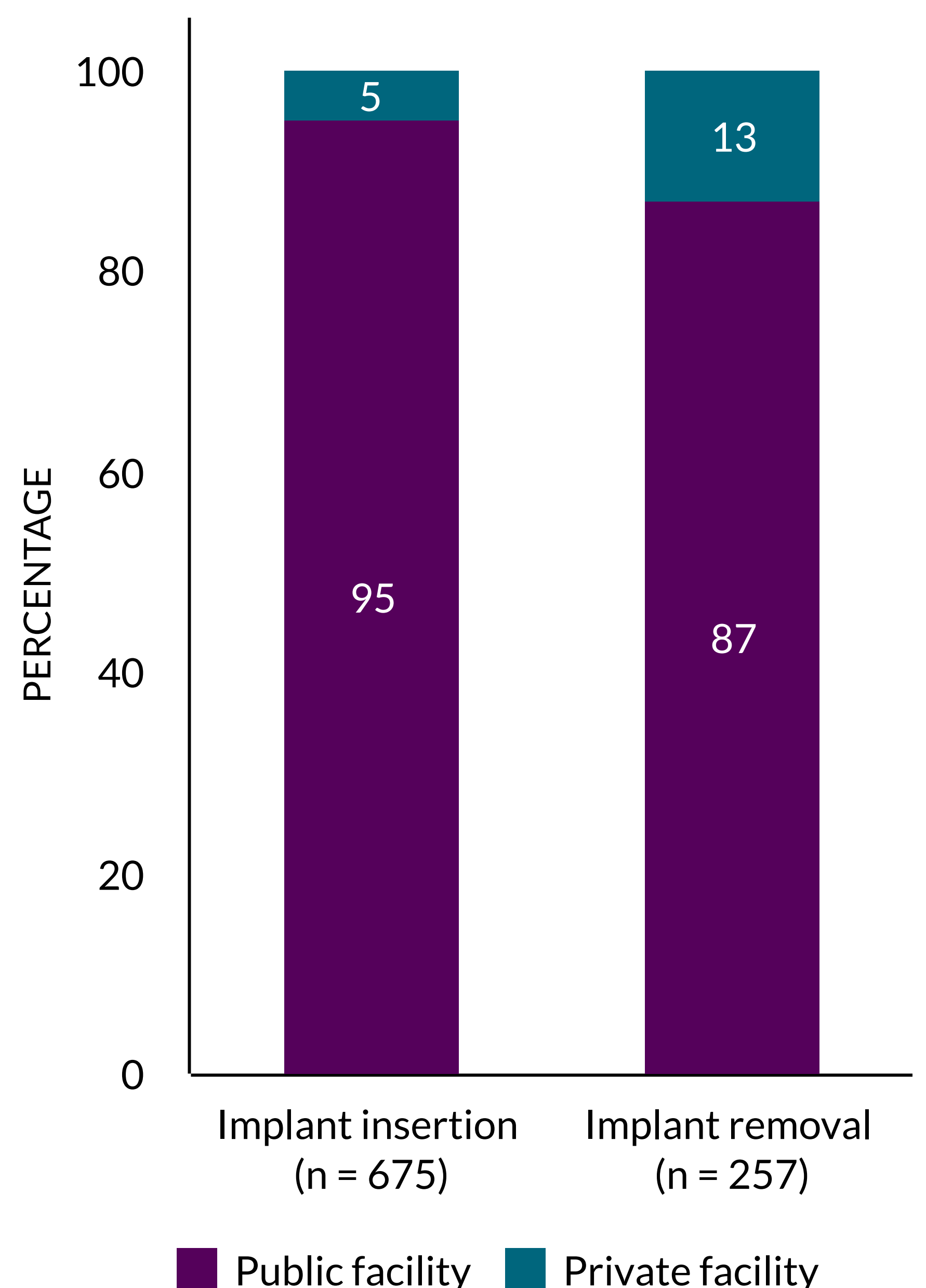
#### CHARACTERISTICS SUMMARY

Compared to all modern contraceptive users, a statistically significant higher proportion of implant users:

- Lived in rural areas
- Were less educated
- Were from lower wealth quintiles

\*Note: Column percentages presented. Not being married included divorced/separated, widow/widower, and never married. Secondary or higher education included secondary, technical & vocational, and higher education.

### Managing authority of facility for implant insertions and removals



\*Note: Implant insertion site among current users and implant removal site among recent users of implant in the last 12 months

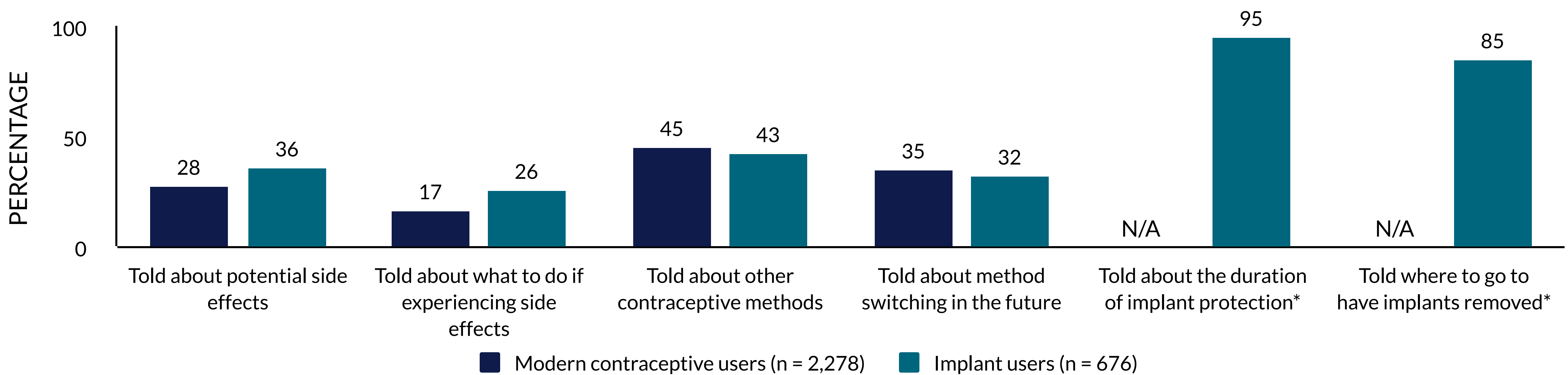
In Ethiopia, the proportion of modern contraceptive users using a contraceptive implant rose from 15.8% in 2014 to 30.8% in 2019. As a growing number of women adopt implants, it is critical to ensure women receive comprehensive counseling, are offered a range of contraceptive methods, and are able to have their implants removed, if and when they desire.

## TYPES OF FAMILY PLANNING COUNSELING RECEIVED

Among women who currently use implants in Ethiopia, the vast majority reported being told about the duration of protection it provided (94.6%) and where they could go to have their implants removed (85.3%) at the time they received their method. However, only about one-third (35.7%) of women reported being told about the potential side effects of implants and 42.5% were counseled on other contraceptive methods.

### Components of contraceptive counseling received among current users

Weighted proportion of all current modern contraceptive users (n=2,278) and current implant users (n=676) who received each component of contraceptive counseling.



\*Note: These two questions were only asked to women who were currently using implants

## DESIRE FOR IMPLANT REMOVAL

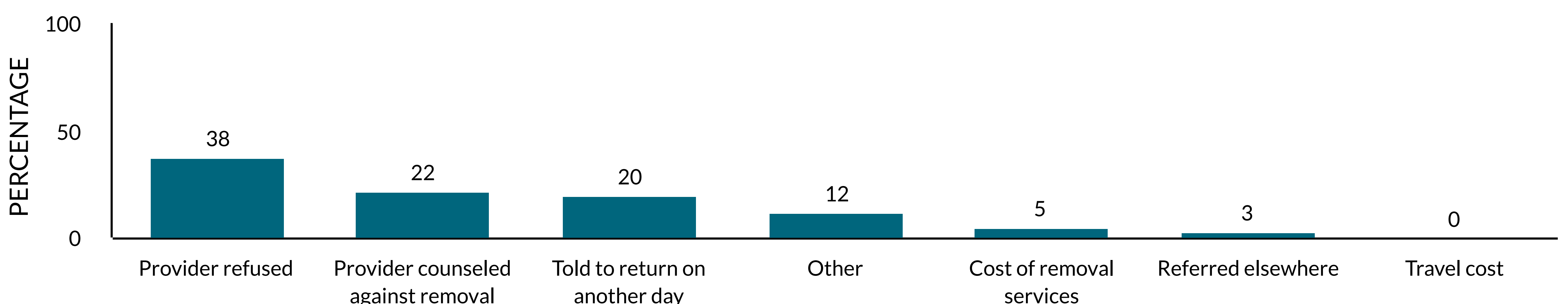
One in five current implant users (20.6%) reported wanting to have their implants removed at time of interview. Among current implant users, 5.6% attempted to have their implant removed but were unable to so do. The most commonly reported reason for unsuccessful implant removal was provider refusal (37.9%), followed by provider counseling against removal (22.0%), and being told to return another day (19.7%).

### Current implant removal desire and implant removal attempt in the past 12 months



### Reasons for unsuccessful implant removal

Percent of women who responded "yes" to each reason, among women who attempted but were unable able to have their implants removed, (n = 37)



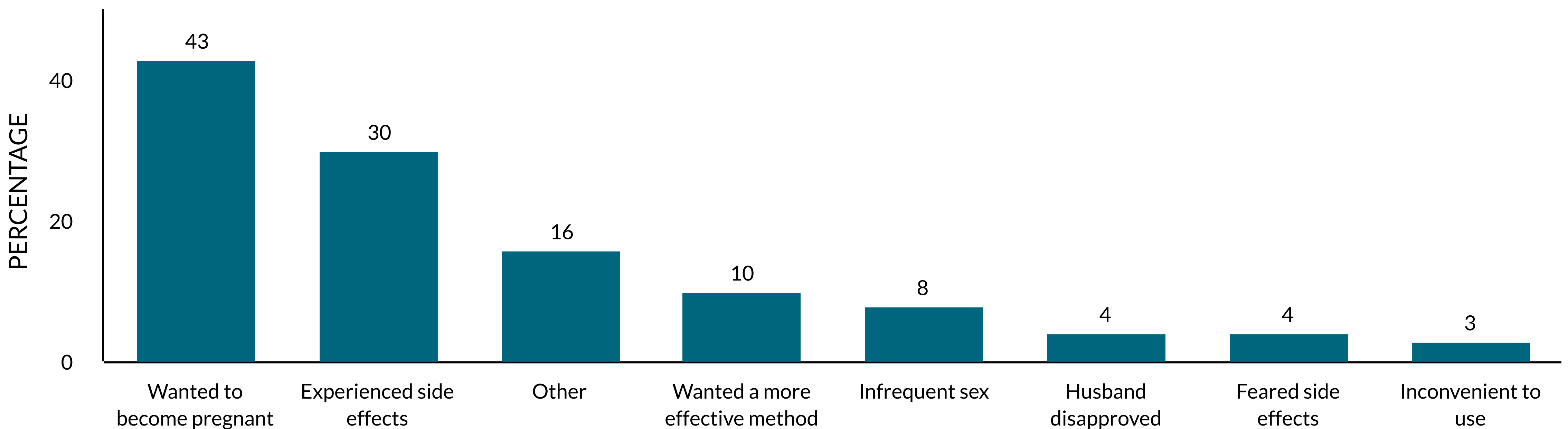
\*Note: Respondents were able to select multiple answers, but all that answered this question selected only one answer. None reported facility not open, qualified provider not available, or provider attempted but could not remove the implant as a reason for unsuccessful implant removal.

## REASONS FOR DISCONTINUATION

A total of 161 women reported discontinuing implant use at some point in the past 12 months. More than two in five women who stopped using implants discontinued their method because they wanted to become pregnant (43.2%). Nearly one-third of women reported having their implant removed due to side effects (29.6%), while about 10% of women wanted a more effective method.

### Reasons for discontinuing implant use

Percent distribution of reason(s) for discontinuation, among those who used implant in the past 12 months, (n = 161)



\*Note: Respondents were able to select multiple reasons. Therefore, the percentages do not add up to 100%. Other reasons included other (15.5%), became pregnant (1.4%), fatalistic (4.0%), difficult to conceive/menopausal (0.3%), and do not know (0.2%)

## FACILITY READINESS FOR IMPLANT SERVICES

Among facilities that offered family planning services on the day of interview, including implants, the vast majority of facilities reported being able to insert implants that day and had implants in-stock (96.2%). Despite widespread availability to insert implants, fewer facilities reported being able to remove implants (79.8%) and about half were able to remove implants that were non-palpable (56.5%).

### PATTERNS BY MANAGING AUTHORITY

- A higher proportion of public facilities reported capacity to insert implants compared to private facilities (96.5% vs. 92.9%), yet public facilities reported less capacity to remove palpable (78.5% vs. 95.2%) and non-palpable implants (52.9% vs. 57.1%)
- Vast majority of public and private facilities (97.7% and 94.1%) reported knowing a place to refer a woman for non-palpable implant removal
- Mobile implant insertion and removal services were low across both public (10.7%) and private facilities (14.3%)

### Implant removal services by facility type

Proportion of facilities that offer the following implant-related services, by facility type, among facilities offering family planning services on the day of interview (n = 556)

