PMA2017/Ethiopia: Implant use and removal in Ethiopia

Background Characteristics of Implant Users

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

Implant use among all women 15 to 49 years of age has increased from 3.5% to 6.2% over a 36-month period (February-April 2014 to April-May 2017) shifting in its share among all modern method users upward from 20.9% to 24.1%.

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 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	**1,860**	**444**
Total % of all women	**25.5**	**6.2**
Age		
15-19	10.0	6.0
20-24	20.7	20.9
25-29	25.4	26.8
30-34	18.5	19.5
35-39	16.0	15.9
40-44	6.6	9.1
45-49	2.8	1.8
Marital status		
Married	90.9	89.9
Not married	9.1	10.1
Unmarried sexually active	4.5	5.9
Parity		
0-1	25.2	25.8
2-3	35.3	34.1
4 or more	39.5	40.2
Residence		
Urban	25.8	25.7
Rural	74.2	74.3
Education		
No education	42.4	48.4
Primary	37.8	33.8
Secondary+	19.8	17.7
Wealth quintile		
Lowest	17.2	19.8
Second	18.5	17.2
Middle	16.2	15.2
Fourth	23.4	25.5
Highest	24.6	22.3
Percent receiving method from public health facility	79.5	94.8
Percent paid for FP services in past 12 months	23.7	4.7

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, table 2.

Among facilities that offer implant services, **public facilities have higher proportion of staff 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	**438**	**394**	**44**
Offer implant:			
No	14.2	6.3	84.1
Yes and in-stock	81.3	88.8	13.6
Yes, but not in stock	4.6	4.8	2.3
N	**376**	**369**	**7**
Have staff trained to remove implants*:			
No	19.7	20.1	--
Yes	80.3	79.9	--

**among those that provide implants*

Type of implant and the counseling received

81% percent of women using the implant are using a one-rod implant; 19% are using a two-rod implant; and, less than 1% are using the six-rod implant.

98% percent of implant users were told how long the implant would protect against pregnancy when it was inserted.

Approximately 96% 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	**444**	**241**	**203**
Type of implant			
One rod	80.5	76.7	81.9
Two rod	19.0	23.3	17.5
Six rods	0.5	0.0	0.6
Told about the duration of protection	97.8	95.7	97.8
Correctly reported the duration of protection *(based on type of implant)*	95.5	97.8	94.7
Ever tried to have implant removed	3.9	4.1	3.8

Implant Removal

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

Of women who are current users of the implant, 3.9% (n=16) 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=47), the primary reason for having the implant removed are reported in Table 5.

Table 4: Reasons given for failure to remove implant

Among implant users who were unable to have implant removed	
	Number
Total	**16**
Provider refused	7
Told to return another day	4
Counseled against removal	2
Provider attempted but could not remove the implant	1
Told to go elsewhere	1
Other/Don't know	1

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

Among recent users of implant	
	Number
Total	**47**
Wanted to get pregnant	17
Health concerns and side effects	17
Infrequent sex	7
Interferes with body natural processes	1
Inconvenient to use	1
Husband/partner opposition	1
Method not available	1
Other/Don't know	2

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. For this survey round, a new set of 221 enumeration areas (EAs) were selected, adjacent to EAs used in the previous four rounds, drawn by the Central Statistical Agency from its master sampling frame. For each EA, 35 households and 3-6 health service delivery points (SDPs) were selected. Households were systematically sampled using random selection. Households with eligible females of reproductive age (15-49 years) were contacted and consented for interviews. The final sample included 7,616 households, 7,361 de facto females and 452 SDPs (98.9%, 98.7% and 97.8% response rates respectively). Data collection was conducted between April and May 2017.