# PMA2015/Kenya: Implant use and removal in Kenya

## Background Characteristics of Implant Users

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

Implant use among all women 15 to 49 years of age has increased from 7.8% to 10.4% over an 18-month period, shifting in its share among all modern method users upward from 18.3% to 22.3%.

*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 20-34
- Are married
- Have had two or more children
- Live in a rural area
- Are less educated
- Are in a poor wealth quintile
- Obtain their services from public health facilities
- Receive their method for free

*Table 1. Characteristics of all modern contraceptive and implant users*

| | Modern contraceptive users (%) | Implant users (%) |
|---|---|---|
| **N** | **2249** | **490** |
| **Total % of all women** | **46.8** | **10.4** |
| **Age** | | |
| 15-19 | 4.2 | 2.2 |
| 20-24 | 23.6 | 27.2 |
| 25-29 | 28.8 | 29.0 |
| 30-34 | 17.9 | 21.9 |
| 35-39 | 12.6 | 11.7 |
| 40-44 | 8.2 | 5.7 |
| 45-49 | 4.8 | 2.2 |
| **Marital status** | | |
| Married | 77.8 | 89.1 |
| Not married | 22.2 | 10.9 |
| Unmarried sexually active | 13.3 | 6.5 |
| **Parity** | | |
| 0-1 | 34.7 | 27.7 |
| 2-3 | 43.8 | 50.1 |
| 4 or more | 21.5 | 22.1 |
| **Residence** | | |
| Urban | 62.1 | 54.4 |
| Rural | 37.9 | 45.6 |
| **Education** | | |
| No education/primary | 44.9 | 53.3 |
| Secondary | 35.0 | 30.0 |
| Tertiary + | 20.1 | 16.6 |
| **Wealth quintile** | | |
| Lowest | 19.9 | 23.7 |
| Second | 19.5 | 20.1 |
| Middle | 21.0 | 20.2 |
| Fourth | 15.7 | 13.2 |
| Highest | 23.9 | 22.8 |
| **Percent receiving method from public health facility** | 62.3 | 80.7 |
| **Percent paid for FP services in past 12 month** | 51.3 | 26.2 |

**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 implants, **almost 100% of both public and private facilities have 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** | **331** | **269** | **62** |
| **Offer implant:** | | | |
| No | 17.0 | 3.7 | 74.2 |
| Yes and in-stock | 80.0 | 92.9 | 24.2 |
| Yes, but not in stock | 3.0 | 3.3 | 1.6 |
| **Have staff trained to remove implants:** | | | |
| No | 1.0 | 1.2 | 0.0 |
| Yes | 99.0 | 98.8 | 1.6 |

## Type of implant and the counseling received

Fifty-six percent of women using the implant are using two-rod implant; 37.2% are using one-rod implant; and 6.7% are using the six-rod implant or don't know the type of their implant.

Ninety-nine percent of implant users were told how long the implant would protect against pregnancy when it was inserted.

Approximately 89% of implant users correctly reported the duration of their implant's protection.

*Table 3. Type of implant and the counseling received, by education level*

| All implant users | | | | |
|---|---|---|---|---|
| | Total (%) | No or primary (%) | Secondary (%) | Higher (%) |
| **N** | **490** | **297** | **132** | **61** |
| **Type of implant** | | | | |
| One rod | 37.2 | 42.6 | 22.7 | 46.2 |
| Two rod | 56.2 | 49.6 | 72.3 | 48.1 |
| Six rods | 2.3 | 2.0 | 2.7 | 2.3 |
| Do not know | 4.3 | 5.8 | 2.2 | 3.4 |
| **Told about the duration of protection** | 99.0 | 98.2 | 100.0 | 100.0 |
| **Correctly reported the duration of protection** *(based on type of implant)* | 86.6 | 83.6 | 88.7 | 92.3 |
| **Told where to go to have implant removed** | 88.6 | 85.3 | 90.4 | 96.2 |
| **Ever tried to have implant removed** | 4.0 | 5.8 | 2.5 | 0.5 |

# 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 to do so.

- **Nearly 88& of implant users were told where they could go to have the implant removed**, 89% among urban and 88% of rural users.

- **Being told where to have the implant removed varies by education level**, 85% of women with no or primary education versus 96.2% of women with tertiary education.

Of women who are current users of the implant, 4.0% (n=23) 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=28), 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 | |
|---|---|
| | Total (%) |
| **Total** | **23** |
| Counseled against removal | 6 |
| Trained provider unavailable | 4 |
| Cost | 4 |
| Provider refused | 3 |
| Told to return another day | 1 |
| Facility not open | 1 |
| Travel | 1 |
| Other/ Don't Know | 3 |

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

| Among recent users of implant | |
|---|---|
| | **Number** |
| **Total** | **28** |
| Health concerns and side effects | 9 |
| Wanted to get pregnant | 6 |
| Husband away | 4 |
| Interferes with body natural processes | 4 |
| Inconvenient to use | 1 |
| Other/ Don't Know | 3 |

## About PMA2020/Kenya

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 Kenya, data collection is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. A nationally representative sample of 120 enumeration areas were selected, with 42 households interviewed from each, generating a probability sample of 4,792 households and 4,921 females ages 15-49, and 340 health facilities. This memo presents findings from questions added to the fourth round of data collection in Kenya, which took place from May 2014 to December 2015.

Questions to current implant users focused on quality of counseling and accessibility of removal services. The questions were developed in collaboration with FHI 360.