

# PMA2016/Burkina Faso: Implant use and removal in Burkina Faso

## Background Characteristics of Implant Users

Across all contraceptive methods, implants are the most widely used method in Burkina Faso.

Implant use among all women 15 to 49 years of age has increased slightly over a 24-month period (6.8% and 9.9% between December 2014 and December 2016) and has retained a stable share of the method mix (43.6% to 45.2%, respectively).

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:

- Have four or more children
- 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 (2016)*

	Modern contraceptive users (%)	Implant users (%)
<b>N</b>	<b>798</b>	<b>322</b>
<b>Total % of all women</b>	<b>22.9</b>	<b>9.9</b>
<b>Age</b>		
15-19	9.8	9.3
20-24	20.3	20.7
25-29	22.0	18.1
30-34	19.7	19.1
35-39	15.0	17.4
40-44	9.6	10.6
45-49	3.8	4.8
<b>Marital status</b>		
Married	84.6	89.7
Unmarried sexually active	9.2	3.7
<b>Parity</b>		
0-1	26.0	20.4
2-3	27.5	27.9
4 or more	46.4	51.7
<b>Residence</b>		
Urban	35.3	26.1
Rural	64.7	73.9
<b>Education</b>		
No education	56.1	64.0
Primary	21.2	20.0
Secondary+	22.7	15.9
<b>Wealth tertile</b>		
Lowest	29.1	32.3
Middle	27.1	31.3
Highest	43.8	36.4
<b>Percent receiving method from public health facility</b>	87.2	96.7
<b>Percent paid for FP services in past 12 month</b>	67.7	54.4

The majority of family planning services in Burkina are provided through public facilities. Of the private facilities included in the sample, few offer implant insertion. This is reflected in the percentage of public and private facilities that offer implants.

Among facilities that offer implant services, almost all facilities have a staff member 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			
	Public (%)	Private (%)	Total (%)
<b>N</b>	<b>117</b>	<b>16</b>	<b>133</b>
<b>Offer implant:</b>			
No	0.0	63.6	5.5
Yes and in-stock	97.4	18.2	90.6
Yes, but not in stock	2.6	18.2	3.9
<b>Have staff trained to remove implants*:</b>			
No	0.9	--	0.8
Yes	99.1	--	99.2

*\*among those that provide implants*

## Type of implant and the counseling received

The majority of women (88%) are using the two-rod implant. In Burkina, 8.5% of women reported that they are using a three-rod implant, however there is no known three-rod implant on the market. This indicates that women may not have complete knowledge of what method they receive during insertion. Less than one percent of women reported that they did not know the number of rods in their implant.

Eighty-nine percent of current implant users were told how long the implant would protect against pregnancy when it was inserted. A larger percentage of urban women reported that they were informed about the duration of pregnancy protection than rural women.

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

	All implant users		
	Urban (%)	Rural (%)	Total (%)
<b>N</b>	<b>169</b>	<b>153</b>	<b>322</b>
<b>Type of implant</b>			
One rod	3.4	2.4	2.4
Two rod	88.6	87.8	88.0
Three rod	7.0	9.0	8.5
Six rods	0.5	0.7	0.6
Do not know	0.5	0.6	0.5
<b>Told about the duration of protection</b>			
	94.3	87.5	89.2
<b>Correctly reported the duration of protection*</b>			
	97.2	96.3	96.6
<b>Told where to go to have implant removed</b>			
	83.4	77.9	79.3
<b>Tried to have implant removed in past 12 months</b>			
	4.3	8.0	7.0

*\*Based on type of implant reported. Does not include three-rod implant users*

Approximately 97% percent of implant users using a one, two, or six-rod implant correctly reported the duration of their implant's protection.

## 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.

- **Seventy-nine percent of implant users were told where they could go to have the implant removed**

**Of women who are current users of the implant, 7.0% (n=20) have attempted to have the implant removed and were unable to do so.**

The primary reason given for being unable to remove the implant 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=52), 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	
	Freq
<b>Total</b>	<b>20</b>
Counseled against removal	4
Trained provider unavailable	3
Facility not open/long lines	2
Provider refused	2
Cost	2
Provider attempt unsuccessful	1
Referred elsewhere	1
Respondent attempted removal	1
Other/Don't Know	4

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

Among recent users of implant	
	Freq
<b>Total</b>	<b>52</b>
Wanted to get pregnant	34
Interferes with body's natural process	9
Health concerns/side effects	6
Became pregnant	1
Husband/partner opposition	1
No response	1

## About PMA2020/Burkina Faso

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 Burkina Faso, data collection is led by l'Institut Supérieur des Sciences de la Population (ISSP) at Université Ouaga I Pr Joseph Ki-Zerbo. 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 November 2016 and January 2017. A nationally representative sample of 83 enumeration areas were selected, with 35 households interviewed from each, generating a probability sample of 2,747 households and 3,195 females age 15-49, and 131 health service delivery points. This memo presents findings from questions added to the fourth round of data collection in Burkina Faso. Questions to current implant users focused on quality of counseling and accessibility of removal services, and were developed in collaboration with FHI 360.