

INTRODUCTION

Since the launch of PMA Kenya in 2014, the modern contraceptive prevalence rate (mCPR) in Kenya increased from 42.0% to 43.0%. Although injectables remain the most widely used method among modern contraceptive users (31.0%), a growing number of women are using implants. Between 2014 and 2019, the proportion of modern contraceptive method users using implants doubled from 17.9% to 38.1%. This brief provides an overview of contraceptive implant users in Kenya, the quality of counseling and service provision for these users, and information on removal services.

Characteristics of modern method users vs. implant users

The weighted proportion of modern contraceptive users, and among modern contraceptive users, the weighted proportion of implant users, by selected background characteristics (age, region, residence, marital status, parity, education, and wealth quintiles), among all women.

	Modern contraceptive users (N=4,095)	Implant users (N=1,571)
Overall percent	43.2	38.1
Age		
15-19	6.1	4.9
20-24	19.3	19.9
25-29	21.2	22.8
30-34	20.9	24.0
35-39	15.4	14.6
40-49	17.2	13.8
Region		
Bungoma	10.7	11.9
Kakamega	18.4	21.8
Kericho	11.4	7.6
Kiambu	7.8	5.3
Kilifi	8.5	10.8
Kitui	7.1	7.9
Nairobi	11.0	7.1
Nandi	8.7	10.0
Nyamira	6.3	5.6
Siaya	7.1	9.0
West Pokot	3.1	2.9
Residence		
Rural	66.9	72.5
Urban	33.1	27.5
Marital status*		
Married	77.6	83.1
Not married	22.4	16.9
Parity		
0-1 children	19.8	19.3
2-3 children	43.1	43.6
4+ children	37.1	37.1
Education*		
No education	2.6	4.3
Primary	50.0	55.7
Secondary or Higher	44.4	37.4
Wealth quintile		
Lowest	17.8	23.6
Lower	22.1	23.8
Middle	21.8	21.8
Higher	20.3	17.2
Highest	18.1	13.5

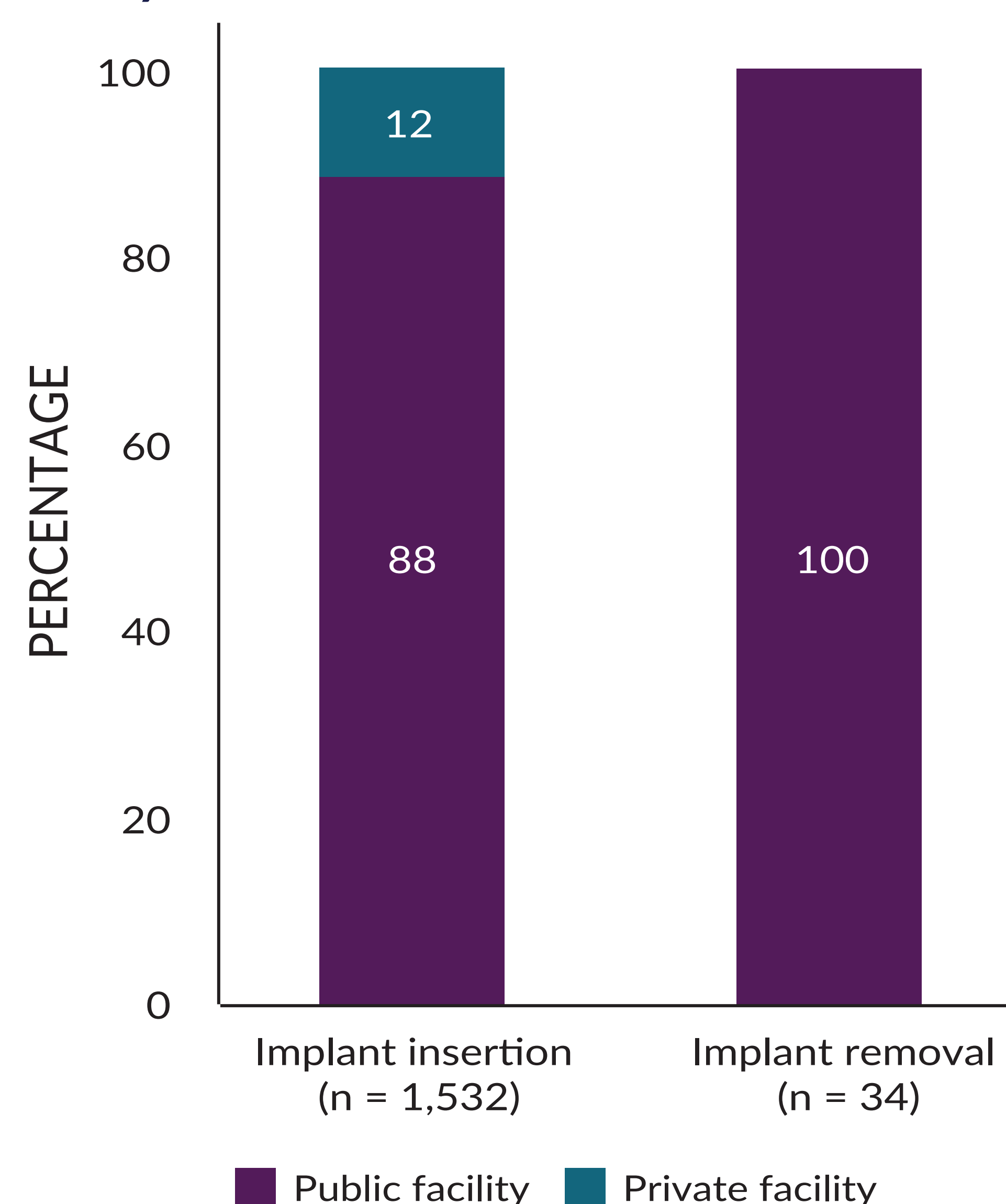
CHARACTERISTICS SUMMARY

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.*

Percent of current (and recent) users who received insertion from public vs. private facility



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

TYPES OF COUNSELING RECEIVED AMONG CURRENT USERS

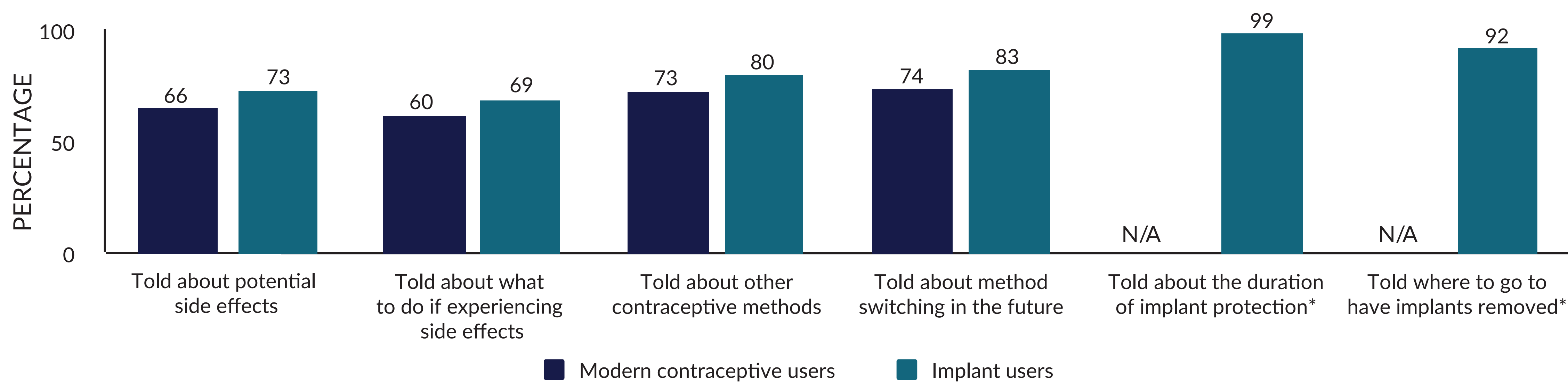
(E.G., SIDE EFFECTS, WHAT TO DO IF SIDE EFFECTS, WHERE TO HAVE IT REMOVED)

In Kenya, the proportion of modern contraceptive users using a contraceptive implant rose from 17.9% in 2014 to 38.1% 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.

Among women who currently use implants in Kenya, the vast majority reported being told about the duration of protection it provided (99.0%) and where they could go to have their implants removed (92.3%) at the time they received their method. Roughly three-fourths (73.2%) of women reported being told about the potential side effects of implants and 69.3% were told what to do if they experienced side effects.

Components of contraceptive counseling received among current users

Weighted proportion of all current modern contraceptive users (n= 4,095) and current implant users (n= 1,571) who received each component of contraceptive counseling.

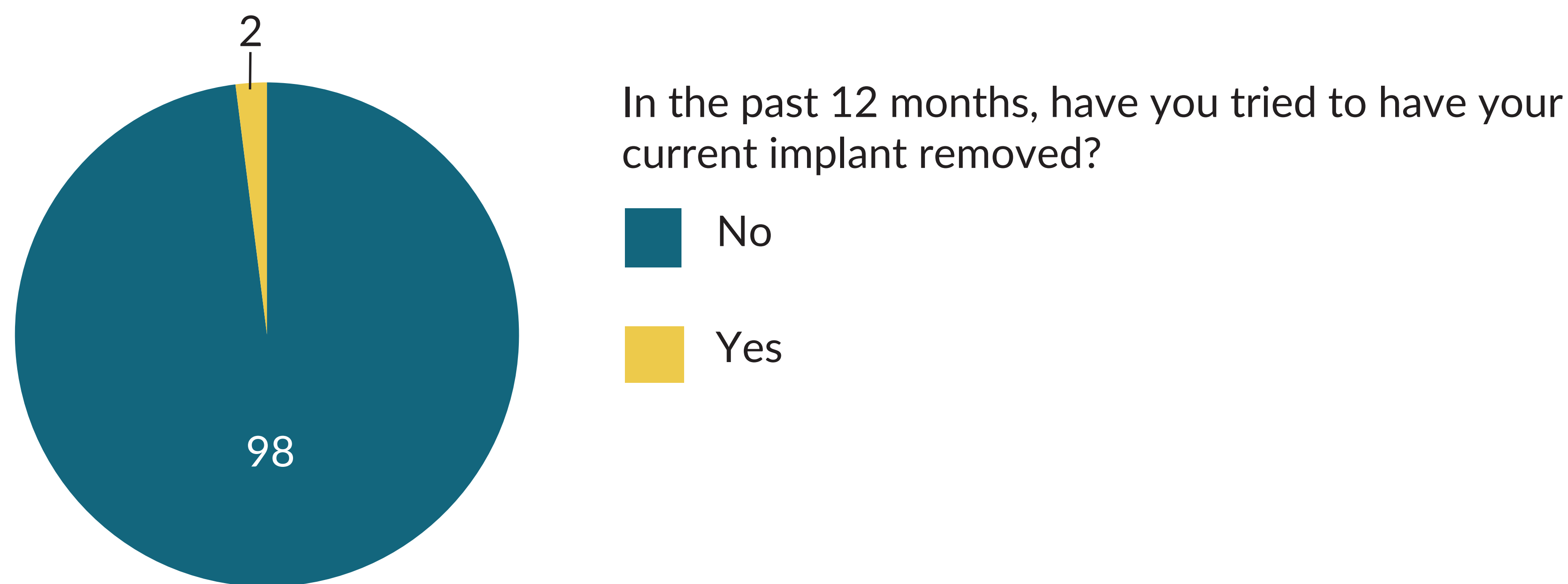


*Note: These two questions were only asked to women who were currently using implants

DESIRE FOR IMPLANT REMOVAL

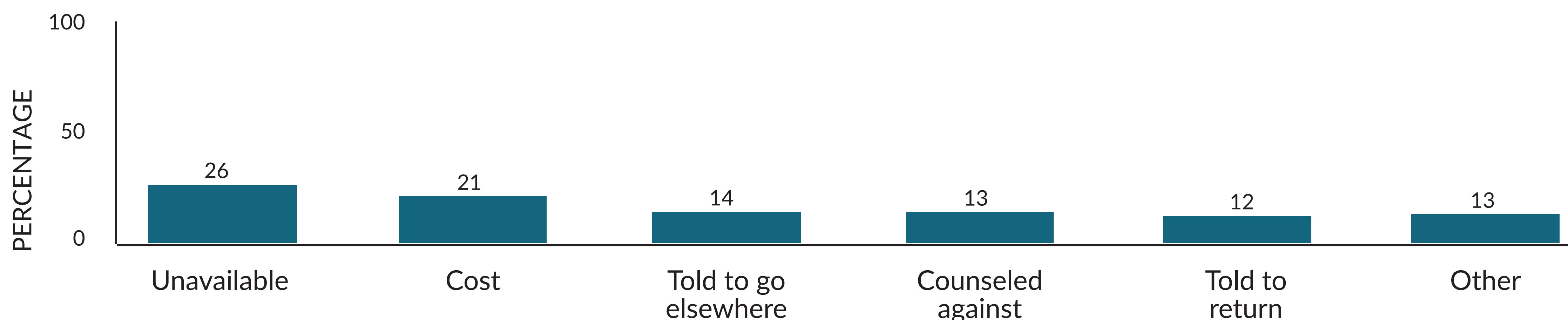
Approximately 2.0% of current implant users reported attempting to have their implant removed but being unable to do so. The most commonly reported reason for successful implant removal was provider unavailable (26.4%) followed by cost (20.9%), and being told to go elsewhere (13.5%).

Proportion who attempted but were not able to have their implant removed



Reasons for unsuccessful removal

Percent of women who responded “yes” to each reason, among women who attempted but were unable able to have their implants removed, (n = 34)



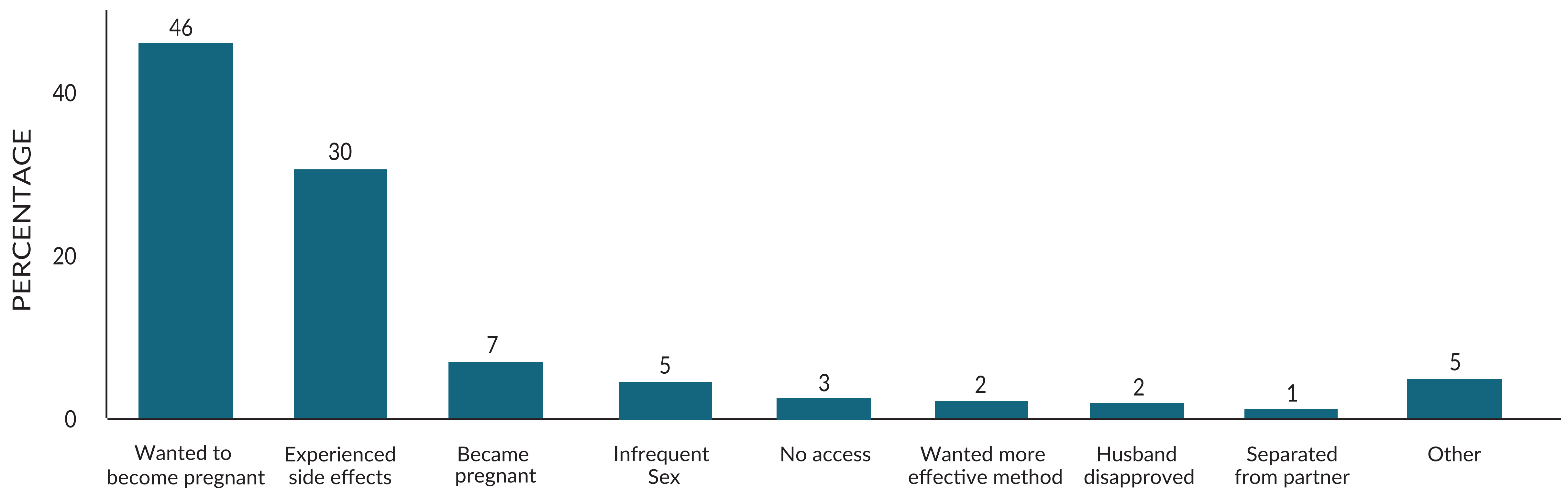
*Note: Respondents were able to select multiple reasons; percentages do not add up to 100

REASONS FOR DISCONTINUATION

Approximately half of women who stopped using implants discontinued their method because they wanted to become pregnant (45.8%). Nearly one-third of women reported having their implant removed due to side effects (30.4%), while 6.8% reported becoming pregnant while using the method.

Reasons for discontinuation of implant use

Percent distribution of reason(s) for discontinuation, among those who used implant in the past 12 months, (n = 116)



*Note: Respondents were able to select multiple reasons; percentages do not add up to 100.

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 (91.6%). More facilities reported being able to remove implants (95%) and about two-thirds were able to remove implants that were non-palpable (65.2%).

PATTERNS BY FACILITY OWNERSHIP

- A slightly lower proportion of public facilities reported capacity to insert implants compared to private facilities (91.4% vs. 94.2%) and less capacity to remove palpable (94.8% vs. 98.1%) and non-palpable implants (65.1% vs. 67.3%). Differences were not statistically significant.
- Among facilities without capacity to remove non-palpable implants, the vast majority of public and private facilities (98.9% and 100.0%, respectively) reported knowing a place to refer a woman for non-palpable implant removal.

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 = 822)

