



Giving young women in Kenya an opportunity to use implants instead of short-acting methods:

Preliminary Results on Acceptability

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Background (1)

DMPA and oral contraceptives are popular
17 million users in sub-Saharan Africa

Perfect use difficult to achieve

Unintended pregnancy common in 18-24 yr old group
30% to 35% according to latest DHS in many countries

Background (2)

Implants are reasonable alternative to OC/DMPA

Easier to use, more effective

Traditionally...difficult to find

Often reserved for high parity, older women

Acceptability in younger African population unknown

Study Objectives

Give young women a choice

Measure uptake of implants

Measure continuation rates of implant
compare to OC/DMPA group

Tally pregnancies over 18 months (given discontinuation, etc)
compare initial implant to initial OC/DMPA group

Study Hypotheses

Young women will welcome opportunity to use implant

OC/DMPA group → Higher discontinuation rates

OC/DMPA group → More unintended pregnancies

Implant group → Reasonable continuation rates

Pregnancy reduction from implant is measurable and independent from other factors

Study Design

Prospective cohort study of 400 women
followed for 18 months each

Eligibility criteria:

aged 18-24

seeking DMPA or oral contraceptives

access to cell phone

voluntarily consent to participate

Key exclusion criterion:

a priori, stated desire for an implant

Location of study: Lang'ata Heath Centre - Nairobi

Recruitment

Voluntary informed consent to participate

Informed choice of method

Implant acceptors

pre-insertion checklist and voluntary signature

Jadelle: 2-rod, 5-year product

Credited air time to cell phones

Dates of recruitment: Nov 2008-June 2009

Implant acceptor agreement/checklist

- Variety of contraceptive methods and you can choose.
- Insertion will hurt a bit. Removal probably a bit more.
- The implant will change your menstrual pattern.
- Insertion/removal may bruise your arm, leave small scar.
- Implant lasts 5 years: you need to remember.
- You can have implant removed at any time for any reason.

Comparing acceptors (1)

Characteristics	OC (n=39) DMPA (n=260) Total n=299	Implant (n=97)
Mean age	22 yr	22 yr
% w/secondary education+	19%	32%
% married	86%	84%
% with 2+ living children	39%	42%

Comparing acceptors (2)

Characteristics	OC/DMPA (n=299)	Implant (n=97)
Not concerned about menstrual changes	80%	80%
Plans for next pregnancy: never or 49+ months from now	47%	65%
Body needs a break from OC/DMPA	49%	70%
Difficult to return to clinic	6%	25%
Previous unintended pregnancy	57%	66%

Follow-up

Scheduled phone calls at 1, 6, 12, and 18 months

Attempt to minimize social desirability bias:

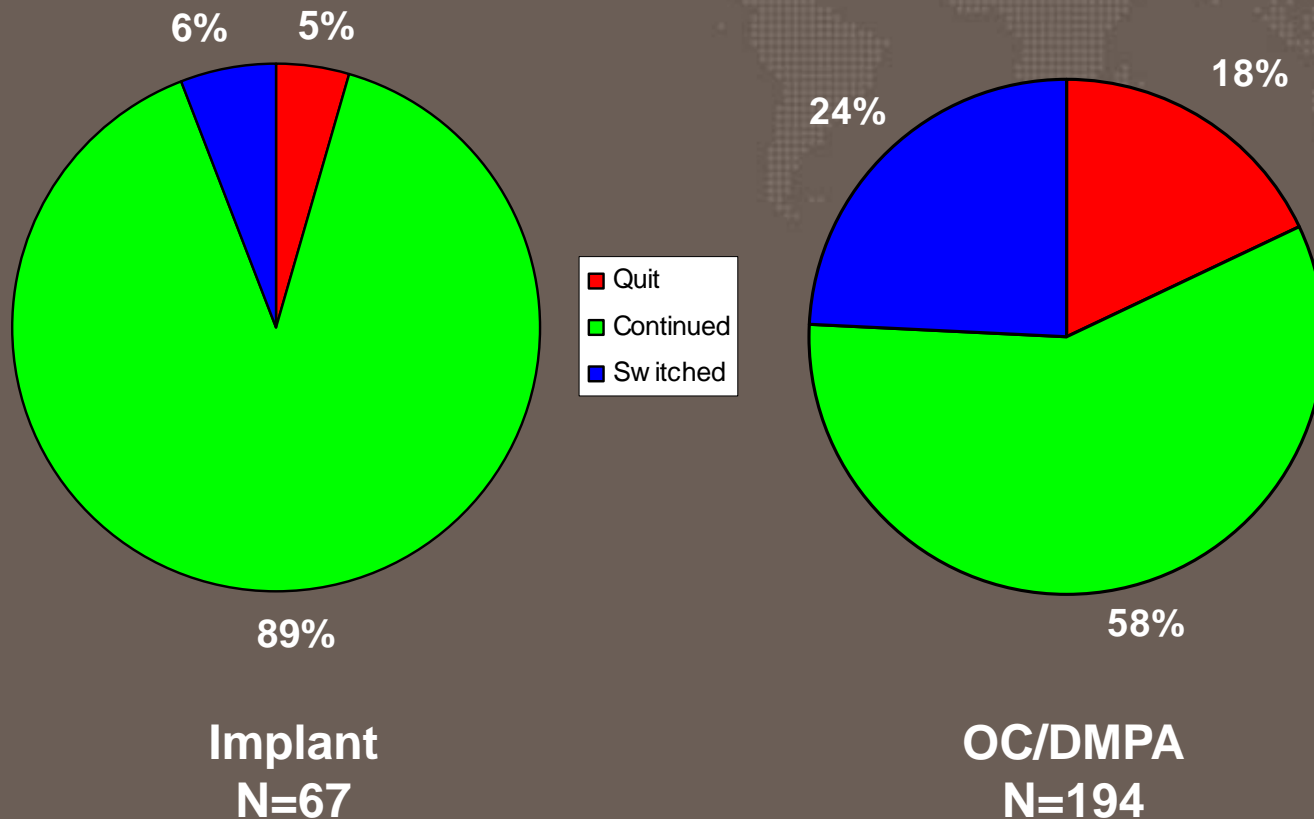
“it is OK if you are no longer using a method...”

Successful contact: 93%

Follow-up is ongoing

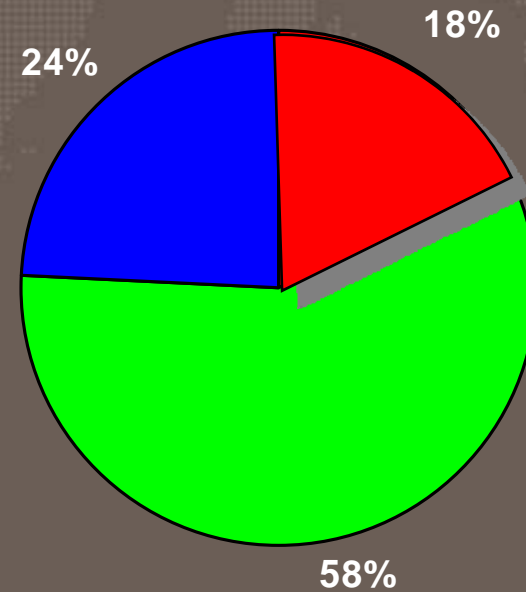
no “lost-to-follow up” until study is complete

Method use at six months



18% who quit

33% because of side effects
21% no longer needed
6% to get pregnant



OC/DMPA
N=194

Pregnancy since enrollment

Based on self-reports

Implant group: 0 pregnancies

OC/DMPA group: 5 pregnancies

1 wanted at that time

4 not wanted at that time

Preliminary interpretation

With improved counseling, many young women destined to use OC/DMPA, opted for an implant instead

Discontinuation of methods following a typical pattern

Many factors contribute to discontinuation

Far too early to conclude superiority of implants

Future analyses

Focus on isolating initial method choice
as independent factor impacting discontinuation and
pregnancy

Future qualitative research

In-depth interviews

Retrospective look at initial choice: regret or content

Focus on early discontinuers and pregnancies
probe themes related to circumstances