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

Preliminary Results on Acceptability

Research funded by US Agency for International Development

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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)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>OC (n=39)</th>
<th>DMPA (n=260)</th>
<th>Total n=299</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>22 yr</td>
<td>22 yr</td>
<td></td>
</tr>
<tr>
<td>% w/secondary education+</td>
<td>19%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>% married</td>
<td>86%</td>
<td>84%</td>
<td></td>
</tr>
<tr>
<td>% with 2+ living children</td>
<td>39%</td>
<td>42%</td>
<td></td>
</tr>
</tbody>
</table>
## Comparing acceptors (2)

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

- **Implant**
  - N=67
  - 89% Continued
  - 6% Quit
  - 5% Switched

- **OC/DMPA**
  - N=194
  - 58% Continued
  - 24% Quit
  - 18% Switched
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