

Spotlight on Contraceptive Implants

In developing countries, women of reproductive age are at high risk of unintended pregnancy and sexually transmitted infections (STIs), including HIV. Globally, it is estimated that 86 million pregnancies were unintended; of these, 41 million ended in abortion, 33 million in unplanned birth and 11 million in miscarriage (Singh, Sedgh, & Hussain, 2010). Contraceptive implants are safe, highly effective and long-acting progestin-only contraceptives that require little attention after insertion and prevent pregnancy for an extended period. However, contraceptive implants remain an underutilized commodity in family planning, and as such have been identified by the UN Commission on Life-Saving Commodities for Women's and Children's Health as one of the 13 commodities that, if more widely accessed and properly used, could save the lives of more than six million women and children worldwide.

A review was conducted to analyze and synthesize current key evidence in order to understand the social and behavioral drivers of implant demand and utilization, examine effective practices in implementing demand generation programs, and inform future programming. The evidence review found 15 documents related to demand generation for contraceptive implants that met the inclusion criteria, including studies from Africa (12) and Asia (2), as well as one general article.

Social and Behavioral Drivers

For female end users, long-term effectiveness emerged as the most common perceived advantage of contraceptive implant use. The most common barrier to contraceptive implant demand was fear—which included fear about potential painful implant insertion and/or side effects, fear that the method could interrupt pregnancy or cause infertility, and fear that it could cause cancer, weight loss or gain. Other barriers included religious and cultural impediments (Eke & Alabi-Isama, 2011).

Less evidence was found on social and behavior drivers among providers. In Bangladesh, the SHOPS project identified low levels of policy knowledge and

training, poor perception of long-acting reversible contraceptives (LARC), including implants, and emphasis on misperception of husbands' approval, as key barriers among private providers (SHOPS & Abt, 2012). For women attending public clinics in Zambia, barriers to LARC uptake were mostly provider-related, including the lack of skilled and knowledgeable providers, provider bias and commodity supply issues (Neukom et al., 2011).

Demand Generation Interventions

Service integration was a strategy used by several interventions focusing on LARC counseling and the provision of commodities to increase uptake. In Rwanda and Zambia, integrating couples' HIV testing services, family planning counseling and the provision of LARC resulted in uptake among HIV discordant couples (Khu et al., 2012). In Zambia, LARC services were integrated into maternal and child health services to promote uptake, and as a result, a substantial number of women started using contraceptive implants when availability was improved (Neukom et al., 2011).

Health education through mass media, print and other materials has been used in Sierra Leone to



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increase recognition of contraceptive implants and raise awareness of benefits (MSI, 2010). Evaluation of the program showed increased awareness as clients were able to ask for the product by name.

Task shifting to community-based health workers also has been proven a successful strategy. In Ethiopia, health extension workers and community-based reproductive health agents increased access to implant counseling and insertion services. They found that the provision of implants at the community level was effective in reaching women with the highest level of unmet need (Pathfinder Ethiopia, 2012). Additionally, the projects found that in order to enhance access to and quality of services, programs need to provide further community education for both end users and providers.

Conclusions and Recommendations

With the recent reduction in cost for Jadelle® and Implanon®, there is high potential for increased demand for implants. However, poor provider counseling skills, lack of information and fear of side effects will likely prove significant barriers to successful uptake of this product. Recommendations to overcome these barriers include: (1) increasing knowledge of benefits and side effects among health consumers; (2) increasing task shifting and dedicated staff for implants; and (3) ensuring that provider training on implant insertion includes skills-building in counseling for implants and is supported by clear job aides.

To read the full report, visit <http://sbccimplementationkits.org/demandrmnch/evidence-synthesis/>.

For tools and resources on demand generation for life-saving commodities, visit <http://sbccimplementationkits.org/demandrmnch/>.

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