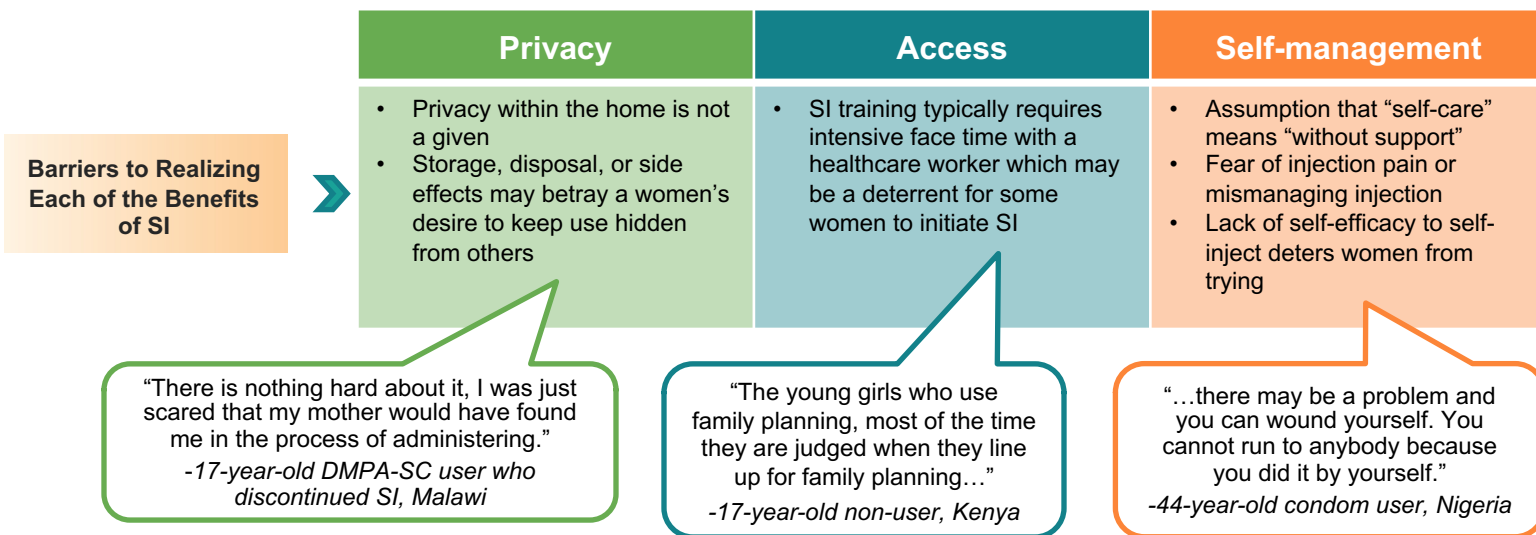


The Appeal of Self-Injectable Contraception: Does it have unique potential to impact contraceptive agency and for whom?

Findings: Barriers to SI

Interviews with women not using SI helped clarify the barriers to using the method; unfortunately, these barriers were particularly relevant for some of the populations that we found to have the *most* to theoretically gain from the method, such as adolescents and women with disapproving family members.



Self-injectable contraception offers **privacy, convenience, and self-management**. However, the women that may benefit most need **supportive solutions** to address barriers related to **training, access, storage, and self-efficacy**.⁵

Conclusion

This study offers insights into the potential benefits of SI for women's contraceptive agency, and the realities that limit its potential. Given barriers to contraceptive agency that young women and women using contraceptives covertly face, making SI a viable option for these populations would be especially powerful. However, for SI to reach its full potential, the results point to a need for programmatic solutions that allow for truly private use (e.g., storage and disposal solutions for covert users) and access to training and products with limited touchpoints to the healthcare system (e.g., for adolescents and others that fear discrimination in health facilities). Further, fear of injecting oneself was a cross-cutting theme, highlighting the need for contraception programs to invest in creative solutions such as peer support models to bolster interested women's confidence in trying SI. Realizing the full potential of SI to offer a uniquely private, convenient, and empowering contraceptive option requires recognition that reproductive self-care doesn't imply a lack of support; indeed, the results suggest that SI use may only be attainable by those who could benefit from it the most when support is well integrated into the self-care experience.⁵

Recommendations

To ensure the benefits of SI are attainable for all, contraception programs should consider:

- ❖ Privacy and confidentiality for those interested and/or using SI, especially related to discreet home storage and disposal
- ❖ Provider biases (e.g., age bias against younger users) that can discourage women from seeking training or supplies
- ❖ Common fears women have about injection pain or injecting incorrectly
- ❖ Common feelings of intimidation by the idea of fully managing SI

Looking Ahead

ICAN has used community-engaged, human-centered design (HCD) to build on these findings and design SI service delivery enhancements in various channels. Program evaluations are either underway or occurring in the next year in the following countries:

HCD solution	Kenya	Uganda	Malawi
	Redesign of SI education and access on Kasha's e-commerce platform	Improvements to SI service delivery within InSupply's network of private pharmacies	Peer mentorship program supporting contraceptive agency and relieving SI fears or other concerns
			Enhancing contraceptive outreach in rural areas via support for health surveillance assistants and peer support for SI

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