

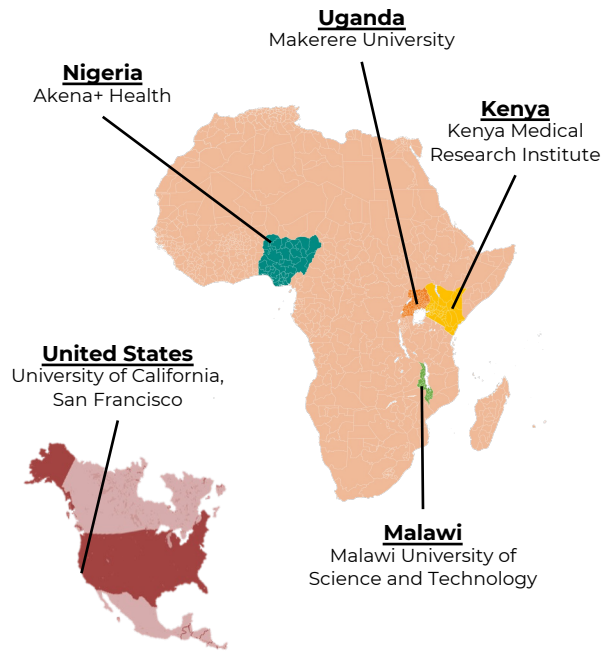
Background

Innovations for Choice and Autonomy (ICAN) is a project rooted in the idea that **women’s autonomy and agency should be prioritized** in all sexual and reproductive health efforts.




Across much of sub-Saharan Africa, injectable contraceptives are the most common contraceptive methods. With the introduction of *subcutaneous depot medroxyprogesterone acetate* (DMPA-SC), which includes a prefilled syringe system, **women can now administer injections by themselves**.

DMPA-SC was introduced in Nigeria and Uganda in 2014, and in Kenya and Malawi in 2018. Early studies demonstrate the acceptability of SI among providers and users across many countries. Yet **self injection (SI) uptake rates remain low**, and it is not yet clear whether SI has a unique potential to promote agency compared to other contraceptive methods.

Led by researchers in Kenya, Malawi, Nigeria, Uganda, and the United States, ICAN aims to deeply understand **SI’s empowering potential and how to best implement it to ensure those who face the most barriers to contraceptive agency can benefit**.



Research Outcomes

- 1 Improve understanding of **who may be the most likely to benefit** from the introduction of SI. 
- 2 Design and evaluate **effective approaches for introducing and supporting the use of SI** in ways that help women overcome barriers and optimize facilitators to contraceptive agency. 
- 3 Enhance knowledge of the role SI can play in **promoting contraceptive agency**. 



Outcome 1:

Who is Interested in SI and Who May Be the Most Likely to Benefit from SI?

We interviewed **241 women from Kenya, Malawi, Nigeria and Uganda** to identify insights into the potential benefits of SI for women’s contraceptive agency, and the realities that limit its potential. We learned that **populations who may benefit most from SI** include women and adolescents who

- ❑ Live in communities that strongly stigmatize contraception
- ❑ Reside in areas with unreliable and/or distant health care
- ❑ Have family members who do not support contraceptive use.

We also found that the women who may benefit most from SI need supportive solutions to address **barriers related to training, access, storage, and self-efficacy**.

Findings highlight the **potential for SI to promote contraceptive agency in 3 ways:**

Offers Privacy

Eases Access Barriers

Gives a Sense of Control

However, barriers to realizing SI’s potential remain:

- Privacy at home may not be guaranteed
- Storage, disposal, or side effects may betray a woman’s desire to keep SI use hidden from others
- SI training typically requires intensive face time with a healthcare worker
- Assumption that “self-care” means “without support”
- Fear of injection pain or mismanaging injection

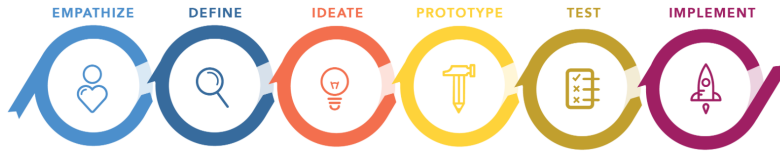
Additional results are featured in “The Appeal of Self-Injectable Contraception” Brief (Aug 2023).



Outcome 2:

Effective Approaches for Introducing and Supporting the Use of SI

Building on Outcome 1 findings, ICAN used **community-engaged human-centered design (HCD)** to develop SI service delivery enhancements in specific markets of Kenya, Malawi, and Uganda. HCD is an approach to understanding user and stakeholder needs and desires towards the creation of novel interventions.

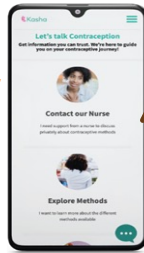


Six stages of HCD (Design Thinking 101, Nielsen Norman Group (www.nngroup.com/articles/design-thinking))

Following HCD, we collaborated with implementors to **pilot the final solutions in each country**. The key components of each pilot are summarized in the boxes below. We also conducted mixed methods evaluations of each pilot (*results forthcoming*).

Kenya – Enhancement of the Kasha Platform

How might we improve access to DMPA-SC and other contraceptive methods through the e-commerce platform, Kasha?



Implementing Partner: Kasha

We redesigned the Kasha website to improve client navigation of SI education and engagement with decision support tools.

Nigeria – Evaluation of the Total Market Approach

We evaluated existing SI delivery in public and private retail sectors of Enugu, Lagos, and Plateau states via

- *Mystery client interactions*
- *Provider and user IDIs*
- *Client exit interviews*



Results from our initial rounds of program evaluation are included in the "ICAN Nigeria Program Eval Results" Brief (Aug 2023).

Implementing Partners: Associations of Reproductive and Family Health (ARFH) & Society for Family Health (SFH)

Uganda – I-CAN Mentorship Program

How might we leverage social communication outside the healthcare system to support women making and acting on contraceptive decisions?



Implementing Partners: AIDS Information Center (AIC) & Baitabogwe Community Health Care Initiative (BACHI)

Nsobola/An atwero ("I-CAN") is a community-based peer mentorship program to increase contraceptive agency and diffuse SI via social support from experienced SI users.

Malawi – Supporting Health Surveillance Assistants

How might we support HSAs to better meet women's contraceptive needs, including decision-making around and use of SI?



Implementing Partner: National Ministry of Health, Malawi

Ndingathe ("I-CAN") supports HSAs with bikes, lunch allowances, and workflow planning to increase rural outreach clinics; experienced SI users support interested women; the mnemonic "SAKUFIMA" improves SI training.



Outcome 3:

Improved Understanding of the Role SI Can Play in Promoting Contraceptive Agency

Developing **NEW** human rights-based outcome measures

ICAN has developed and validated two new measures using data from Nigeria and Uganda: **the Preference-aligned Fertility Management (PFM) Index** and **the Contraceptive Agency (CA) Scale**. PFM is a brief measure of whether one's contraceptive use or non-use aligns with their current preference. The CA Scale is unique among empowerment measures in shifting away from equating contraceptive use with empowerment and in **probing on both the agency to use and not to use contraception based on one's preferences**. PFM and CA measures are also being adapted and validated for **use in the United States**.*



Preference-aligned fertility management



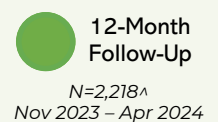
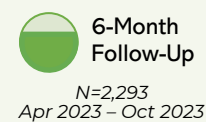
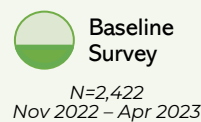
Contraceptive agency

Holt K, Galavotti C, Omolabi E, Challa S, Waswa P, Liu J. Preference-Aligned Fertility Management as a Person-Centered Alternative to Contraceptive Use-Focused Measures. *Stud Fam Plann*. 2023 Mar;54(1):301-308. doi: 10.1111/sfp.12228. Epub 2023 Feb 1. PMID: 36723038; Holt K, Challa S, Allubeeba P, Atuyambe L, Dehlendorf C, Galavotti C, Isiofi I, Jegede A, Omolabi E, Waswa P, Upadhyay U. Conceptualizing Contraceptive Agency: A Critical Step to Enable Human Rights-Based Family Planning Programs and Measurement. *Glob Health Sci Pract*. 2024 Feb 28;12(1):e2300299. doi: 10.9745/GHSP-12-00299. PMID: 38346841; PMCID: PMC1096552. *SI knowledge funded by USOPH Research Evaluation and Allocation Committee

Studying the relationship between SI and agency

We are conducting a longitudinal, observational cohort in Uganda to examine the relationship between SI use and contraceptive agency. We hypothesize that new users of SI will experience greater increases in agency over time compared to new users of other methods. (*12-month data collection ongoing)

Data collection time points (Uganda):



Acknowledgments: We acknowledge the innumerable dedicated, brilliant colleagues, including designers, implementers, and other key stakeholders, who contributed to ICAN. We are deeply grateful to all study participants who consented to participate in the study for sharing their contraceptive use and care experiences.

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