

The Appeal of Self-Injectable Contraception:

Does it have unique potential to influence contraceptive agency and for whom?

August 2023

Background

The Innovations for Choice and Autonomy (ICAN) project aims to deeply understand how self-injection (SI) of subcutaneous depot medroxyprogesterone acetate (DMPA-SC; brand name Sayana Press) can best be implemented to support women's agency in making and acting on pregnancy prevention decisions. To meet this aim, the ICAN consortium utilizes qualitative, design, implementation science, evaluation, and observational research in Kenya, Malawi, Nigeria, and Uganda.

DMPA-SC was introduced as a promising innovation for sexual and reproductive self-care in Nigeria and Uganda in 2014, and in Kenya and Malawi in 2018. Early studies have demonstrated the acceptability of SI among providers and users across several countries in sub-Saharan Africa,^{1,2} but uptake rates have remained low,³ and it is not yet clear whether SI has unique potential to promote agency compared to other contraceptive methods. This brief summarizes ICAN's qualitative research to better understand the empowering potential of SI and how to implement it to ensure those who face the most barriers to **contraceptive agency** can benefit.

Contraceptive agency, a construct recently defined by members of the ICAN team, is the ability of an individual to make and act on pregnancy prevention decisions.⁴

Research Objectives

To understand:

- 1) The benefits appreciated by women as they learn about or use SI
- 2) How these benefits impact women's ability to formulate and act on contraceptive decisions
- 3) For whom the benefits of SI may be most impactful
- 4) What contextual factors influence the degree to which SI can promote contraceptive agency

Methods

We conducted 241 in-depth interviews between January and September 2021, prior to beginning ICAN's human-centered design and other research portfolios. Women ages 15-45 from Kenya, Malawi, Nigeria, and Uganda were purposively sampled from community settings to reflect diverse demographic characteristics and a variety of experiences with contraception. Over a third of the sample had never used contraception; 18% were using SI.

Findings: Benefits of SI

Our findings highlight the **potential for SI to promote contraceptive agency in 3 ways**: offering privacy, easing access barriers, and through self-management.

Benefits of SI	Privacy	Access	Self-management
Value Potential	<ul style="list-style-type: none"> • SI can happen at home • Storing a year's supply of units reduces the need for regular clinic visits, which can expose a woman's desire to use family planning. • Partners appreciate privacy for the family 	<ul style="list-style-type: none"> • SI saves time and money • Independence from over-stretched health centers and an unreliable supply of contraception • Protects women from bias, judgment, and redundant questions at the health center 	<ul style="list-style-type: none"> • Gaining confidence through SI is empowering • Greater faith in method efficacy when women can check expiration dates and manage their own dosing schedule • Empathy and care for own body during self-injection
Populations That Benefit Most	<ul style="list-style-type: none"> • Women in communities that strongly stigmatize contraception • Women with family members that do not support contraceptive use 	<ul style="list-style-type: none"> • Women in areas with unreliable and/or distant health care services • Younger, unmarried women that hesitate to seek contraception due to assumptions about provider bias or community stigma 	<ul style="list-style-type: none"> • Women with low self-efficacy or self-confidence but available support • Women that fear being injected by someone else

The good thing is that other people will not know. Only you and your man will know, so that helps that others have not found out."
-20-year-old nonuser of contraception, Uganda

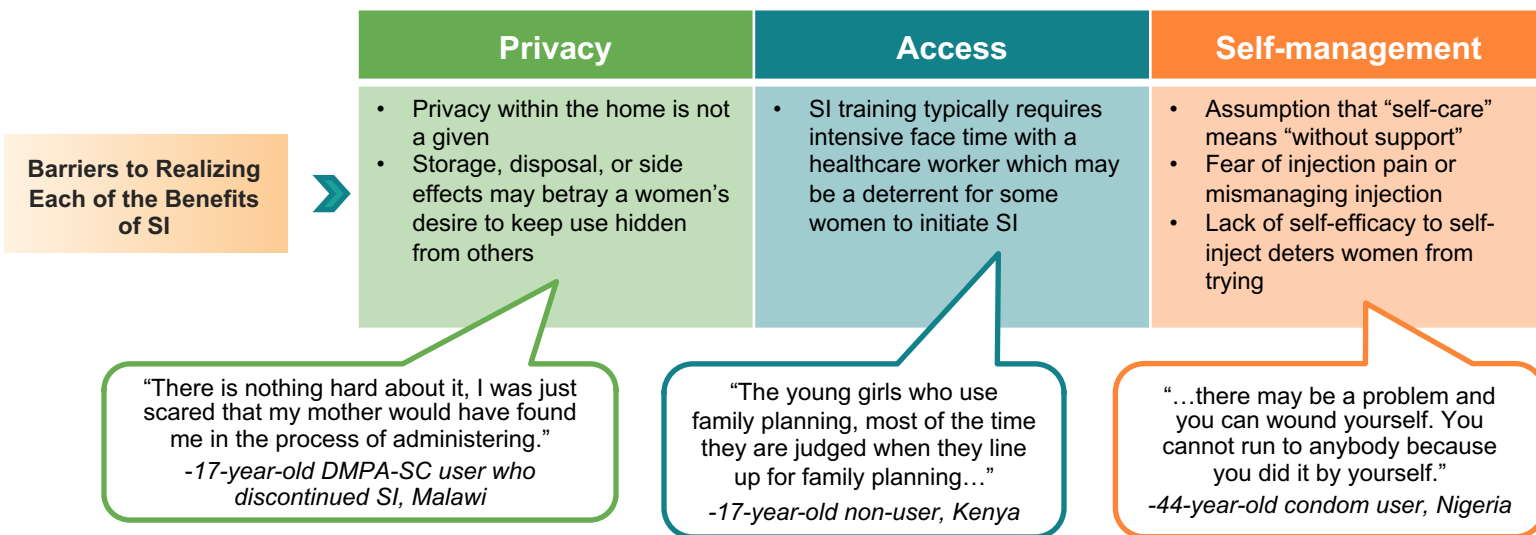
"I come from far and I might not have the fare to come there to get the injection so if I have it at home, I will be able to inject it myself when the date is due."
-35-year-old injectable user, Kenya

"When the provider is injecting me, I would get scared, so I start moving my body because it would hurt sometimes... that's why I would prefer injecting myself because I am calm and gentle on my own body"
-40-year-old SI user, Malawi

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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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