Contraceptive self-injection

Access to a range of contraceptive choices allows each woman to find her best option for preventing unintended pregnancy. Injectable contraceptives, which provide three months of protection from pregnancy, are a popular method in sub-Saharan Africa.

Self-injection of contraception is a new option that enhances women’s autonomy and control over whether and when to have children, while decreasing the time and costs associated with quarterly trips to a clinic. Subcutaneous DMPA (DMPA-SC) is a new, easy-to-use injectable contraceptive that is, by virtue of its design, uniquely suited for self-injection. Pfizer’s Sayana Press is currently the most widely available DMPA-SC product.

Uganda Self-Injection Best Practices project

Evidence from research in Uganda suggests that women are able to self-inject DMPA-SC safely and effectively following training by a health provider. As the Uganda Ministry of Health plans for national rollout of self-injection, there is need to learn how self-injection can be designed and implemented at scale, under routine conditions. PATH’s Self-Injection Best Practices project was developed to address this need by:

- Applying principles and tools of human-centered design to develop self-injection programs for public-sector facilities, community-based distribution, private-sector outlets, and safe spaces for young women and adolescent girls.
- Implementing program models across delivery channels.
- Evaluating self-injection program models to determine what works.
- Disseminating optimal self-injection program components and delivery models to inform policy and practice in Uganda and beyond.

What we know about health workers

- In May 2018, more than 160 facility- and community-based health workers (out of 240 trained) were actively offering self-injection across the four districts.
- Interest levels in the program, workload, and transfers of health workers affected the number of active health workers offering self-injection services across sites.
- Health workers vary considerably in their level of involvement in the program; the median number of women trained per health worker was 21, with a range from 1 to 150.

Progress and results to date

Implementation and monitoring

Beginning in the final quarter of 2017, health workers were trained to offer self-injection services across the following delivery channels:

- Public-sector facilities and community health workers in Oyam, Gulu, and Mayuge Districts.
- Public-sector facilities and safe spaces for adolescent girls and young women in Mubende District, facilitated by Mildmay Uganda.

A monitoring system was designed to capture information on the uptake of self-injection and the characteristics of women accessing self-injection services. Some preliminary learnings are shared below. These findings reflect only the first six months of implementation, and therefore may not be representative of the program once established.

Using a printed instruction sheet during training and at home can help women learn and remember the correct self-injection steps. Photo: PATH/Will Boase.
What we know about self-injectors

- More than 3,000 women became self-injection clients within the first six months of program implementation.
- The self-injection program seems to be reaching younger women (<25 years) and new users of family planning; women with no education may be under-represented among self-injectors.
- The number of self-injectors is increasing over time.

What we know about consumption

- About half of DMPA-SC units distributed in the project facilities/sites were given out for self-injection, including self-injection at the clinic as well as units taken home.

Next steps

Evaluation

Multiple aspects of the self-injection program will be evaluated to identify the most successful program models for self-injection of DMPA-SC. Given the overall goal of avoiding unintended pregnancy, client self-injection proficiency is the most critical outcome for a successful program. Cost-efficiency, accessibility, user satisfaction, program quality, and provider perspectives on feasibility will also be assessed.

Results from the evaluation will be disseminated globally in 2019. A few program insights based on informal feedback from providers and clients are included in the box to the right.

Private sector

In September 2018, PATH began introducing self-injection services on a small scale through private-sector clinics, pharmacies, and drug shops in Luweero and Wakiso Districts.

John Snow, Inc., and PATH developed a client training video that will be used to train women to self-inject in the private sector, and can also be used by self-injection clients needing a refresher on the injection steps.

Key resources

- PATH subcutaneous DMPA website
- Self-injection training curriculum
- Subcutaneous DMPA evidence-at-a-glance

Program insights so far

Early results indicate that training by community health workers and nursing assistants (rather than higher-level cadres of nurses or midwives) may be a promising approach.

It may be possible for women to learn how to inject without practicing on a model, especially if given brief and clear visual/written instructions.

Women are able to store the unused devices at home relatively easily, often in a handbag or suitcase.

Providing a copy of the instructions used during training helps women with correct use, and women appreciate having a visual aid to take home for independent self-injection.

An online training video may be an option for women learning to self-inject, and/or as a reminder for women self-injecting at home.

Women prefer follow-up approaches that they initiate themselves (e.g., visiting a community health worker or facility if needed) over home visits or calls from providers.

Providing an impermeable and inconspicuous container (e.g., petroleum jelly jar, wide-mouth water bottle) can help women store used devices safely prior to disposal.

For further information:
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