MSI UNITED STATES

Country focus:
Sahel/Madagascar

Theme:
New contraceptive technology

MSI
Evidence Brief

The journey to self-injection: what works and what challenges lie ahead?

IN BRIEF

Sayana Press is a new injectable contraceptive method which lends itself well to self-use because of its unique design. But how willing and able are health providers and women to take this on? Feedback from clients and providers following the introduction of the product in Madagascar found some reluctant to support it being offered for self-use.

An MSI study in three Sahel countries (Burkina Faso, Niger and Senegal) further explored the benefits of – and barriers to – expanding the offer of self-injection.

The findings from both show that education, training and support will be vital if this method is to become a viable option for women in these countries and beyond.

THE CHALLENGE

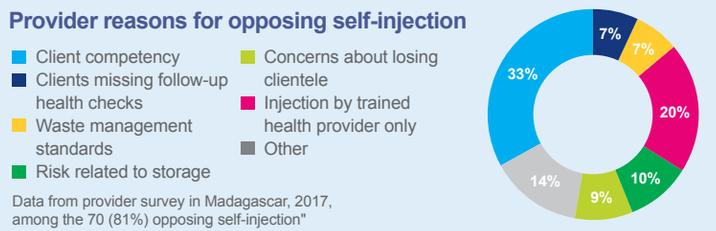
Pilot in Madagascar: some important barriers exposed

MSI Madagascar received funding from the Children's Investment Fund Foundation (CIFF) to introduce provider-administered Sayana Press as a family planning option in 2017. It was made available in 22 regions, with training provided to 1,200 health providers. At the end of the introduction phase in September 2017, we conducted a survey among 514 women and 87 providers to understand experiences of the product and gauge reactions to the option to offer Sayana Press for self-injection.

Clients in the study were relatively young (40% were under 24 years old). Although almost half (48%) reported some side-effects, the vast majority (98%) were either satisfied or very satisfied with their experience of Sayana Press. Nearly all providers (98%) said they were confident administering Sayana and that it was easy to use. Given all this, it was surprising to find that 80% of clients (411) and 81% of providers (70) were not favorable towards the possibility of offering Sayana Press for self-injection.

Among clients the reasons for opposing it were related to a lack of confidence (including fear of the procedure, potential pain and complications) and the feeling that a trained health provider should carry out injections. Providers raised concerns about clients' competency and their missing follow-up health checks.

Provider reasons for opposing self-injection

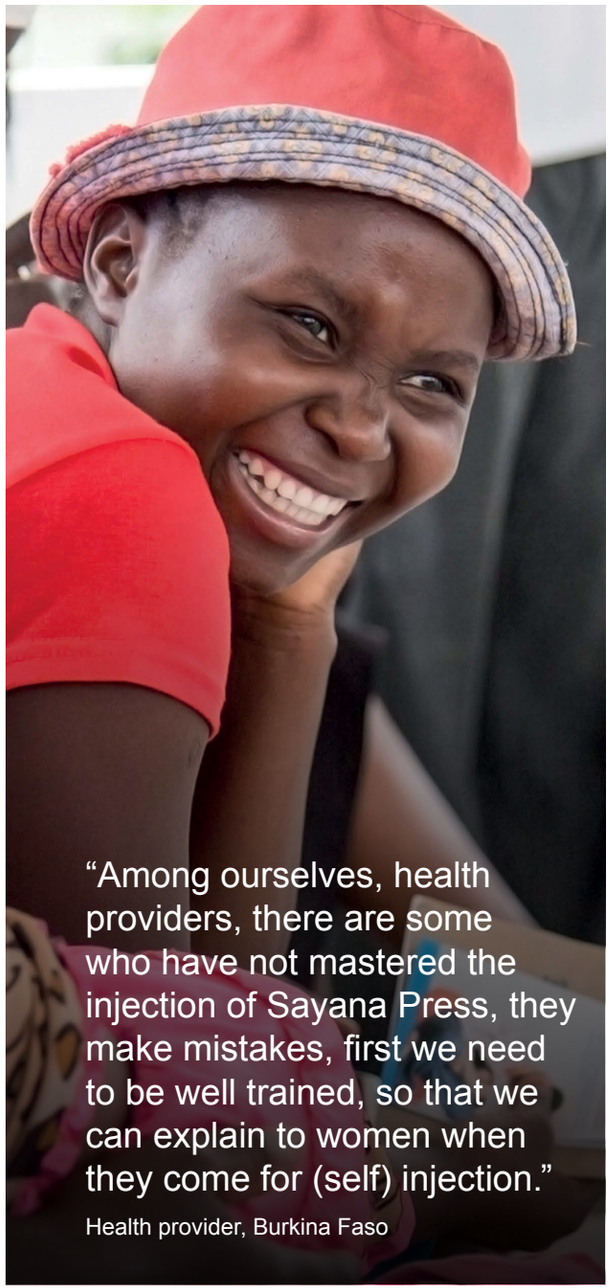


Data from provider survey in Madagascar, 2017, among the 70 (81%) opposing self-injection"

It was also felt that training could be challenging, particularly for low literacy clients, to ensure infection prevention and appropriate waste management. Providers were also concerned about losing clientele.

"Yes, I prefer to inject at home, at the hospital you lose all day queuing, I often finish around 4pm. If you can do it at home, you can easily do it alongside your activities without pressure."

Female client, Burkina Faso



WHAT WE DID

Study in the Sahel: a positive reaction to self-injection

With funding from the Bill and Melinda Gates Foundation, we set out to assess the market for a self-injection product, with a qualitative study of potential users, family planning decision-makers and private sector providers in Burkina Faso, Niger and Senegal.

We chose up to seven sites in each country, a mix of rural and urban, and worked with local contacts to recruit participants. We then conducted in-depth interviews with 141 women of reproductive age and 18 focus groups with husbands and older female family members, as well as in-depth interviews with 13 key informants and 36 health care professionals.

Generally, people reacted positively to the idea. It was clear that self-injection could help:

- save women time and money by not having to travel to a health center
- provide discretion by injecting at home
- empower women to take control (notably this was not felt to be the case in Niger)
- free up time for health providers to do other tasks

There were also some specific advantages for having a discrete, time-saving option available for some women, including key target groups such as adolescent girls and those with poorer access to health services.

Self-injection is clearly an appealing option, but the study also revealed a number of hurdles before it can be widely introduced. Some potential users and providers were unsure women would be able to fully master some aspects of self-injection – such as knowing how and where to administer the injection. There were also concerns about storage and disposal of syringes and the training and support required to make sure women could do it safely at home. Providers pointed out that some among them have not fully mastered the administration of Sayana Press and there was a perception that training women may need costly, extended support.

Overall, the current level of understanding of the product was varied – some prior experience with Sayana Press and exposure to the self-injection of other medical treatments influenced how positively women, and particularly providers, felt about the potential to offer Sayana for self-use.

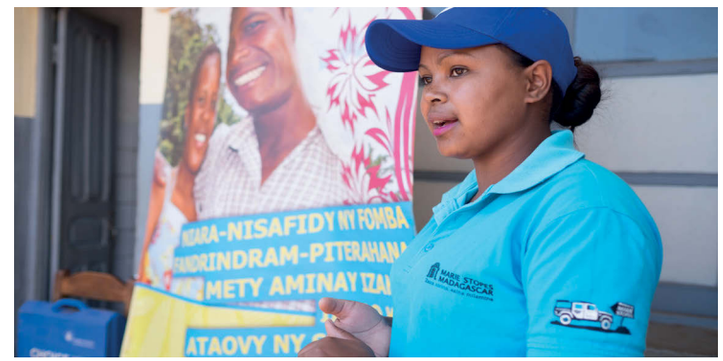
WHAT THIS MEANS

Where do we go from here?

While the levels of overall support for the introduction of the option for women to self-inject Sayana Press varied across the two studies, both raised similar considerations in terms of the types of support that both providers and women will need to ensure a successful roll-out of self-injection.

In the Sahel, the general support for this option but lower awareness and existing use of the product means we’re aiming to increase overall use of the method, especially among youth, and find opportunities to promote acceptance of self-injection. In Madagascar, more preparatory work is advisable to ensure women can reap the benefits of this option. This may require greater investment in education, sensitization and training.

It’s clear that the successful introduction of self-injection relies on systems being in place that enable providers to effectively train women to confidently and safely administer the product. Small-scale operational pilots in Burkina Faso, Madagascar and Niger, starting 2018, will offer valuable insight into how this can be best implemented in MSI’s service delivery.



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