



**Findings from a market assessment of  
the acceptability of the self-injection of  
DMPA-SC in three Sahel countries  
(Burkina Faso, Niger and Senegal)**

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**Seynabou Kasse – Project Manager  
Georgina Page – Regional Evidence Advisor**

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## Background/ Context

With funding from the Bill & Melinda Gates Foundation, Marie Stopes International (MSI) is working in three Sahel countries, Burkina Faso, Niger and Senegal, to harness the potential of DMPA-SC to prepare for self-injection to and expand women's access to modern contraception.

In order to ensure the successful introduction of DMPA-SC for self-injection in the Sahel, Marie Stopes International sought to understand the market potential for this product through a qualitative study capturing the views of potential users, as well as other key stakeholders and influencers (family members and health providers).

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# Study Objectives

**Overall:** Collect and analyse the views of potential users, health providers, and key stakeholders on the acceptability of self-injection of DMPA-SC in the private sector.

## Research Questions:

- **What are the current levels of knowledge and perspectives of potential users and providers of DMPA-SC?**
- **What are attitudes towards the acceptability of self-injection among potential users and health providers?**
- **What are the main barriers to adoption of self-injection among potential users and health providers?**

# Study Design and Methods

- The study used qualitative focus group discussions and in-depth interviews. The interviews and discussions used a semi-structured interview guide. They were conducted in both French and local languages and were audio recorded. Transcriptions were made from the audio recordings (and as necessary translated from local languages to French).
- Data collection took place between August and October 2017.
- We analysed these data using a thematic approach with the support of Atlas.ti software.

	<b>Burkina (7 sites)</b>	<b>Niger (4 sites)</b>	<b>Senegal (4 sites)</b>	<b>Total</b>
IDIs: Women FP users 15-19	13	8	8	29
IDIs: Women FP users 20-24	12	8	8	28
IDIs: Women FP users 25+	17	8	8	33
<b>Total IDIs with women FP users</b>				<b>90</b>
IDIs: Women non FP users <25	10	8	8	26
IDIs: Women non FP users 25+	9	8	8	25
<b>Total IDIs with women non FP users</b>				<b>51</b>
FGDs: Older female family members	3	3	3	9
FGDs: Husbands of women of reproductive age	3	3	3	9
<b>Total FGDs with family influencers</b>				<b>18</b>
IDIs: Health providers	4	6	6	16
IDIs: Community health workers	-	4	4	8
IDIs: Pharmacists	-	6	6	12
IDIs: Key informants	4	4	5	13
<b>Total IDIs with health professionals and key informants</b>				<b>49</b>



# Findings



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**Overall, health professionals, potential clients and key stakeholders reacted positively towards the potential for women to self-inject DMPA-SC**

*“I think that the use of this method at home could overcome socio-cultural and geographical barriers, so it is necessary to properly train users to avoid any damage to the body. If however this training is effective, why not? It's a great innovation”*

**Health provider, Burkina Faso**

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# Factors influencing women and health provider positivity towards self-injection



## Resistant

Doubt that women can self-inject safely;

Think training women to self-inject will be challenging as well as time and resource intensive [providers only];

Have observed that not all health providers are currently competent at administering these injections themselves [providers only];

Less familiar with DMPA-SC;

Feel that injecting patients is the job of a health provider.

## Positive

Good existing experiences of DMPA-SC and familiar with the product;

Consider DMPA-SC easy to use;

Positive about the benefits to the woman of self-injection;

Feel it might encourage more women to use FP;

Have experience of the self-injection of other treatments (e.g. insulin for diabetics) [providers only].

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## Increased provider experience with DMPA-SC saw increased confidence and positive views of the method

Providers pointed out that there are **some among them who still don't know how to administer Sayana Press properly**, and that this would need to change if they are to properly support women.

An **apparent lack of experience with the product** may also be behind the perception among some providers that training women to self-inject would require extremely extensive and extended support.

There was **greater resistance among health providers in Niger towards self-injection**; this appeared to be linked to greater unfamiliarity with DMPA-SC the absence of progress towards self-injection seen in the other countries as well as heightened concerns about the capacity of Nigerian women to learn how to inject safely.

*“Among ourselves, health providers, there are some who have not mastered the injection of Sayana Press, they make mistakes, first we need to be well trained, so that we can explain to women when they come for [self] injection”*  
Health provider,  
Burkina Faso

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# Both women and providers across all three countries reported benefits of DMPA-SC

**The time and costs saved not having to travel to and wait at a health facility**

*“It’s good for women, you talked about time, they will save time. I tell myself that from a cost point of view they will win because it will be cheaper.. there are some women who are far from a CSPS [a health structure] and getting there is a problem.”*

Health provider, Burkina Faso

**The discretion of being able to inject at home**

*“... but also it’s much more discrete, you can do it in your bedroom, with complete privacy. There are men who don’t like family planning and who think that any woman going to a health centre is going there to get family planning.”*

WRA, Senegal

**Self-injection can empower a women to take control of her own healthcare**

[Senegal and Burkina only]

*“I am for self-injection at home as long is it gives the woman independence.”*

WRA, Burkina Faso

**Time saved for health providers which can be spent on other tasks**

*“ for those responsible with providing FP to the whole district, it’s a real burden, but self-injection could reduce some tasks.”*

Health provider, Senegal

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# While regarded as beneficial to all women, the option to self-inject was felt to offer specific advantages for some women

An accessible and discrete option for **adolescent girls** and students

*“[while working in the community] there are college girls who approach me to ask me if I can inject them and I tell them to go to the health centre. Now that I know you can inject yourself, I think this will suit them better.”*

Health provider, Burkina Faso

A discrete and affordable option for **single sexually active women** to avoid unwanted pregnancies

*“this product has come in time for us single women who can not abstain from sex and we worry every time the “what will we say”.”*

WRA, Senegal

An option that requires less time away from household responsibilities in order to visit a health facility for **housewives**

*“Yes, I prefer [to inject] at home, at the hospital you lose all day queuing, I often finish around 4pm. It's easier to do it at home ... if you can do it at home, you can easily do it alongside your activities without pressure.”*

WRA, Burkina Faso

A more practical and accessible option for **women in isolated rural areas** with poorer access to health facilities

*“ It is always better to build women's skills for self-injection in some remote sites where they rarely receive adequate medical care.”*

Key informant, Burkina Faso

# Barriers at key phases of adoption and use reported by potential users and providers

## Choosing DMPA-SC

Despite growing awareness of the method, many of the women interviewed were unfamiliar with DMPA-SC and in the first instance had questions about the method in general, on aspects like side-effects, and the duration of protection.

## Learning to self-inject

- Can all women [illiterate/ non-educated] be taught the technical aspects of injecting themselves (choosing an injection site, deploying the syringe etc.)?
- Is there a higher risk of accidents and incidents if a woman self-injects?
- Will a woman be able to tell if the product is safe to use/ expired?
- Will it be more painful if a woman injects herself, rather than letting the provider do it?
- Shouldn't injections be administered by health providers?

## Managing self-injection at home and continued use

- Will women remember how to self-inject correctly and safely when it comes time to re-inject?
- Will they remember when to administer their next dose on time?
- How should women safely and discretely store the syringes between doses (is it safe to keep the syringes at home, and what about the need to keep them at a certain temperature)?
- How should women safely and discretely dispose of the used syringes?
- Will this option encourage women to purchase FP clandestinely/ without the advice of a qualified provider?

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## In their words:

*“I am not a health worker, can I do it? Is not it painful?”*  
WRA, Niger

*“All needles are dangerous and I'm afraid that it can prick and contaminate someone without them realizing it for example, have all precautions been taken to reduce the risk of contamination?”*  
WRA, Senegal

*“Women do not have the same level of understanding, especially those who are not educated. They can appear to understand and able to manage, while when it comes to their next reinjection we realize that this was not the case?”*  
Health provider, Senegal

*“Ah! If a husband accidentally stumbles upon the product when he hasn't given consent, you see how that might cause tension?”*  
WRA, Burkina Faso

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# Many of these barriers can be addressed through sensitisation, training and support

## Sensitisation

Community based workers have a key role to play in sensitising and informing women of the option to self-inject and building general awareness and understanding of DMPA-SC

## Training

Women will need to be 'taught' the steps to self-inject and supervised to ensure they have understood and are comfortable with what to do

As well as the technical aspects of self-injection training should cover:

- How to safely store the syringe until it is time to self-inject
- How to remember when it is time to re-inject
- What to do with the used syringe

## Ongoing support

- Women should be offered different ways to be reminded of the dates of their next injection, including by phone/ SMS
- Women should be informed of what to do if they experience any issues and who to contact for support
- Supporting materials for helping women remember the steps for self-injection should be developed and suitable for non-literate groups

# Spotlight: Storage and Disposal

## Storage

Women will need advice on safe and appropriate storage: out of sight (if hiding use from husband); out of reach of children and if there are any specific conditions for storage (e.g. temperature).

They suggested the injectable could be stored in the same place as a woman stores other valuables, in a jar, somewhere with her clothes, in a handbag/ small bag (kept in a cabinet, or hung on the wall).

*“They know how to keep their money, they will do the same for the product because it is precious.”*

Health provider, Burkina Faso

## Disposal

Emerged as a key concern, will need to be addressed during training.

Options suggested included disposal at home (in a latrine or via burial) and returning the used syringe to a local health facility (either directly or via a community based worker).

Home based options were appreciated due to a preference for an immediate solution but disposal at a local health facility was felt to be safest overall (if a little more inconvenient).

*“To get rid of the device after use, several options are available: modern and traditional septic tanks, incineration, landfill, public dumps, garbage cans. But none of these options is totally reassuring. There is always a risk.”*

Health provider, Niger

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## Summary

Study findings suggest that self-injection of DMPA-SC is a highly acceptable option to both potential users and health professionals, provided women are offered the right training and support.

The benefits of this option were widely accepted and considered to offer the potential to improve access for key target groups like adolescents and those with poorer access to health care.

Current levels of understanding of DMPA-SC among both women and health providers was varied; a better understanding of the product and good existing experience contributed to how positive women and particularly providers felt about this option.

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# What's next?

Piloting self-injection in selected youth focused channels in Burkina Faso to gather operational insights into how best to roll this out across MSI service delivery channels (upon approval of MOH)

Introducing self-injection in Senegal MSI service delivery channels based on MOH orientation and roll-out plan

Advocating for self-injection in Niger



# Thank you

[mariestopes.org.uk](http://mariestopes.org.uk)

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