Perceptions of home and self-injection of Sayana® Press in Ethiopia

Final qualitative study report

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Preface

This report describes the outcomes of a PATH-led qualitative assessment to explore perceptions and policy implications relating to the possible delivery of Sayana® Press in Ethiopia through home and self-injection. Sayana Press is a new presentation of a widely used injectable contraceptive. At the time of the study (June 2012), the product was called depo-subQ provera 104™ in the Uniject™ injection system. The manufacturer, Pfizer, Inc., officially released the branded product name, Sayana Press, in August 2012. Uniject is a trademark of BD.

The assessment included individual interviews and focus group discussions and product demonstration but no actual use of the product in humans. Sayana Press is not currently labeled for self-injection, and thus home or self-injection of Sayana Press would be considered in the future based on appropriate regulatory approvals and national service delivery guidance. PATH conducted this study as part of the larger *Planning for the Introduction of Sayana® Press* project, funded by the Bill & Melinda Gates Foundation, the US Agency for International Development (USAID), and PATH donor Stephanie Evans.

Executive summary

Injectable contraceptives are among the world's most popular family planning methods, especially in sub-Saharan Africa, where more than 43 percent of women using modern contraception opt for the method.[1] Injectable contraceptives ("injectables") are typically administered by facility-based health workers, although community-based programs, which may administer injections in non-clinic access points or occasionally in users' homes, have existed in many countries since the 1970s. Sayana® Press[i] is a three-month injectable formulation of depot medroxyprogesterone acetate (DMPA) in a prefilled, subcutaneous (injected under the skin) formulation packaged in the Uniject™ injection system.[ii] The product's easy-to-use, disposable, single-use syringe eliminates the need to measure doses or perform intramuscular injections, and presents a potential opportunity to expand access to injectables beyond the clinic by enabling women to administer the medication themselves in home settings.

Although there is no published research on the feasibility and acceptability of Sayana Press for home and self-injection, previous studies with similar products suggest that:

- Women are capable of successfully self-administering injectable contraception via the Uniject system.[2]
- Women can self-inject a similar product, Sayana®, which is the same subcutaneous DMPA formulation as Sayana Press, but packaged in a glass, prefilled syringe.[3,4,5]
- Many women would prefer to self-administer (FHI360, unpublished data, 2013).

With funding from the Bill & Melinda Gates Foundation, the US Agency for International Development (USAID), and PATH donor Stephanie Evans, PATH is leading efforts to collaborate with partners in selected country markets to plan for pilot introduction and evaluation of Sayana Press. Home and self-injection are not currently part of the pilot introduction scope. To understand the feasibility and implications of home and self-injection as an additional delivery mechanism for Sayana Press, PATH conducted a qualitative study of potential clients, providers, and decision-makers in Ethiopia. The study did not include actual product use in humans. Ethiopia already permits community health workers to administer injectables, and is committed to scaling up community-based access to injectables. It is important to note there are no plans to introduce Sayana Press in Ethiopia at this time.

Study description

The study investigated perceptions, preferences, feasibility issues, and policy issues related to Sayana Press at two rural and peri-urban[iii] sites in the Oromia region of Ethiopia. In-depth interviews were conducted with 33 women who were using modern family planning methods, 11 women who were not, 8 doctors, and 10 key informants involved in health service planning and policy. The PATH team also

[i] Sayana Press is a registered trademark of Pfizer, Inc.
[ii] Uniject is a trademark of BD (Becton, Dickinson and Company).
[iii] Peri-urban sites are regions that sit between an urban area (suburbs) and the countryside.

conducted seven focus group discussions with nurses, pharmacists, and health extension workers (HEWs). All participants first received basic information on Sayana Press and discussed their perceptions and knowledge of home and self-injection and the product. They then watched a product demonstration and had the opportunity to test the injection device on a simple model, and then offered further perceptions and insights.

Key study findings

Advantages of Sayana Press: Women found the product appealing because they believed the small needle would minimize pain, the design would reduce the potential for contamination, and the system would be easy to use. Providers and key informants thought Sayana Press could raise contraceptive prevalence and reduce unintended pregnancy because it could increase access to contraception and also enable women to use family planning discreetly, without the community or family knowing.

> *"It is good the needle and medication are together. I think it is simple to use."*
> *(Facility-based family planning user, Alemtena)*

Feasibility of home and self-injection: For women, the major barrier to injecting Sayana Press themselves was fear of doing so incorrectly. After the product demonstration, most—but not all—women felt that, if properly trained by professionals, they would have the confidence to self-inject; the health care providers[iv] agreed. Health providers and key informants believed the biggest challenge would be reminding women about the reinjection window. A majority of respondents thought that between one and three training sessions would be sufficient to give women the knowledge and self-confidence to self-inject Sayana Press.

> *"I used to think that it's only doctors, nurses who could inject. But now I know that everybody could do it if teachings are properly given."*
> *(Community-based family planning user, Alemtena)*

Storage and waste disposal: Women were generally not concerned about storage or waste disposal because they had access to lockable boxes at home to store Sayana Press and felt they could easily dispose of used devices in pit latrines or garbage pits. In contrast, many providers and key informants thought home storage was ill-advised because they felt the product might lose its effectiveness if not stored properly. They also worried that children could become infected from contaminated needles if exposed to used devices. Most recommended that HEWs take charge of storage and waste disposal, and a few suggested that women be given safe disposal boxes.

> *"Our society is not educated to take care of needles after injection. It may have some bad consequence ... it may increase the transmission of HIV/AIDS."*
> *(Pharmacist, Ginchi)*

[iv] In this report, "health care providers" or "providers" refers to the perceptions of doctors, nurses, pharmacists, and health extension workers.

Cost: The majority of respondents felt strongly that Sayana Press should be available at no charge to users, as is the case with most contraceptives distributed through the public sector in Ethiopia. However, most of those respondents who are currently using contraceptives suggested that they would prefer to pay for Sayana Press and be able to inject themselves at home than to spend time and money to go to a facility for a free injection. The convenience and cost savings offered by home and self-injection were emphasized by a significant majority of women.

> *"I prefer to pay and get [Sayana Press] at home. My time and effort to reach health facilities are more important than the cost."*
> *(Community-based family planning user, Ginchi)*

> *"Rather than coming to the health center and spending transport expense, I can self-inject at home and accomplish household chores."*
> *(Facility-based family planning user, Ginchi)*

Influential figures: Women reported that HEWs were their most common source of contraceptive information and a trusted source of advice. There was a general consensus that HEWs were the most appropriate cadre to train and supervise women to use Sayana Press. Husbands also play an important role—most women said they made family planning decisions jointly with their husbands.

> *"Women feel most comfortable if they receive training from the HEW because they believe us, and if something happens they can ask us."*
> *(HEW, Alemtena)*

> *"I prefer the home injection by myself if I learn to administer… It saves my time and travel to health facility. And if injected by my partner, it shows his commitment."*
> *(Facility-based family planning user, Ginchi)*

Policy environment: Among the key informants interviewed, there was little agreement and limited knowledge about who was allowed to administer injections in Ethiopia. Significantly, most believed there was no policy on home and self-injection of medications. Key informants expressed concern that national policies promoting long-acting and permanent contraceptive methods would not favor Sayana Press because injectable contraception is categorized as a short-term method.

Conclusions and next steps

In Ethiopia, as in many African countries, injectable contraceptives are the most popular family planning method among modern contraceptive users. As a presentation that may offer access and convenience benefits for women who want to use injectables, Sayana Press has the potential to increase the use of family planning.

This study found that women strongly value the time and expense they could save by administering Sayana Press at home, as compared to traveling to a facility. Furthermore, most women who expressed

initial inhibitions about their ability to self-inject shifted their opinion favorably after the device was demonstrated.

Although a home and self-injection program may meet the needs of many women in Ethiopia, certain challenges would need to be addressed to ensure success in any country electing to introduce Sayana Press. First, women will require training and ongoing supervision to gain the knowledge and confidence to use the method correctly and to remember their reinjection schedule. Second, strategies for appropriate waste disposal need to be put in place; these will depend on the options available to women in their communities. Options for safe disposal could include safety boxes for injectable waste or collection of used Sayana Press devices by community health workers. Finally, policy changes may be needed to clarify the service delivery guidelines of self-injection of Sayana Press and its place in national family planning strategies.

Research on the acceptability, effectiveness, program implications, and costs of home and self-injection in low-resource countries is limited. This qualitative study in Ethiopia provides insights into issues related to the feasibility of home and self-injection of Sayana Press and bolsters the knowledge base. Although the findings are specific to Ethiopia, they offer relevant insights for countries considering home and self-injection options in the future as part of their family planning programs as it is likely that many of the issues raised will be common across countries. For those countries, collecting country-specific evidence (including pilot studies) is also warranted to guide decision-making on key issues, such as the best support mechanisms for women who choose to self-inject contraceptives, and to address operational concerns such as training, home storage, and waste management.

Background

Sayana Press is a new subcutaneous formulation and presentation of the injectable contraceptive depot medroxyprogesterone acetate (DMPA) manufactured and patented by Pfizer, Inc. The contraceptive is prepackaged in the Uniject injection system, an autodisable, single-use syringe developed by PATH and manufactured by BD (Becton, Dickinson and Company). Because it is safe and easy to use, Sayana Press offers the potential to safely and effectively extend injectable contraceptive delivery beyond the clinic through home and self-injection (HSI).

Sayana Press is a new formulation and presentation of a popular injectable contraceptive

Photo: PATH/Patrick McKern

With funding from the Bill & Melinda Gates Foundation, the US Agency for International Development (USAID), and PATH donor Stephanie Evans, PATH is leading efforts to collaborate with partners in selected country markets to plan for pilot introduction and evaluation of Sayana Press. PATH is also working with key nongovernmental organizations (NGOs), donors, and governmental partners to conduct product acceptability studies in Senegal and Uganda, as well as studies to evaluate operational considerations and costs of introducing and scaling up use of the new product in various country settings.

Current efforts focus on delivery of Sayana Press through established channels, including facility- or community-based health systems. While home and self-injection are not currently part of the pilot introduction scope, PATH is examining HSI as an additional delivery mechanism for possible consideration at some point in the future. To assess existing evidence, PATH conducted an extensive literature review[6] on HSI. This review increased PATH's understanding of the potential feasibility and acceptability of home and self-injection using Sayana Press,[v] with a focus on self-injection. The review found sufficient evidence to indicate that administration of Sayana Press in a woman's home, either by a community health worker, lay caregiver, or the woman herself, may be both feasible and acceptable.

At the time of publication, the literature review found that no direct research had been conducted to assess the feasibility and acceptability of HSI of Sayana Press, in either developed or developing countries. The evidence currently available, however, indicates that the product will lend itself well to non-clinic administration. To explore this gap in research evidence and build the literature base regarding non-clinic

[v] At the time of the literature review, the product was called "depo-subQ provera 104™ in the Uniject™ injection system", and is referred to as such in that document.

access to Sayana Press, PATH secured funding within its existing Sayana Press planning project to conduct this study.

The research team identified Ethiopia as an appropriate country in which to conduct this research based on a rigorous review of a range of data and criteria. The process and final country selection were vetted with the Bill & Melinda Gates Foundation, USAID, and members of the Sayana Press project Technical Advisory Group. Ethiopia met PATH's key criteria:

- Active community-based distribution of an injectable contraceptive.
- Policy in place allowing community health workers to administer injectables.
- Nationalized program to scale up community-based access to injectables.

Ethiopia also has innovative, non-clinic access policies and high volume potential for use of injectable contraceptives. After identifying Ethiopia as a suitable study location, PATH conducted in-depth individual interviews and focus group discussions (FGDs) to explore perceptions of home and self-injection among an array of urban and peri-urban family planning users and non-users, doctors, nurses, pharmacists, health extension workers (HEWs), and key informants such as policymakers, to understand the possible implications of making this product available for home and self-injection. The study findings contribute to the evidence base on the practicability of offering Sayana Press through home and self-injection.

Goal and objectives

The purpose of the qualitative assessment was to explore perceptions, preferences, feasibility issues, and policy issues connected to home and self-injection of Sayana Press in Ethiopia. This contributes to one of the objectives of PATH's Sayana Press project: "[To] prepare and present information and analyses to support introductory product procurement." Specifically, the goal of this assessment was to identify considerations and recommendations for possible future home and self-injection of Sayana Press, and identify key practical and policy-related recommendations.

The specific objectives of the assessment were to:

1. **Identify perceived benefits and drawbacks related to home and self-injection of Sayana Press** from the perspective of current and potential contraceptive users, health care providers, and political decision-makers.
2. **Identify key considerations and optimal conditions for effective training, storage, supply chain management, and waste disposal of Sayana Press** if home and self-injection were formally implemented.
3. **Determine specific ways in which the policy environment supports or hinders home and self-injection options for Sayana Press**, including identifying opportunities to address policy-related barriers.

Research methodology

The study team collected data using in-depth interviews and FGDs in the Oromia Region of Ethiopia. A locally based study coordinator oversaw data collection conducted by locally hired interviewers fluent in the Oromiffa language.

Individual interviews were held with current and potential users of family planning and injectable contraception, physicians, and key informants involved in decision-making regarding policy or health service planning. Users included both women who access injectable contraception at facility-based clinics (which tend to be located in urban or peri-urban settings) and those who access these products through a community-based system, such as HEWs (which tend to correlate with rural locations). Though not exact, this methodology has the effect of including both peri-urban and rural women. Interviews lasted an average of 75 to 80 minutes and were audio recorded.

FGDs were conducted with nurses, pharmacists, and HEWs and were audio recorded.

As part of the study, some basic information about Sayana Press was provided to participants, and they were invited to discuss initial themes, such as their experiences with family planning and their perceptions of home and self-injection. Then, each participant was given basic instructions on using Sayana Press and how it could be self-administered, and encouraged to try injecting a prosthetic injection device (a salt-filled condom) using a saline-filled Uniject device. This allowed all study participants to assess the product. In the remaining portion of the interview or focus group, they were asked to discuss their opinions on the injection system and its relevance to home and self-injection of Sayana Press.

Sample size

The assessment team recruited a purposive sample of 44 family planning users and non-users, eight health care providers, and ten key informants for individual interviews (a total of 62 participants). The assessment team also led seven FGDs with 42 health care providers. Table 1 provides further details on these respondents.

Family planning users consisted of women currently using modern contraception (33), including those using injectables (31). Non-users were women not using any modern method of contraception at the time of the interview (11). Health care providers included clinic-based providers such as doctors and nurses, non-clinic providers such as pharmacists, and HEWs providing family planning services at the community and household levels. The key informants were high-level stakeholders and decision-makers within the administrative and health systems of the study sites, including individuals managing local family planning programs, the Regional Health Bureau, and the Ministry of Health (MOH).

Individual interviews and FGDs were held in both rural and peri-urban areas. Participants were selected primarily based on their availability and willingness to participate in the assessment activities.

Table 1. Study sample size and composition

Individual interviews	**Number of participants, by subgroup**	**Total number of participants**
Current contraceptive users* who:		
• Access services through clinics ("facility-based family planning users").	18	33
• Access services through non-clinic access points, such as health extension workers ("community-based family planning users").	15	
Non-users (women not currently using any method of modern contraception).	–	11
Key informants	–	10
Doctors	–	8
TOTAL	–	**62**
Focus group discussions (FGDs)	**Total number of people in FGDs**	**Number of FGDs, by provider type**
Health care providers:		
• Nurses	6–8 people per group	2
• Pharmacists/drug shop owners		2
• Health extension workers		3
TOTAL	**46**	**7**

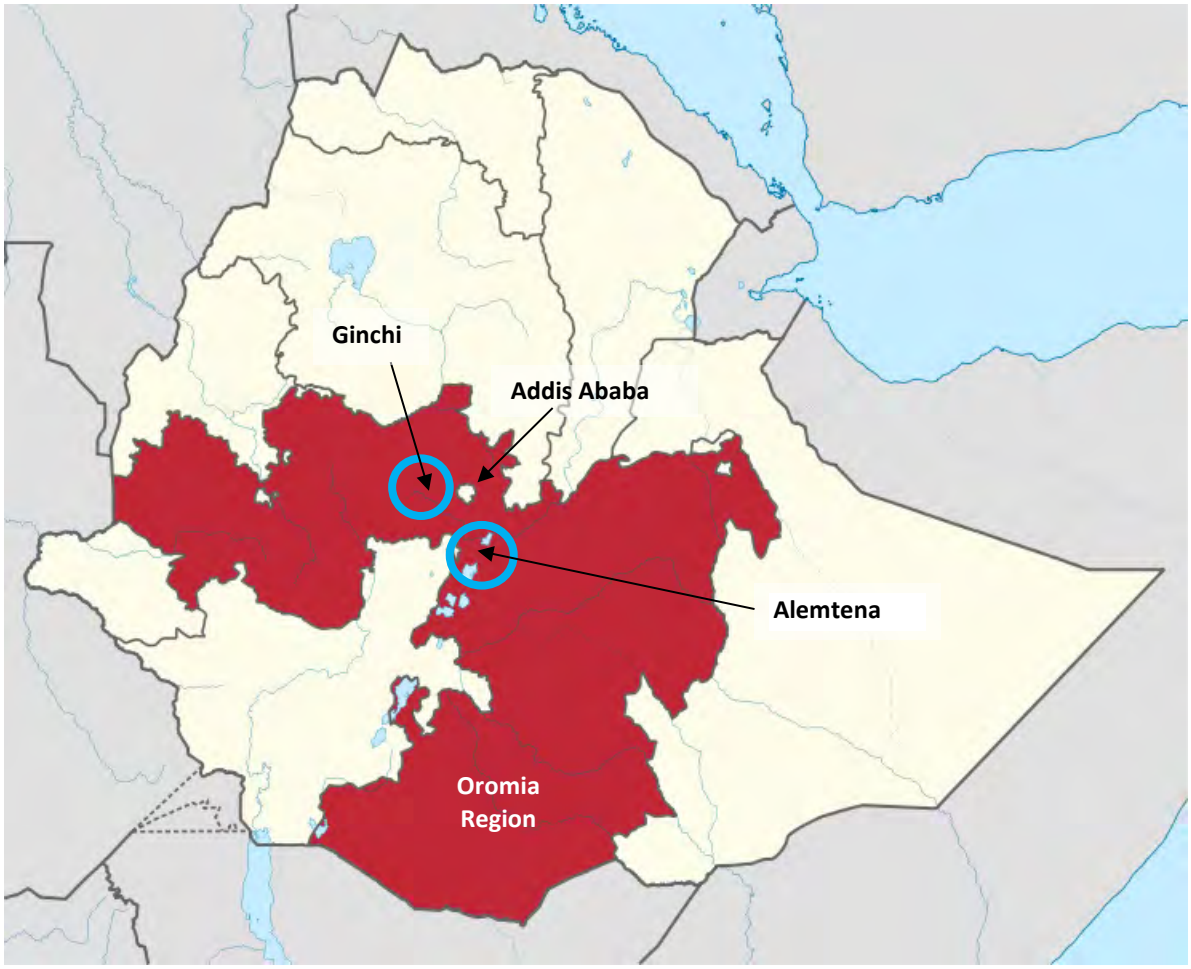
***** In Ethiopia, 75 percent of modern contraception users are likely to be using injectables.[7]

Study sites and recruitment

PATH conducted the study in the Oromia Region of Ethiopia, specifically in the rural areas of Ginchi in northwest Oromia and Alemtena in southeast Oromia. Figure 1 shows these regions. The sites were selected in consultation with the Oromia Regional Health Bureau. Each site included both peri-urban and rural settings, and women in the sites had access both to health centers and to active community health posts providing injectable contraception. Both sites were within a three hours' drive from the country's capital, Addis Ababa.

The research team recruited current contraceptive users through service delivery points and community-based HEWs and their supervisors. The HEWs and their supervisors also assisted the research team in identifying non-users who met the study inclusion criteria (found in Appendix 1). FGD participants were identified by the study coordinator and a focal person at the local health center in each community. The study coordinator and PATH staff identified appropriate key informants and clinical and non-clinical providers of injectables through interactions with officials from the Regional Health Bureau and the MOH, in-country contacts, and through desk research.

Figure 1. Map of Ethiopia with Oromia Region highlighted and research areas circled



Data collection

Training of the local data collectors (interviewers) and data collection took place over a three-week period between June and July 2012. During the first week, PATH staff and the study coordinator led a five-day training for the in-country assessment team to review the study objectives, methods, sampling plan, lines of inquiry, and ethical considerations, and to build the team's capacity in qualitative research techniques. The team reviewed the topic guides for the interviews and discussions, simulated interviews through role-

Data collectors examine materials during study team training in June 2012

Photo: PATH/Siri Wood

playing to garner peer feedback, and pilot-tested the guides at a field site (Appendix 2). Finally, they discussed data-management procedures such as audio file numbering and transcription.

Data collection commenced the second week in Ginchi at a participating health center. PATH staff, the study coordinator, and the data collectors traveled to Ginchi at the beginning of the week, formed data-collection teams, and worked with the HEWs and a focal person at the center to identify individual interview and FGD participants. Individual interviews and FGDs were conducted over the course of five days. The same process was undertaken in the third week in Alemtena; data collection took place over the course of five days.

Ethical review

The study protocol was reviewed and approved by Ethiopia's Oromia Regional Health Bureau and PATH's Research Ethics Committee. All information collected by the assessment team was kept confidential; each interview was coded numerically and no name identifiers were recorded**.** Informed consent forms, field notes, audio files, and transcriptions are stored in a secure location in the PATH-Ethiopia office.

In view of the time commitment and estimated burden on participants, minimal compensation of 70 Ethiopian Birr (approximately US$3.78) was offered to individual study participants, and a small stipend to cover travel expenses was offered to focus group participants who came from locations further than five miles from the discussion site.

Study design, instrument development, and ethical approval took place between October 2011 and May 2012. The study team was trained in June 2012, field data collection was conducted in June and July 2012, and analysis was completed between August and November 2012.

Confidentiality and informed consent

All information collected by the assessment team was kept confidential according to international guidelines on the protection of human subjects. The assessment team coded each interview numerically, and no name identifiers were recorded as part of the assessment data-collection process. Individual interviews were conducted in private locations relevant to the participant, and all efforts were undertaken to ensure confidentiality and privacy. Informed consent logs (Appendix 1), digital audio files, and transcriptions were collected and stored in a secure location at the PATH headquarters in Seattle.

All participation in this assessment was voluntary. The informed consent process occurred prior to collecting any information from the participants and before beginning the interviews or FGDs. The voluntary and confidential nature of the assessment was stressed at the time of recruitment and again at the start of each interview or FGD. Verbal consent was sought from the participants, both literate and illiterate, and a written copy of the consent form was provided to them with the primary investigator and

local study coordinator's contact phone numbers and emails. Consent forms were translated into the local language. A consent log was kept by each research team, noting the participant's identification number, the date of their consent, and the researcher who conducted the consent process with the participant. These logs are stored with the study records. At any time during the FGD or interview, a participant was free to leave or terminate the session.

Data analysis

PATH staff oversaw the management and analysis of data collected during the study. Some steps were conducted by local staff in Ethiopia, and others were managed by team members based at PATH's offices in the United States. Specific steps in the data analysis process, along with the location of the work, are as follows:

- All individual interviews and FGDs were digital audio recorded and transcribed verbatim to accurately capture the participants' perceptions and opinions of home and self-injection of Sayana Press. Assessment team members took detailed field notes of the interviews and focus group sessions as appropriate. (Ethiopia)
- The full interviews were translated into English as transcription occurred. (Ethiopia)
- Transcriptions were compared with notes taken during the discussion/interview as a preliminary data-analysis stage to develop a standardized coding scheme.[8,9] (US)
- Data were coded and the transcripts were entered into MAXQDA, a qualitative electronic textual organization program.[10] The software enabled the analysts to organize, sort, and synthesize information into textual matrices based on the coding scheme developed for analysis and interpretation.[11] (US)
- Data from each set of interviews or FGDs with a specific population were analyzed and compared and contrasted to findings from the other populations to identify similar or different perceptions and opinions. (US)
- Relevant background data (age, sex, education level, marital status, etc.) on participants were tabulated and entered into a table for inclusion in the assessment report. No name identifiers are associated with these biodata. (US)

Study findings

Background characteristics of respondents

A total of 44 women were interviewed for the study, of which 33 were current users of modern family planning methods and 11 were not currently using any modern method of contraception. Among the 33 current users ("Users"), the average age of respondents was 29 years, ranging in age from 20 to 40. Women in this group averaged 3.4 children, with a range in parity from 0 to 9. All respondents were married, except for one who was a widow. The respondents in this group had varying levels of education, with 8 stating no education, 23 attending some school, and 2 receiving diplomas. The most common form of employment among these women was housewife (10), followed by farmer (8), and housewife/farmer (4). All of these women were located in rural areas within the two research sites. The majority were of Oromo ethnicity and were Orthodox Christian.

Among the 11 women not currently using modern contraception ("Non-users"), the average age of women interviewed was 28, ranging from 18 to 41 years. Interestingly, women in this group had much lower parity than those in the Users group. The average number of children among these respondents was 1.9, with a range of from 0 to 3 children. Ten of the respondents were married; one had never been married. Types of employment were similar to those reported by Users; a majority of the Non-user respondents (7) reported housewife or farmer as their job. Education levels in this group were somewhat lower than the Users group, with six of the respondents stating no education or illiteracy. One respondent had attended university. All women in this group were living in rural areas, and were of Oromo ethnicity. As with the Users, the religion of the majority of respondents was Orthodox Christian.

Among the health care providers interviewed (doctors, nurses, pharmacists, HEWs), the majority were female and located in peri-urban areas (generally the town center of the research site). The majority of nurses and HEWs interviewed were female, whereas pharmacists included more male respondents in at least one FGD (the second pharmacist FGD did not aggregate gender information). Among doctors, six out of the eight interviewed were female.

Of the ten key informants interviewed, the majority were male (8) and located in peri-urban areas (7). Two key informants were interviewed in Addis Ababa, the national capital.

Personal experiences with family planning

Current and prior contraceptive use

Of the 33 respondents currently using modern contraceptives, the vast majority, 31, reported using injectables. Contraceptive implants and oral contraceptive pills were the methods used by the other respondents currently using modern contraceptives. Of the contraceptive methods previously used by current contraceptive users, the most commonly used methods, in order of frequency, were pills, followed

by implants, injectables, the calendar method, and breastfeeding. A minority had not used any contraceptive prior to their current method.

The majority of Non-users (11) reported never having used a contraceptive method; however, those that had previously used a method reported using injectables and the pill; one had used the calendar method.

Current access to family planning services

The overwhelming majority of Users (30) accessed their contraceptives through the public (government) health sector. About half of these women accessed family planning services through government-run facilities, such as health centers or clinics; in the findings, these women are identified as "facility-based family planning users." The remaining half accessed services through government-managed HEWs at a community health post ("community-based family planning users"), through private facilities, or through HEWs providing home-based services; one woman had access through HEWs in a private setting. Because women in peri-urban locations tend to access services at government facilities, and women in rural settings tend to access services through community-based health posts, this variation indicated that the team was gathering perspectives from both peri-urban and rural Users.[vi] It is important to keep in mind that several women described complex access patterns that involved accessing contraceptives at more than one site. This typically occurred when contraceptive methods were not available at their usual source, such as government clinics or, in one case, when a participant feared she would not be able to meet her local HEW when planned.

The vast majority of current Users of injectables reported being reminded to get their next injection through a written card with the date of their following appointment provided at the clinic. In addition to using a written reminder, several reported counting the days and one reported using a holiday as a point of reference for her next injection.

> *They give me appointment paper in which they write the date. I read the date and go on the appointment date.*
> *(Facility-based family planning user, Ginchi)*

A very small number of Users reported receiving assistance reading their appointment card or remembering the date of their next injection from their husbands, HEWs, their children, or friends.

Cost of contraceptives

The majority of Users reported that the injectable contraceptive methods they accessed through health posts or health centers were free. Some Users who use or have used private facilities reported paying between 5 and 10 Birr (approximately US$0.27 to $0.58) for injectable contraceptives.

[vi] The significance of peri-urban or rural location to women's experiences and perspectives has not been closely examined in this study, but may prove a useful focus for future work.

Family planning communication and influence

Source of family planning information

HEWs were the most common source of contraceptive information across groups.

> *I learned from health extension workers during house-to-house visit and at health facility ... they told me the benefit and I started using, ignoring bad perceptions of the community.*
> *(Community-based family planning user, Ginchi)*

> *I ask health center staff ... about side effects related to contraceptive methods [and], they advice (sic) me about nature of contraceptives.*
> *(Community-based family planning user, Ginchi)*

A minority of the participants reported learning about contraceptive options through the media, including radio and television. A few learned from friends, previous users, or through community mobilization. One current Non-user reported learning to use the calendar method in school.

Personal communications about family planning

When asked, "Whom do you talk with about family planning?," a strong majority of both Users and Non-users reported that they talk primarily with their husbands about family planning. Most Users reported that they make family planning decisions jointly with their husbands; a small minority of Non-users also gave this answer.

> *Whom can I talk with about such issues except my husband? I talk with him. We made the decision to take family planning together and he knows everything about it.*
> *(Community-based family planning user, Ginchi)*

The second most important group with whom the majority of Users and Non-users discuss family planning is their friends and neighbors, followed by family members.

> *I talk with my friends and neighbors [about] my feeling and benefit I get from injectable contraceptive and also advise them to use and space their births.*
> *(Facility-based family planning user, Alemtena)*

When asked which people they do *not* talk with about family planning, some Users and Non-users said they did not talk with their husbands because their husbands do not support family planning. Others responded that they do not talk with anyone about the topic.

When asked when and where these discussions occur, the majority of Non-users said that they most often talk about family planning when they drink coffee together with their women friends. Some also talk with other women on the way to the market, with female relatives, or during general gatherings with women. Some Users also commented that they make time to discuss family planning with their husbands at night after work.

In the evening when we come back from work, we discuss the fact that farmland is getting scarce and living costs become expensive and we talk [about] the importance of not having any more children. (Facility-based family planning user, Ginchi)

When asked, "Why do you talk about family planning?," the majority of Non-users said they discuss family planning with their husbands to make decisions regarding contraceptive use. At other times, they discuss it to learn from an older relative or neighbor's experience, or to discuss rising costs of living and the resulting need to use family planning, as noted in the previous quote. Some Users also discuss family planning to share experiences with other women.

I sometimes discuss various methods with other women—we talk about which methods are best and how to get them. We talk to share experiences … we remind each other about the need to space children … we are having too many children … it is good to take [family planning]. (Community-based family planning user, Ginchi)

I give advice to women living in our village that are in the age of child bearing to use [family planning] and to discuss the benefits, and [I discuss] with my spouse to decide on the number of children. (Community-based family planning user, Ginchi)

A few Users said that they talk with HEWs to learn about contraceptive methods and side effects.

Influence

The overwhelming majority of Users (27) identified their husband as the primary influencer and co-decision-maker on their contraceptive use. Women said that many husbands, including their own, support contraceptive use by reminding their wives to go to the health facility to get their injections.

He asks me the date of my next injection and advice to don't forget to inject. He said it is difficult to educate [our children] if we have children more than this. (Facility-based family planning user, Alemtena)

Despite this strong influence, very few Users said that their husbands make family planning decisions *for* them, although a small minority said they do not discuss family planning with their husbands because their husbands advise them against contraceptive use. Some Users said that no one influences them. Several said that health professionals or the HEW influences them during their visit; some are influenced by their friends. A few mentioned the pharmacist as an influencer.

Finally, some Users stated very clearly that they make the final decision themselves, but are influenced by others, including their husbands or health workers.

I make the decision. I made the decision because I feel I had enough children and I need to take care of them. The health care workers and the HEWs have given me advice. (Facility-based family planning user, Ginchi)

A significant number of Non-users are also influenced by their husbands and decide jointly whether to use contraception. Some, but very few, Non-users indicated that their husband is the sole decider regarding family planning. Some Non-users are influenced by friends or family either to use family planning, or in some cases, not to use.

> *We discuss on every point and we decide together, which means he has equal power as me. (Non-user, Alemtena)*

> *My husband he is too dictator, but my friends encourage me to use family planning. (Non-user, Alemtena)*

Reasons for use or non-use of injectables

Of the 31 respondents currently using injectables who cited a reason for their choice of method, most mentioned dissatisfaction with other contraceptive methods due to perceived side effects. These included gastritis or stomach ulcers, darkening of the face, pain related to physical labor, and headaches.

> *What I like from the injection method is I don't have any more pain. I just know instantly that the pills method doesn't get along with my health because of the pain I had in my stomach. (Community-based family planning user, Alemtena)*

This response was consistent with what Users most often said they liked about injectable contraceptives: they did not experience negative side effects. Some Users also reported choosing or liking injectable contraceptives because they are easier to remember than other methods, especially the pill. Several key informants and HEWs, a few doctors, one nurse, and one pharmacist echoed this view.

> *I choose the injectable contraceptive method because it is suitable for me. If I choose the oral contraceptive method, I have to take the medication daily. Maybe if I forget one day I will be in trouble. (Community-based family planning user, Ginchi)*

Other common reasons mentioned for using injectables included a general sense that they meet individual family planning goals, including a need to space or limit childbirth and, in a few instances, because health care professionals recommended them.

Similar to the responses provided by current Users, several doctors, nurses, pharmacists, HEWs, and key informants stated that women prefer injectable contraceptives because they are easier to remember than methods like the pill, and because those women have had problems with other methods previously. However, unlike current Users, a significant number of the health care provider respondents identified the ability to use injectable contraceptives without others knowing (discrete use) as a major reason for their popularity. This was not mentioned as a reason for injectable use by current Users.

According to [the people in] my kebele,[vii] some partners don't want their wives to use a family planning method. Those women choose [injectables] because it helps them to keep their secret because it is administered at the health post every three months.
(HEW, Alemtena)

Finally, several doctors, a pharmacist, a nurse, and one User identified fear of long-term contraceptives as one reason why women chose injectables. More specifically, they expressed the belief that women fear or dislike the insertion of a foreign object, such as an intrauterine device (IUD) or implant, in their bodies, sometimes coupled with the belief that needles or injections are a preferable or better mode of administration. Confirming this view, one User reported that she liked not worrying about removing a long-term contraceptive from her body.

There is a common trend that people say needles are good. For instance, in using IUD some think as if they inserted bad things in their body. Thus, when they come to clinic if you give them injection, they become happy. As they think injection is good.
(Pharmacist, Alemtena)

Some facility-based Users, doctors, nurses, HEWs, and key informants also gave less-frequently cited reasons for the use of injectables. These included ease of access as a result of community-based distribution, the convenience and time-saving properties of injectables, the current popularity of injectables at the community level, and the lack of understanding about or awareness of other options.

Satisfaction or dissatisfaction with injectables

The majority of injectable Users reported being satisfied to highly satisfied with the injectable method. Many said they could find nothing they disliked about injectables.

The injection method is very good for me and I like it. There is nothing I don't like about Depo [Provera].
(Community-based family planning user, Alemtena)

However, a significant number of Users stated that they had experienced disagreeable side effects from injectable use. The most commonly cited concern was menstrual irregularity, usually a diminished or complete lack of menstruation (amenorrhea). The five Users who reported overall dissatisfaction with injectable contraceptives all identified reduced or decreased menstruation as a reason for worry. Conversely, a few Users reported this as a benefit.

Of those women who reported other undesirable side effects, most cited headaches. A few also mentioned back or other body pain, bloating, blurred vision, excessive menstrual flow, nausea, warming of the body, and weight gain.

[vii] A kebele is a neighborhood or small community; in Ethiopia, the kebele is the smallest administrative unit.

Reasons for discontinuation of injectables

A significant number of doctors, nurses, pharmacists, and key informants cited side effects as a reason Ethiopian women discontinue their use of injectable contraceptives. One HEW also cited side effects. Similar to the reasons cited for dissatisfaction with injectable contraceptives, the most common side effect mentioned was a change in menstruation; a few respondents from these groups also mentioned weight gain.

Of the four Users who reported having used and discontinued injectable contraceptives sometime in the past, two reported changes in menstruation as their reason for discontinuing injectable use.

The desire to get pregnant was also cited by a few key informants, health care providers, and one former injectable user. Finally, several doctors, nurses, and key informants identified a lack of supply or stockouts of injectables as a common reason for discontinuation.

> *I don't think that women discontinue using Depo [because of] side effects… they stop if they want to give birth.*
> *(Non-user, Alemtena)*

> *If they stop [using injectables] their main reason is lack of the product, [DMPA] IM. Usually it may not be available at the public health facilities and to purchase from private clinic it may be expensive and women cannot afford.*
> *(Key informant, Ginchi)*

Other reasons for discontinuation varied widely. One of the former Users reported that injectables did not stop her menstruation, which was her original motivation for use, and one stopped using injectables because she believed they caused darkening of the skin on her face. Health care providers and one key informant reported additional reasons, including the belief that injectables cause infertility, fear of injections, reactions to community perceptions and rumors, and a tendency to forget appointments.

Reasons for discontinuation of other methods

Respondents were also asked to discuss their reasons for discontinuing other (non-injectable) methods; those who responded spoke about the pill and about contraceptive implants (Norplant®). The most frequently cited reasons for discontinuation of the pill were side effects; in order of frequency, the side effects mentioned included general physical discomfort, gastritis or stomach irritation, and excessive bleeding. Some women also stated forgetting to take the pill on a daily basis as a reason.

> *[The pill] gave me severe gastritis and made me bleed a lot every month. In addition, I missed a lot of doses because I forget.*
> *(Facility-based family planning user, Alemtena)*

Four participants reported using Norplant in the past. Three of these women removed the implant when it expired and did not replace with a new implant, and one woman removed her implant because of irregular menstruation.

Reasons for non-use of any contraception

Among those women currently not using a modern family planning method, reasons for non-use varied. One current Non-user explained that she did not have information about family planning and that her husband did not allow its use. Another explained that she is presently unmarried and using contraceptives before marriage is not socially acceptable. She also heard a rumor that using birth control before having your first child is inadvisable.

Another Non-user explained that she is not using contraceptives because she is currently breastfeeding. One was actively trying to become pregnant, and several said they did not know why. One woman also said that she could not get contraceptives from the health post because she was unable to prove she was currently menstruating and thus not pregnant; another woman expanded upon this idea by noting that women are required to show people at the health post that they are menstruating by bringing something with blood on it to the post.

> *When I go to health facility they couldn't give me contraceptive before they see menstruation, so I [have] not yet asked health professionals to give me the service.*
> *(Non-user, Ginchi)*

Intention to use in the future and preferred source

Of Non-users included in the study, the majority explicitly said that they intended to use contraceptives in the future, and a significant number (9) said they would prefer to use injectable contraceptives in the future.

> *Yes, have a plan to use in the future because I need to plan my family. ... I hope I will use the injectable one. Pills I may forget because it's taken every day; people view the injectable as better than other methods.*
> *(Non-user, Alemtena)*

Most Non-users expressed interest in accessing family planning services in the future from a mix of HEWs, government health centers, and private facilities.

> *I get it from the health extension workers and also we can get from health center that is found here in our town.*
> *(Non-user, Alemtena)*

Awareness and perceptions of home and self-injection

Unofficial and non-supervised home and self-injection

A large majority of facility-based and community-based Users and Non-users said they were not aware of HSI of any medication occurring currently (not including examples of HEWs administering injectables in the home).

> *I haven't heard about self-injection. I know all get injection at health facility.*
> *(Community-based family planning user, Alemtena)*

However, three facility-based Users reported knowing or hearing about diabetic individuals who self-inject insulin at home; this was supported by several doctors, nurses, and key informants, a pharmacist, and an HEW.

> *As I know, only diabetic patients inject themselves.*
> *(HEW, Alemtena)*

Only two participants were able to provide firsthand examples of HSI of injectable contraceptives. The first was an HEW who sometimes injects herself; the second was a facility-based User whose husband and father are both health professionals.

Known challenges of HSI

Because relatively few participants were able to provide examples of known HSI activity, there were few opinions regarding potential challenges. Two participants, including the User who sometimes self-injects or has her husband inject her contraception and other medication, said current self-injectors experienced no challenges.

> *There is no problem I faced while I make self-injection. When I face pain such as fever I buy painkiller and make self-injection. As I am accustomed to make self-injection, after I make self-injection I feel OK.*
> *(Facility-based family planning user, Ginchi)*

Conversely, however, another respondent said that her aunt self-injects insulin and sometimes has trouble with the injection process.

> *Let alone injection it is ... difficult to take out the needle by one of your hands from the other hand. Thus, I think it challenges her while making self-injection.*
> *(Facility-based family planning user, Ginchi)*

Perceptions of HSI of Sayana Press: Feasibility and willingness to use

As noted above, study participants answered questions both before and after participating in a hands-on demonstration of Sayana Press. Before the demonstration, they discussed many of the topics presented in this report thus far, including their experiences with family planning and their perceptions of HSI. After the demonstration, they were asked to discuss their opinions on the injection system and other factors that may affect the introduction of such a system in Ethiopia.

One question, "If given the choice, would you prefer to have a provider give you a contraceptive injection at the health post or clinic, or would you prefer to make the injection at home yourself or by a friend/family member?," showed some change in Users' perceptions before and after the demonstration. These results also showed some variation between the perceptions of facility- and community-based Users. These differences are noted, but their significance is not fully explored in this report.

Before the demonstration, a majority of both facility- and community-based Users (21 out of 33) stated that they would prefer to be injected by a health professional or HEW, whether at a health facility or health post. Several of the facility-based Users explained that this preference was because they did not know how to self-inject and did not trust family members to inject them.

> *No way; I go to hospital only. I won't let anyone inject me at home nor do I make attempt myself. What if they inject into my blood vessel or nerve and kill me?*
> *(Community-based family planning user, Alemtena)*

The majority of community-based Users would prefer to get injectable contraceptives from the HEW at their local health post, though a few mentioned private clinics. Many also noted that they did not like receiving their injection in the home.

> *I come to this health post to take. They give us free of charge.*
> *(Community-based family planning user, Ginchi)*

> *I continued getting [contraceptives] from the health post. There are a few who use from the health center but many women take from the HEW.*
> *(Community-based family planning user, Ginchi)*

> *I prefer to go to the health post. This is because I know the HEWs and have very good experience with them, so I trust them.*
> *(Community-based family planning user, Ginchi)*

The majority of Non-users (7) also stated that they would prefer injectable administration by a skilled provider, specifically by HEWs.

However, 12 of the Users said that they would prefer HSI to going to a facility. They were interested in trying it because they felt it would save them time and travel costs and prevent interruption in their busy work schedules.

> *Rather than coming to the health center and spending transport expense, I can self-inject at home and accomplish household chores. (Facility-based family planning user, Ginchi)*

An interviewer demonstrates the correct use of HSI of Sayana Press (at top) followed by a practical simulation by the respondent (bottom).

Photo: PATH/Siri Wood

After participating in the demonstration and being allowed to try the device themselves (using a salt-filled condom and a saline-filled Uniject), almost all (17 out of 18) of the facility-based Users liked Sayana Press and were very interested in participating in HSI of the product after they were trained. Most community-based Users (9 out of 15) were also interested in switching to HSI of Sayana Press. However, the remaining community-based Users (6) felt that they lacked sufficient confidence for HSI and would still prefer to receive their injection from a health provider.

A majority (7 out of 11) of the Non-users stated that they would prefer HSI over going to a clinic if they were provided with training. The remaining four Non-users, similar to the community-based users, said they would prefer to be injected at a facility because they did not feel confident injecting the drug at home.

> *I prefer to inject [Sayana Press] at home by myself or by a friend because it will save time. (Facility-based family planning user, Ginchi)*

> *I don't like anything about it [Sayana Press]. I might have demonstrated it now, but I won't do it later. Health facilities are there to help us so it is better to go there. (Community-based family planning user, Alemtena)*

> *I hope I will use this method because it is easy. (Non-user, Alemtena)*

I prefer to have a provider give me the injection at the health facility because injections need skilled professionals and I don't think it is possible injecting myself.
(Non-user, Ginchi)

Perceptions of HSI of Sayana Press: Advantages and disadvantages

After the demonstration, respondents in all groups went on to discuss perceived advantages and disadvantages of the new product and delivery system, and offered additional insights on cost, distribution, and the potential impact such a method could have in Ethiopia.

Perceived advantages

A majority of all respondents felt that the smaller needle used for subcutaneous injections[viii] with Sayana Press would ease user pain, that the product design would reduce the potential for contamination, and that the product it would be easy to use.

Many women who had used the intramuscular (IM) formulation of DMPA previously and feared painful injections perceived Sayana Press as less painful because of the shorter needle; the small needle size seemed to reduce their fear of injection.

As the needle is very small people do not fear to inject and it does not harm … it is very good.
(Facility-based family planning user, Ginchi)

Many Users also felt that the product design was simple and would make it easy to administer the injection; this feature alleviated some of their fears about the possibility of contamination. A strong majority of both User groups liked the product packaging—which presents the needle and medicine together in one injection system—and felt that it would be easy to administer.

It is good the needle and medication are together, I think it is simple to use.
(Facility-based family planning user, Alemtena)

For a woman like me, it is time saving and it is packaged so I don't afraid of contamination.
(Facility-based family planning user, Alemtena)

Many Users commented on how much time and money HSI could save them because they would not have to travel to the health facility as frequently to get their contraceptive supply.

Since I am working I don't have to worry about missing my appointment in case I don't get time to go to the health post. I can take it in the evening when I am done with my fieldwork.
(Community-based family planning user, Ginchi)

[viii] The subcutaneous needle used for Sayana Press is 37.5 percent smaller than the one used for DMPA IM; the needles are 3/8 of an inch and one inch long, respectively.

[Rather than] traveling to health post I can use it at home and minimize my travel time.
(Community-based family planning user, Alemtena)

Several Users also saw the benefit of having the supply of their injectable contraceptive at home, which would relieve them of the worry of forgetting their appointments at the health facility.

The majority of health care provider respondents also liked Sayana Press and saw many benefits for women seeking to use family planning. None of them disliked the product. Many suggested that the product was easy to administer and simple to use properly, and would be beneficial for women who fear, or cannot easily reach, a health facility. Like the Users, health care providers mentioned that, for women who feared the pain of intramuscular contraceptive injections, Sayana Press's small needle was a welcome change because it could minimize the client's fear of injection and ease self-administration.

Respondents in this group also noted that HSI of Sayana Press could save transport time and expense for women, and save the time of the health workers providing family planning services as well. Moreover, they felt that HSI of Sayana Press would increase women's self-confidence.

There are women who want to use contraceptives, but they are not coming to the facility due to different pressures.… I think this product will answer their need. I couldn't see its negative side.
(Doctor, Alemtena)

It saves time, [will] be easily accessible to clients, and build women's confidence.
(Doctor, Alemtena)

Several also suggested that women would be more likely to continue use of injectable contraception if they could have the product easily accessible at home, echoing the perception of some Users.

For those who are using family planning, the coming of this new birth control … creates great opportunity. Those women who live very far distance from clinics and health centers would discontinue use of Depo [DMPA IM], but now since they can get at their home, they fortunately will use continuously.
(HEW, Alemtena)

Pharmacists, for their part, were pleased that an accurate dosage of DMPA was assured through the design of the prefilled, single-use injection system.

When we compare to Depo IM, this is small needle, can inject in different areas of body, less painful than Depo IM, safe, easy to self-administer at home.
(Nurse, Alemtena)

Most key informants agreed that Sayana Press's ease of administration would be an advantage, and also felt that the small needle would alleviate clients' fear of painful injection and facilitate the product's introduction. A strong majority also echoed the belief that HSI of Sayana Press could save transport time,

improve access to family planning, and build women's confidence. Several suggested that by improving or expanding discreet use of contraceptives, it would increase overall contraceptive prevalence in Ethiopia.

One key informant felt that some current contraceptive users would continue to use existing family planning methods, but that new users would probably prefer Sayana Press.

> *Some may continue using the existing method and early adopters may use the new product, but it is difficult to judge. For new [family planning] users I think they will prefer the new product because it brings different advantages like they do not have to wait to get services, or they may not like the providers/ treatment.*
> *(Key informant, Ginchi)*

Several providers also mentioned the benefit of the product for discreet users of contraception, as did some Users, who said that Sayana Press would be useful for themselves or other women whose partners or husbands did not support their use of contraceptives. These women suggested that a discreet contraceptive would give women more control over the timing of their pregnancies without the involvement of their partners.

> *There are clients who want to use contraceptive secretly as their husband does not allow them to use, but they use it as they do not want to give birth. For these clients, this new contraceptive is very comfortable.*
> *(Pharmacist, Alemtena)*

> *There are women who want to use contraceptives, but they are not coming to the facility due to different pressures… I think this product will answer their need. I couldn't see its negative side.*
> *(Doctor, Ginchi)*

Pharmacists share insights during a focus group discussion

Photo: PATH/Siri Wood

Alternatively, however, some Users, Non-users, pharmacists, and key informants mentioned that Sayana Press may actually help women engage men in HSI, and that this was a possible motivator for adoption of HSI of Sayana Press. They felt that HSI would be a positive influence on women's relationships with their husbands and partners, by drawing these men in to decision-making around family planning, and/or by involving them in the actual injection.

> *I prefer the home injection by myself if I learn to administer… it save my time and travel to health facility. And if injected by my partner it shows his commitment.*
> *(Facility-based family planning user, Ginchi)*

Home injection is important to the women as long as it saves time, resources, and creates a chance to discuss [family planning] with their partners.
(Key informant, Ginchi)

Finally, one nurse and several pharmacists suggested that self-injection of Sayana Press would be easy for clients already practicing self-injection of other medications (such as diabetics). The pharmacists noted that many women who are diabetic currently self-inject insulin subcutaneously and it is not a problem; they could easily self-inject with Sayana Press.

Perceived disadvantages

When asked about the disadvantages of using Sayana Press, the majority of community-based Users, a significant number of facility-based Users, and some Non-users said there were no disadvantages.

If they know how to use it properly, I think that it would not result in any disadvantage.
(Facility-based family planning user, Ginchi)

However, some users did identify challenges. As noted above, before the demonstration, the major challenge identified by all Users and the majority of Non-users was women's fear of using Sayana Press incorrectly if they were not well trained. These respondents felt that their fear itself would lead to mistakes. The demonstration alleviated this fear for some, but some still lacked confidence. Some facility-based Users also thought that such fear might prevent timely injection, resulting in unintended pregnancy.

Rural women fear to use this new product—even some urban women would fear to use it.
(Facility-based family planning user, Ginchi)

We may harm ourselves due to poor procedure, as we are illiterate.
(Non-user, Ginchi)

However, the overwhelming majority of community-based Users stated that, if properly trained by professionals, they would feel confident to self-inject. Several of the facility-based Users felt differently and strongly preferred to continue to receive injections at a clinic from professionals.

I prefer to have a provider give me the injection at the health facility because injections need skilled professionals and I don't think it is possible injecting myself.
(Facility-based family planning user, Ginchi)

Additional specific challenges identified by Users included fear of hitting a blood vessel during injection or missing the correct site; the need for waste-disposal techniques that protect children; a perceived need for significant training to teach correct injection and disposal techniques, especially to rural women; and the need to build confidence in HSI.

In rural areas it should be given great care … if they dispose it simply it would be risky—transmission of HIV will expand. Thus, great education [training] must be provided to rural women who may be careless about disposing carefully.
(Facility-based family planning user, Alemtena)

Several facility-based Users also voiced concern about where to get help if they encountered a problem with self-injection.

Potential disadvantages noted by health care providers also focused on the perceived need for intensive training to overcome women's lack of self-confidence with injection. These respondents were also very concerned about the need for proper storage and waste management to protect the safety of other people in the household, especially children.

I fear disposal of needle after injection. Our society is not educated to take care of needles after injection—it may have some bad consequence ... it may increase the transmission of HIV/AIDS.
(Pharmacist, Ginchi)

Many doctors and key informants also expressed a strong concern about safe waste disposal**.** Specific disposal issues mentioned included the need to monitor disposal methods after injection, the possibility that improper disposal could contaminate others, using the pit latrine as a disposal site, and the need to design a proper disposal method.

I am worried of the disposing methods of the community … We need to design a proper way of disposing waste and avoiding the children's contact of the needles. It will have safety-related problems…
(Key informant, Alemtena)

The majority of doctors were most concerned that women practicing HSI of Sayana Press would not inject on time, and feared that this could result in unwanted pregnancies and possible unsafe abortion. Several key informants, nurses, pharmacists, and HEWs echoed this concern. Two key informants also noted that pregnancies resulting from improper application of an HSI program with Sayana Press could damage the reputation of the entire national family planning program.

They may not inject correctly and may suffer of unintended pregnancy and maybe unsafe abortion.
(Nurse, Ginchi)

My concern is that they may not inject themselves every three months at precise interval period of time.
(Key informant, Ginchi)

Some health care providers and some key informants also mentioned that pregnancy could result if the women shared the drug with others and therefore did not take the full dose of Sayana Press.

Pharmacists had some specific concerns. One was concerned that needle contamination was possible because people's hands are often dirty. Another felt it would be difficult to train uneducated women to self-inject correctly, specifically to inject subcutaneously at a 45-degree angle. Interestingly, two pharmacists suggested that a disadvantage would be increased risk for sexually transmitted infections (STIs) and HIV. Their reasoning was that when more women practice HSI of Sayana Press to prevent pregnancy, they will decrease their or their partners' use of techniques that prevent STIs, such as male condoms.

In general, key informants' concerns echoed those of health care providers. This group focused on training, reinjection time, and proper disposal. Several key informants also commented on the need to ensure the provision of an adequate, consistent supply of the product for a successful HSI program. However, the key informants also placed a unique focus on important programmatic issues. These included possible low acceptance of HSI due to widely available or accessible provider-based services, harm to the entire family planning program if some users of Sayana Press became pregnant, and the possible pending decrease of short-acting contraceptive methods in Ethiopia's family planning program due to shifting national priorities.

Other considerations

Perceived cost of HSI vs. facility-based injection

When asked their perception of which might cost more, administering Sayana Press at home or going to a facility for a DMPA IM injection, the overwhelming majority of both facility- and community-based Users thought HSI of Sayana Press would be cheaper because they could avoid the inherent costs of travel and the necessary time required to visit a health facility.

> *I think this one [Sayana Press] will be cheaper because we will get it at home. There [health facility] we have to travel, take our time, and wait in [line] for the injection.*
> *(Facility-based family planning user, Ginchi)*

A minority of community-based Users perceived that Sayana Press might cost more money than DMPA IM because it will be a new product that they could use at home.

The majority of facility- and community-based Users, doctors, and key informants strongly felt that Sayana Press should be provided at no charge because, at the time of the study, all family planning products were free in government-run health facilities. A small minority of both facility- and community-based

An interviewer and a note-taker listen to a respondent

Photo: PATH/Siri Wood

Users, doctors, and key informants felt that if women had to pay for Sayana Press, no one would use the method, regardless of HSI potential.

> *All [family planning] methods are provided without charge. If we made the new product with charge, it may limit the uptake of the product. So better it be made without charge. There are also women who cannot afford.*
> *(Key informant, Ginchi)*

> *If it is to be sold this is another challenge because all maternal and child health and contraceptive services are provided free for all women.*
> *(Key informant, Ginchi)*

Interestingly, a few pharmacists supported the government health facilities and health posts over private facilities as preferable for women seeking Sayana Press.

> *For me government facilities is better for them … if the service is available at health post, good, it reduces her traveling time to town and to buy from pharmacy … she can simply get from her local health post … people need it free of charge.*
> *(Pharmacist, Ginchi)*

Although the majority of both facility- and community-based Users stated that Sayana Press should be free, when asked, "Would you rather pay for Sayana Press and inject at home, or receive a free injection of DMPA IM in a clinic?," a strong majority of community-based Users and most facility-based Users stated they would rather pay and inject Sayana Press at home than spend time and travel costs to get DMPA IM free at the health clinic.

> *I prefer to pay and get this at home. My time and effort to reach health facilities are more important than the cost.*
> *(Community-based family planning user, Ginchi)*

A significant number of facility-based Users said that, if the cost of Sayana Press were reasonable, they would pay for it.

> *I think even though it would have some payment, I do not think users will lack interest to get it.*
> *(Facility-based family planning user, Ginchi)*

Nevertheless, some facility-based Users and a few community-based Users still said that they would prefer to go to a health facility to access DMPA IM free of charge. There is an expectation among Ethiopians that all contraceptives are free and, as such, some women are not willing to pay for them.

> *If I have to pay for the new one [Sayana Press], I would rather go to the health facility and get it [DMPA IM] for free.*
> *(Facility-based family planning user, Ginchi)*

When asked what users would be willing to pay for Sayana Press for HSI if there was a charge, most facility- and community-based Users, doctors, and key informants said the cost must be "reasonable." Some felt that between 2 and 3 Birr (US$0.11 to $0.16) was reasonable, but most respondents felt women would be willing and able to pay as much as 5 Birr (US$0.27). One respondent stated that women now pay up to 5 Birr at private clinics for DMPA IM (which women are forced to do when there are stockouts of the government-supported free supply of DMPA IM in facilities).

> *Since this is a new product, to make it popular the cost should be reasonable. It should be affordable to a poor woman. In Addis [Ababa] the community may be willing to pay, but here [Ginchi] living status is low and there are mothers who cannot afford to pay.*
> *(Key informant, Ginchi)*

A few respondents raised the issue of willingness to pay versus affordability. Some women may want to administer Sayana Press at home and would be willing to purchase the product to do so, but if they cannot afford to pay the price, they will go to the health facility to get the free DMPA IM instead.

Preference for source of supply

When asked, "[If you were to begin using HSI of Sayana Press], where would you prefer to get your supply of Sayana Press and why?," the overwhelming majority of community- and facility-based Users and Non-users stated they would prefer picking up Sayana Press from HEWs, health posts, and the government health centers. The majority of Users felt Sayana Press should be available in community health centers and pharmacies.

> *It should be available in all community health centers and drug stores; multiple choices would be appropriate because if we couldn't find it in one institution we could go to another.*
> *(Community-based family planning user, Alemtena)*

Specifically, most facility-based Users preferred public health centers, but a few mentioned HEWs and private clinics. The overall majority of community-based Users and Non-users preferred HEWs or health posts. The health posts are often conveniently close to their villages or towns so they would not need to travel far. Women trust the HEWs and feel that they are committed to maintaining their health. A significant number stated they prefer government sources because they are free, underlying the responses noted earlier that Sayana Press should be provided at no cost.

> *I prefer to get from Tege [an HEW] because she advice very much and also tells me its side effects.*
> *(Facility-based family planning user, Ginchi)*

> *Private clinic or pharmacy do not provide free from charge. But in health center there is no payment … people should not need to pay.*
> *(Facility-based family planning user, Ginchi)*

Of the community-based Users who said they would get Sayana Press from HEWs, some clarified that they would see the HEW at the health center, while others stated they would get Sayana Press from the HEW who regularly visits her village or town. Most Non-users also preferred to get it from the HEW either at the health post or during a village visit.

Although most facility-based Users preferred free contraceptives at government facilities, some facility- and community-based Users said their first choice would be to get Sayana Press from pharmacies and private clinics. Indeed, one pharmacist noted that, although most women prefer using the government health facilities because contraceptives there are free, some younger women prefer pharmacies because they are discreet.

> *People prefer using from free government facility, but teenagers who don't want to expose [their use of] family planning may prefer private pharmacy.*
> *(Pharmacist, Ginchi)*

The overall majority of doctors, pharmacists, and key informants supported access to Sayana Press from a combination of government health facilities and private clinics and pharmacies. Some doctors also stated that they preferred government facilities. A few key informants and a few doctors also mentioned the benefit of improving access through NGO programs, such as Marie Stopes International's Blue Star mobile van.

The HEWs usually get their supply of DMPA IM from health centers; one HEW mentioned that this system works well.

> *Concerning the supply of [DMPA IM], we go to the health center and it is available; they can give us. If there is a problem at the source, there is the problem to supply the public, but up to now we didn't face problem with [DMPA IM] supply.*
> *(HEW, Alemtena)*

Perceived systemic impact of introduction

Some respondents were also asked to reflect on the impact the introduction of Sayana Press might have on the existing family planning program and service delivery structure in Ethiopia. Because this question was related to larger structural issues, rather than the user experience, most of these responses were provided by doctors, nurses, HEWs, and key informants rather than Users and Non-users.

Staffing

Most key informants and several doctors felt that HSI of Sayana Press would have no impact on the staffing levels of health programs. They felt that it might reduce the overall workload for health workers at health posts and health centers, but not endanger their employment.

> *It [HSI of Sayana Press] will reduce the workload from the health facility and increase family planning utilization rate.*

(Key informant, Ginchi)

Health institutions and professionals have many activities… this one item will not bring changes to the service sector.
(Key informant, Ginchi)

One doctor suggested that the new situation would shift family planning providers to other clinic activity, and thus improve efficient use of manpower within clinics.

If you take our hospital, three nurses provide family planning services. This program [HSI of Sayana Press] enables the use of the idle workforce to some other activity resulting in efficient utilization of manpower.
(Doctor, Ginchi)

In contrast, several health workers and two key informants felt that, if there was high demand for HSI of Sayana Press, fewer women might utilize the health facilities, especially to access professional staff that currently provide DMPA IM. They felt that it would decrease the number of health staff needed for contraceptive injections and provision of other contraceptives.

If this one is available … in the community, they will not come to us for the long acting [family planning methods].
(Doctor, Ginchi)

Access and contraceptive use

Several doctors and key informants stated that a beneficial result of introducing a new contraceptive like Sayana Press for HSI would be the increased use of contraceptives generally. As noted previously, several respondents commented on the positive impacts HSI of Sayana Press could have on reducing unintended pregnancy and unsafe abortion by increasing access to family planning for women who struggle with currently available methods or service delivery options.

As reflected in other responses, doctors, HEWs, and key informants pointed out again that greater access to Sayana Press at a variety of sites, including pharmacies and through HEWs, would increase the number of family planning users, particularly among discreet users and young women. They felt this would increase contraceptive prevalence and reduce unintended pregnancy and unsafe abortion.

Though youth want to use family planning methods, they may fear to visit health facilities for family planning services… If this product is available, she can use it at home.
(Key informant, Ginchi)

Especially for unmarried women who are not using family planning by fear of community and service provider…because of this product abortion will decrease and they will be safe.
(Doctor, Alemtena)

Further, one key informant pointed out that women who refuse long-term contraceptives might instead use Sayana Press, possibly having a positive effect on contraceptive prevalence rates.

A few HEWs and key informants felt that the introduction of Sayana Press would help alleviate the effect of DMPA IM stockouts and shortages.

> *[Sayana Press] will support D[MPA] IM especially when supply of and access ... is limited.*
> *(Key informant, Ginchi)*

Funding

Although some key informants felt foreign donor funding would not be affected by the introduction of an HSI program with Sayana Press, one felt that such a program would actually promote funding by improving contraceptive coverage. Alternatively, if the cost of Sayana Press was high, the government would need additional funding to cover it.

> *It will promote funding because the main issue for donors is coverage. If this product improves the [contraceptive] coverage the funding also increases, but if the supply cost is larger than DMPA IM it will be difficult—it will impact funding.*
> *(Key informant, Alemtena)*

Implementation: Insight from respondents

Respondents also offered a wide variety of insights and perceptions on challenges, needs, and benefits connected to introducing HSI of Sayana Press in Ethiopia.

Training

As noted above, respondents from all groups expressed the concern that all women, but particularly rural and uneducated women, would need considerable training in order to successfully self-inject with Sayana Press. Many said that training would be key to the success of any HSI program.

Interviewers demonstrate the correct use of Sayana Press during an individual interview

Photo: PATH/Siri Wood

Unsurprisingly, an overwhelming majority of all respondent groups spoke of training as a critical issue and a potential challenge. However, this training was not viewed as an impediment to HSI of Sayana Press, but rather as a necessary (and achievable) part of an HSI program. For example, a large majority of doctors felt that, if properly trained, all women could use Sayana Press for HSI.

Many Users, Non-Users, doctors, and key informants noted that high-quality training would be critical to instill the confidence women need to successfully self-inject, particularly among illiterate and rural women.

> *It is good especially for women in rural areas, but they have to be trained very well before self-administration.*
> *(Non-user, Alemtena)*

> *It would be nice to provide good training so that we can inject ourselves properly without creating harm.*
> *(Facility-based family planning user, Ginchi)*

> *I don't know, but education is a good thing to develop our confidence and to use properly.*
> *(Non-user, Ginchi)*

In spite of their lack of self-confidence, however, a strong majority of facility-based Users and Non-users and some community-based Users stated that, if properly trained by professionals, they would feel confident performing self-injection of Sayana Press.

> *I used to think that it's only doctors, nurses who could inject, but now I know that everybody could do it if teachings are properly given.*
> *(Community-based family planning user, Alemtena)*

However, in contrast to the generally positive view that sufficient training would lead to successful uptake of HSI of Sayana Press, one community-based User felt that no amount of training would be sufficient for proper use. Her opinion was that proper injectable administration could only be performed by trained health care workers.

Training topics highlighted by respondents

The study respondents identified several topics that should be included in any training for HSI of Sayana Press:

- **Self-injection skills.** A majority of facility- and community-based Users, Non-users, doctors, pharmacists, and key informants felt that practical self-injection skills was the most important topic to address during training. Interestingly, nurses and HEWs did not consider this topic the most important. Beyond self-injection, a significant number of Non-users wanted complete information about the injection process.

  > *How to inject, where to inject, how to avoid injecting on blood vessels.*
  > *(Facility-based family planning user, Ginchi)*

Should include the benefits, access, how to do self-injection; it should be in simple way, using local language, supported with demonstration and practical sessions.
(Key informant, Ginchi)

- **Proper use.** The majority of pharmacists, nurses, and doctors felt the topic of proper use would be as important as practical self-injection skills. Many key informants and a few community-based Users and Non-users also felt this was important, although less so; HEWs did not rate it as a priority.

- **Proper disposal.** In keeping with the waste-disposal concerns mentioned as disadvantages of Sayana Press, the overwhelming majority of facility-based Users, a few community-based Users, a few Non-users, and a few doctors felt that proper disposal and waste management was a very important training topic.

  In rural area disposal should be given great attention … if they dispose it simply it would be risky and transmission of HIV will be expanded. Regarding disposal, great education has to be provided, as rural women may be careless to dispose carefully.
  (Facility-based family planning user, Alemtena)

  If they have to use it, they need to have locally available designated sharp container. It is also required to teach them how to dispose appropriately.
  (Key informant, Addis Ababa)

- **Frequency of administration.** Many facility-based Users, some doctors, and a minority of nurses, HEWs, and key informants said this was an important training topic. Community-based Users and Non-users did not rate it as a priority, nor did pharmacists.

- **Storage.** A significant number of facility-based Users and nurses, and some doctors, pharmacists, and key informants stated that storage should be included as a priority topic in training. Nurses felt the HEWs should make follow-up visits to monitor proper storage. The overriding concern was that, if Sayana Press was not properly stored, children would obtain access to the product and potentially harm themselves.

  This was not the case with community-based Users and Non-users; only one of each felt storage was an important training topic.

  I don't know where to put it in the house. I have to get the education [training] about how and where to store it.
  (Community-based family planning user, Alemtena)

- **Advantages and disadvantages.** Most doctors and key informants felt the advantages and disadvantages of HSI and Sayana Press should be discussed during training. Many facility-

based Users, but very few community-based Users and Non-users, were interested in this topic. A minority of pharmacists and nurses highlighted this issue.

- **Side effects.** Many facility-based Users stated they wanted information on side effects, but very few community-based Users and Non-users voiced interest.

  Other users say they feel a kind of "makatel" [feeling warmer in their body part] and they face headache [when using DMPA IM]. Most users say they are not comfortable with it. I like if you give me some explanation behind that.
  (Facility-based family planning user, Ginchi)

  The overall majority of doctors felt that information on side effects was very important, but other health care providers, as well as key informants, did not think it was critical to include.

- **Other topics.** One key informant felt training should include the efficacy and effectiveness of the drug and reports about the use of the product in other countries.

Men's involvement

One Non-user, a nurse, and a key informant suggested that training should include men and contain information to educate them on the advantages and disadvantages of contraceptive use and HSI of Sayana Press.

> *If my partner does not agree I want [information] from a health professional to convince him [to let me] use the method.*
> *(Nurse, Alemtena)*

Length of training

The respondents suggested a wide range of training periods. Most felt that between one and three days would be sufficient. A small minority of community-based Users and Non-users suggested that two days to a week would be best; some providers suggested one week.

> *It varies—there may be women who can accept during the first demonstration or there may be women who do not accept after three or four training times. That is because they afraid of injection … when we inject them they mostly turn their face to their back.*
> *(Doctor, Alemtena)*

> *I need one week detailed training until I become confident—I am illiterate even I may forget the site of injection.*
> *(Community-based family planning user, Ginchi)*

Type of training and trainer

When asked about the best way to prepare trainers and teachers, a significant majority of doctors, nurses, pharmacists, HEWs, and key informants strongly supported a "cascade" training model. In one example of this model, training would start with a few "master" trainers. These trainers would prepare professional health workers at the health centers, who would train HEWs, who would in turn train community volunteers and contraceptive users.

> *I recommend training from one to five leaders so they can train their members … Provide training of trainers for top-level health professionals … they will do cascade training to regions. Regions will cascade to zone, and health department will cascade for district level and HEWs.*
> *(Key informant, Ginchi)*

> *At health stations, there are extension package workers [HEWs] in the ratio of 1:5 that will facilitate this type of service. They are arranged at the woreda[ix] and kebele levels; it is advisable to use in this manner.*
> *(Doctor, Ginchi)*

> *Woreda health professionals should receive training, and give training for HEWs, then HEWs should provide the training for one to five group leaders.*
> *(Nurse, Ginchi)*

Cascade training was also supported by facility-based Users:

> *The chain may come from above. For example, nurses give training for HEWs and HEWs give training for the community, as they are more accessible to them.*
> *(Facility-based family planning user, Alemtena)*

More specifically, the overall majority of doctors, pharmacists, and key informants stated that professional health workers at the facilities and HEWs should be trained, and the HEWs should, in turn, train users and community volunteers who work with them in the family planning programs at the community level.

> *So it needs certain type of training. It is the HEWs who know the community well and have close contact with the user as their work is done at community level… Once the HEWs know HSI, they will educate the community by traveling home to home, and the community will develop awareness of HSI.*
> *(Pharmacist, Alemtena)*

> *Women feel most comfortable if they receive training from the HEW because they believe us and if something happen they can find to ask us … they feel better because we live in their village.*
> *(HEW, Alemtena)*

[ix] In Ethiopia, a woreda is an administrative district, managed by the local government. A woreda is one step larger than a kebele (a neighborhood ward) and smaller than a zone or region.

A strong majority of facility-based Users echoed this idea, stating that they wanted their training to come from either facility-based health professionals or HEWs.

However, very few community-based Users and Non-users expressed concern about who trained them, although the community-based Users voiced some preference for HEWs.

> *The HEW can show them ... how to make the injection so that they would use it [appropriately]. (Facility-based family planning user, Ginchi)*

Many HEWs also voiced the value of "1 to 5" training. Following this model, community leaders receive training, and each is then responsible for training four other women at the community level.

> *Train by using the new 1 to 5 group in the kebele. From this 1 to 5 grouping one woman (leader) can teach the rest of the 4 members.*
> *(HEW, Alemtena)*

Supervision after training

When asked whether supervision of HSI was needed after training, an overwhelming majority of facility- and community-based Users and Non-users stated they wanted supervision. Similarly, a majority of doctors, nurses, and HEWs stated that supervision was critical. Many suggested doing it through the "1 to 5" program described previously.

> *Supervision is very important because it is very difficult to accept everything at once. Until they accept and perform self-injection properl, supervision is important.*
> *(HEW, Alemtena)*

The majority of facility- and community-based Users, Non-users, nurses, and HEWs stated that HSI users should be supervised for two to three injection cycles. A few key informants also supported this frequency. Most doctors suggested supervision of between three and four injection cycles.

Who should supervise

A significant number of HEWs felt that they are clearly the ones who should supervise users in the community. One HEW felt that nurses should be responsible for supervision in the health center facilities.

> *In each kebele we have trained community health workers that supervise 50 health huts, and under this structure there is one to five women groups, so every family is under supervision; we are receiving weekly report. So if any assistance is needed we catch women easily.*
> *(HEW, Alemtena)*

Several nurses supported the supervisory role of HEWs through the 1 to 5 groups. Most facility-based Users stated they expected the HEWs to supervise them; a few community-based Users and Non-users also suggested HEWs for this role.

Supply chain

As noted in previous sections, some respondents felt that ensuring an appropriate supply of Sayana Press was critical to the success of any HSI program. Several facility-based Users, for example, wondered whether there would be consistent access to Sayana Press at health facilities.

> *It would be good if it will be supplied without interruption because if the users do not get it they will be in a difficult situation.*
> *(Facility-based family planning user, Ginchi)*

One HEW and one doctor also commented on the issue of supply and distribution of the product. They noted that adequate procurement and distribution of the product are necessary to prevent disruption and ensure reliable access, which are key to the effective functioning of any HSI program. The HEW commented on her experience with the current DMPA IM supply, noting that poor distribution affects access to that method. She hoped that this would not be the same for Sayana Press because it would negatively impact women practicing HSI.

> *One of the problems that can face us is the scarcity of the product. Usually it [DMPA IM] is not available as it is required. Due to this, there is the problem of distribution.*
> *(HEW, Ginchi)*

A few HEWs felt that providing two forms of DMPA (i.e., Sayana Press and DMPA IM) could be an advantage for the national family planning program because, if one is stocked out, the other is likely to be available.

> *When we finish the previous medicine [DMPA IM] we can use the new one [Sayana Press]. Previously when we finish medicine we go far distance to borrow from other kebele. But now since both Depo has the same use, when we finish we use the other product- this is an advantage.*
> *(HEW, Alemtena)*

Storage

Most facility- and community-based Users and Non-users were not overly concerned about safely storing Sayana Press in their homes. These women felt it would not be a challenge. They suggested that they would store Sayana Press in a lockable box or cabinet, and felt confident that this would prevent children from accessing the product and potentially harming themselves.

> *I would put it where children and other people will not reach it easily; locked box or cabinet.*
> *(Community-based family planning user, Alemtena)*

Similarly, some health workers felt that, in general, women are careful about storage and could store the product in a locked box without difficulty. One doctor and a few nurses and HEWs agreed; nurses and HEWs elaborated by suggesting that women would store injections safely at home if advised and supervised by health professionals.

We have taught women about proper storage of medications; they will store it appropriately to keep it from spoilage because women are systematic.
(Nurse, Ginchi)

There are women who are careful for everything and can store it at their home in a box…it is small and easy to store.
(Doctor, Ginchi)

A few health care providers voiced this concern regarding children, but it was a minor issue, and no Non-users expressed concern about children accessing stored product.

However, quite a few community-based Users and a few facility-based Users and Non-users were concerned about storage. Some of these respondents expressed a concern that children would find the product and hurt themselves and said that, for this reason, they would prefer for HEWs to keep the supply of Sayana Press.

As I have children it is difficult to keep in safe way in my house, so I prefer to keep with HEW and take from them when the date of appointment is reached.
(Facility-based family planning user, Alemtena)

Most nurses felt it would be better for women to pick Sayana Press up from a health facility or HEW. Several doctors and a small number of pharmacists also felt that home storage could pose risks to the woman and to other members of her household.

If they take without knowledge of their husband, they don't want to store at home because he may see the product, so they [probably] won't prefer to store at home.
(Pharmacist, Ginchi)

Some health care providers also felt that home storage was ill-advised. A few mentioned the importance of storing the product in a dry place and at room temperature to prevent spoilage, a concern that was echoed by some Users and Non-users, pharmacists, and the majority of key informants. Three pharmacists noted that the product should be stored out of sunlight; a majority of key informants recommended against home storage due to poor storage conditions. A few voiced concern that the medication could expire during home storage and felt that it would be preferable for women to obtain the product from an HEW or health facility staff as needed.

It should not be given to them to store. If it is prescribed they have to get it from the health facilities or if they need to buy they can buy from private sectors. It should be stored at the health post, health centers and hospitals, or private clinics.
(Key informant, Ginchi)

Maybe they store it improperly … they may contaminate people, children, and the medication may spoil.

(Nurse, Ginchi)

They must keep it … somewhere neither very hot nor cold.
(Pharmacist, Alemtena)

Several Users and Non-users voiced a perceived need to keep the product cool; a very small number of community-based Users and Non-users felt they would prefer to have to access the product from the health center or HEW because they have no refrigerator.

Concern for the privacy of discreet users was an important reason for opposition to home storage among several nurses and pharmacists.

Women use many techniques to store their devices without others knowing, but the problem is if it is discovered, maybe a problem happens in their family.
(Nurse, Ginchi)

If they take [Sayana Press] without knowledge of their husband, they don't want to store at home because he may see the product, so they [probably] won't prefer to store at home.
(Pharmacist, Ginchi)

In short, despite Users' and Non-users' overall confidence around storage, a fair number of respondents expressed concerns. These were related to household members' potential exposure, medication expiration and validity, and maintaining the privacy of the user. It is clear that storage discussions should be a key component of training for HSI of Sayana Press, a factor in program design, and a consideration for potential adopters.

Waste disposal

When Users and Non-users were asked, "If you chose this method [Sayana Press], where and how would you dispose of it?," the overwhelming majority said that they would dispose of it in the pit latrine.

We will dispose in the latrine. Or we will burn it with wastes so as children do not get it or use it to play. If it needs time until I burn, I will dispose in the latrine. Currently there is no one who does not have a latrine. Even rural people have latrines.
(Community-based family planning user, Alemtena)

Some health care providers also felt that the product must either be buried or burned, but that women would have sufficient access to pit latrines for this purpose. Many pharmacists supported the pit latrine as the best disposal site.

People in rural areas are now improving. Each of them has a latrine and a waste disposing hole to burn wastes. They may use them to dispose.
(Doctor, Alemtena)

When health care providers and key informants were asked, "Where and how do women who are already receiving home-based injections or self-injecting medicines dispose of used needles?," the majority said that pit latrines were the most frequently used site and should continue to be used for the disposal of self-injection devices.

> *I think simple pit latrines are best to dispose the needle because now latrine coverage is good. Even if she doesn't have [one] she can dispose at her neighbor's latrine.*
> *(Key informant, Alemtena)*

However, several Users, pharmacists, and key informants voiced concerns about the use of pit latrines in rural areas. These respondents noted that, when the latrines are full, the contents are often spread on farmland (as fertilizer), potentially causing harm to cattle and children.

> *Urban and rural latrines are different— rural latrines will be full, it will be closed and they prepare another latrine. It is a rural area so they might use the contents on farmland. They do not reuse the latrine like urban latrine by sucked/extracted out.*
> *(Pharmacist, Alemtena)*

A few health care providers challenged the perception that pit latrines are ubiquitous.

> *In rural kabeles many households have no latrines and it is not standardized.*
> *(Nurse, Ginchi)*

Community-based Users also mentioned other ways to dispose of Sayana Press. Many said that they would bury used devices in the [garbage] pit ("well"). Several others stated they would burn it in a pit. However, a few facility- and community-based Users and health care providers voiced concern that if the devices were buried, problems could arise if the garbage was later used as fertilizer.

> *It is best if they burnt and buried the needle, but they may use the pit contents after it is full for another purpose, and it contaminates others.*
> *(Nurse, Ginchi)*

Some Users worried that, if women burned the device, the needle would be left behind. As a solution, a few community-based Users stated that, if this were to happen, they would take the needle from the burned waste and throw it into the latrine.

> *After we burn it with waste in the ground, we take the needle and drop it in the latrine.*
> *(Facility-based family planning user, Ginchi)*

Several doctors, nurses, HEWs, and key informants felt that women should give the used Sayana Press devices to HEWs to put in "safety boxes" (biohazard sharps containers) for transport to and disposal at the health posts.

I know that in some kebeles the HEWs use safety boxes to transport the needles to the nearest health center and [they are]burnt there.
(Doctor, Alemtena)

At the national level, a safety box is distributed at health center and to HEWs—they submit it to the health center where it is safely burned in incinerator.
(Key informant, Ginchi)

However, many nurses also voiced concern regarding the distribution and use of safety boxes directly to users. One nurse felt that users were not familiar with them and would not use them. Several worried that children could find and open the safety box and might poke themselves with a used needle.

The safety box is not familiar within this society. The children may get it and inject themselves, and they may expose to infection. They face … disposal problems.
(Nurse, Alemtena)

A few nurses and several doctors, in contrast, felt that safety boxes *must* be given to women adopting HSI of Sayana Press, but questioned whether it would be realistic or affordable.

The most frequently cited concern of many HEWs was that children would puncture themselves and become infected with various possible diseases as a result of poor disposal of used Sayana Press devices. Some pharmacists shared this concern; a few thought that improper disposal could increase transmission of HIV/AIDS.

When key informants and health providers were asked, "What effect could waste disposal options have on the success of a home-based injection program?," several stated "no effect" because women could easily dispose of the product in a pit latrine or bury it. However, several health care providers and key informants felt strongly that any HSI program with Sayana Press is responsible for informing users how to correctly dispose of waste.

Waste disposal is key for infection prevention. When we think any health program we have to plan waste disposal in order to avoid adverse effects and make the program successful. To make this program successful, it has to be free from any infections so it has to be worked on designing safe disposal and awareness creation.
(Nurse, Ginchi)

If the community fails to dispose needles safely, it will be failure for the program and everybody will stand against it in order to prevent infection.
(Doctor, Alemtena)

Policy environment

Doctors, nurses, pharmacists, HEWs, and key informants were asked about their experiences shaping family planning policy in Ethiopia. They were also asked to share their thoughts on current HSI service delivery guidelines and what would be required to make HSI of Sayana Press a reality in Ethiopia. Key informants provided most of the responses and opinions on these topics; a few nurses, pharmacists, and HEWs also contributed their opinions.

Existing policies on injections

Administration of subcutaneous and intramuscular injections

When asked about their knowledge of who can administer subcutaneous (SC) or intramuscular (IM) injections of medication, there was little cohesion among responses. A few key informants and HEWs stated there is no national or local policy on who can administer either subcutaneous or intramuscular injections. Two key informants stated that SC or IM injections can only be given by professional health staff, while another key informant and an HEW stated that HEWs can give SC and IM contraceptive and vaccine injections at the community level. A few doctors stated that there are no current service delivery guidelines that prohibit administration of SC and IM injections. A few key informants and a nurse said they did not know about any specific policies.

Guidelines specific to HSI

Of those participants who responded, most stated that they did not know current service delivery guidelines on HSI of medication. A significant number of key informants and a few health care providers said that there are no service delivery guidelines regarding HSI of medications, although one key informant felt that, if there were guidelines, they would support HSI.

> *As a country there is no ... policy on self-injection ...*
> *(Key informant, Addis Ababa)*

> *There is no rule that prohibits self-injection.*
> *(Pharmacist, Alemtena)*

Several respondents, divided between doctors, key informants, and a pharmacist, felt that service delivery guidelines prohibit HSI. A few respondents thought that there was a policy that required prescriptions for HSI of medicines. A nurse stated that there are guidelines that allow diabetics to self-inject at home, but three doctors said that, although HSI for diabetics is allowed, there is no actual policy governing this practice. A key informant thought the policy was that a person can buy and store a single dose of medicine at home.

A few doctors and one key informant indicated that there is no national policy for HSI of contraceptives in particular. These respondents felt that it is not necessary because each medicine has specific guidelines

for product use. Similarly, a few respondents mentioned individual product guidelines (such as insulin for diabetes treatment and management) that have been adopted by the government.

> *No [home and self-injection policies exist that] I know. The guidelines are leaflets that come with all type of medications as instruction or medicine administration.*
> *(Doctor, Ginchi)*

> *No policy in relation to self-injection issue in contraceptives. Each product has its own guidelines that show how to use and some features of the product.*
> *(Key informant, Ginchi)*

Overall, there was little knowledge of current HSI policies or service delivery guidelines among the respondents.

Community-based distribution

Respondents were also asked to share their knowledge of existing programs for community-based distribution of injectables, their opinion of those programs, and their relationship to policy. A small minority of key informants (3 out of 10) were aware that current policy allows contraceptives and vaccines to be provided house-to-house through HEWs.[x] A doctor stated that any policy on HSI of Sayana Press must include the HEWs.

> *The HEWs are allowed to give vaccination and injectable contraceptives. It helps the community by enhancing family planning and no problems were reported.*
> *(Key informant, Alemtena)*

Government family planning policy

The majority of key informants stated that the key government policy on family planning is to promote long-term contraceptives (e.g., implants, IUDs, etc.).

> *The county's future direction in the coming three years is towards long-acting methods like IUCD [IUD] and implants as well as escalating … permanent methods. That is because it is economically advantageous and also acceptable from our social structure point of view.*
> *(Key informant, Alemtena)*

One key informant mentioned that government policy is based on the client's right to informed decision-making about their family planning options, while another articulated that the policy is based on preventing unintended pregnancy through the HEW program.

A few key informants expressed concerns about how the introduction of a new short-term injectable contraceptive might be constructively integrated into the current government policy. They discussed reviewing and possibly revising the current policy.

[x] This is confirmed in the publication, *National Guideline for Family Planning Services in Ethiopia*, published in 2011.

Now there are the short-term, long-term and permanent methods … methods which can prevent birth for more than 2 or 3 months can be included as long term. Starting from [DMPA IM] which controls birth for 3 months up to IUCD for 12 years can be considered as long-term methods.
(Key informant, Ginchi)

My worry is it may have incongruity with the current [government] and NGO direction, which is toward long acting. ... many women were using [DMPA] IM from health center but now goals have been set for long-term methods. To achieve that, they … give advice for long-acting.
(Key informant, Ginchi)

The focus of government is on the long-term and permanent contraceptive methods. [Considering this], yes it [HSI of Sayana Press] will have an impact on reducing the use of such methods. But different options have to be available to the community and the community's choice has to [be] respect[ed].
(Key informant, Alemtena)

Policy changes and political factors that might be required for HSI of Sayana Press

The majority of key informants and some doctors felt that there was no need to change policy to introduce an HSI program with Sayana Press.

If it is accepted at federal level, policy change may not be needed.
(Key informant, Alemtena)

However, a strong majority of doctors and one key informant stated that a new policy on HSI would be needed. If current policy allows only professional health providers and HEWs to inject contraceptives, policy changes must be made to allow self-injection. It should be noted that, based on previous responses, it is unclear what current policy actually does allow regarding who can administer injections.

If the government policy doesn't allow self-injection [of contraception] at home, the [HSI] program will be affected unless the policy is changed.
(Doctor, Alemtena)

Three doctors and one key informant did not know if it would be necessary to change any policy.

Two key informants stated that, in order to prevent unwanted pregnancy, current government policy must increase the contraceptive prevalence rate, and they noted that HSI of Sayana Press could support this policy.

Family planning policy in Ethiopia is so ambitious … reach [contraceptive prevalence] rate from 4% to 44% ... now has good progress and is going to be achieved; therefore there is good political support [for options that will increase contraception users].
(Key informant, Ginchi)

When asked, "What political challenges could hamper the implementation of an HSI of Sayana Press program?," only one key informant responded, saying there were no challenges. However, some respondents did raise concerns while discussing other factors. For example, several key informants recognized that the current definition of injectable contraception as a short-term method might be problematic for an HSI program with Sayana Press because national policy emphasizes long-term contraception. One key informant suggested that perhaps injectable contraception in general must be recategorized from a short-term to a medium- or long-term contraceptive.

> *… [contraceptive] methods, which can prevent birth for more than two or three months, can be included as long-term. Starting from [DMPA IM] which controls birth for three months up to IUCD for 12 years can be considered as long-term methods… As a country the focus has been on the long-term [contraceptives] but in fact most women use the short-term methods…our contraceptive method mix is not good.*
> *(Key informant, Ginchi)*

Several key informants noted other policies that should be reviewed to ease or support the effective, safe introduction of HSI of Sayana Press. These include policies on the storage of medications and policies to ensure that instructions for HSI of Sayana Press are available in local languages.

Most key informants felt that training health professionals and HEWs would not require policy change.

> *For training there is no need to have new policy, can be done with the existing policy … the product has similarity with the existing family planning products.*
> *(Key informant, Ginchi)*

Several key informants and some doctors suggested adding HSI of Sayana Press to the training curriculum for HEWs. This would require approval by the national MOH, the Oromia Regional Health Bureau, and the Zonal Health Department. One key informant added that such training would also require signing a memorandum of understanding that includes health authorities ranging from the federal to district level.

> *Regarding DMPA [IM]. It is part of their [HEW] pre-service curricula … if … we absorb this product [Sayana Press]… technical issues are very simple as compared to DMPA [IM].*
> *(Key informant, Ginchi)*

Individual doctors, a nurse, a pharmacist, and a key informant also brought up additional considerations. These included allowing access to Sayana Press without a prescription and updating infection-prevention policies to allow for HSI of Sayana Press.

Policy change process

Very few respondents were familiar with the process for changing policy in the region or nationally. As a result, this study did not identify a standard policy-change process.

Nevertheless, the discussions identified key stakeholders who must be engaged in the policy-change process, and stakeholders who may potentially oppose introduction of Sayana Press for HSI. The majority of doctors and key informants identified members of the Ethiopian government, including the MOH, as key stakeholders who must be engaged in the introduction process.

> *On the population policy the … Finance and Economic [bureaus, of the] Ministry of Health and other organizational representatives in parliament are the main policy influencers.*
> *(Key informant, Alemtena)*

A doctor stated that, to change family planning policy and to move an HSI of Sayana Press program forward, top management in the MOH must champion the product.

> *First the … top management must believe in the advantages of the product. If the MOH believes the product will help them meet their [family planning] objectives, they must influence the policymakers to adopt a policy that allows self-injection.*
> *(Doctor, Alemtena)*

The second most frequently cited group that should be involved in policy change was the community itself, followed by NGOs and community-based organizations. Respondents also cited family planning providers, health care providers, and the Ministry of Women's Affairs. One key informant also mentioned that it might be useful to include important donors who currently provide much of the funding for procurement of the existing DMPA IM supply.

> *The main stakeholders are the donors… [who] have big role in policy amendment and creation.*
> *(Key informant, Alemtena)*

> *Its [DMPA IM] cost is expensive and covered through external aid. If the support stops, the supply will decrease … continuous support may be hard.*
> *(Key informant, Alemtena)*

Two participants, an HEW and a key informant, recommended engaging faith-based organizations to avoid potential opposition from religious groups.

> *[Engage] religious organizations. When you always think about family planning policies they have to join the process because always family planning activities are challenged by those organizations.*
> *(Key informant, Alemtena)*

Less than half of doctors, nurses, and key informants identified potential opposition from husbands or partners, health professionals concerned about task-sharing and the safety of self-injection, and private health facilities afraid of losing revenue or business. However, a few expressed the belief that the support of the government would make resistance less likely.

> *If this program [were] accepted by government, I don't think that [any] one might resist changes.*
> *(HEW, Alemtena)*

One key informant stated that, to change policy, every government sector must be involved (women's affairs, health, education, etc.).

Another key informant stated that new products must be approved by the government's Food, Medicine, and Hygiene Agency and registered in Ethiopia before any program could be implemented.

> *To include a new product in the policy, first the product should be tested in another country. … There is also a responsible body called the Food, Medicine, and Hygiene Agency; that body should have evidence about the product and allow and decide to enter … the country.*
> *(Key informant, Alemtena)*

One key informant stated that policy is essential to support introduction of a new contraceptive product, as it is required to establish training and to make the commodity available.

Potential linkage with other HSI programs

A doctor and a key informant noted that although there is no HSI policy, diabetics are trained to self-inject by health providers and HEWs. They thought that such training could be linked to the introduction of an HSI program for Sayana Press.

> *If [Sayana Press] has no difference from insulin; as professionals teach how to inject for diabetes persons, same thing will be done for this too.*
> *(Doctor, Ginchi)*

A few doctors and key informants, as well as a facility-based User, stated that diabetic patients who home and self-inject are first trained in self-injection procedures by health care professionals. The facility-based User explained that her diabetic neighbor received training from a nurse, and that a doctor provided additional details.

> *A [newly diagnosed diabetic] person is admitted to [the] hospital for a week or three days; he will be trained on self-injection and observed by health care professionals, and when he became perfect and able to give self-injection he will discharge to home.*
> *(Doctor, Ginchi)*

One nurse and one key informant suggested that infection-prevention policy for diabetics could be linked to Sayana Press. A doctor suggested that it should be included in HEW preservice training.

Discussion

The findings of this study provide insights that may be useful for the potential development and introduction of an HSI of Sayana Press program in Ethiopia, and for the development of HSI of contraception generally. Ideally, these findings will be interpreted alongside the results of detailed policy analysis and quantitative research to test these perspectives and opinions through a pilot HSI of Sayana Press. PATH hopes to conduct such research in the future.

The assessment accomplished the three objectives set out during planning. First, the research team gained new insight into respondents' perceptions of HSI in general and Sayana Press in particular. Overall, the findings seem to suggest that the product fits well with the desires of Ethiopian women and the family planning context in which they live, and may fill several gaps. It also provided the researchers with a greater depth of understanding around how women make contraceptive choices and who influences their behavior. Findings also provided context-specific insights on training, storage, supply chain, and waste management, and opened up important discussion on how the product fits within the existing service delivery and policy environment in Ethiopia. All of these ideas may inform the effective design and implementation of HSI of Sayana Press programs if and when they occur.

The following discussion elaborates upon selected key insights provided by this study, and outlines overarching themes which may contribute to the global body of evidence on HSI of contraception in general and Sayana Press in particular. Finally, it outlines potential study limitations, and provides key recommendations for future research, program design, and program implementation efforts.

Key insights from respondents

Participant background and personal experience with family planning

Key insight: HSI of Sayana Press appears to be viable in the Ethiopian context.

Many women in Ethiopia are already using injectables, and will likely react positively to Sayana Press. The findings on respondents' personal experiences with family planning (facility- and community-based Users and Non-users) were closely related to national statistics. For example, the overwhelming majority of respondents currently using family planning are using DMPA IM injectable contraception (31of 33 current Users). National statistics show that injectables are the most well-liked modern contraceptive method among women practicing family planning in Ethiopia, and that injectable use increased by 18 percent from 2000 to 2011.7 More specifically, among women currently using modern contraception, 75 percent prefer injectables over other contraceptive options.7 The findings on respondents' personal experiences with family planning matched these statistics. For example, the overwhelming majority of respondents currently using family planning are using DMPA IM injectable contraception (31of 33 current Users). The majority of these users were satisfied with DMPA IM. Many preferred this method because they perceived few side effects; some thought it was easier to remember than other methods**.**

There is opportunity in Ethiopia to increase access to family planning for new users. The majority of Non-users expressed an interest in using contraceptives in the future, and said that they were not currently using contraception for a variety of reasons, including breastfeeding or trying to become pregnant, disapproval of their husband, inability to prove that they were not already pregnant, and social pressure not to be sexually active or use contraception before marriage. Several women mentioned they did not know why they were not using contraception. It is clear that, at least among this small sample of respondents, there is opportunity to increase access for new users of family planning. National data from the Demographic and Health Survey supports this, reporting that 25 percent of currently married women have an unmet need for family planning—16 percent for spacing and 9 percent for limiting.7 While there are currently no plans to introduce Sayana Press in Ethiopia, many of these women would likely benefit from a product like Sayana Press, which can be used while breastfeeding[12] and, as an injectable, is similar to the method commonly used among their peers (DMPA IM) but is easier to use.

HSI of Sayana Press may offer a needed contraceptive option for discreet users. Respondents from all categories drew attention to the idea that HSI of Sayana Press may meet the unique needs of discreet contraceptive users (of all contraceptives, and injectables in particular), because it would eliminate the need to visit a health facility where people might see the woman accessing family planning services. Pharmacists described some of these users as young women or students whose sexual behavior went against the social norm. Others, however, raised concerns that storage in the home could pose a challenge to discreet users, since conflicts could arise if a woman's husband or family were to find the product.

Key insight: Successful HSI of Sayana Press programs will need to recognize and include the people who influence women's reproductive health decisions.

HEWs are a trusted and influential source of contraceptive advice. Although an equivalent number of Users accessed family planning services in communities as compared to facilities, HEWs were the most common source of contraceptive information across Users and Non-users. HEWs are clearly a trusted source of contraceptive advice and an influential presence in villages, contributing to women's sense of social support for adoption of family planning. Women trust and depend on them for general medical and specific family planning advice. Positive, ongoing contact with these important influencers could be an incentive to adopt HSI of Sayana Press were it available, as well as an important source of ongoing support and supervision for HSI and continued use of injectables in general.

Many women discuss family planning with their husbands. In addition to health care providers (including HEWs), many respondents said that they discuss family planning with their husbands, friends, and neighbors. The overwhelming majority of Users and Non-users first discuss family planning with their husbands, who were also identified as the main influencer on family planning decision-making by the majority of Users and Non-users. While husbands bear a great deal of influence on contraceptive decision-making, very few respondents stated that their husband makes the family planning decisions for them.

Perceptions of HSI of Sayana Press: feasibility and willingness to use

Key insight: If the product were available, this study suggests that many women may adopt HSI of Sayana Press. However, uptake is likely to vary based on women's confidence, experiences, influences, and backgrounds.

After participating in the demonstration of Sayana Press, most respondents who were initially hesitant were newly motivated to try HSI, with the notable exception of community-based Users. The shift in facility-based Users' interest in HSI could be the result of their perception that HSI is convenient (because they would no longer need to go to the clinic for their injection), combined with the observation that Sayana Press is easy to use. These women are also slightly more educated and may have higher confidence in their ability to successfully self-inject. Conversely, the lower level of interest in adopting HSI of Sayana Press among community-based Users might reflect the fact that they are already accessing family planning in their community so the convenience offered by HSI may not be as motivational for these women as it is for the facility-based Users.

The majority of health care providers and key informants liked Sayana Press and saw many benefits in its application for HSI; therefore, it seems possible they could influence women to adopt HSI of Sayana Press if the product were available in Ethiopia. Importantly, by having the product easily accessible at home, providers felt that women adopting HSI of Sayana Press would be more likely to continue use of injectable contraception over time.

These findings are consistent with similar research on HSI of injectable contraception in other countries. In the United Kingdom, a qualitative study assessed interest among current DMPA IM users in switching from DMPA IM to self-injection of DMPA SC (in a prefilled glass syringe instead of Uniject, as noted previously) and measured their continuation rates over a 12-month period.4 They found that 59 percent of the women approached about switching from DMPA IM to HSI of DMPA SC were willing to do so. Interestingly, at the end of the 12-month study period, the researchers found that continuation rates among the women who self-administered DMPA SC at home did not differ significantly from those who received DMPA IM injections in the clinic (12 percent and 22 percent, respectively). Another study on self-injection of DMPA SC in the United States found that 72 percent of the women choosing self-administration of DMPA SC were still using the method at 12 months.[3] Current evidence suggests women are willing and interested in both switching from DMPA IM to DMPA SC and in adopting HSI of DMPA SC. These results suggest that it is likely that women will be both willing and interested in adoption of HSI of Sayana Press and switching from DMPA IM to HSI of Sayana Press.

Perceptions of Sayana Press: advantages and disadvantages

Key insight: The design and ease of Sayana Press appeals to respondents, but concerns about incorrect use and training, storage, and disposal will need to be addressed.

Respondents liked Sayana Press's small needle, which many felt would reduce pain; the product design, which was perceived as potentially reducing opportunities for contamination; and its ease of use. Others noted that it was convenient and would offer time and cost savings. Many health care providers perceived

that it would reach women who have difficulty accessing HEWs or health facilities, improve contraceptive continuation, benefit discreet users of family planning, build women's overall self-confidence, and engage men in family planning. These responses are outlined in Box 1.

Box 1. Reasons cited by respondents for interest in HSI of Sayana Press (advantages)

Potential users

- Convenience
- Presentation (i.e., smaller needle, all-in-one packaging)
- May engage husbands and partners in family planning (for example, when asked to administer)

Key informants and health workers

- Potential to facilitate continuous use of injectable contraception
- May serve the needs of discreet users
- Increases women's control over family planning
- Alternative to DMPA IM in case of stockouts
- May increase use of contraceptives by attracting new and discreet users
- Improves women's choice and access to family planning in more settings

Many Users and Non-users did not see any direct disadvantages to HSI of Sayana Press. Those who did object noted a perceived need for sufficient self-confidence to successfully practice HSI of Sayana Press. Interestingly, none of the Users or Non-users mentioned that incorrect use could lead to unintended pregnancy. Other perceived disadvantages point to specific issues to be addressed prior to implementation. Health care providers focused on the perceived need for intensive training to overcome self-confidence issues, followed by proper storage and waste management to protect the safety of others in the household, especially children. The majority of doctors and many key informants were also concerned about women's ability to reinject Sayana Press within the appropriate window so as to avoid unintended pregnancy.

Key insight: Women prefer not to pay for contraception, but may be comfortable doing so if they perceive the cost of the service to be lower than the time and effort they would expend to access free services.

The majority of respondents strongly felt that Sayana Press should be available at no charge to users. A small minority felt that, if women had to pay for Sayana Press, the cost would not outweigh the perceived benefits of HSI and women would not use the method. However, Users also stated they would rather pay for Sayana Press and be able to inject at home than spend money and travel time to receive a free DMPA IM injection from a health provider.

Although the majority of women in Ethiopia (85 percent) go to public sector providers for their injection of DMPA IM, thus receiving the service for free, 13 percent do utilize the private sector (primarily private clinics) for access to DMPA IM7 so there is some precedent for paying for injectable contraception. Oftentimes, this occurs when public facilities are stocked out of free DMPA IM, requiring women to go to a private facility, change methods, or cease using contraception altogether. As noted above, pharmacists in the study also noted that young women in particular prefer private facilities for the discretion they offer. Key informants and doctors felt that women might be willing to pay up to 5 Birr

(US$0.27) for Sayana Press, the price they currently pay to buy DMPA IM from private facilities. Responses to questions about preferred source of supply for Sayana Press confirmed User's preference for free product from public-sector sources such as HEWs and health centers. Health care providers felt that Sayana Press for HSI should be made available through a combination of outlets, including government and private facilities and pharmacies.

Implementation

Key insight: A successful HSI program with Sayana Press must include planning for training, supply chain, storage, and waste disposal elements.

Respondents noted that the details of developing an HSI program with Sayana Press in Ethiopia are critical and in some cases challenging, but not insurmountable. There was a general sense that, if a program were developed thoroughly, taking their recommendations into account and preparing for local challenges, it would be feasible and could be very successful.

Training is crucial to any HSI program, and is likely to be effective if it is comprehensive and well designed. The overwhelming majority of facility-based Users and Non-users, along with some community-based Users felt they would gain the confidence needed to successfully adopt and practice HSI if they received sufficient training, and identified key topics that should be included. These suggestions are outlined in Box 2. Most respondents felt that one to three sessions of training would be sufficient, but responses about the amount of time ranged from two days to a full week. Given the value of time saving and convenience expressed by potential users, any training longer than one day would likely be a large investment for the majority of potential HSI adopters. One respondent noted that diabetics who receive training on self-administration of insulin are admitted to the hospital for up to a full week of training. This is unrealistic and likely unnecessary for HSI of Sayana Press, but the training curriculum may be modeled after existing curricula for self-administration of other injectable medications such as insulin.

Box 2. Key training topics suggested by respondents

- Self-injection skills
- Proper use
- Proper disposal
- Frequency of administration
- Storage
- Advantages and disadvantages

Cascade training was the preferred training model; the overall majority of respondents agreed that HEWs should be the ones to train future HSI adopters and community volunteers and mentioned Ethiopia's "1 to 5" program, in which an HEW trains one volunteer, who then trains four other women in her village (thus reaching five individuals). Although this may work successfully for health education topics, it could be a somewhat unviable training model for an HSI program with Sayana Press, given the need to ensure accurate information reaches the final user so she has all of the education needed to properly inject her contraception and avoid pregnancy.

Users, Non-users, and doctors also noted the need for post-training supervision. The majority of respondents identified HEWs as the most appropriate cadre of health workers to supervise HSI adopters.

Implementation of an HSI program with Sayana Press will need to address storage concerns, focusing on maintaining safety, efficacy, and privacy. Potential users, in general, did not think storage was a concern. However, appropriate storage was noted as a concern by a number of key informants and health workers, who focused on maintaining the efficacy of the product and privacy for women who are using contraception discreetly and making it inaccessible to other household members, particularly children. Some thought it would be best for HEWs to store the product and dispense as needed. A small minority of respondents were concerned about maintaining proper temperature levels for the product, believing it would need to be kept cool and possibly refrigerated.

However, Sayana Press does not need to be refrigerated, and it is in fact recommended that it not be refrigerated.[12] Sayana Press can be stored for up to three years at temperature levels ranging from 20°C to 25°C (68°F to 77°F), which is the same range recommended for storage of DMPA IM. In many regions of Ethiopia, home storage of Sayana Press appears to be feasible based on average temperatures.[13] Home storage may not be an option in geographic areas or individual homes where the temperature exceeds the recommended temperature range on a regular basis.

Disparities in perceived ability to properly store Sayana Press in the home can be remedied through appropriate training for both HSI supervisors and adopters.

Waste disposal is an important implementation issue. None of the traditional disposal methods used in Ethiopia is ideal, and use of safety boxes may require some ingenuity.

Waste disposal was a significant concern of the full spectrum of respondents. Children's exposure to used injection devices and possible infection from contaminated needles was the primary waste disposal concern voiced by the majority of HEWs and key informants.

Similar to the responses on storage issues, the majority of Users and Non-users felt they could easily dispose of used Sayana Press devices in pit latrines, or by burying or burning the used devices, which is not generally recommended practice for disposal of used sharps. Some respondents were concerned that the contents of pits may be used as fertilizer, exposing children and others to used needles. This is a valid concern, particularly as the practice of recycling human waste becomes more common. The acceptable strategies for waste disposal will depend on options available in various settings. While for small quantities of injection waste a pit latrine that is not used to recycle waste may be acceptable, the ideal practice is to immediately contain a used sharp in a puncture-resistant, water-resistant safety box and return it to a health facility for disposal (no recapping). Regardless of the recommended method, messages should be provided to women on disposal approaches.

Several health care providers and key informants recommended that HSI adopters give used products to HEWs for disposal. Feelings were mixed about giving safe-disposal boxes directly to HSI adopters. Nurses questioned their affordability and thought that non-health professionals would not use them

properly. It should be noted that safety boxes can be made from any sealable puncture-proof container, such as an old shampoo bottle, so there may be easier access to safety boxes than these respondents believe. Storage of the boxes was also a concern, with several respondents noting they could easily be found by children, risking exposure.

As with storage, appropriate waste disposal must be comprehensive and a highlight of any HSI program and training curriculum. Safety of both the HSI adopter and the members of her household must be a top priority of the program, with the incorporation of appropriate waste disposal options as relevant to the various communities participating in the program.

Policy

Key insight: Clarification of and change to existing policies will need to occur before an HSI of Sayana Press program can be fully designed and implemented in Ethiopia. Partly for this reason, government buy-in and approval will be essential to facilitate the introduction of an HSI program with Sayana Press.

Overall, it appears that clarification and resolution of existing policies will need to occur before an HSI program with Sayana Press can be fully designed and implemented. The majority of key informants and two doctors did not see a need to directly change existing policies to introduce an HSI program with Sayana Press, *as long as the program was approved at the national level*. The latter statement is critical in Ethiopia: if the federal government approves of an HSI program with Sayana Press, then it is likely policy changes will not be immediately necessary and the program could begin with limited political changes. However, a strong majority of doctors and one key informant did feel that a new policy on HSI would be necessary before such a program could be introduced.

Other policy clarifications and/or changes may also be needed, focusing either on legalizing self-injection, reclassifying injectable contraception, and expanding the national family planning strategy to include home and self-injection. These changes would ensure that the program is legal, suits the government's overall strategy for family planning, and that HSI adopters are legally able to practice self- or lay-caregiver administration. However, very few respondents were familiar with policy-change processes in Oromia or Ethiopia more broadly and, as a result, the study was unable to identify a standard policy-change process. More exploration of this topic is needed.

There is limited knowledge among respondents about current guidelines for administration of injectable contraception in Ethiopia. According to Ethiopia's national guidelines for family planning service delivery, HEWs are allowed to administer intramuscular injections within their communities.[14] Only one HEW respondent noted this as policy, however. Other respondents reported in equivalent numbers that only professional health staff could give injections, and they were not aware of a policy regarding this. Most respondents felt that policies on who administers an injection are related to the medical guidelines for each product.

Significantly, the majority of respondents felt that there are no general guidelines regarding HSI of medications in Ethiopia; some respondents felt that such guidelines would need to be established before an HSI program with Sayana Press could be realized.

Government family planning policy currently focuses on long-term methods. The majority of key informants highlighted the Ethiopian government's focus on improving access to and use of long-acting and permanent contraceptive methods, such as implants, IUDs, and surgical methods.[15] Some respondents pointed out that this may present a challenge for adding Sayana Press to the country's method mix, as the product may not meet the "long-term" threshold desired by family planning leaders. They recommended that the current policy be reviewed and possibly revised in order for an HSI program with Sayana Press to be successfully incorporated. They also noted that, to garner government support, it may be useful to promote three-month injectable contraceptives as a medium-term (rather than short-term) method.

Government support is a necessary precursor to eventual Sayana Press introduction. Introduction of Sayana Press in Ethiopia is not planned at this time. However, if the country were to introduce the product at a future time, there are a few options to consider. These include distribution through the public sector, through the commercial private sector (e.g., pharmacies and social marketing organizations), and through the clinical private sector. In Ethiopia, where the vast majority of family planning users access their contraception through no-cost public-sector providers, the ability to provide this product through the public sector at no or very limited cost to the end user would be ideal. This was confirmed by the perceptions of the majority of respondents, who felt an HSI program with Sayana Press should provide the product for free through public providers or facilities.

In order to make this a reality, the government would have to be convinced that the investment in Sayana Press is worth the expense. Evidence to make this case could be developed through future research focused on the impact of HSI of Sayana Press on contraceptive prevalence, continuation rates, and cost of the product per month of protection, all of which tie into the government's current family planning strategy and reflect the comments of study respondents. In coming years, the experience from countries currently introducing Sayana Press (Burkina Faso, Niger, Senegal, and Uganda) will be available to inform stakeholders in other settings.

Any HSI program with Sayana Press should engage HEWs, and would require government support. As noted above, all respondents overwhelmingly wanted HEWs to be involved in HSI programming as trainers, suppliers, and supervisors. This included HEWs themselves, who were also supportive. Involving HEWs to the extent suggested would require a significant amount of their time. While initially intensive, it is possible that, over time, an HSI program could decrease the HEW workload as HSI adopters become more capable and confident in their home administration of Sayana Press, needing less supervision and advice and leaving the HEWs free to focus on other areas of their work. HSI could represent the final step in task-sharing: allowing clients to self-manage their family planning needs, thereby relieving skilled providers (in this case, HEWs) of the need to provide those specific methods so they can focus on other services that require more advanced knowledge.

Respondents noted that the engagement of HEWs in an HSI program with Sayana Press would require approval of the federal government, which manages the national HEW program. Updates to the overall responsibilities of HEWs, their training curriculum, and the HEW program's management and internal supervision structure would be required and would need federal approval. However, respondents also felt policy change would not be necessary to make these additions to the HEW program, so long as there was federal government support.

Global considerations

Although this study will provide useful context for future research, it is important to note that the findings were drawn from a fairly small sample size and reflect the perspectives of respondents concerning the particular situation in one region of Ethiopia. This small and localized sample does not allow for widespread generalization to other countries or regions. However, the opinions and perceptions voiced by the study participants, and some aspects of the Ethiopian context itself, may provide broad insights for those considering HSI program implementation with Sayana Press at some point in the future in other countries.

One of these themes is the overall perceived benefit of HSI of Sayana Press. Although this study did not involve actual product use in humans, respondents were supportive of HSI of Sayana Press after participating in a "hands-on" demonstration of the product. Potential adopters liked the convenience and presentation, and health workers and key informants identified contraceptive continuation, discretion, and choice as some of the advantages of HSI of Sayana Press. The results of this study, along with the findings of other research on contraceptive self-injection,[2,3,4,5] suggest that HSI of Sayana Press may be perceived as beneficial and acceptable in most environments by potential adopters, health workers, and key stakeholders alike.

Working closely with the government will also likely be the key factor in bringing an HSI program with Sayana Press to any country. The results of this study demonstrate that undertaking an HSI of Sayana Press program in Ethiopia will depend on the approval and investment of the national government. Respondents suggested that government approval not only ties into the policy environment, but also the management of key infrastructure components relevant to implementation. These components include supply chain management, waste management, and oversight and training of community health workers.

Ethiopia was selected for this study because the country met a number of key criteria that the researchers felt would have an impact on the acceptability and feasibility of any future program that might include HSI of Sayana Press. These criteria include an active, community-based program for the distribution of injectable contraceptives; a policy allowing community health workers to administer injectables; and broad access to injectable contraception through a nationalized or expanded community-based family planning program.

It is important to note that countries without these elements may face challenges to the introduction of an HSI program that are greater than those noted by respondents to this study. In particular, Ethiopian respondents identified HEWs as critical to the feasibility of an HSI program with Sayana Press. A country without an active and widely dispersed cadre of this type may face additional challenges.

Moreover, Ethiopia's HEWs have generally received at least one year of training and are fairly skilled. They are also well respected in their communities and by other health workers, as demonstrated by the confidence placed in them by the other respondents in this study. Other countries may not provide such

training. The education and skill level of country-specific cadres of community health workers could impact the feasibility of an HSI program with Sayana Press.

Limitations of the study

Qualitative research with a small number of individuals does not allow for widespread generalization. Thus, the opinions expressed by respondents in this study cannot be extrapolated to a broader population. The study was conducted only in the Oromia Region, with Oromiffa language speakers, and may not reflect ethnic or regional variations within Ethiopia that could be explored with a more geographically ambitious study design. The relatively favorable attitudes toward home and self-injection of Sayana Press highlighted in this study, however, echo results of prior studies on HSI of injectables conducted in other countries, suggesting that an HSI program with Sayana Press would meet the needs of many women, not only in this region but in diverse settings globally.

The study was designed without any actual use of Sayana Press in humans so perceptions of respondents are based on limited exposure to the product. This type of study would be best complemented by quantitative and product-use research that offers women the opportunity to try HSI of Sayana Press with adequate training and supervision while measuring the prevalence of choice and uptake of this option among clients. For family planning programs considering an HSI program, additional evidence to guide decision-making on issues such as the best support mechanisms for self-injectors and operational concerns such as ideal training scenarios, home storage, and waste management, is desirable and merits further study.

Recommendations

The following recommendations are based on the analysis and discussion of the HSI qualitative research study's findings. Together, they outline activities necessary to expand PATH's understanding of key issues, prepare for the potential introduction of an HSI program with Sayana Press in developing-country settings, and conduct additional research.

Recommendation 1: Engage individuals and groups that influence women's contraceptive decisions

The study found that HEWs were the primary channel for family planning information in the communities studied, regardless of where women actually accessed their family planning services, if they were current contraceptive users. HEWs proved very effective in providing educational messages and advice about the use of contraceptives, both in the health post and in the village. Husbands and male partners were also key influencers and participants in women's contraceptive decision-making. Pharmacists should also be engaged because of their unique connection to discreet users.

- **Recommendation 1a:** In countries that are introducing Sayana Press, the design of an HSI delivery component of such a program should prioritize the engagement of community health workers as educators, trainers, and supervisors.
- **Recommendation 1b:** In settings where Sayana Press is introduced, encourage health care providers, including community health workers and pharmacists, to conduct outreach and talk with husbands and partners about family planning issues generally, the specific benefits of HSI of Sayana Press, and how to support wives in initiating and continuing HSI specifically and family planning more broadly. In settings where appropriate and where discreet use is not desired, involve husbands or partners in initial HSI training, both to encourage their support of continued use of Sayana Press by their partners and, where appropriate, to train them as lay caregivers who can administer Sayana Press.
- **Recommendation 1c:** Train pharmacists in interpersonal counseling skills, family planning method counseling, referral, and information on HSI of Sayana Press so that they can support all clients, especially discreet users, who access the Sayana Press product through them. In settings were social marketing of Sayana Press is launched, social marketing agents or community distribution agents require this same type of training.

Recommendation 2: Develop an effective training program for HSI of Sayana Press

Training and post-training supervision are key to building the self-confidence required for women to adopt HSI of Sayana Press. A well-designed training curriculum and long-term supervision mechanisms will be critical to successful implementation of an HSI program with Sayana Press in any setting.

- **Recommendation 2a:** Design training curricula based on existing training for HSI of other medications, taking into account the special needs for contraception. Then implement cascade training, making HEWs the cadre responsible for training HSI adopters. Ensure that training takes into account the special needs of key populations, such as illiterate or low-literacy women, rural and hard-to-reach populations, and youth. Include focused components to build self-confidence and empower users choosing HSI of Sayana Press.
- **Recommendation 2b:** Implement a supportive supervision and follow-up system for women adopting HSI of Sayana Press so they can access information when they have questions and/or need support. This could be a specific individual in the community who is easily accessible, written materials that are easily understood by illiterate as well as literate women, a telephone hotline staffed by knowledgeable counselors, or a mobile phone texting system that can send the user specific information about the HSI process and/or Sayana Press.

Recommendation 3: Engage government and nongovernmental stakeholders

For any country considering Sayana press introduction in the future, including Ethiopia, it is essential to engage the government in determining if and how to offer service delivery through HSI. Engagement with government and nongovernmental organizations involved in service delivery is crucial to carefully plan operational components mentioned by the respondents, such as training, supply chain management, and engaging community health workers/HEWs.

- **Recommendation 3a:** Convene meetings with government stakeholders and policymakers to discuss how an HSI program with Sayana Press could fit into the current family planning strategy. For example, in Ethiopia, focus on the popularity of injectable contraception, the fact that it is a “medium-term” method, and the potential impact HSI could have on contraceptive continuation and prevalence rates.
- **Recommendation 3b:** Work with government representatives to ascertain the need to create or change service delivery guidelines or policies on overall HSI of medications as needed, and disseminate supporting documents widely.

- **Recommendation 3c:** Collaborate with the government, appropriate NGOs, and foreign donors to bring the community-based distribution program, waste management, supply chain and logistics management, and other systems on board as needed. Address potential systemic barriers to implementation of an HSI program through government channels.

Recommendation 4: Conduct further research to strengthen efforts

Although this study identified a number of pathways to implementation of an HSI program with Sayana Press in Ethiopia and elsewhere, research that includes actual product use for HSI is still needed. A number of critical questions for future research were identified, and are highlighted below. The findings of future research will help inform and build evidence for the acceptability and potential impact of HSI of Sayana Press.

- **Recommendation 4a:** Conduct larger, quantitative, product use studies to assess the acceptability and feasibility of an HSI program with Sayana Press. There are no published data available on this specific product and administration combination, and research is sorely needed to build the evidence base, particularly in low-resource settings. Future research should determine the impact of HSI of Sayana Press on continuation, contraceptive prevalence, and pregnancy rates. Research should also assess the cost per month of protection resulting from HSI of Sayana Press as compared to DMPA IM and other methods, which may make injectable contraception and HSI more acceptable to countries prioritizing long-term methods.

- **Recommendation 4b:** Define rigorous selection criteria for enrolling participants in future quantitative research and/or HSI programs in order to alleviate potential challenges, increase the effectiveness of the training program, and avoid unnecessary discontinuation of the method. Criteria could include experience as an injectable contraceptive user, a certain level of education, access to a mobile phone for follow-up purposes, or other critical criteria relevant to the location.

- **Recommendation 4c:** In settings where discreet use is not an expressed priority, conduct a qualitative study focusing on husbands/partners to determine how they see their role as influencers, what type of contraceptive information/education they seek, and how they feel specifically about HSI of Sayana Press.

- **Recommendation 4d:** Include youth and unmarried women in future research. Many young women who are not married need access to methods of contraception that can be used discreetly, as social norms in Ethiopia do not allow them to comfortably access family planning services. This study did not include a large number of unmarried women as respondents; future qualitative research should include youth and unmarried women as specific subgroups to gather insights about their opinions on the appropriateness of HSI of Sayana Press for their contraceptive needs.

- **Recommendation 4e:** Conduct further research on safe, practical disposal options. This might involve reviewing the product design to determine whether methods to destroy the product thoroughly, including the needle, can be developed.

Conclusion

In Ethiopia, as in many African countries, injectable contraceptives are the most popular family planning method among modern contraceptive users. As a presentation that may offer access and convenience benefits for women who want to use injectables, Sayana Press has the potential to increase the use of family planning.

This study found that women strongly value the time and expense they could save by administering Sayana Press at home, as compared to traveling to a facility. Furthermore, most women who expressed initial inhibitions about their ability to self-inject shifted their opinion favorably after the device was demonstrated.

Although a home and self-injection program may meet the needs of many women in Ethiopia, certain challenges would need to be addressed to ensure success if the product were introduced there at some time in the future. First, women will require training and ongoing supervision to gain the knowledge and confidence to use the method correctly and to remember their reinjection schedule. Second, strategies for appropriate waste disposal need to be put in place; these will depend on the options available to women in their communities. Options for safe disposal could include safety boxes for injectable waste or collection of used Sayana Press devices by health extension workers. Finally, changes in service delivery guidelines may be needed to clarify the place of self-injection of Sayana Press in national family planning strategies.

Research on the acceptability, effectiveness, program implications, and costs of home and self-injection in low-resource countries is limited. This qualitative study in Ethiopia provides insights into issues related to the feasibility of home and self-injection of Sayana Press and bolsters the knowledge base. For countries considering a home and self-injection option in the future as part of their family planning programs, the findings may provide relevant insight. For those countries, additional country-specific evidence is also warranted to guide decision-making on key issues, such as the best support mechanisms for women who choose to self-inject contraceptives, and to address operational concerns such as training, home storage, and waste management.

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Appendix 1

Assessing the acceptability and policy implications of home and self-injection of depo-subQ in Uniject in Ethiopia
Qoranno fuhdatama fi immamataan walsiminaa mala to'ana haaraa diipoo sab Q(depo-subQ) jedhamu irratti gageefama

Recruitment & Informed Consent

Filannoo hirmaatotaa fi Feedhii isaanii mirkaneessu

Fill this section in only after recruitment & informed consent are completed.
Kutaan armaan gadii kun kan guutamu qabu erga unkaan filannoo fi mirkannessi fedhii guutteen booda dha.
Interview ID #: _____ Date: _____
Lakk gaafii *Guyyaa*
Interviewer name: _____ Supervisor name: _____
Maqaa nama gaafatuu Maqaa too'ataa

PART I: RECRUITMENT SCRIPT

Recruitment and screening for eligibility. Good day. My name is _____ and I work with PATH, an international, non-profit health organization with activities in Ethiopia. My coworkers and I are conducting a study in this community to learn about opinions of a new family planning method, an injectable contraceptive called depo-subQ in Uniject. Our team will conduct interviews with around 60 family planning clients and health workers as well as several family planning decision-makers.

I would like to ask you a few questions to see if you are eligible to participate. If you are not eligible, I will not collect or keep any information about you. If you are eligible, I will give you additional details and you can then decide whether or not you wish to participate in the study.

KUTAA I: Ibsa filannoo hirmaatotaa

Nomoota qoranichatti hirmatan filachuu fi ulagaa fillannoo mirkaneessu*. Ashamaa!Maqaan koo---------- jedhama. Ani Dhabbata PATH jedhamu fi sadarkaa adunyaa akkasumas Itopiyaa kessatti socha'aa jiru keessan hojedha. Yeroo ammaa kana ani fi miltowaan koo kan assi jiran wanti garana dhufneef qorannoo waa'ee karoora maatii ilaalchisee adeemsifamaa jiru qindeesufi . Keesumatuu malli to'anna ulfaa inni haaraan kan lilmoon (marfeen) kennamu tokko ilaalchise yaada fi ilaalcha namootaa funaanne qoranno qorannoo dhimma kana irratti gaggeefam jiruuf odeefannoo bu'ura ta'e funaana jira. Walumaa galatti gara namaa jahatama (60) wajiin gaafi fi debii adeemsifna.*

Duraan dursee gaafi tokko tokko si gafachuudhan qorannoo kana keessatti hirmaachuuf ulaagaa guutuu kee hubachuun barbaada. Yoo ulaagaa hin guuttu taatee, yaada kee hin fudhu. Yoo ulaagaa gutee

garuu ibsa dabalata siif keneen booda qorannoo kana keessatti hirmaachuuf fedhii yo qabaate ni murteesita.

	Inclusion criteria ***Ulagaalee filannoo*** (check box if "yes" answer – eligible if all boxes are checked) *Sanduqa armaan gadii keessatti mallatto tiikii guutuun qabxiilee ulaagaa mirkanessi*	**Exclusion criteria** ***Qabxilee filatamuu dhoorku*** (grounds for exclusion if any box is checked) *Saanduqa armaan gadii keessaa tokkollee tiikii taanan hin filataman*
Family planning users (recruit up to 34) *Dubartoota Tajaajila karoora maatii fayyadman*	❑ Is candidate female? *Dubartii Dhaa?* ❑ Are you between the ages of 18-45? Umriin kee waggaa 18-45 ti? ❑ Are you currently using any (modern) method of contraception? *Yeroo ammaa kana mala too'annoo ulfaa ni fayyadamtaa?* ❑ Have you been using your current contraceptive method for at least three months? *Mala amma fayyadamaa jirtu yoo xiqate ji'a sadiif fayyadamteerra?* ❑ Would you be willing to discuss your contraceptive choices with me? *Filannoo mala kusannaa maatii kee nafaana hasa'uuf feedhii qabdaa?* ❑ Would you be willing to verbally consent if you agree to participate after hearing more about the study? *Gaafi fi deebii keessatti hirmachuuf fedhii qabachuu kee jechaan ni mirkanesita?*	❑ Men *Dhiira* ❑ Not of age *Umree dangefameen ala* ❑ Not currently using a modern contraceptive method *Yeroo ammaa kan mala too'anoo ulfa kan hin fayyadamne.* ❑ Not willing to sign informed consent document. *Gaffi fi Ddebii keessati hirmaachuuf feedhii hun qabne.*
Women not currently using family planning (recruit up to 10) *Hanga 10 filadhu*	❑ Is candidate female? *Dubartii Dhaa?* ❑ Are you between the ages of 18-45? *Umriin kee waggaa 18-45 ti?* ❑ Are you currently using any (modern) method of contraception? *Yeroo ammaa kana mala too'annoo ulfaa ni fayyadamtaa?* ❑ Have you been using your current contraceptive method for at least three months? *Mala amma fayyadamaa jirtu yoo xiqate ji'a sadiif fayyadamteerra?* ❑ Would you be willing to discuss your	❑ Men *Dhiira* ❑ Not of age *Umree dangefameen ala* ❑ Ccurrently using a modern contraceptive method *Yeroo ammaa kan mala too'anoo ulfa kan fayyadamne.* ❑ Not willing to sign informed consent document. *Gaffi fi Ddebii keessati hirmaachuuf feedhii hun qabne.*

	contraceptive choices with me? ❑ Would you be willing to verbally consent if you agree to participate after hearing more about the study? *Gaafi fi deebii keessatti hirmachuuf fedhii qabachuu kee jechaan ni mirkanesita?*	
Health care providers (clinical and non-clinical): *Ogayyiin Yaallii kennan*	❑ Do you have at least six months experience providing family planning services, including injectables? *Ji'a jahan darban tajaajial karooral maatii keessattu kan lilmoon /marfeen kennamu kennitee beekta?* ❑ In your work setting, do you provide family planning services, including injectables? *Eddo/lafa hojii keetitti tajaajila karoora maatii (marfees dabalatee ni kenitaa?* ❑ Would you be willing to verbally consent if you agree to participate after hearing more about the study? *Gaafi fi deebii keessatti hirmachuuf fedhii qabachuu kee jechaan ni mirkanesita?*	❑ Less than six months experience administering family planning services *Tajaajila ji'a sadeetii gadi* ❑ Less than six months or no experience administering injectable contraception *Tajaajila ji'a sadeetii gadi fi tajaajila marfeeen kennamu muxannoo kan hin qabne.* ❑ Not willing to sign an informed consent document. *Gaafi fi deebii keessatti hirmachuuf fedhii qabachuu kee jechaan ni mirkanesita?*
Key informants ***Gafatamtoota Dhuunfa***	❑ Are you involved in management of or policy development for health programs, including family planning (either or both)? *Imaamata qopheessu ykn bulchiisa sagantaa karoora maatiiraatii hirmaatee beekta?* ❑ In your work do you work to influence policy or decision-making related to family planning service delivery? *Lafa hojii keetiti imaamata karoora maatiirratti gahee murteessa taphata?* ❑ Would you be willing to verbally consent if you agree to participate after hearing more about the study? *Gaafi fi deebii keessatti hirmachuuf fedhii qabachuu kee jechaan ni mirkanesita?*	❑ No authority over family planning policy or management of family planning programs *Imaamata qopheessu ykn bulchiisa sagantaa karoora maatiiraatii hirmaatee kan hin sekne.* ❑ No influence on policy or decision-making regarding family planning service delivery *Lafa hojii keetiti imaamata karoora maatiirratti gahee murteessa kan hin qabne* ❑ Not willing to sign an informed consent document *Gaafi fi deebii keessatti hirmachuuf fedhii qabachuu kee jechaan ni mirkanesita*

PART 2: INFORMED CONSENT

Kutaa 2faa: Fedhii mirkaneessu

Introduction and purpose
Sensa fi kayyoo

- Good day. My name is _____ and I work with PATH, an international, non-profit health organization working in Ethiopia. My coworkers and I are conducting interviews with people in this community to learn about their opinions of a new method of birth control.
- *Akkam jirtu! Maqaan koo/kiyya ---------- jedhama. Kanaan Dhabbata PATH jedhamuu fi Itopiayaa dabalatee biyya adda addaa keessatti hojedha. Ani fi hiriyyoni koo kan as jiru hawasni naanoo kanaa wa'ee mala qusannaa maatii (too'anaa ulfaa) isaa haaraa tokko irratti yaada qabdan funaanufi.*

- Our team wants to learn about home and self-injection of a new type of birth control that we will describe and show to you. This type of birth control is an injectable called depo-subQ in Uniject.
- *Malli haaran kun (depo-subQ) jedhama. Mannatti fi mannatti ofiin of-waranaanuun fudhatama, Kennarratti ilalch umataa hubachuu barbadna.*

Your participation
Hirmaannaa kee

- Joining the study is voluntary and the decision to take part is yours alone. After I explain the study, you can decide whether or not to join. If you agree to take part, our talk will last about 90 to 120 minutes. Topics that we will talk about may include:
  Hirmanaan kun fedhii kee irratti kan hunda'u dha. Sa'atii 1:30- 2:00 fuhata. Mata durewan ilaalu:

  - Your knowledge and opinions of injectable birth control
    Bekkumsaa fi ilaalcha kan kee
  - A description of the new product
    Ibsa mala too'ana ulfaa haaraa
  - Your interest in home and self-injection using the new product
    Mala Qusano haaraa kanarratti ilaalcha fi yaada kee
  - Access to birth control services
    Tajaajila qusannoo maati naannoo kannatti kennamu
  - Options for home and self-injection using the product
    Omisha haaraa kana hojiirra oolchuuf filmaata jiru.
  - Challenges for home and self-injection using the product
    Rakkoolee nu muddachuu danda'an

- You may feel uncomfortable or embarrassed by parts of the interview or discussion. You do not have to talk if you do not want to. You may choose not to answer any question I ask you. You may also leave the interview or discussion at any time.
- *Yoomiyyuu hirmanna kana dhisuu ni dandeessa. Gaafii sitti hin tolle dhiissu ni dandeessa.*

Risks

Rakkoo/Yaaddoo

- *The risk of any harm to you from joining the study is low. To ensure that risk is as low as possible, we have been carefully trained to protect your personal information.*
- *Gaa fi deebii kanarratti hirmaachuu keetif rakkoon sirra gahuu tokkolle hin jiru.*

Benefits

- Joining the interview will not provide you with particular benefits. The information we collect is meant to help our team identify additional ways to provide birth control in Ethiopia.
- *Fayida addaa wanti argattu hin jiru, qorannoon kun tajaajila karoora matti Itopiyyaa foyessuf qooda gudaa qaba.*

- There is no cost to you, and
- *Kafaltiin kanaaf siif kennamu hin jiru.*

- [for individual interviews:] we will not pay you for joining.
  OR
- [for **focus groups**:] we will provide you with 52 ETB (US$3) to help you with transport, if you have travelled more than 3 kilometers to attend the focus group. No other pay will be provided.
- *Wara marii garetti hirmatan gatii gejiba qarshii 52 ni kafala.*

Voluntary nature of interview or discussion

- You may choose not to answer any question that is asked. You may also stop the interview or discussion at any time.
- *Hirmanaa kee yeroo barbade addan kutu ni dandeessa. Gaa fi deebii kanarratti hirmaachuu keetif rakkoon sirra gahuu tokkolle hin jiru.*

Your privacy

Icitii eegu

- We will not write down yo**u**r name. The study records will not include names or other personal information about the people who join. We will not use any of your personal information when we write reports about this study or present the results to others. *Maqaa kee hin barreesinu. Yada kamiyyu ifatti hin basnu.*

- We will use the information you share with us only for this study. The only other people who may look at our records are people who review studies to make sure they are safe and protect your rights. This could include members of the Ethiopian Health and Nutrition Research Institute, employees of the agency that pays for the study, or a research monitor. These people are not allowed to share private study information with anyone else.
- *Yaada ati nuuf kennitu qorannoo duwaaf fayyadmna.*

- We will tape record the interviews so we can listen to them later and write down what was said. If you do not want to be recorded, you should not be in this study.
- *Marii Kenya tepiidhaan warabne sana booda barreesinee ballessan.*

For **focus group** members only:
Marii garee keessatti hirmatan

- **We will ask all members of the group not to use names when they talk.** We will also ask that no one talk with other people about who was in the group or what was discussed. Even though we ask this of everyone, we cannot promise that all group members will keep your name and your comments private.
- ***Yemmu yaada kenitan maqaa keessan hin ibsinaa***

Study records
Galmeessu qorannaa

- We will store the study records in a locked cabinet at our agency's headquarters where only our study team can access them.
- *Gamee qaranno kannaa citidhan Kenya, Ogeyyii qorannoo malee namni tokkolee bira hin gahu.*

- Study records stored on computers will be protected by a password that only the study team knows. The paper and computer information will not include your name. A record of verbal consent will be kept as proof of your agreement to join the study, but your name will not be on the record.
- *Maqaan kee issatu hin bareefamu*

- We will keep the paper, audio, and computer records for one year after the study ends.
- *Warabi tapii fi yadanoo bareffaman qabanu waga tokkoof ni kewwama,*

Who to contact if you have questions
Gaafiin yoo jiratee namootni qunnamtu
If you have questions or concerns about this study, please call Eshetu Alemu, Study Coordinator, based in Addis Ababa at + 251 115 504 371/091161-4701 . You may also contact the Principal Investigator, Bonnie Keith, at +1-202 540 4347, based in Washington, DC, USA. I will give you a copy of this form to keep, if you wish.
Yoo gafii kamiyyu qaban, obbo Eshetu Alemu, Qindeessa qorannoo kana Lakk Bilbilaa + 251 115 504 371/091161-47-01 YkN wajira Kenya kan biyya Ameerica Bonnie Keith, at +1-202 540 4347, gafachuu ni damdeesu.

Confirmation of verbal consent
Mirkaneessuu fedhii
Do you have any questions you want to ask me before you make your choice?
Gafii qabdaa?

Do you agree to participate in this study?
Qorannoo kana keessatti hirmaachuuf fedhii qabdaa?

Appendix 2

NOTE: The research team used a unique topic guide for each category of respondent. While many of the subjects covered were common to all guides, content and length of each guide varied based on the most relevant questions for current contraceptive users, non-users, key informants, and focus group participant categories. In the interest of brevity, only the Current Contraceptive Users guide is included in this report. Please contact swood@path.org for a copy of the full set of guides.

Individual Interview TOPIC GUIDE I
Current Contraceptive Users

Gaaffii fi deebii tokkoo tokkoo namaa QAJEELCHA MATA DUREE I
Kanneen Yeroo Ammaa Kana Mala To'annoo Ulfaa Fayyadamaa Jiran

Interview Instructions:

1. Administer the recruitment script
2. Administer informed consent and give copy to participant
3. Note time at start (and end) of interview
4. Fill in background information section
5. Start interview

Qajeelfama Gaaffii fi Deebii:

1. **Barreeffama filannoo kenniif**
2. **Waliigaltee fedhii gaafatamaa waraqaa mirkaneessu hirmaattotaaf kenniif**
3. **Yeroo jalqabaa fi xumura gaaffii fi deebichaa yaadannoo qabadhu**
4. **Kutaa odeeffannoo seenaa keessatti guuti**
5. **Gaaffii fi deebii eegali**

Interview Respondent Background Information
Odeeffannoo Seenaa Deebi-Kennaa Gaaffii Fi Deebii

Interview ID # - **# Lakkofsa Gaaffii fi Deebii**: _____

Date - **Guyyaa**: _____

Interviewer name - **Maqaa Gaafataa**: _____

Supervisor name - **Maqaa To'ataa**: _____

Woreda - **Aanaa**: _____

Village name - **Maqaa Oddoo /Gandaa**: _____

Region - **Nannoo**: _____

Zone - **Godina**: _____

Gender of respondent - **Koorniyaa /saala/ Deebi-kennaa/kennituu:** ❑ Female - **Dhalaa**

Type of location - **Iddoo-itti Argaman**: ❑ Rural - **Baadiyaa**
❑ Urban - **Magaalaa**
❑ Peri-urban - **Gar-tokkoon Magaalaa**
❑ Nomadic - **Tikfattee**

1. What is your age? **Umri/Waggaan kee meeqa?** _____

2. What is your marital status? **Haalli gaa'ela keetii akkamii dha?**

   ❑ Married - **Heerumeera**
   ❑ Never married - **Hin heerumne**
   ❑ Living together - **Waliin jiraachaa jirra**
   ❑ Divorced or separated - **Nan hike/Addaanan ba'e**
   ❑ Widowed - **Naduraa du'e/duute**

3. How many children do you have? **Ijoollee meeqa qabda?** _____

4. What is the highest level of schooling that you completed? [don't read responses]
   Kutaa barnootaa isa ol'aanaa ati xumurte meeqa? [Deebiiwwan hin dubbisin]
   ❑ No school **- Mana barumsaa hin gale/hinbarane**
   ❑ Religious schooling only - **Mana barumsaa amantaa qofan baradhe**
   ❑ Literacy classes only - learning to read and write in local language only - **Kutaalee barumsaa Loqoda naannichaa dubbusuu fi barreessuu qofa**
   ❑ Incomplete primary school - **Mana barumsaa sadarkaa duraa hin xumurre**
   ❑ Complete primary school - **Mana barumsaa sadarkaa duraa xumureen jira**
   ❑ Complete secondary school - **Mana barumsaa sadarkaa Lammaffaa xumureen jira**
   ❑ Higher than secondary - university or technical school - **Sadarkaa lammaffaa ol - Yuunversiitii ykn Mana Barumsaa Leenjii Ogumm aa**

5. What is your religion? [don't read responses]

Amantaa kee maalii dha? [Deebiiwwan hin dubbisin]

- ❑ Orthodox - **Ortodoksii**
- ❑ Protestant - **Pirotestaantii**
- ❑ Catholic - **Kaatolikii**
- ❑ Muslim - **Isilaama**
- ❑ Jewish - **Aahihuudii**
- ❑ Other [Specify] - **Kan biraa [Ibsi]**:_____

6. What is your ethnic group? [don't read responses]

(Sabummaan kee maalii dha? [Deebiiwwan hin dubbisiniif])

- ❑ Affar - **Affaar**
- ❑ Sidamo - **Sidaamoo**
- ❑ Amhara - **Amaaraa**
- ❑ Somali - **Sumaalee**
- ❑ Guragie - **Guraagee**
- ❑ Tigray - **Tigiree**
- ❑ Nuwer - **Nuweerii**
- ❑ Oromo - **Oromoo**
- ❑ Welaita - **Walaayittaa**
- ❑ Other [Specify] - **Kan biraa [Ibsi]** :_____

7. If you currently have paid employment, what type of work do you do? [don't read responses]

Yoo yeroo ammaa kana miindeffamtee siif kaffalamaa kan jiru yoo ta'e,Hojii gosa akkamii hojjechaa jirta? [Deebiiwwan hin dubbisin]

- ❑ No paid employment - **Hojii minda hin qabu**
- ❑ Housewife/housework - **Haadha manaa /Hojii manaa**
- ❑ Farmer - **Qotee bulaa**
- ❑ Professional [teacher, health worker, office worker]
  Ogeessa [Barsiisaa, Hojjetaa fayyaa, hajjetaa waajjiraa]
- ❑ Unskilled worker - **Hojjetaa ogummaa hin qabne**
- ❑ Daily wage earner - **Hojjetaa guyyaa guyyaadhaan gatii human Hojii kaffalamuuf**
- ❑ Any other [please specify] - **Kan biraa [Maaloo ibsi]**: __

Personal experience – Family planning
Muuxannoo Dhuunfaa – Karoora Maatii

First I'd like to ask you a series of questions to understand your current and past experience with contraceptives/family planning methods. Then we will stop and I'd like to demonstrate for you a new contraceptive product to get your opinions about it.

Please tell me about your experience using family planning methods (contraceptives).

Mallawwan to'annoo ulfaa/karoora maatii irratti yeroo darbee fi amma muuxannoo ati qabdu hubachuudhaaf ammaa gaaffilee sin gaafadha. Sana booda mala to'anno ulfaa isa haarawa yeroo ammaa argamee tokko ilalchise akaata itti fayadama isaa sitan agarsisa. Kanatti ansuun yaada ykn ilaalchaa kan kee akka inbsitu singaafahda.

Waa'ee fayyadama Mallawwan to'annoo ulfaa/karoora maatii irratti muuxannoo qabdu maaloo natti himi.

8. What family planning method do you use now?
Yeroo ammaa kana mala karoora maatii ati fayyadamaa jirtu maal?

PROBE:

- Where do you get this family planning method from? (clinic, health extension worker [HEW], etc.)
- How frequently do you get this method?
- How much do you pay for it?
- IF INJECTABLE USER: Who gives the injection?
- IF INJECTABLE USER: How do you remember when to get your next injection?
- What experience have you had with community-based HEWs related to family planning?
- What family planning methods are available through the HEWs in your community?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Mala karoora maatii kana eessa irraa argatta? (Kiliniika, Hojjetoota Ekisteenshenii fayyaa, kkf irraa)**
- **Mala kaneen yeroo hamam keesatti argatta?**
- **Tajaajila karoora maatii fayyadamtuuf kaffaltii hammam kaffaltta?**
- **Malli ulfa/da'umsa ittisuf ati fayyadamtu lilmoon ykn marfeen kan kennamu yoo ta'e, eeynutu marfeen sii warrana/ akkama?**
- **Yoo lilmoon/marfeen kan fayadamtu taate, guyyaa ittiwaranamtu/ akamamtu akkamiin beekta?**
- **Karoora maatiin walqabtee Hojjetoota Ekisteenshenii Fayyaa hawwaasa waliin muuxannoo ati qabdu maal?**
- **Malli karoora matii gama Hojjetoota Ekisteenshenii Fayyaatiin kamfaadha?**

9. What do you like about the family planning method you are currently using, or why do you prefer it over other methods?
Waa'ee mala karoora maatii yeroo ammaa fayyadamaa jirtuu maal jaallatta? Ykn malawwan warren kan biraa irra caalaa maaliif isa filatte?

PROBE:

- How satisfied are you with the method?

- What do you not like about this method?
- How did you learn to use this method? How long did it take?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Malli ittiin fayadamaa jirtu hammam quufsaa/bu'a qabeesa siif ta'ee jira?**
- **Waa'ee mala kanaa kan ati hin jaallanne maal?**
- **Mala kana fayyadamuu akkamitti barte? Yeroo hammamiitiif fudhattee jirta?**

10. What other family planning methods have you used in the past?
Yeroo darbe keessaa mala karoora maatii kan biraa kan ati fudhatte jiraa?

PROBE:

- Why did you discontinue using this method?
- What (modern or traditional) methods do you know about but have never used?
- Why have you not used them?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Malichatti fayyadamuu maaliif addaan kutte/dhiifte?**
- **Waa'ee mallawwan ammaayyaa ykn aadaa ati beektu garuu kan ati itti hin fayyadamin maal?**
- **Ati maalii itti fayyadamuu dhiifte?**

11. Who do you talk with about family planning (contraception)?
Waa'ee mala karoora maatii /to'annoo ulfaa/ waliin haasofta?

PROBE:

- When do you discuss family planning with your spouse or partner?
- When do you discuss with your friends?
- Who else do you talk to about family planning and on what occasion?
- When and why do you talk about family planning with friends, your spouse, or others?
- When you use a family planning method, who usually knows about it?
- Who do you deliberately <u>not</u> talk with about family planning? Why? (probe for discrete users)
- On what occasion do your friends/family members speak to you about their family planning?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Abbamanaa ykn jaalale kee waliin yoom waa'ee mala karoora maatii mari'atta?**
- **Hiroyoota kee waliin immoo yoom mari'atta?**
- **Waa'ee mala karoora maatii eenyu waliin mari'atta, yeroo akkamii?**
- **Hiriyoota, abbaa manaa/jaalallee kee ykn kan biraa waliin yoom waa'ee mala karoora maatii haasofta? Maaliif?**
- **Mala karoora maatii akka ati fayyadamtu, yeroo baayee eenyutu beeka?**
- **Waa'ee mala karoora maatii ta'e jettee eenyu dhoksita ykn eenyutti hin himtu? (Maaliif? Fayyadamtoota adda addaan gadi fageenyaan isaan gaafadhu)**
- **Hiriyoonni kee ykn miseensonni maatii kee yeroo akkamii waa'ee mala karoora maatii isaanii sitti himu?**

12. Who influences your decisions about family planning, and in what way?
Waa'ee mala karoora maatii keetii murteessu irratti kan dhiiba sirati geessu eenyu? Akkamitt?

PROBE:

- What role does your spouse play in these decisions?
- Your friends? Your medical provider? HEWs?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Abbaan mana/Jaalalleen kee murtiilee kee kana keessatti gahee maalii qaba?**
- **Hiriyonni kee hoo? Hojetaan mana qorichaa kee hoo? Hojjettootni Ekistensheenii Fayyaa hoo?**

Awareness and perceptions of HIS
Mala ulfa ittisu kan manatti ofiin ofwaraanan (HIS) ilaalchisee bannoo fi ilaalcha hirmaatotni

13. What experience do you have with clinic-based injection, and with home or self-injection of any medications? Please describe.
Kiliniika keessatti marfeen waraanamuu akkasumas manatti ykn ofuma ofii lilmoodhaan waraanuu irratti muuxannoo ati qabdu maal/ wanti ati beektu maali?

PROBE:

- Are you aware of anyone in anyone in your community (family, friends or neighbors) who injects his/herself or other people with any medications? Please describe.
- Why do these individuals self-inject?
- What challenges have they experienced with home or self-injection?

- Do you know of any existing medications that require home and self-injection?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Hawwaasa kee keessaatti (maatii, hiriyoota ykn hollaa keetitti) qoricha kamillee yaata'u namaa ofii isaatiin marfeen waraanatu beekta? Maaloo ibisi.**
- **Namoonni kun maaliif ofiin of waraanu?**
- **Manatti ykn ofiin of waraanuu keessatti rakkoolee maaliitu si mudatee jira?**
- **Qoricha manattii fi ofiin of waraanan kan jiran beektaa?**

14. If given the choice, would you prefer to have a provider give you a contraceptive injection at the health post or clinic, or would you prefer to make the injection at home yourself or by a friend/family member? Why?
Osoo filnnoon siif kennamee, mala to'annoo ulfaa marfeedhaan kennamu kilinka YKN buufata fayyaa keessatti warrannamu siif wayya moo hiriyoota keetiin/ miseensa maatii keetiin/ akka siif kennamu barbaadda?

Introduction to and demonstration of depo-subQ in Uniject
Seensa fi hojiin agaarsisa mala ittisa ulfa kan lilmoon kennamu isa "depo-subQ" jedhamee waamamu

Demonstration Instructions:

1. Explain the depo-subQ in Uniject product to the participant [see handout]
2. Give instructions how to use product [show job aid]
3. Demonstrate an injection on a prosthetic object (bread, orange, etc.)
4. Ask participant to demonstrate an injection with the device on the prosthetic.
5. Explain the difference between depo-subQ in Uniject and DMPA IM for those who are not already familiar with DMPA IM.

Qajeelfamoota hojiin agarsiisuu

1. **Hirmaataadhaaf (gaafatamaadhaf) waa'ee omisha 'depo-subQ' ilaalchisee ibsa gabaaba kenniif./Barreefama dubbisi/**
2. **Akkaataa fayyadama omishicha qajeelfamoota kenniif. /Deeggarsa hojii itti agarsiisi/**
3. **Waraanuu /akkamuu/ wantoota akka /daabboo, burtukaanii, kkf/ waraaniitii hojiidhaan itti agarsiisi.**
4. **Hirmaattonni akka isaan marfeen waraanuu sana wanta lubbuu hin qabne irratti hojiin akka isaan agarsiisan isaan gaafadhu.**
5. **Garaagarummaa 'depo-subQ' kan marfeen kennamuu fi armaan dura 'DMPA IM' jedhamee kan beekamu gidduu jiru hirmaatotaaf ibsi.**

Perceived benefits and drawbacks of HSI of depo in Uniject
Fayidaalee fi miidhaalee malli marfeen manatti kennamu (HIS depo-subQ')

Now you are familiar with both DMPA IM and the depo-subQ in Uniject device ("depo in Uniject"). Thinking about the product itself:

Amma ati 'depo-subQ' fi 'DMPA IM' maal akka ta'aan sirritti bartee jirta (kana booda "Depo-subQ" irratti xiyyeefana). Waa'ee omishichaa yaadudhaan:

15. What do you think about this product?
Waa'ee omisha kanaa (Depo-subQ) maal yaadda?

PROBE:
- What do you like about the product? What do you not like?
- Probe for product appeal and emotional reaction to product design and configuration
- Would you use this product if it were available?
- Would you self-inject using this product?

Gadi fageenyaan gaafadhu/Qoradhu:
- **Waa'ee omishichaa maalisaa jalata?**
- **Waa'ee sanyi omishichaa fi dizaa'inii omishichaa kaasuu fi qindeessa isaa**
- **Osoo/utuu omishin omishin kun jiraatee itti fayadamta?**
- **Omisha kana fayyadamuudhaaf ofii keetiin of ni waraantaa /marfeedhaan ni fudhattaa?/**

16. In your opinion, what are some of the advantages of home and self-injection with depo in Uniject?
Akka yaada /ilaalcha keetitti " depo-subQ" kan manatti marfeedhaan fudhatamuu fayidaan ykn bu'aan isaa maalii jettee yaada?

PROBE:
- In what situations would it be preferable for a woman to be able to inject herself at home?

Gadi fageenyaan gaafadhu/Qoradhu:
- **Dubartiin manatti ofii isheetiin ofii ishee marfeedhaan warranachuu kan dandeessu haala akkamiin jettee yaada?**

17. In your opinion, what are the disadvantages of home and self-injection with depo in Uniject?
Akka yaada /ilaalcha keetitti, mali "depo-subQ" kan manatti marfeedhan dubartiin fudhachuu dandeessu miidhaalee inni qabaatu maal jettee yaada?

PROBE:
- Are there other reasons why you might not want to self-administer or receive an injection in the home?
- Do you have any fears regarding home or self-injection? If so, what are they?

Gadi fageenyaan gaafadhu/Qoradhu:
- **Akka ati ofii keetii ofii keetii mala " depo-subQ'' hin fudhane hin fudhannee fi ofii keetii of-waraanuu akka ati hin dandeenye kan si taasisan sababni jiraa? Yoo jiraate malini?**
- **Ati "depo-sbQ" manatti marfeedhaan waranafuuf nisodataa? Yoo kan sodatu ta'e maaltu sisodaachisa?**

18. Which do you think would cost you more: injection with depo in Uniject at a clinic or at home, and why?

PROBE:
- What are the costs associated with getting a contraceptive injection at a clinic? [Probe for cost of transport, time away from home, expense at clinic, discretion, storage in the home, training commitment, etc.]
- Do you think the cost of clinic-based injection is worthwhile?
- What are the costs associated with home or self-injection?
- Would you rather pay for depo in Uniject and inject at home, or receive a free injection of DMPA IM in a clinic?

19. If home and self-injection were available, how likely would you be to switch to depo in Uniject from your current method?
Yoo manattii fi marfeedhaan ofiin of waraanuun yoo jiraate, mala amma itti fayyadamaa jirtu irraa gara 'depo' hin eegalamin jiruutti /marfeedhaan hin kennamneetti carraan ce'uu keetii hammam?

PROBE:
- Probe for very likely, somewhat likely, not likely, and why.

Gadi fageenyaan gaafadhu/Qoradhu:

- **Baay'ee carraan jiraachuu isaa, hamma tokko carraan jiraachuu isaa, carraan kan hin jirre ta'uu isaa gadi fageenyaan gaafadhu.**

20. If given the choice, would you prefer to have a provider give you DMPA IM at the health post or clinic, or would you prefer to inject depo in Uniject at home yourself or by a friend/family member? Why?
Yoo filannoon kenname, dhiheessaan akka inni kiliniikatti moo kellaa fayyaatti yoo 'DMPA IM'n siif kennu moo 'depo' inni hin eegalamin jiru /marfeedhaan hin kennaminnee/irra caalaa feetaa? ykn, kan manatti marfeedhaan hin kennamin yoo ofii keetii ofii keetiif marfeedhaan fudhatte moo yoo hiriyoonni/ miseensa maatii keetiitiin siif kenname irra caalaa fedha qabaatta? Maaliif?

PROBE:

- Would you be willing to administer depo in Uniject to a friend or family member if they asked you to do it?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Yoo hiriyaan kee ykn miseensi maatii keetii isaa fayyadamuuf si gaafatan, 'depo' /kan hin eegalamin/marfeedhaan hin hin kennamne/ keessa akka isaan fudhataniif ni ni ajajjaafii?**

Need for training
Barbaachisummaa Leenjii

21. What kind of training would you need to become confident to administer depo in Uniject to yourself at home?
Mala ittisa ulfa kan manatti marfen kennamu (Dep-subQ) mana keetiti itti fayadamuu akka dandeessu, leenjii akkamii barbaada?

PROBE:

- If you were to choose to take your depo in Uniject injection at home, what information would you want to know before leaving the clinic?
- How many times would you need to be supervised giving yourself an injection or receiving one from a lay caregiver before you would be comfortable self-administering or allowing a lay caregiver to administer?
- Would you want any supervision to enable you to self-inject at home?

- Is there any other type of support that would be useful in this situation (hotline, memory aids etc.)?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Manatti marfeedhaan kan fudhatamu malli ittisa ulfaa inni haaran (depo-subQ) ati mana keetiti fudhachuuf yoo filate, kilinika irraa oddefannoo ykn gorsa akkamii siif barbaachisa jettee yaada?**
- **Utuu ofii keetiif of-waraanuu hin danda'in dura ykn amoo nama birraa kan ogummaa yaala hin qabne (hakima kan hintaaneen) osoo hinwarnamiin dura to'annoo fi hordofiin yeroo hamamiif akka siif taasifamu barbaadda?**
- **Akka manatti ofii keetiif of-waraanuu dandeessu, to'annoo hoddoffi ni barbaada?**
- **Manatti waranamuu akka dandeessu haala mijeessuf gargaarsii biraa barbaachisu mal jettee yaada? (FKN gorsa bilibrgaa, ergaa gabaaba mobayilaan dabarsuu (memory aids kkf)**

22. How would you remember when to make your next injection?
Mala marfeedhaan kannamutti yemmoo fayyadamtu, guyyaa beelama marfee akkamiin yaadata?

PROBE:

- Please describe what your preferred type of reminder system would be like.
  - Probe regarding the most helpful reminder mechanism for home-based injection (tracking calendar, text, phone, mail, in person visit, etc.).
- When and how often would you need to be reminded?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Maaloo guyaa marfee yaadachuuf toofta (mala) ittifadamtu ibsi? yaaddattu ibsi.**
  - **(Mala ittiin yaadachuuf fayyadaman ilaalchisee gadi fageenyaan gaafadhu./Guyyaa lakkaa'uudhaan, yaadannoo barreeffamaan qabachuu, bilbilaan, xalayaadhaan, daawwannaa namaan taasifamuun, kkf./)**
- **Yeroo mara yoomii fi akkamitti yaadachuu barbaachisa jettee yaada?**

23. Do you feel you would be a good candidate for home/self-injection? Why or why not?
Ati ofii keetii manatti marfeedhaan fayyadamuu dubartoota danda'an keessa tokko jettee ni yaada? Yoo dandeesse, akkamitti?

PROBE:

- Why would someone be a good candidate for self-injection?
- Why would someone be a poor candidate for self-injection?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Namni ofii of-waraanuuf akka gaaritti danda''u nama akkamiti jetee yaada?**
- **Namni ofii of-waraanuuf gahaa hin taane ykn kan hin dandeenye nama akkamiiti jetee yaada?**

Supply chain
Omisha Dhiheessu fi kuusuu

24. If you had choice, where would you prefer to get your supply of depo in Uniject from and why (HEW, pharmacy, drug shop, public/private health facility, etc.)?
Ati mala ittisa ulfaa harawa kana (depo subQ) fayyadamuuf yoo filate, salphatti eesssa argachuu dandeesa? Maalif? (/Hojjetoota Ekisteenshenii fayyaa irraa, faarmaasii irraa, mana qorichaa irraa, dhiheessii tajaajila fayyaa uummataa/ dhuunfaa irraa, kkf./)?

25. Have you ever gone to get your family planning method and it was not available? If so, what did you do?
Kanaan dura mala karoora maatii argachuuf barbaadee osoo hinargatin haftee (dhabdee) ni beektaa? Dhabdee beekta taanan maal goote?

26. What, if anything, would depo in Uniject change about your ability to access family planning when you need it?
Malli haaran ittisa ulfaa kun (depo sub-Q) gama fedhii tajaajila karoora maatii guutuu irratti akkasumas itti fayyadamuuf dandeetti dubartoota comsuu irratti gaheen qabu maali jettee yaada?

Storage and waste disposal of depo-subQ in Uniject
Mala harawa ittisa ulfaa kan marfeen kennamu (depo-subQ) kuusuu fi kan itti fayyadaman gatuu

27. If you chose home and self-injection of depo in Uniject, how and where would you keep the Unijects?
Ati mala harawa marfeedhan warannamu (depo subQ) mana keetiti fayyadamuuf yoo filate, baka akkam keessa? Akkamiti keessa (kuusta)?

PROBE:

- What challenges could you experience in keeping Unijects at home?
- What would make it easy or safe for you to store depo in Uniject for use at home?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Mala harawa (depo subQ) mana kee keessa ka'uuf (kuusuf) rakkoon simudachuu danda'u maali?**
- **Mala haarawa marfeen waranamu (depo subQ) mana keetiti kuusuf halli mana keetii hamam siif mijaawa dha?**

28. If you chose home and self-injection of depo in Uniject, how and where would you dispose of (throw away) used Unijects?
Mala ulfa ittisu ulfa harawa (depo sub Q) yemmuu fayyadamuuf filate, marfee erga waranamtee booda eessatti gata?

PROBE:

- How safe do you feel this disposal would be?
- What are other appropriate ways to dispose of used Unijects?
- Where can one dispose of used medical sharps in your community?
- When and how often would you prefer to dispose of used Unijects?
- What would make the disposal of Unijects easier or more convenient?
- Where do you think other people who do home or self-injection of other medications dispose of the used syringes or needles?

Gadi fageenyaan gaafadhu/Qoradhu:

- **Bakki marfee itti gattu kun hammam miidhaa hin geessu jettee yaadda?**
- **"Depo subQ" kan marfeen kennamu erga itti fayyadamteen booda akkaataa miidhaa hin geesineen akkamiti gatuu dandeessa?**
- **Hawwaasa kee keessatti meeshaaleen mana yaalaa qara ta'an (sirinjiin, marfeen kkf) namoonni erga itti fayyadamaniin booda eessatti gatu?**
- **Ati "depo subQ" yoo kan fayyamtu taate marfee isaa akkamitti yeroo hammamitti gatuuf yaada?**
- **"Depo subQ" marfeen erga fayyadamaniin bood gatuuf salpha fi mijawaa kan tasisu maali?**
- **Namootni naanoo keetii lilmoo /marfee/ manati ergaa itti fayyadamamaniin booda eessatti gatu jettee yaadda?**

Conclusion
Yaada Xumuraa

- Are there any questions that you would like to ask me?
- Thank you for your time.

- **Gaaffiilee ati ana gaafattu kan biroo ni qabdaa?**
- **Yeroo kee gumaachiteef galatoom**