

# Feasibility of home and self-injection of Sayana® Press in Ethiopia

## Results of a qualitative study

### BACKGROUND

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.<sup>1</sup> Injectable contraceptives are typically administered by facility-based health workers, although community-based programs have existed in many countries since the 1970s. The introduction of Sayana® Press—a three-month injectable formulation of depot medroxyprogesterone acetate (DMPA)—presents a potential opportunity to expand access to injectables beyond the clinic to home and self-injection.

Unlike injectable contraceptives currently on the market, Sayana Press is a subcutaneous formulation packaged in a single dose inside the Uniject™ injection system. The easy-to-use disposable single-use syringe eliminates the need to measure doses or perform intramuscular injections, potentially 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 suggest that:

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- Many women would prefer to self-administer (FHI360, unpublished data, 2013).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

With funding from the Bill & Melinda Gates Foundation, the US Agency for International Development, and PATH donor Stephanie Evans, PATH is leading efforts to prepare selected country markets for pilot introduction and evaluation of Sayana Press. Home and self-injection are not currently part of the pilot introduction scope but may be considered in the future. To understand the feasibility and

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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, making it a good potential candidate for a home and self-injection program.

### STUDY DESCRIPTION

The study investigated perceptions, preferences, feasibility issues, and policy barriers related to Sayana Press at two rural and peri-urban 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. Seven focus group discussions were conducted with nurses, health extension workers (HEWs), and pharmacists. All participants received basic information on Sayana Press, watched a product demonstration, and had the opportunity to test the injection device on a simple model.



*Interviewer demonstrates Sayana Press, a three-month injectable contraceptive available in the prefilled Uniject injection system. Photo: Siri Wood*

## 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



Many family planning users in Ethiopia felt that home and self-injection could save them time and resources that they currently expend going to health clinics.

Photo: Siri Wood

**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 providers agreed. Health workers and key informants believed the biggest challenge would be reminding women about the re-injection window. A majority of respondents thought that one to 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 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, while some felt women should 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

**Cost:** Respondents strongly felt 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. That said, most of the current contraceptive users 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



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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.”*

—Health Extension Worker, 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:** There was little agreement and limited knowledge about who was allowed to administer injections in Ethiopia among the key informants interviewed.

Significantly, most believed there was no policy on home and self-injection of medications. Key informants were concerned that national policies promoting long-acting and permanent contraceptive methods would not favor Sayana Press, because injectables are categorized as a short-term method.

## CONCLUSIONS AND NEXT STEPS

In Ethiopia as in many African countries, injectables are the most popular family planning method. As a presentation that may offer access and convenience benefits for women who want to use injectable contraceptives, 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.

While 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. 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 HEWs. Finally, policy changes may be needed to clarify the legal status 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. While the nature of this research means the findings will not apply directly to other countries, many lessons will be relevant for other countries considering a home and self-injection option in the future as part of their family planning programs. For those countries, additional evidence is warranted to guide decision-making on issues such as the best support mechanisms for self-injectors and for operational concerns such as training, home storage, and waste management, meriting further study.

## References

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