

Introduction and Scale-Up of Self-Injectable Contraception in Malawi

Highlights from a qualitative study of DMPA-SC self-injectors on waste management, training, and adolescents' experiences

Background

In 2017, FHI 360 and the University of Malawi (UM) College of Medicine, in collaboration with Malawi's Ministry of Health (MOH), concluded a randomized controlled trial of the self-injectable contraceptive called subcutaneous depot medroxyprogesterone acetate (DMPA-SC, brand name Sayana® Press). The trial found that self-administration led to a more than 50 percent increase in continuous DMPA-SC pregnancy protection through 12 months compared with provider-administered injection.¹ Less than a year later, the MOH approved the introduction of DMPA-SC, including for self-injection, into the country's family planning method mix through a phased approach in public and private sectors. The journey of DMPA-SC from research to practice is depicted in the short film, [The Power of Self-Injectable Contraception](#).

As part of the introduction and scale-up of DMPA-SC in Malawi, the MOH requested that FHI 360 and UM-The Polytechnic explore how people who choose self-injection dispose of used DMPA-SC units. The goal was to inform the scale-up by identifying which waste disposal methods are acceptable and feasible to support women's continued use of the method.

Study Description

In 2019, FHI 360 and UM-The Polytechnic conducted a study looking at DMPA-SC waste management, the training clients received on self-injection, and adolescents' experiences with self-injection. It was a cross-sectional qualitative study, in which researchers conducted in-depth interviews with 60 self-injectors. Nearly half of the self-injectors interviewed were adolescents (ages 15-19 years), and approximately 10% were "discreet users." A discreet user was defined as someone who had not told her partner or parents that she was using a family planning method.



Key Findings

WASTE MANAGEMENT

- Most participants said they planned to dispose of used units according to health workers' instructions, which were to store used units in puncture-proof containers and return them to health workers. However, despite their strong desire to follow directions, most participants said they would have preferred to dispose of units in latrines because they worried about needlestick injuries to others and because it was convenient.
- Another common reason participants returned used units to health workers was that some felt they had to do this in order to get new units.
- By the time they were interviewed, more adolescents than adults had disposed of used DMPA-SC units either by throwing them away in the pit latrine or by returning one to a health worker, rather than waiting to return all units at once.
- While participants expressed concern about needlestick injuries, not one participant reported that they themselves or others had experienced such an injury.

TRAINING

- Very few clients practiced before self-injecting for the first time; however, most adolescents and half of adults said they would have liked to practice.
- About half the participants were trained individually and half were trained in a group; some who trained in a group were able to inject themselves privately with the health worker. More adolescents than adults were concerned with privacy and preferred to be trained individually.
- Sometimes, informational self-injection leaflets—which included a calendar—were not provided during training, which affected clients' ability to remember when to re-inject.

ADOLESCENT EXPERIENCES

- Adolescents found self-injection acceptable, feasible, and beneficial.

Recommendations

WASTE MANAGEMENT

- We recommend identifying more convenient ways for self-injectors to dispose of used units, rather than having to return them to a health worker.
- Counseling messages about when to return used units should emphasize clients' convenience versus the need to verify that clients used the units.
- Adolescent-friendly waste management options should be considered, because findings suggest that adolescents may prefer to dispose of used units sooner than adults.
- Programs should emphasize the finding that no participants experienced needlestick injuries. This can help allay fears about self-injectors sticking themselves or about children finding the units and pricking themselves.

TRAINING

- All clients should be offered the opportunity to practice injecting on something, such as a condom filled with salt or sugar, before they self-inject for the first time.

- Offering those trained in a group the opportunity to self-inject privately should be considered out of respect for privacy, especially for adolescents.
- All clients should be offered the self-injection leaflets that include a calendar, which helps clients remember when to re-inject.

ADOLESCENTS

- More adolescents preferred being trained privately, and would benefit from more convenient disposal options, so self-injection guidelines for this age group should take their needs into account.

For more information, see these related FHI 360 journal articles

- [Young women's experiences with Subcutaneous Depot Medroxyprogesterone Acetate \(DMPA-SC\): A Secondary Analysis of a 1-Year Randomized Trial in Malawi.](#) Journal of Adolescent Health (2020)
- [Factors affecting continued use of subcutaneous depot medroxyprogesterone acetate \(DMPA-SC\): a secondary analysis of a 1-year randomized trial in Malawi.](#) Global Health: Science and Practice (2019)
- [Effect of self-administration of subcutaneous depot medroxyprogesterone acetate versus provider-administered injection on continuation rates: results from a one-year randomized controlled trial in Malawi.](#) The Lancet Global Health (2018)
- [Client and provider experiences with self-administration of subcutaneous depot medroxyprogesterone acetate in Malawi.](#) Contraception (2018)
- [Women's satisfaction, use, storage, and disposal of subcutaneous depot medroxyprogesterone acetate \(DMPA-SC\) during a randomized trial.](#) Contraception (2018)

¹ Burke HM, Chen M, Buluzi M, Fuchs R, Wevill S, Venkatasubramanian L, Dal Santo L, and Ngwira B. Effect of self-administration of subcutaneous depot medroxyprogesterone acetate versus provider-administered injection on continuation rates: results from a one-year randomized controlled trial in Malawi. The Lancet Global Health; 6(5) 2018, pp e568-e578. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30061-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30061-5/fulltext)

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