Women’s decisions about use, non-use, or discontinuation of injectables can be affected by their perceptions of health risks and benefits, concerns about how side effects may influence their daily lives, and assessments of how particular methods may affect relationships with partners or other family members. Among the pregnancy-spacing methods, discontinuation rates are highest for injectables (53 percent), followed by pills (49 percent), condoms (45 percent), and intrauterine contraceptive devices (20 percent).

For injectable contraceptives, reasons for discontinuation include concern about side effects or health problems, desire to become pregnant, method failure, and high cost.1 Incorporating women’s perspectives into contraceptive introduction strategies can help local family planning programmes increase user satisfaction, improve continuation rates, and expand method use.

Research countering common misconceptions about injectable contraceptives should inform educational campaigns to address them.

Lack of correct information about injectables results in apprehensions about the method and dissatisfaction with it.

Over the years, injectables programming has improved considerably in the realms of infrastructure, training, and quality of services. The Government of India and the United Nations Population Fund commissioned a study on the perspectives of users and providers of injectables in three cities in Gujarat and Andhra Pradesh.2 The study found that 70 percent of users were satisfied with injectables and expected to continue using this method as long as they desired contraception. This study demonstrated the influence of counseling on a client’s experience of injectables. It also demonstrated the importance of training for providers, especially in the use of protocols and the management of side effects.

A recent evaluation of the DiMPA network in three states found that both providers and clients find DMPA acceptable. The provider community surveyed in this evaluation had not observed any serious complications. Clients were given full choice of methods and there was no evidence of failure by providers to secure informed consent.

Information compiled from Parivar Seva Sanstha, Janani, the Family Planning Association of India, and Pathfinder about their programme experiences in delivering injectables through clinics and communities in India over the past decade points to the following insights on issues surrounding users’ perspectives:

- The acceptability and uptake of injectable contraceptives is high among women during post-abortion care.
- A strong follow-up service before the second injection helps to minimize dropouts.
- The price of DMPA has a significant effect on the method’s uptake. For example, Janani’s clientele dropped substantially between 2000 and 2003, when the price increased.
Affordability appears to be an important factor in clients’ acceptance of injectable contraceptives.

- A strong team of trained health service providers is a must for the success of DMPA. It is important to train health service providers on issues related to medical eligibility, side effects, management, and periodic counseling. A lack of correct information about the product results in apprehensions about the method and dissatisfaction with it.
- DMPA appears to be an acceptable and safe method of contraception when offered with good client counseling and follow-up. Clients who are counseled about the side effects are less likely to discontinue use.
- Satisfied users are the best promoters of injectable contraceptives.

References