

Women's Perceptions of DMPA-SC Self-Injection in Malawi

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Abstract : Background: Subcutaneous depot medroxyprogesterone acetate (DMPA-SC) is a new innovation in contraceptive methods that allow users to inject themselves with a hormonal contraceptive in their own homes. Self-injection (SI) of DMPA-SC has the potential to improve the accessibility of family planning to women who want it and who are capable of injecting themselves. Malawi started implementing this new innovation in 2018. SI was incorporated into the DMPA-SC delivery strategy from its outset. Methodology: This study involved two districts in Malawi where DMPA-SC SI was rolled out: Mulanje and Ntchisi. We used a qualitative cross-sectional study design where 60 in-depth interviews were conducted with women of reproductive age group stratified as 15-45 age band. These included women who were SI users, non-users, and any woman who was on any contraceptive methods. The women participants were tape-recorded, and data were transcribed and then analysed using Dedoose software, where themes were categorised into mother and child themes. Results: Women perceived DMPA SC SI as uniquely private, convenient, and less painful when self-injected. In terms of privacy, women in Mulanje and Ntchisi especially appreciated that self-injecting allowed them to use covertly from partners. Some men do not allow their spouses to use modern contraceptive methods; hence women prefer to use them covertly. "... but I first reach out to men because the strongest power is answered by men (MJ015)." In addition, women reported that SI offers privacy from family/community and less contact with healthcare providers. These aspects of privacy were especially valued in areas where there is a high degree of mistrust around family planning and among those who feel judged or antagonized purchasing contraception, such as young unmarried women. Women also valued the convenience SI provided in terms of their ability to save time by injecting themselves at home rather than visiting a healthcare provider and having more reliable access to contraception, particularly in the face of stockouts. SI allows for stocking up on doses to accommodate shifting work schedules in case of future stockouts or hard times, such as the period of COVID-19, where there was a limitation in the movement of the people. Conclusion: Our findings suggest that SI may meet the needs of many women in Malawi as long as the barriers are eliminated. The barriers women mentioned include fear of self-inject and proper storage of the DMPA SC SI, and these barriers can be eliminated by proper training. The findings also set the scene for policy revision and direction at a national level and integrate the approach with national family planning strategies in Malawi. Findings provide insights that may guide future implementation strategies, strengthen non-clinic family planning access programs and stimulate continued research.

Keywords : family planning, Malawi, Sayana press, self-injection

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