

## Evidence at-a-glance: Self-injection



“I don’t need to travel long distance. It is easy, safe, and gives me the freedom to manage it myself.”

—Self-injection research participant, Uganda

Photo: PATH/Will Boase

## Evidence at-a-glance: Spotlight on self-injection with DMPA-SC

### Women can self-inject subcutaneous DMPA (DMPA-SC\*) with training and support and consider self-injection acceptable.

- ▶ In separate studies in Senegal and Uganda, research found that women could self-inject competently and on time three months after being trained (72% and 87%, respectively), and almost all women who tried self-injection expressed the desire to continue (93% and 98%, respectively).<sup>1,2</sup>
- ▶ In Uganda, a study found no significant difference in self-injection proficiency between adolescents and adult women; 86% of adolescents self-injected independently when due for reinjection.<sup>3</sup>
- ▶ In Ghana, a study found that DMPA-SC users chose self-injection over time, with 73% opting to self-inject at the time of their third injection, compared to 65% selecting self-injection at their second visit and 42% at their first visit. Furthermore, women who began using DMPA-SC as new family planning users were 2.51 times more likely to self-inject DMPA-SC at the third injection than women who were previous users of intramuscular DMPA.<sup>4</sup>

### Self-injection can help improve contraceptive continuation.

- ▶ A systematic review on the effectiveness and safety of task-sharing in family planning found that across all studies, contraceptive continuation was higher with DMPA-SC self-injection compared to facility-based administration.<sup>5</sup>
- ▶ In Malawi, Senegal, Uganda, and the United States, four studies found that over a 12-month period, women—including young women—who

\* DMPA stands for depot medroxyprogesterone acetate. Sayana® Press is the current brand name, and a registered trademark of Pfizer Inc.



## Quick facts about DMPA-SC

- ✓ **99% effective** at preventing unintended pregnancy when given correctly and on time every three months. Does not protect from HIV and other sexually transmitted infections.
  - ✓ **Prefilled and ready to inject.**
  - ✓ **Easy to use**, including by community health workers and women themselves (self-injection).
  - ✓ **Small and light**, with a **short needle**.
  - ✓ **Stable at room temperature** (15°C–30°C).
  - ✓ **Three-year shelf life.**
  - ✓ **Registered in more than 80 countries, with approval for self-injection in more than 55 countries**, including countries across sub-Saharan Africa, Asia, and Latin America, several European countries, the United Kingdom, and the United States.
  - ✓ **Can be purchased at US\$0.85 per dose** in the standard 200-pack presentation by qualified buyers\* (including ministries of health in low-income countries).
- \* For more information on qualified buyers and eligible countries, please contact [FPOptions@path.org](mailto:FPOptions@path.org).

self-injected DMPA-SC in their own homes or communities continued using injectable contraception longer than those who received injections from providers.<sup>6</sup>

- ▶ Self-injection research in Uganda found that continuation at the second self-injection (three months) was 93%.<sup>7</sup> Probability of continuing self-injection at one year was found to be highly likely, with four out of five women self-injecting at 12 months (0.81).<sup>7,8</sup> Moreover, self-injection was shown to reduce the likelihood of discontinuation by 46%.<sup>8</sup>

### Data on self-injection from high-income countries

Evidence on DMPA-SC self-injection in high-income countries mirrors the data from low-resource settings—essentially, self-injection is both feasible and acceptable to women around the world. In Pfizer Inc.’s original clinical trials of Sayana<sup>®</sup> Press (DMPA-SC in the prefilled Uniject<sup>™</sup> injection system manufactured by BD) and self-injection research in Scotland and the United States, there were no pregnancies among women who practiced self-injection, and nearly all reported it to be convenient and easy.<sup>9–12</sup> A study in the United States comparing one-year continuation of DMPA-SC between women randomized to self-injection versus clinic administration found that continuous use was 69% in the self-injection group and 54% in the clinic group.<sup>9</sup> In California, efforts to expand contraceptive access during COVID-19 found that about one-third of current injectable users were interested in DMPA-SC self-injection and more than half of those interested (58%) successfully self-injected after telehealth counseling.<sup>13</sup>

**For more information, see the advocacy handout “DMPA-SC self-injection: Advancing contraceptive access and use for women and girls”.**

**The World Health Organization (WHO)** has made a strong recommendation for self-injection, stating that it should be made available as an additional approach to deliver injectable contraception and for self-care.

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