USAID
FROM THE AMERICAN PEOPLE

fhi360
THE SCIENCE OF IMPROVING LIVES

PROGRESS
IN FAMILY PLANNING

Ministère de la Santé
et de la Prévention

CEFOREP
Centre Régional
de Formation, de Recherche
et de Plaidoyer en Santé
de la Reproduction

PATH
A catalyst for global health

Research Summary

Acceptability of Depo-subQ in Uniject, Now Called "Sayana Press"

Sayana® Press, a subcutaneous formulation of depot medroxyprogesterone acetate (DMPA) in the Uniject injection system, has the potential to be a valuable innovation in family planning service delivery because its prefilled design may overcome logistic and safety challenges in delivering intramuscular DMPA. The ultimate success of Sayana Press hinges on it being affordable and acceptable to family planning clients, providers, and decision makers. Through the PROGRESS project, FHI 360 worked with the Uganda and the Senegal Ministry of Health and local partners to assess acceptability of Sayana Press among intramuscular DMPA users and providers and offer recommendations for method introduction.

The study team conducted user trials in family planning clinics in three districts in Senegal and in community-based services in two districts in Uganda. Clinic-based providers and community health workers (CHWs) were trained to administer Sayana Press. Pre- and post-injection questionnaires were administered using personal digital assistants (PDAs) to experienced intramuscular DMPA users who received Sayana Press instead of their usual intramuscular DMPA injection. Participants who tried Sayana Press were followed three months post-injection to further assess their experiences, and asked if they would select intramuscular DMPA or Sayana Press for their next injection. Eligible intramuscular DMPA users who declined to receive Sayana Press were interviewed about their reasons for declining. We conducted in-depth interviews with providers to assess their experiences providing Sayana Press.

In Senegal, 242 participants tried Sayana Press, and 120 participants in Uganda tried the product. Seven participants in Senegal and nine participants in Uganda declined Sayana Press during the enrollment period. In Senegal the main reason for declining was lack of familiarity and/or trust of Sayana Press. In Uganda the reasons for declining were mainly because Sayana Press was new or they were afraid of side effects.

Three months after trying Sayana Press, 80% (95% CI: 74%-87%) of Senegal participants and 84% (95% CI: 75%-93%) of Uganda participants said they would select Sayana Press, if both intramuscular DMPA and Sayana Press were available. Senegal clients' main reasons for selecting Sayana Press included experiencing fewer side effects, liking the method, fast administration, less pain, and method effectiveness. Uganda clients' main reasons for selecting Sayana Press included experiencing fewer side effects, liking Sayana Press, less pain, and effects on menstruation. In Senegal, six adverse events (only one method related) were reported. In Uganda, 28 non-serious adverse events were reported (nine possibly or definitely related).

In Senegal, 20 clinic-based providers and 32 CHWs enrolled and injected clients. Fifty Senegal providers (out of 52) preferred Sayana Press over intramuscular DMPA. The main reasons Senegal providers preferred Sayana Press were its characteristics (prefilled/all-in-one), client preference (especially less pain), and the potential to increase access to family

© Leonard Bufumbo, 2013

Sayana® Press, a subcutaneous formulation of depot medroxyprogesterone acetate (DMPA) in the Uniject injection system.

planning, especially through community-based distribution. To facilitate Sayana Press introduction providers recommended clients be counseled well and communities sensitized. Providers also said Sayana Press must be affordable and in-stock.

In Uganda, 35 CHWs enrolled and injected clients. All CHWs interviewed (n= 34) preferred Sayana Press over intramuscular DMPA. The main reason Uganda providers preferred Sayana Press was the prefilled/all-in-one design made preparation and administration easier and faster. Some providers thought the Sayana Press all-in-one feature may decrease stock-outs (intramuscular DMPA requires syringe and vial). Providers also felt clients preferred the shorter Sayana Press needle because it is less intimidating and less painful. Some providers identified self-injection as an advantage of Sayana Press. To facilitate Sayana Press introduction providers recommended clients be counseled well and communities sensitized. Additionally, Sayana Press must be accessible to CHWs who currently travel far to transport intramuscular DMPA to their villages. To improve service delivery, CHWs recommended financial incentives and equipment to facilitate transportation and storage of family planning supplies.

In conclusion, most clinic-based providers, CHWs and DMPA clients prefer Sayana Press over intramuscular DMPA. Trained CHWs can safely administer Sayana Press. Provider recommendations should be considered during implementation planning. If implemented in Senegal, community-based distribution of DMPA (any type) is anticipated to result in more women having their family planning needs met.

This work is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government. Financial assistance was provided by USAID under the terms of Cooperative Agreement GPO-A-00-08-00001-00, the Program Research for Strengthening Services (PROGRESS) project. FHI 360 collaborated with the Uganda Ministry of Health and in Senegal, with the Ministry of Health and CEFOREP, with additional support from PATH and Pfizer, and in partnership with the Bill and Melinda Gates Foundation. Pfizer donated the study product but provided no monetary support; they reviewed the publication for unprotected inventions and were able to provide comments, but authors were under no obligation to incorporate any Pfizer suggestions.

© June 2013 by FHI 360

FHI 360 HEADQUARTERS
P.O. BOX 13950
RESEARCH TRIANGLE PARK, NC 27709 USA
TEL 1.919.544.7040 FAX 1.919.544.7261
WEB WWW.FHI360.ORG

FHI 360/UGANDA
P.O. BOX 5768
PLOT 15, KITANTE CLOSE
KAMPALA, UGANDA
TEL +0312.266.406

FHI 360/SENEGAL
B.P. 24202
45 AVENUE CHEIKH ANTA DIOP
OUAKAM, DAKAR
TEL +221.33.869.70.00