

# Journey Maps Insights Brief

## Provider and Client DMPA-SC Journey Maps



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# Table of Contents

<b>Table of Contents</b>	<b>1</b>
<b>Introduction</b>	<b>2</b>
<b>What was uncovered from these analyses:</b>	<b>3</b>
Pharmacy providers' perspectives on counseling and educating clients about DMPA-SC self-injection.	3
Experiences and challenges of DMPA-SC self-injection clients.	4
Enablers and demotivators for DMPA-SC self-injection uptake.	4
Community Acceptance of DMPA-SC Self-Injection and Efforts to Raise Awareness.	5
<b>Actionable Recommendations</b>	<b>6</b>
Enhancing Provider Support	6
Strengthening Client Experience	6
Promoting Community Engagement	7

# Introduction

The journey mapping process for DMPA-SC self-injection was undertaken to gain detailed insights into the experiences of both clients and providers, focusing on exploring the barriers and enablers associated with the uptake of self-injection as a family planning method. This exercise aimed to identify critical gaps and opportunities in how clients access, understand, and accept DMPA-SC while also investigating the role of providers in guiding clients through decision-making, access, and follow-up processes. By examining these dynamics, the process sought to uncover strategies for optimizing the overall experience, enhancing client satisfaction, and promoting broader adoption of self-injection. This report presents a comprehensive narrative of the findings, highlighting actionable recommendations for stakeholders to address observed challenges and foster greater acceptance of DMPA-SC self-injection.

# Methodology

The study employed qualitative in-depth interviews with pharmacy providers and clients to explore their perspectives on counseling, uptake, and community awareness of DMPA-SC self-injection. Conducted in April 2024 at pharmacies serving self-injection clients in Kiambu, Nairobi, Kisumu, and Uasin Gishu counties, the study aimed to provide critical insights into the DMPA-SC journey by detailing the roles, perceptions, and experiences of both clients and providers. Guided by four objectives, the process sought to: (a) investigate pharmacy providers' perspectives on counseling and educating clients about DMPA-SC self-injection, including the associated challenges; (b) examine the experiences and challenges of DMPA-SC self-injection clients; (c) identify enablers and demotivators for DMPA-SC self-injection uptake; and (d) assess community acceptance and awareness efforts related to self-injection. Purposive sampling was used to select previously self-injecting clients and the providers who initiated them, with data collected through comprehensive tools tailored to each objective.

**Table 1: Interviews Conducted**

Source	n
Provider key informant interview	6
Self-injection client interviews	9

The guides were field-tested to ensure clarity and relevance, allowing for a thorough examination of each respondent's journey and insights. All procedures for successfully collecting quality data were followed, including training on the data collection tools, pre-testing the tools, collaborating with pharmacy providers to identify self-injecting clients, and the consent process. Audio recordings were made during the data collection process. These recordings were transcribed, translated into English as needed, and saved as text files. MAXQDA

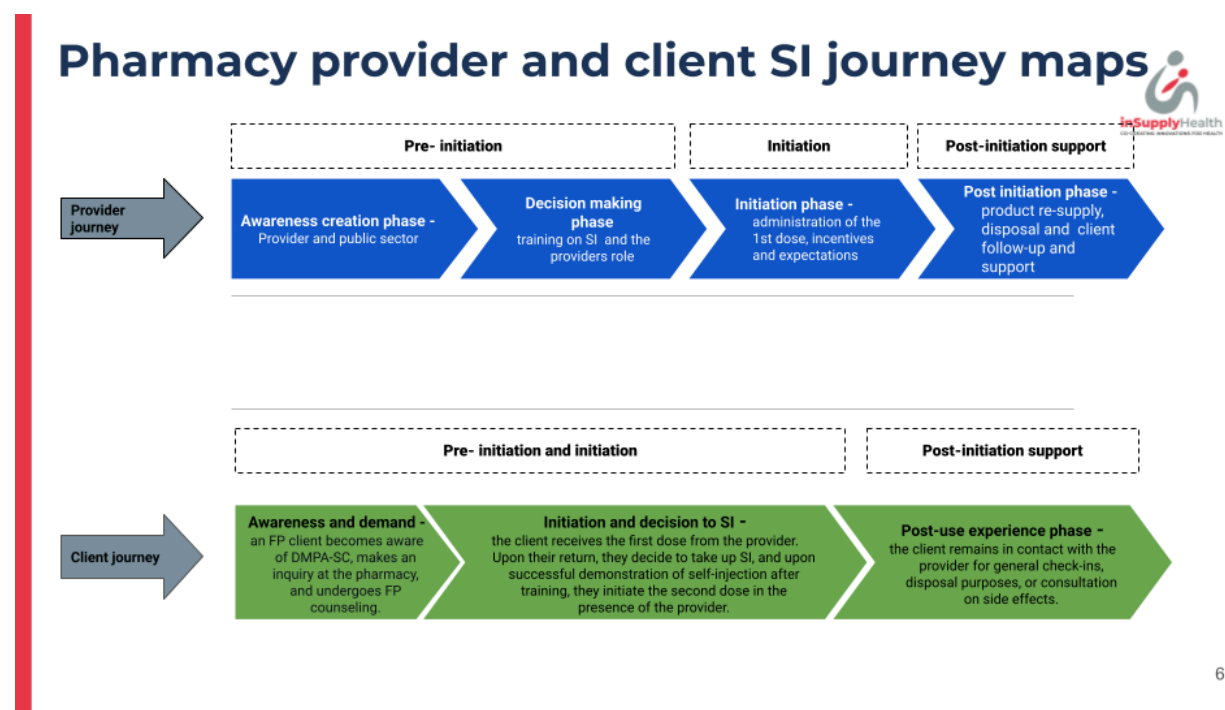
qualitative software was used to code and analyze the information. A codebook was created using the interview guides and refined iteratively during data collection and analysis, considering insights from field notes and debrief sessions. Each transcript had consistent line-by-line coding. Open coding and progressive categorization were used to investigate new issues and refine themes in response to analytical findings. Themes were organized around the study's objectives and expanded to cover other emerging issues.

Data analysis considered limitations in the data collection process, such as a smaller pool of self-injecting clients due to the slow acceptance of DMPA-SC self-injection in pharmacies. Many interviewed participants were only in their second or third round of self-injection, which may have limited the depth of insights obtained with extended usage.

## Results and Findings

**Journey map phases:** The analysis ultimately revealed two distinct journeys: one for the client and one for the provider, each divided into phases: pre-initiation (awareness and decision-making), initiation, and post-initiation (disposal and follow-up support).

Figure 1 below summarizes the overall pathways, and detailed findings are presented below.



**Figure 1: Provider and client SI journey Maps.**

## Pharmacy providers' perspectives on counseling and educating clients about DMPA-SC self-injection.

Pharmacy providers tailor their support for DMPA-SC self-injecting clients by assisting with reminder systems for subsequent doses, side effect management, storage advice, and flexible scheduling. They use physical and digital reminders to help clients stay on schedule and monitor for side effects, offering referrals as needed. One provider noted, ***"We always follow up with clients via WhatsApp to see how they're doing and check on side effects. It's important to know how they're managing."***

Providers ensure comprehensive counseling by covering topics such as injection technique, potential side effects, the importance of timely injections, and safe storage practices. They emphasize safety and reputation, particularly when training new clients. A provider explained, ***"Our priority is not money; it is the service. We do not want anything tarnishing the name of this facility."*** For experienced clients who opt out of counseling, providers respect their autonomy but maintain safety standards, especially for new clients. Providers assess clients' readiness through conversations, gauging their interest and observing physical signs of hesitation or confidence. They gradually build clients' trust over multiple sessions. One provider stated, ***"So long as they are trained and you are satisfied they are doing it right, they can self-inject."***

Providers also address challenges related to misconceptions, fears, and disposal practices. They highlighted the importance of continuous reassurance for clients struggling initially. One provider shared, ***"You just inject them, give them a card, and in case of anything, they can always report back."*** Additionally, providers noted that structured follow-ups, targeted education, and a supportive environment were crucial in improving uptake and retention.

## Experiences and challenges of DMPA-SC self-injection clients.

Clients often learn about DMPA-SC through various sources, including direct communication with pharmacists, peer recommendations, and personal research. Pharmacists play a key role in explaining the benefits of DMPA-SC and providing instructions on how to self-administer the injection. Visual materials available at pharmacies also help raise awareness among potential users.

Peers sharing positive experiences have been an important factor in clients' decision-making. For instance, one client mentioned, ***"I was scared at first, but my friend who has been using it told me how easy it is,"*** emphasizing the impact of peer support. Clients appreciate the convenience and autonomy that DMPA-SC provides, especially as it eliminates the need for regular clinic visits. One client shared, ***"I no longer have to visit the clinic every three months,"*** underscoring how the self-injection method enhances privacy and control, particularly in settings where there may be stigma associated with contraceptive use.

Despite these benefits, clients face initial challenges, such as difficulties in administering the injection correctly, concerns about how to store the medication, and needing reassurance that they are doing it right. One client mentioned, ***“I was unsure if I was doing it correctly, and I had to call the pharmacist to check,”*** highlighting the importance of initial guidance and follow-up support. Many clients express fear or anxiety about the process, and providers must be equipped to address these concerns. Education, reassurance, and continuous follow-up support are essential to help clients build confidence and use the method correctly. Providers also experience difficulties in addressing these concerns, particularly with clients who have misconceptions or fears about self-injection.

## Enablers and demotivators for DMPA-SC self-injection uptake.

Clients are motivated to adopt DMPA-SC self-injection due to its many benefits, including convenience, privacy, ease of use, and empowerment. One client shared that avoiding frequent clinic visits is a strong motivator: ***“It’s quicker and more convenient for those who are busy.”*** Privacy is especially crucial, particularly in stigmatized areas where contraceptive use may be frowned upon. The ease of self-administering the injection at home without the need for regular clinic visits adds to the sense of control and autonomy.

Providers recognize that personalized counseling is a key enabler for promoting self-injection. Discussing practical benefits, using relatable role models, and offering continuous support are the most effective strategies to encourage hesitant clients. One provider shared, ***“Using real-life examples and success stories of other clients helps build trust,”*** highlighting how role models can influence potential users.

Despite these positive factors, challenges persist, particularly regarding waste disposal. Both clients and providers express concerns about the safety and proper disposal of used syringes, especially in households with children. One client noted, ***“I worry about where to dispose of the syringe properly, especially with kids around.”*** This is a barrier to consistent use for some clients.

Successful adoption and continued use of self-injection are supported by encouragement from healthcare providers, flexibility in scheduling, cost-effectiveness, and sharing experiences with others. Clients who receive encouragement from peers or family are more likely to continue using DMPA-SC, with one client stating, ***“After hearing my friend’s positive experience, I felt more confident to start.”***

On the other hand, concerns about pain, side effects, and disposal methods are significant demotivators. Some clients noted they would stop self-injection if they experienced severe side effects. As one client explained, ***“If the side effects were too much to handle, I would stop using it.”*** Increased awareness and education help to alleviate these fears. As one provider explained,

*“With more awareness, clients gradually accept this idea,”* underscoring how education helps clients become more comfortable with self-injection.

## Community Acceptance of DMPA-SC Self-Injection and Efforts to Raise Awareness.

Providers reported a mixed level of community acceptance of DMPA-SC self-injection, with positive experiences emerging primarily through word-of-mouth referrals from clients who have successfully adopted the method. These clients help spread awareness within their communities, with one client sharing, *“It’s a better option... after going for the injection, all you do is just count the days,”* highlighting the ease and convenience of the method. However, barriers to wider acceptance exist, such as fears of pain, lack of awareness, and skepticism. One provider observed, *“The acceptance rate is ‘50-50,’”* indicating that a significant proportion of the community is hesitant about the method.

To raise awareness and improve acceptance, providers and clients suggested utilizing a variety of communication channels, including traditional media, social media platforms, peer advocacy, and direct community engagement. Digital platforms, such as TikTok and Facebook, are particularly effective in reaching younger audiences. One provider noted, *“TikTok and Facebook are ideal platforms for reaching the younger generation who are more active online.”* Meanwhile, community health workers are critical for face-to-face interaction, as they can directly address questions and concerns in the community setting.

Family support plays a key role in the adoption process. Clients reported that family acceptance often grows over time, particularly after seeing the success and ease of self-injection. One client mentioned, *“My family was initially unsure, but after seeing me use it without problems, they started supporting me.”*

Despite the increasing acceptance, misconceptions persist, particularly regarding the effects of DMPA-SC on fertility, drug use, and potential side effects such as low libido or vaginal dryness. Both providers and clients highlighted these concerns as continuing barriers to wider uptake. One client expressed, *“I heard that it could affect my fertility, and I was scared,”* pointing to the need for continued education to address these fears.

## Actionable Recommendations

To address the identified challenges and optimize the DMPA-SC self-injection journey, the following recommendations are proposed:

### Enhancing Provider Support

- **Develop standardized training modules and tools** to ensure consistent and thorough client education. Incorporate information on addressing common fears, misconceptions,



and side effects highlighted by both providers and clients. These modules should emphasize the practical benefits of self-injection and provide clear instructions on proper technique and troubleshooting.

- **Implement structured follow-up protocols using digital platforms** such as WhatsApp or SMS to provide continuous support and address client concerns. One provider suggested, "Using digital platforms for follow-up can help provide real-time answers and reassure clients."
- **Collaborate with public health officers** to establish affordable and accessible sharps disposal systems, tailored to urban and rural settings. Waste disposal has been a significant concern, with clients expressing worries about safety, especially in households with children.

## Strengthening Client Experience

- **Address stockouts through improved supply chain management and contingency planning** to maintain consistent availability of DMPA-SC. Ensuring timely access is critical, as clients who have adopted the method emphasize the importance of reliability. One client noted, "I would stop using it if I couldn't get it when I need it."
- **Provide clients with easy-to-use guides on proper storage and disposal practices** to reduce anxiety and safety risks. Ensuring clients know how to store and dispose of the injection materials correctly will help address concerns, as one client mentioned, "I was unsure about how to store it safely, and that caused me stress."
- **Subsidize pharmacy waste disposal costs** to encourage proper disposal practices and mitigate financial burdens. Clients and providers alike have raised concerns about the cost and logistics of safe disposal, which remains a barrier in urban and rural settings.

## Promoting Community Engagement

- **Partner with local influencers and community leaders to advocate** for DMPA-SC self-injection and address cultural barriers. Peer advocacy has proven effective in spreading positive experiences, with clients noting, "My friend who uses it convinced me it's safe and easy."
- **Launch targeted community campaigns, targeting key influencers**, such as community leaders, to amplify the safety and benefits of DMPA-SC self-injection and further dispel myths and misconceptions. Providers and clients agree that education is key to reducing misconceptions. For example, a provider mentioned, "With more awareness, clients gradually accept this idea."
- **Expand peer advocacy and role-modeling programs**, where clients who successfully use DMPA-SC share their positive experiences within their communities, encouraging wider adoption.