

Journey Map- DMPA-SC in Community pharmacies

Insights on counseling, uptake, and challenges

April 2025



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CO-CREATING INNOVATIONS FOR HEALTH

What is a journey map

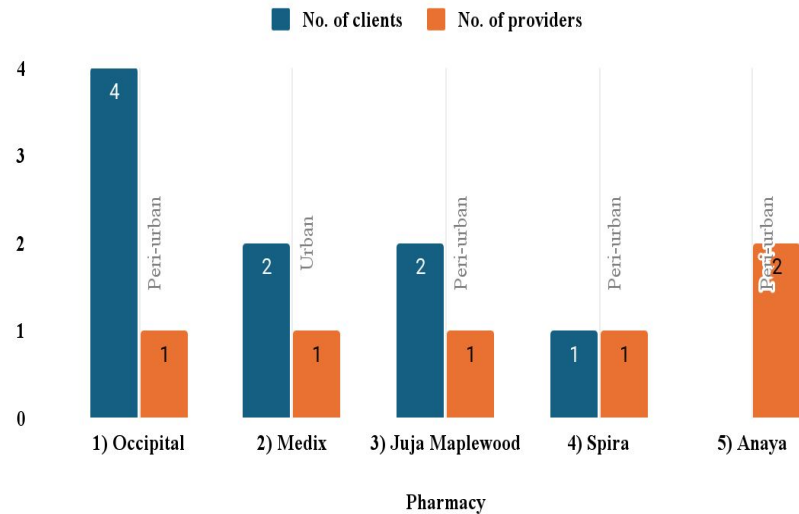
- **Definition:** is a visual representation that outlines the steps or experiences a user or customer goes through to achieve a goal.
- **Purpose:** To understand the user's experience and improve interactions with a product or service.
- **Key Components:**
 - User Persona: Identifies who is taking the journey provide and cli.
 - Touchpoints: Key interactions with the product, service, or system.
 - Pain Points: Challenges or obstacles the user faces.
 - Emotions: User feelings at each stage of the journey.
 - Opportunities: Areas for improvement to enhance user experience.

Introduction to journey Maps

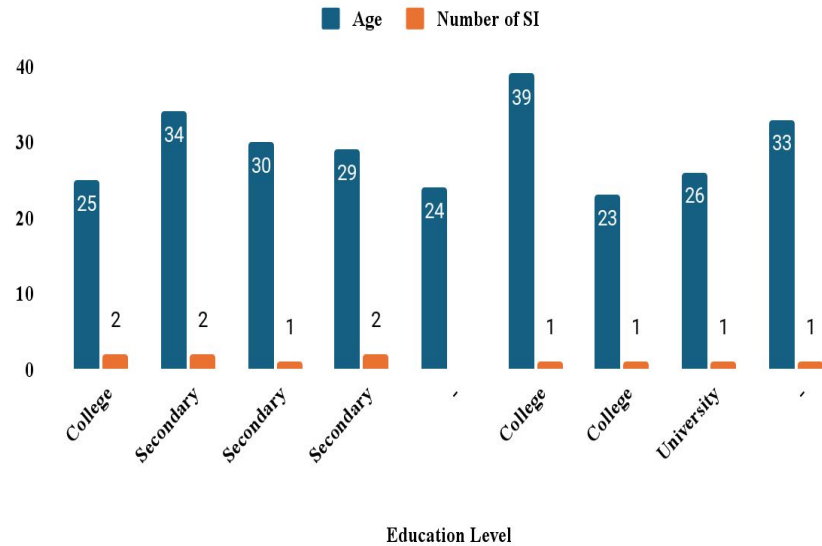


Data collection was conducted at pharmacies that currently serve self-injection clients. Both providers and clients participated in interviews. After obtaining consent, audio recordings of the interviews were made and later transcribed verbatim. Clients were invited to the pharmacies by the providers for the interviews. **Provider interviews 6 Client interviews 9**

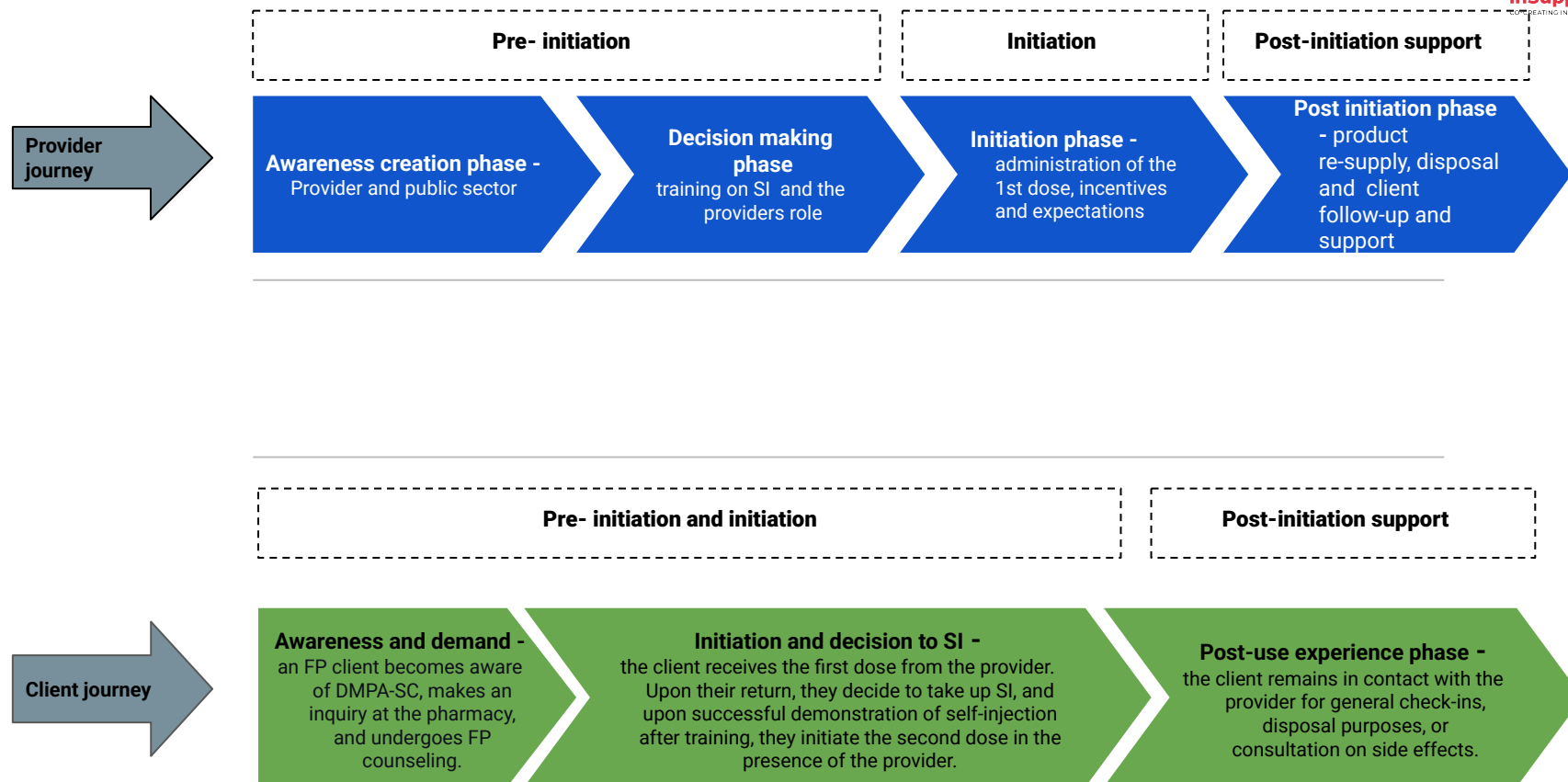
Location category (urban, peri-urban), No. of clients and No. of providers



Age and Number of SI



Pharmacy provider and client SI journey maps



DMPA-SC Provider Journey Map

Awareness creation phase

Decision making phase

Initiation phase

Post initiation phase

Awareness (DMPA-SC)

Pharmacies wait for walk-ins, peer referrals, targets a pool of their repeat FP clients and creates awareness demand part of self-injection

Initiation (Demo) +1st dose

Pharmacy provider initiates the 1st dose in the pharmacy. In some cases, depending on how the client has done the demonstration the client initiates the 1st dose in the presence of the provider

Disposal & follow up support

Often cited as a challenge that potentially cancels the convenience of self-injection, providers offer support by receiving used vials from the self-injection clients

Training and client counselling

Tailor made proactive counselling using 'old product', 'oranges' for demonstration. Tailored counselling focus on the pros and the cons of DMPA-SC over DMPA-IM. The product usability is critical during the training

Initiation 2nd dose

Depending on the client comfort level, depending on how the provider determines a 2nd dose is initiated by the client

1) How do clients learn about DMPA-SC at the pharmacy? [Probe- introduced by the pharmacy provider, posters, etc.]

Clients learn about DMPA-SC through multiple channels, including direct communication with pharmacists, peer recommendations, and personal research.

Pharmacist communication: Clients often learn about DMPA-SC through direct pharmacist consultations, where pharmacists explain the method's benefits and self-injection process. *"The pharmacist introduced me to self-injection during a routine visit."*

Peer recommendations: Friends or neighbors who have used DMPA-SC recommend it, sharing their positive experiences, which encourages others to try the method

Personal research: Some clients conduct their own research to verify information shared by pharmacists, especially if they are skeptical.

Exposure through hospitals: A few clients were initially exposed to family planning methods in hospitals but switched to pharmacies for easier access. Example: A respondent switched from hospital-based to pharmacy-based family planning for convenience.

Visual materials (posters/flyers): Clients also discover DMPA-SC through posters or flyers at pharmacies, which help raise initial awareness. *"There is this picture I saw, and then I asked [the provider] if one can do the self-injection, and he told me that since I am always busy, I can buy it and try it out."*

DMPA-SC **Provider** Journey Map

Decision making phase



Q2. What information is provided for clients about DMPA SI during counseling and how is this done in practice?



Counseling topics covered by pharmacists/ pharm techs as it relates to DMPA SI focus primarily on:

Injection process:
Clients are informed that the self-injection process will be pain-free.

Potential Side Effects:
Several side effects are discussed, like missed periods and hormonal changes and how to manage them.

Benefits and Drawbacks: Clients are given a balanced view of the advantages and disadvantages of self-injection.

Injection Schedule:
Reminders and advice to maintain timely injections, including the importance of collecting injections on time.

Ongoing Support and Safe Storage: Clients are encouraged to ask for help, and safe storage practices (e.g., storing in a dry, cool place) are covered.

DMPA-SC Provider Journey Map

Initiation phase



Q4. How do providers gauge new clients' comfort level with self-injecting?

Providers initiate conversations by introducing DMPA self-injection and then gauge interest, noting that while some clients initially express curiosity they are still hesitant to proceed: *"There are others who will be wondering how they can self-inject... So, next time when she comes, she tells you, you can now inject me..."*

Readiness is evaluated through multiple interactions, allowing providers to monitor clients' confidence levels, and observing physical signs of discomfort, such as trembling hands, indicates hesitancy *"From the first to the second and the third injection, I check [client's] courage level." "You just see the shaking of hands, the trembling..."*

Providers use demonstrations to reinforce learning, especially with some clients that show eagerness and engagement during counseling, positively influencing their readiness to self-inject: *"A psyched client is one who is willing, who is enjoying the discussion... she has adopted."*

Shifts in client confidence in self-injection tends to increase with education and practice, often taking more than one session to develop: *"I do not have a client who is confident on day one."*

Waste Disposal by Providers

- **Partnerships for Waste Management:** Providers employ various methods for waste disposal, often utilizing partnerships with external organizations, such as KEMRI, for the collection of sharps and medical waste.
 - ***“We have a MOU with KEMRI, so they pick up all our waste... all the needles, syringes, sharps.”***
- **Storage and Handling:** Providers typically store waste in safety boxes or private waste handling systems until collection.
- **Cost and Regulatory Challenges:** The cost of disposal remains a challenge for some providers.
 - ***“We have a disposal method, but it is a little bit expensive because when they collect, we have to pay.”***
- **Providers also face difficulties** with public health support for waste disposal.
 - ***“We plead with the county to accept our waste, but they always complain... Are you really supposed to be doing self-injectables in your pharmacies?”***
- This indicates ongoing challenges with cost, regulatory approval, and infrastructure.

DMPA-SC SI Client Journey Map

Pre-initiation and initiation phase

Post-initiation and support phase

Awareness (DMPA-SC)

Learns from a health facility, their pharmacy provider often in the process of seeking FP or from peers about DMPA-SC

Decision to use SI.

Often driven by the pros of DMPA-SC over DMPA-IM, plus the ease of self-administration and some cases peer from other users, there is a decision to take up SI. Candidates likely to take up SI : Literate, younger, urban, employed

Client counselling + 1st dose initiation

Clients is introduced to the broad range of FP services and then they receive tailored counselling on DMPA-SC. Clients receives 1st dose from the provider. In some cases, upon successful demonstration to self-inject, clients can initiate the 1st dose in their presence & the provider

Initiation 2nd dose

clients either receives 2nd dose from the provider or initiate 2nd dose in the presence of the provider then take home.

Disposal & follow up support

Clients in some form stay in touch with the provider/have accesses to the provider. Often they might come back for disposal or use other mechanisms available to them for disposal e.g. pit latrines.

3) Reflecting on clients' experience with self-injection, what makes them prefer this method?

Clients prefer DMPA-SC self-injection for its convenience, allowing them to manage their reproductive health without frequent clinic visits. It provides privacy, enabling them to administer the injection discreetly

1. Convenience: Clients highly value the convenience of self-injection, noting it saves time and eliminates the need for frequent clinic visits. One client stated, *"I no longer have to visit the clinic every three months, which has made managing my schedule much easier."*

2. Control and Autonomy: Self-injection provides users with a sense of control over their reproductive health, allowing them to administer the injection at their own convenience. Clients appreciate the flexibility and empowerment it offers.

3. Privacy: Many clients highlight privacy as a key benefit, especially in contexts where contraceptive use is stigmatized. One respondent shared, *"I can do it in the privacy of my home without anyone knowing, not even my partner."*

Challenges: Some clients initially struggled with the injection process, especially around proper administration and storage. These challenges emphasize the need for ongoing support and reassurance after the initial training phase.

Waste Disposal by clients

- **Household Dustbins:** Common practice, particularly in urban settings. Clients wrap used syringes in paper or plastic before disposing of them in household dustbins.
 - **Concern:** High risk for households with children. One client mentioned, *"It will be risky because everyone has their dustbins in the house, and there are children."*
- **Pit Latrine Disposal:** Frequently used in rural and semi-urban areas. Clients wrap syringes securely and discard them in pit latrines, especially when safety concerns for children arise. One client noted, *"I wrap it well with tissue and then throw it in the pit latrine."*
- **Returning to Facilities/Pharmacies:** A safer alternative advised by healthcare providers. Some clients prefer returning the used materials during their next visit or at the nearest pharmacy. One client shared, *"I returned it to the pharmacist after injecting."*
- **Challenges and Concerns:** Limited availability of proper disposal methods such as sharps containers. Clients are concerned about waste collectors handling disposed materials, particularly in homes without proper containment for syringes. *"I have a challenge with throwing syringes in the dustbin as waste collectors may get pricked," one client expressed.*



IMPACT Teams

DMPA-SC in Community pharmacies

Insights on counseling, uptake, and challenges



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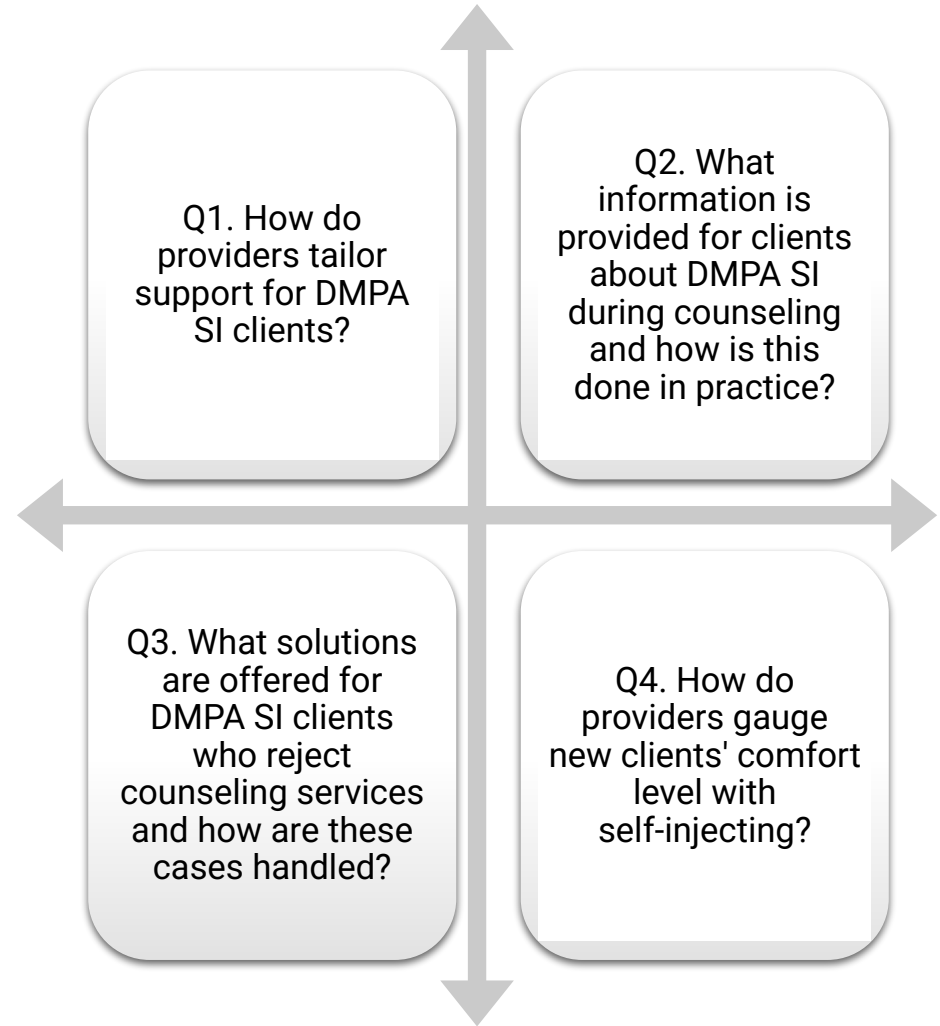
Key Findings & Emerging insights



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Objective 1:

**To explore
pharmacy
providers'
perspectives
on counseling
and educating
clients about
DMPA SI,
including
related
challenges**



Objective 1: To explore pharmacy providers' perspectives on counseling and educating clients about DMPA-SC self-injection, including related challenges

Q1. How do providers tailor support for DMPA SC clients?

There are four ways pharmacists/ pharm techs provide proactive and tailored support to DMPA SC Clients that touch on the following aspects:

- **Reminder systems:** Providers use a dual reminder approach for follow up with clients -both physical (injection date cards) and electronic (WhatsApp reminders) systems to help clients stay on schedule. Pharmacists also have a physical record book is maintained to systematically monitor and follow up on upcoming injection dates, ensuring no missed appointments.
- **Side effect management:** During consultations, providers prioritize checking for side effects such as hormonal changes (e.g., missed periods), offering guidance on symptom management. If clients face more significant issues, providers offer referrals to other health services to ensure comprehensive care.
- **Storage advice:** As needed, providers offer guidelines and instruct clients to store their DMPA-SC supplies in a "dry, cool" place to maintain efficacy.
- **Flexible scheduling:** Clients are advised to visit the pharmacy a few days before their next scheduled injection, ensuring flexibility and avoiding disruptions in their self-injection routine.

"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."

- **Pharmacist**

Objective 1: To explore pharmacy providers' perspectives on counseling and educating clients about DMPA-SC self-injection, including related challenges

Q2. What information is provided for clients about DMPA SI during counseling and how is this done in practice?



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Objective 1: To explore pharmacy providers' perspectives on counseling and educating clients about DMPA-SC self-injection, including related challenges

Q3. What solutions are offered for DMPA SI clients who reject counseling services and how are these cases handled?

The data reveals how providers balance client autonomy, safety, and maintaining the reputation of their facility. Insights below are drawn from provider interviews, highlighting different strategies used for experienced versus new clients.

1. Handling Long-Term Clients:

Experienced clients (e.g., those self-injecting for "almost two years") often request to skip counseling due to their familiarity with the procedure or time constraints. Providers sometimes make concessions for these clients, especially when they feel confident in the client's ability: *"since I know you, I can allow you"*. However, this is done cautiously to avoid any potential harm to the facility's reputation.

2. Emphasis on Safety and Reputation: Providers expressed concern about ensuring client safety and avoiding any risk that could harm the facility's reputation:

"Then, we do not want anything tarnishing the name of this facility. That's it, our priority is our name."

For new clients, skipping counseling is generally not permitted, as it is essential to maintain the quality of service.

Another provider stated:

"Our priority is not money; it is the service."

3. Compromise for Client Autonomy:

When clients insist on bypassing counseling, providers respect their decision but ensure they provide the minimum safety information. Providers will administer the injection and offer a follow-up card for clients to report any issues:

"You just inject them and tell them -- give them a card, and in case of anything, they can always report and let them go".

4. Conditions for Self-Injection: Providers allow independent self-injection only when they are confident the client is properly trained and capable. As one provider stated:

"So long as they are trained and you are satisfied, they are doing it right, then they can self-inject."

Objective 1: To explore pharmacy providers' perspectives on counseling and educating clients about DMPA-SC self-injection, including related challenges

Q4. How do providers gauge new clients' comfort level with self-injecting?

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Key Takeaways: Objective 1

Support for Adherence

- Providers deliver proactive and flexible support to promote adherence to self-injection regimens.
- Structured (routinized) **communication and reminder systems ensure continuity of care.**

Counseling Approach

- Providers utilize a multi-faceted approach to counseling, emphasizing comprehensive education and individualized support.
- Key **information on side effects, benefits, and administration techniques prepares clients** for self-injection.

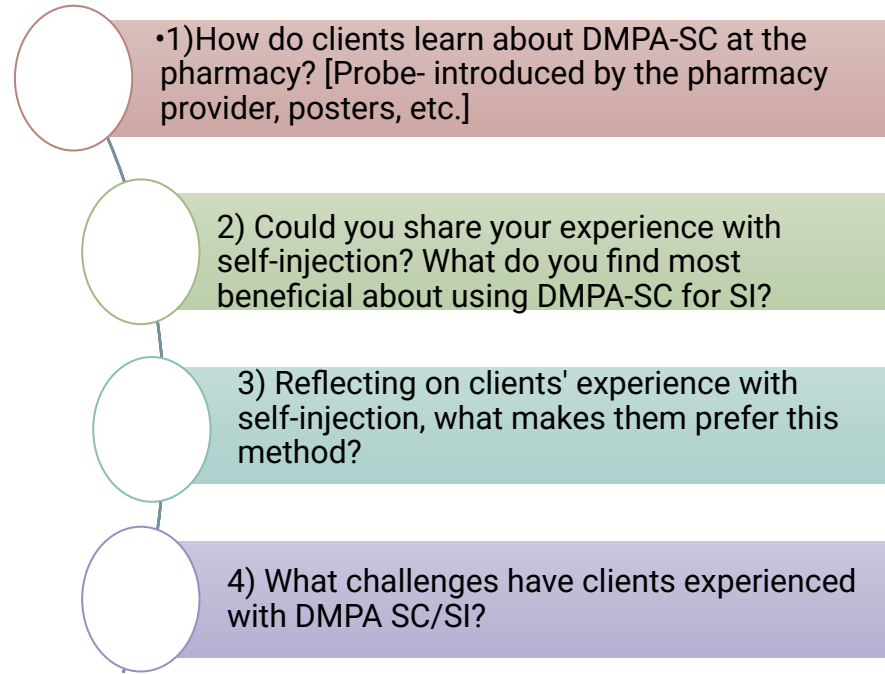
Balancing Autonomy and Safety

- While providers respect client autonomy, they maintain non-negotiable counseling for new clients to prevent risks associated with improper techniques.
- Experienced clients may receive concessions, but **quality of care and facility reputation remain a priority.**

Assessing Comfort Levels Gradually

- Providers gauge clients' comfort through observation and engagement during counseling sessions.
- Confidence with self-injection develops over time, **requiring multiple interactions and practical demonstrations.**
- Hands-on tools and repeated exposure help clients understand self-injection, contributing to their growing confidence. Full readiness for self-injection typically evolves gradually, not immediately.

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Visual materials (posters/flyers): Clients also discover DMPA-SC through posters or flyers at pharmacies, which help raise initial awareness. *"There is this picture I saw, and then I asked [the provider] if one can do the self-injection, and he told me that since I am always busy, I can buy it and try it out."*

Objective 2: To explore the experiences and challenges of DMPA-SC self-injection clients

2) Could you share your experience with self-injection? What do you find most beneficial about using DMPA-SC for SI?

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Objective 2: To explore the experiences and challenges of DMPA-SC self-injection clients

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Challenges: Some clients initially struggled with the injection process, especially around proper administration and storage. These challenges emphasize the need for ongoing support and reassurance after the initial training phase.

Objective 2: To explore the experiences and challenges of DMPA-SC self-injection clients

Challenges Faced by Clients:

Difficulties with Administration: Some clients experienced challenges during the early stages of self-injection, including concerns about whether they were administering it correctly and its effectiveness.

Storage Concerns: Clients were unsure about how to properly store the injectable to maintain its potency, leading to anxiety about incorrect storage.

Need for Reassurance: Fear and self-doubt were common, with many clients needing continuous reassurance and guidance to feel confident in administering the injection independently.

Challenges Faced by providers:

Client Education: Providers found it challenging to ensure that clients fully understood the self-injection process, particularly those with initial fears or misconceptions.

Follow-up and Support: Some providers noted the need for continuous follow-up with clients to ensure they were storing and administering DMPA-SC correctly and confidently.

Addressing Misconceptions: Providers also faced challenges in dispelling misconceptions about self-injection, particularly related to fears of pain or improper administration.

3) To explore the enablers and demotivators for DMPA-SC SI uptake

1) Based on provider interactions, what reasons do clients typically give for choosing self-injection? Can you share any common motivators?

2) Have providers encountered clients who were initially hesitant about self-injection but later chose to use it? What factors contributed to their change in decision?

3) What strategies do providers find most effective in encouraging hesitant clients to adopt self-injection??
[probe: Monitoring and following up with SI clients.]

4) What methods are used to dispose SI materials?

5) Can clients share any factors or support systems that have contributed to their successful self-injection journey? [Probe for each factor mentioned]

6) Could clients describe any factors or situations that have demotivated them during your self-injection experience with DMPA-SC? [Probe for each challenge mentioned and how that has affected their journey. If stockouts are mentioned, probe how they have affected your self-injection journey. Did the pharmacy help resolve this in any way? Has this made you resort to alternative contraceptives]

7) What would make you stop self-injecting?

3)To explore the enablers and demotivators for DMPA-SC SI uptake

Q1)Based on provider interactions, what reasons do clients typically give for choosing self-injection? Can you share any common motivators?



Common motivators as shared by clients include:

Convenience: Clients appreciate avoiding frequent health facility visits, especially busy professionals and students.

"It's quicker and more convenient for those who are busy."

Privacy: Self-injection offers discretion, important in areas where family planning is stigmatized.

"She wants to inject herself in a place where there is no movement."

Ease of Use: Clients find the process less painful and easier than other methods.

"This needle is small, so you can't compare its pain with that of Depo."

Empowerment: Self-injection allows clients to control their contraception and reduce facility visits.

"She picked two [self-injections] to avoid returning for seven months."

3) To explore the enablers and demotivators for DMPA-SC SI uptake

Q2) Have providers encountered clients who were initially hesitant about self-injection but later chose to use it? What factors contributed to their change in decision



Providers noted clients who were initially reluctant to adopt self-injection but later chose to use it.

Importance of Counseling: providers highlighted that thorough counseling and reassurance address fears and concerns effectively.

Need for Familiarity: providers mentioned that clients often needed time to become more familiar with the concept before feeling confident enough to switch to self-injection.

Growing Awareness: Education plays a crucial role in changing perceptions, helping clients understand that self-injection is a different delivery method for the same product.

"We have to explain that it's the same product but now you can inject yourself. With more awareness, clients gradually accept this idea."

Although fear and uncertainty initially hinder clients, many gain the confidence to embrace self-injection over time.

3) To explore the enablers and demotivators for DMPA-SC SI uptake

3) What strategies do providers find most effective in encouraging hesitant clients to adopt self-injection?? [robe: Monitoring and following up with SI clients.]

Effective Communication and Building Trust: Providers emphasize the importance of personalized counseling to encourage hesitant clients.

“The secret is to become more friendly and ready to talk. That is the main thing.”

Highlighting Practical Benefits: Providers noted that discussing the practical benefits of self-injection—such as ease of use and convenience—can transform a client’s mindset.

“We will go to the benefits... after the costs, because the benefits are evident. I concentrate on the full package of benefits and practicability.”

Utilizing Relatable Role Models: providers mentioned the effectiveness of using relatable role models or “self-injection champions.” Testimonials from real users can have a powerful impact on hesitant clients.

“Maybe we need a self-injection champion, an actual self-injection client who can give a video talking about how self-injection has improved their life.”

Continuous Follow-Up and Encouragement: Ongoing support and encouragement are crucial for clients as they transition to self-injection.

“Now they have to do it step by step... you need to create a good rapport. If you create a good rapport with your client, you’ll actually be able to transition them into self-injection.”

3) To explore the enablers and demotivators for DMPA-SC SI uptake

4) Waste Disposal by Providers

- **Partnerships for Waste Management:** Providers employ various methods for waste disposal, often utilizing partnerships with external organizations, such as KEMRI, for the collection of sharps and medical waste.
 - *"We have a MOU with KEMRI, so they pick up all our waste... all the needles, syringes, sharps."*
- **Storage and Handling:** Providers typically store waste in safety boxes or private waste handling systems until collection.
- **Cost and Regulatory Challenges:** The cost of disposal remains a challenge for some providers.
 - *"We have a disposal method, but it is a little bit expensive because when they collect, we have to pay."*
- Providers also face difficulties with public health support for waste disposal.
 - *"We plead with the county to accept our waste, but they always complain... Are you really supposed to be doing self-injectables in your pharmacies?"*
- This indicates ongoing challenges with cost, regulatory approval, and infrastructure.

Waste Disposal by clients

- **Household Dustbins:** Common practice, particularly in urban settings. Clients wrap used syringes in paper or plastic before disposing of them in household dustbins.
 - **Concern:** High risk for households with children. One client mentioned, *"It will be risky because everyone has their dustbins in the house, and there are children."*
- **Pit Latrine Disposal:** Frequently used in rural and semi-urban areas. Clients wrap syringes securely and discard them in pit latrines, especially when safety concerns for children arise. One client noted, *"I wrap it well with tissue and then throw it in the pit latrine."*
- **Returning to Facilities/Pharmacies:** A safer alternative advised by healthcare providers. Some clients prefer returning the used materials during their next visit or at the nearest pharmacy. One client shared, *"I returned it to the pharmacist after injecting."*
- **Challenges and Concerns:** Limited availability of proper disposal methods such as sharps containers. Clients are concerned about waste collectors handling disposed materials, particularly in homes without proper containment for syringes. *"I have a challenge with throwing syringes in the dustbin as waste collectors may get pricked," one client expressed.*

3) To explore the enablers and demotivators for DMPA-SC SI uptake

5) Can clients share any factors or support systems that have contributed to their successful self-injection journey? [Probe for each factor mentioned]

Encouragement from Doctors: Clients recognized the positive influence of their healthcare providers in motivating and reminding them throughout the process.

"Support from the doctor... he should continue motivating and reminding me every time."

Flexibility and Convenience: The ability to self-inject provides clients with flexibility, allowing them to manage their schedules without missing due dates.

"It is flexible because I can inject myself, and I do not miss the due date."

Cost-Effectiveness: Self-injection helps clients save money, as they can purchase supplies for multiple months at once, reducing financial barriers to accessing family planning services.

"I can buy a three to four months stock... so the lack of money does not interfere."

Sharing Experiences: Clients expressed the importance of sharing their experiences with others to build a supportive community around self-injection.

"I should inform other people on the importance of self-injection."

3) To explore the enablers and demotivators for DMPA-SC SI uptake

6) Could clients describe any factors or situations that have demotivated them during your self-injection experience with DMPA-SC

Providers emphasized fear, disposal issues, and misconceptions, while clients highlighted concerns about pain, side effects, disposal methods, and inadequate

Fear of Pain: Clients expressed concern about the pain associated with self-injection, leading them to consider alternatives.

"I can change if blood continues to ooze, non-stop bleeding, maybe that."

Concerns About Side Effects:

Many clients reported experiencing side effects, raising doubts about the effectiveness and safety of self-injection.

"Some have heard that they usually fail... they react with somebody's body."

Disposal Concerns: Clients highlighted worries about how to dispose of used materials safely, particularly in **households with children**.

"Yes, it will be risky because... I can't dump a syringe there because there are children."

Lack of Support: Some clients felt unsupported during their self-injection journey, indicating that encouragement from healthcare providers is crucial.

"The support from the doctor... he should continue motivating."

3)To explore the enablers and demotivators for DMPA-SC SI uptake

Q7)What would make you stop self-injecting?

Providers cited negative side effects as a primary concern, while clients expressed worries about side effects but also emphasized the importance of their personal circumstances and perceptions of the method's effectiveness.

Concerns About Side Effects: clients expressed that negative side effects could lead them to stop self-injecting. *"I can change if blood continues to ooze, non-stop bleeding, maybe that."*

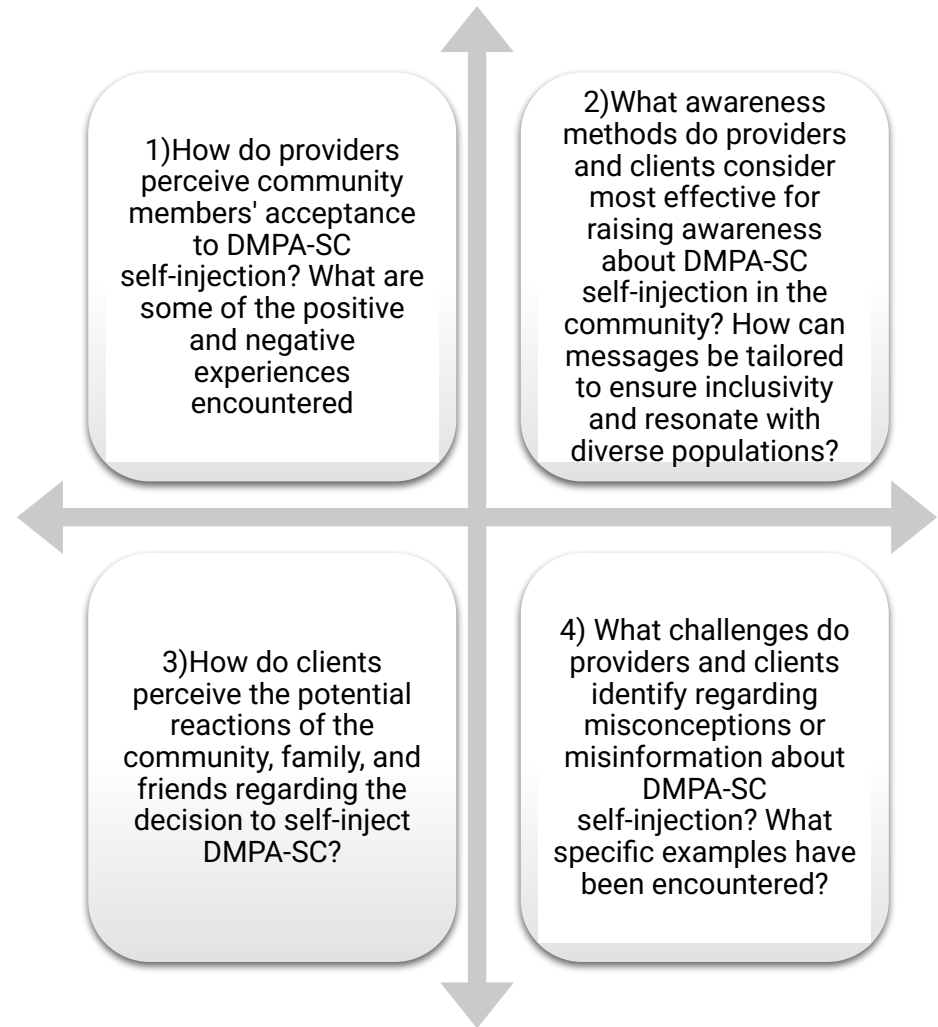
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4)To gauge community acceptance of DMPA-SC self-injection and the efforts to create awareness within the community



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1)How do providers perceive community members' acceptance to DMPA-SC self-injection? What are some of the positive and negative experiences encountered

Positive Experiences

- **Word-of-Mouth Referrals:** providers noted that clients who have adopted self-injection positively refer others within the community, helping increase awareness and uptake.
 - *"...clients who come for it know how they talk among themselves, I usually see them informing one another."*
- **Appreciation for Convenience:**Some clients who accept self-injection appreciate its convenience and simplicity.
 - *: "...it's a better option... after going for the injection, all you do is just count the days."*

Negative Experiences

- **Fear of Self-Inflicted Pain:**Five providers mentioned fear as a major barrier, with clients expressing concern about administering the injection themselves.
 - *"...the fear of the pain, somebody inflicting pain into her own body."*
- **Lack of Awareness:**Three providers highlighted that the community still lacks sufficient information and understanding about self-injection.
 - *"It's still a new concept... we are not very religious on the follow-up."*
- **Skepticism:**Some community members remain skeptical about the method, with two providers noting that the acceptance rate is still mixed.
 - *"The acceptance rate is '50-50,' as some clients are willing to try it while others are more hesitant."*

4) To gauge community acceptance of DMPA-SC self-injection and the efforts to create awareness within the community

2) What awareness methods do providers and clients consider most effective for raising awareness about DMPA-SC self-injection in the community? How can messages be tailored to ensure inclusivity and resonate with diverse populations?



To effectively raise awareness about DMPA-SC self-injection, providers and clients recommended using a combination of traditional media, social media platforms, peer advocacy, and direct community engagement.

Providers noted that distributing **brochures and flyers** at health centers, hospitals, and high-traffic areas (markets, salons) can help raise awareness.

Digital Outreach:

Social media platforms like TikTok, Facebook, and Twitter were identified as effective for reaching younger populations, particularly students.

Both clients and providers stressed the importance of **peer advocacy, with volunteers or community members** who have used DMPA-SC being more relatable and effective in spreading information than healthcare providers.

Providers suggested leveraging community health workers for door-to-door programs and one-on-one counseling in clinics as a means to directly engage with community members.

Providers and clients agreed that tailoring awareness messages to specific populations (e.g., younger women, working professionals, rural populations) is essential for ensuring inclusivity.

4)To gauge community acceptance of DMPA-SC self-injection and the efforts to create awareness within the community

3)How do clients perceive the potential reactions of the community, family, and friends regarding the decision to self-inject DMPA-SC?

Eventual Support: clients reported that their partners or family members became supportive over time. For example, one client shared that her husband initially doubted self-injection but was convinced after seeing her do it successfully. *The second day I did it in his presence and this convinced him, and he started supporting me."*

Fear and Hesitation: clients noted that some family members were initially uncomfortable with the idea of self-injection, questioning their ability to perform the task correctly.

Value of Privacy: clients highlighted that the privacy offered by self-injection allows them to manage family p
"We don't want to be monitored," indicating that the discretion provided by self-injection is an appealing factor for some clients.

4) To gauge community acceptance of DMPA-SC self-injection and the efforts to create awareness within the community

4) What challenges do providers and clients identify regarding misconceptions or misinformation about DMPA-SC self-injection? What specific examples have been encountered?

Fear of Infertility: Three providers highlighted that some clients, especially women in their twenties and thirties, fear that using DMPA-SC will cause fertility delays or permanent infertility.

"Many women in their twenties and thirties are hesitant to adopt the method due to concerns about their future ability to conceive."

Association with Drug Use: client joked about a misconception that self-injection might be linked to drug abuse, showing a lack of understanding about the method within some communities.

"Some think self-injection means you're starting to abuse drugs."

Misconceptions about Side Effects: providers and two clients noted concerns about potential side effects, including low libido, vaginal dryness, and swelling at the injection site.

"There's a belief that using DMPA-SC leads to low libido, which beats the purpose of using it in the first place."
