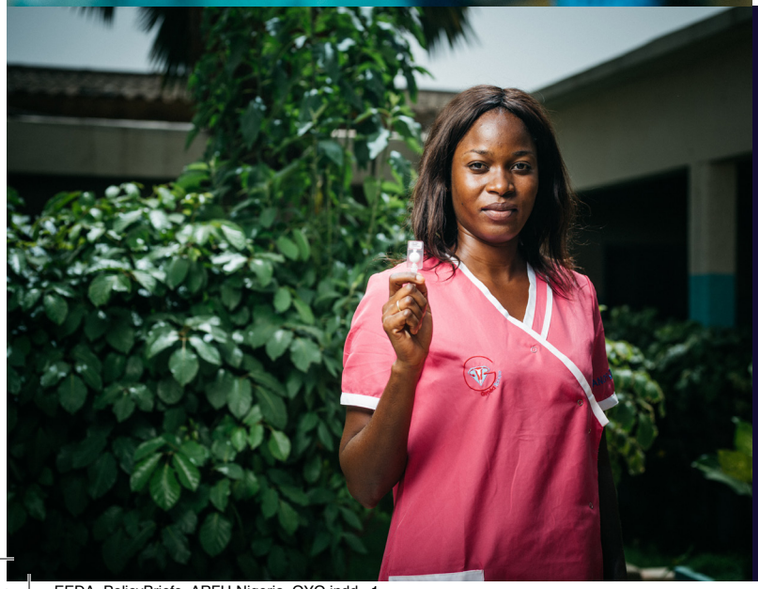
Empowering Women for a Healthier Future in Oyo State

BREAKING FAMILY PLANNING ACCESS BARRIERS WITH DMPA-SC

Highlights

- Nearly one in five currently married Nigerian women aged 15 to 49 who want to delay or space their pregnancies are not using a method of family planning.[1]
- With the ability to access the new DMPA-SC injectable within the family planning method mix, women and youth can choose to self-inject in their homes or other convenient locations, encouraging continued method use.[2]
- DMPA-SC can help increase access to a range of family planning methods in Nigeria, especially in hard-to-reach areas through community-based distribution to the last mile.
- The Federal Ministry of Health is committed to introducing and scaling up DMPA-SC in Nigeria, but State Ministries of Health must act to make this new method fully available in communities in all local government authorities.



The Resilient & Accelerated Scale-up of DMPA-SC/Self-injection in Nigeria (RASuDiN) project aims to increase use, acceptance, availability, and accessibility of DMPA-SC, expanding the family planning method mix for women of reproductive age in Nigeria. The project is led by Association for Reproductive and Family Health (ARFH) in partnership with the Centre for Communication and Social Impact and coordinated overall by the Federal Ministry of Health.

State Ministries of Health can help Nigeria meet its commitment to increase modern family planning use.

Nigeria is committed to 27 percent of all women of reproductive age (15 to 49) using modern family planning methods by 2020, but that goal is not yet within reach (see Figure 1).[3] Women and youth have varied needs, which can be met by different methods. By adding DMPA-SC, which can easily be self-administered at home, to the range of available options, Nigeria will move closer to reaching this commitment. **The Federal Ministry of Health needs support from its counterparts in the states—including Oyo State Ministry of Health—to ensure women and youth have sustained access to DMPA-SC within the family planning method mix.**

Many women and youth are already using an injectable method for family planning, and a self-injectable option could help further overcome barriers to use.

Throughout sub-Saharan Africa, women value injectables for their convenience, privacy, and effectiveness.[4] In Nigeria, women ages 15 to 49 have more than tripled their use of injectables since 1990, making them one of the most commonly used modern methods by married women.[5] Among all married women who use modern contraception, 27 percent use injectables.[6]

Because subcutaneous DMPA can be easily administered every three months—at home or in other private locations—it can increase the use of modern family planning methods by overcoming barriers women face and promoting their empowerment and autonomy (see Figure 2). It is easy to use and uniquely suited for self-injection (see Box 1). In a pilot study in Malawi, more women who self-injected DMPA-SC continued to use the method 12 months later than women who received the injection from a community health worker.[7]

DMPA-SC is an ideal family planning method for community-based distribution to expand women and youth's access and create new users in hard-to-reach areas.

Community-based distribution for family planning service delivery is shown to increase attendance at primary health centres in local government authorities (LGAs) by up to 50 percent.[8] DMPA-SC's short needle and prefilled dosage allow lower level-trained health workers to meet women and youth closer to where they live to administer the method and train them on how to self-inject (see Box 2). This approach is supported by the Task-Shifting and Task-Sharing Policy for Essential Health Care Services in Nigeria (2014), which authorizes community health workers and village health workers to provide family planning education and counselling and help women and youth choose their preferred methods.

DMPA-SC's ease of use by women themselves and by lower level-trained health workers makes it ideal for delivery through community channels, reducing access barriers for new and existing users of family planning in hard-to-reach areas. Ninety-six percent of women in rural Democratic Republic of the Congo said they would prefer to continue receiving DMPA-SC from community health workers rather than go to a health clinic.[9]

State support is vital for effective community-based distribution of DMPA-SC.

Community-based service delivery relies on support from state governments to ensure a range of family planning methods including DMPA-SC reach women and youth at the last mile. But the supply chain currently has a critical weakness—infrequent, ad hoc distribution fails to regularly and reliably deliver supplies from state central medical stores and LGAs to primary health care centres and community health workers.[10] Lack of funding for transportation means facility and community health workers often only pick up a small quantity of needed methods from the stores when they can get there. And without a robust state-level monitoring and evaluation system to capture community-level efforts, inconsistently reported results fail to illustrate the full impact of a method's use on women and youth's health in all LGAs.

EXPAND MODERN METHOD USE WITH DMPA-SC FIGURE 1

% of currently married women (ages 15-49) who are using any modern method of family planning

NATIONAL	OYO
12	22

% of currently married women (ages 15-49) who want to delay or space their pregnancies but are not using any method of family planning

NATIONAL	OYO
19	31

% of currently married women (ages 15-49) who are using injectables

NATIONAL	OYO
3	10

# of providers trained on DMPA-SC under RASuDiN

NATIONAL	OYO
11,514	530

% of the family planning package administered by community health workers that includes DMPA-SC

NATIONAL	OYO
23	7

Source: National Population Commission (NPC) and ICF International, Nigeria Demographic and Health Survey 2018 (Abuja, Nigeria, and Rockville, MD: NPC and ICF International, 2019); Unpublished facility audit on RASuDiN Project in Anambra, Delta, Enugu, Kwara, Lagos, Niger, Oyo, Ogun, Plateau, and Rivers, November 2018–February 2019.

BOX 1

WHAT IS DMPA-SC?

DMPA-SC—subcutaneous depot medroxyprogesterone acetate—is a self-injectable modern method of family planning. The Advance Family Planning initiative details the following benefits of DMPA-SC:[1]

- **99 percent effective** at preventing pregnancy when administered correctly and on time.
- **Discreet contraception** for women and adolescent girls.
- **Prefilled and simple** to inject due to short needle.
- **Easy to use.**
- **Small and light.**
- **Stable at room temperature** (15°C to 30°C).
- **Three-year shelf life.**
- **Easy to deliver** through clinics, community-based distribution, pharmacies, and drug shops.

States can support Nigeria's commitment to increase modern family planning use by introducing DMPA-SC and making it widely available.

As the country with the largest population in Africa and a leader in West Africa, Nigeria has the power to set the pace for innovative trends in family planning for the region and the continent. With strong national policy support for rolling out DMPA-SC to expand family planning access and choice for women and youth at the last mile, states can act now to create a healthier future.[11]

Evidence suggests that increasing DMPA-SC use will increase the number of women using modern contraceptive methods nationwide, adding 660,000 new users by 2021. The five-year rate of return on investment could be as high as 61 percent, with the investment required for DMPA-SC introduction and scale-up returned in less than three years.[12]

BOX 2

DMPA-SC POSITIVELY IMPACTS YOUTH'S ACCESS TO AND USE OF FAMILY PLANNING METHODS

- Almost one in five people in Nigeria will be between the ages of 15 and 24 by 2020.[1] More than 70 percent of both men and women in this age group are sexually active.[2]
- In three African countries, 44 percent of the DMPA-SC doses administered during a pilot program were to women under age 25.[3]
- Youth find self-injection appealing because it diminishes the unique obstacles they face when trying to access family planning—namely, stigma from parents, providers, and the community. It also saves them time and money.[4]

State Ministries of Health can improve DMPA-SC scale-up in every LGA to ensure access for women and youth.

With a supportive national policy framework and the demonstrated benefits of DMPA-SC, state governments should make the self-injectable widely available within the available family planning method mix.

The Oyo Ministry of Health should support introduction and scale-up of DMPA-SC by 2020 by:

- Including specific budgeting and funding in the state costed implementation plan for distribution of DMPA-SC from the state store to health facilities and community providers at the last mile.
- Expanding state family planning monitoring and evaluation activities to encompass a quarterly measure of DMPA-SC community service delivery, including the number of new acceptors and continued users.

INCREASED ACCESS TO DMPA-SC CAN MAKE IT EASIER FOR WOMEN TO USE FAMILY PLANNING FIGURE 2

Women who want to stop or delay childbearing often face barriers that prevent them from using modern family planning methods. Access to DMPA-SC can reduce some of these barriers.

BARRIERS	SOLUTIONS
KNOWLEDGE BARRIERS: Concerns about side effects.	DMPA-SC offers fewer perceived side effects than other injectables.
PROVIDER BARRIERS: Shortage and inequitable distribution of trained healthcare workforce and negative provider attitudes.	Women can self-inject or be injected by community-oriented resource persons who are trained on DMPA-SC. One of the RASuDiN project's strategies is to improve family planning providers' job knowledge and attitudes.
SOCIOCULTURAL BARRIERS: Partner disapproval and women's lack of decision-making power concerning their sexual and reproductive health.	DMPA-SC is small and discreet, so women's privacy is protected, and they are empowered to make decisions about their health.
ACCESSIBILITY BARRIERS: Financial and time costs of transportation.	Women can self-inject DMPA-SC or receive injections from lower-level trained health workers instead of traveling sometimes difficult distances to health facilities for an injection from an authorized health worker.

REFERENCES

1 National Population Commission (NPC) and ICF International, Nigeria Demographic and Health Survey (DHS) Key Indicators 2018 (Abuja, Nigeria, and Rockville, MD: NPC and ICF International, 2019).

2 DMPA-SC is also known as subcutaneous depot medroxyprogesterone acetate.

3 Family Planning 2020, *Family Planning 2020 Commitment, Govt. of Nigeria* (July 11, 2017), accessed at www.familyplanning2020.org/sites/default/files/Nigeria_FP2020_Commitment_2017.pdf, on April 30, 2019.

4 Jacob A. Adetunji, "Rising Popularity of Injectable Contraceptives in Sub-Saharan Africa," *African Population Studies* 25, no. 2 (2011): 587-604.

5 NPC and ICF International, Nigeria Demographic and Health Survey (DHS) 2013 (Abuja, Nigeria, and Rockville, MD: NPC and ICF International, 2014); NPC and ICF International, Nigeria DHS Key Indicators 2018.

6 NPC and ICF International, Nigeria DHS Key Indicators 2018.

7 Holly M. Burke et al., "Effect of Self-Administration Versus Provider-Administered Injection of Subcutaneous Depot Medroxyprogesterone Acetate on Continuation Rates in Malawi: A Randomised Controlled Trial," *The Lancet Global Health* 6, no. 5 (2018): e568-e578.

8 Mojisola Fayemi et al., "Community Based Distribution Agents' Approach to Provision of Family Planning Information and Services in Five Nigerian States: A Mirage or a Reality?" *African Journal of Primary Health Care & Family Medicine* 3, no. 1 (2011): 73-81.

9 Albert Mwembo et al., "Acceptability of the Distribution of DMPA-SC by Community Health Workers Among Acceptors in the Rural Province of Lualaba in the Democratic Republic of the Congo: A Pilot Study," *Contraception* 98, no. 5 (2018): 454-59.

10 United Nations Population Fund (UNFPA), *Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020)* (New York: UNFPA, 2018); UNFPA, *Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2016): Nigeria* (New York: UNFPA, 2018).

11 Federal Ministry of Health (FMoH), *National DMPA-SC Accelerated Introduction and Scale up Plan, 2018-2022* (Abuja, FMoH, 2018).

12 Health Policy Plus (HP+), *DMPA-SC Introduction and Scale-Up in Nigeria: Future Benefits for Contraceptive Use and Savings* (Washington, DC: HP+, 2018), accessed at www.healthpolicyplus.com/ns/pubs/8197-8351_DMPASCIntroductionandScaleUpinNigeria.pdf, on April 30, 2019.

BOX 1:

1 Advance Family Planning (AFP), *DMPA-SC Advocacy Pack Draft* (Baltimore, MD: AFP, 2017).

BOX 2:

1 United Nations Population Division, *World Population Prospects: The 2017 Revision* (New York: United Nations, 2017), custom data accessed at https://population.un.org/wpp/DataQuery/, on April 4, 2019.

2 NPC and ICF International, DHS 2013 (Abuja, Nigeria, and Rockville, MD: NPC and ICF International, 2014).

3 Anna Stout et al., "Expanding Access to Injectable Contraception: Results From Pilot Introduction of Subcutaneous Depot Medroxyprogesterone Acetate (DMPA-SC) in 4 African Countries," *Global Health: Science and Practice* 6, no. 1 (2018): 55-72.

4 Jane Cover et al., "Acceptability of Contraceptive Self-Injection With DMPA-SC Among Adolescents in Gulu District, Uganda," *International Perspectives on Sexual and Reproductive Health* 43, no. 4 (2017): 153-62.

Modern Family Planning Methods: ***Safe and Trusted***

ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH (ARFH)

HEAD OFFICE:

ARFH HOUSE, Plot 815A,
Army Officers' Mess Road,
Near Ikolaba Grammar School,
Agodi G.R.A., Ikolaba, Ibadan.

P.O. Box 30259
Secretariat, Ibadan,
Oyo State, Nigeria.

+234 802 354 2881

ABUJA OFFICE:

1st Floor - Block C,
Millennium Builders Plaza,
Plot 251 Cadastral Zone,
Herbert Macaulay Way,
Central Business District,
Abuja - Nigeria.

+234 814 875 3194
+234 706 596 4489

CONNECT

info@arfh-ng.org
@ARFHng
www.arfh-ng.org
@ARFHng
Association for Reproductive and Family Health
Association for Reproductive and Family Health