Background

A wide range of contraceptive options can help each woman find the product and approach that works best for her at different stages of her life. Injectable contraceptives are among the world’s most widely used methods for preventing pregnancy, offering women safe and effective protection, convenience, and privacy. However, injectables are associated with high rates of discontinuation. Understanding and addressing reasons for discontinuation can help support women who are not able to immediately switch to a different method and do not wish to become pregnant.

Depot medroxyprogesterone acetate (DMPA) is the most commonly used injectable contraceptive, and it is customarily administered intramuscularly (DMPA-IM; brand name Depo-Provera®). However, a new, easy-to-use, subcutaneous version, DMPA-SC (brand name Sayana Press), is improving women’s access to injectable contraceptives by facilitating community-based distribution and self-injection. In Uganda, community-based health volunteers called Village Health Teams (VHTs) have been authorized to provide family planning products, including DMPA-SC and 77.4% for DMPA-IM (p=0.85).

In Uganda, community-based health volunteers called Village Health Teams (VHTs) have been authorized to provide family planning products, including DMPA injectable contraceptive, to women in their communities since 2013. Following this authorization and national regulatory approval of Sayana Press in 2014, and building on the Ugandan government’s goal to expand contraceptive access into rural communities, the Ministry of Health introduced VHT-delivered DMPA-SC in 28 districts starting in September 2014.

Methods

- The study was implemented in six districts.
- Community-based clients initiating injectable use through VHTs were invited to participate in the study. Those who consented were enrolled into either the DMPA-SC or DMPA-IM group, based on their choice.
- Enrollment began in December 2015 and follow-up continued until April 2017. A total of 619 women were enrolled in the DMPA-SC group and 616 in the DMPA-IM group.
- Women were interviewed at baseline, 3 months, and 9 months to assess continuation and their experiences using the products.
- Women who stopped the injectable, or who received their injections after the close of a 30-day injection window, were asked to respond to a discontinuation survey. Special surveys were conducted for women who switched from one type of injectable method to another, though they were retained in their original group for analysis.
- Continuation rates were calculated using simple and adjusted hazard ratios based on time to discontinuation.

Results

- Continuation rates did not vary significantly between groups. The 12-month continuation rate was 73.8% for DMPA-SC and 77.4% for DMPA-IM (p=0.85).
- When examining continuation for all women in the study regardless of the type of injectable, women aged 18–24 years were less likely to continue compared to women aged 25–49.

Knowledge contribution

- There is no difference in continuation rates between DMPA-IM and DMPA-SC when both are administered by a community health worker.
- Continuation rates for both products were relatively higher than has typically been seen in injectable continuation studies, which may be at least partially attributed to the benefits of community-based distribution.
- Subgroups, such as younger women, may need additional support to continue using contraception.
- Side effects were a major reason for discontinuation, reinforcing the importance of offering a wide range of contraceptive options to enable switching and providing adequate counseling and education about side effects.

Main question

The aim of this study was to compare 12-month continuation of DMPA-SC and DMPA-IM when both products were administered by VHTs in Uganda.

References

3. Depo-Provera and Sayana Press are registered trademarks of Pfizer Inc.

Photo: PATH/Will Boase