

# WHO recommendations on self-care interventions

## Self-administration of injectable contraception



### What is self care?

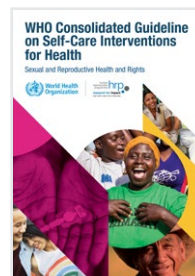
**WHO's definition of self care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health-care provider.**

### What are self-care interventions?

Self-care interventions are evidence-based, quality drugs, devices, diagnostics and/or digital products which can be provided fully or partially outside of formal health services and can be used with or without the direct supervision of health care personnel.

### WHO consolidated guidelines on self-care interventions

- Worldwide, an estimated shortage of 18 million health workers is anticipated by 2030.
- At least 400 million people worldwide lack access to the most essential health services.
- During humanitarian emergencies, including pandemics, routine health services are disrupted and existing health systems can be over-stretched.



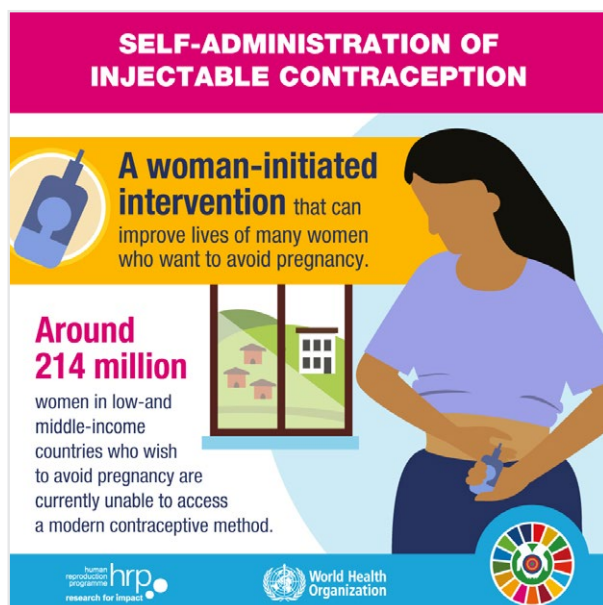
For select health services, incorporating self care can be an innovative strategy to strengthen primary health care, increase universal health coverage (UHC) and help ensure continuity of health services which may otherwise be disrupted due to health emergencies. WHO published global normative guidance on self-care interventions, with the first volume focusing on sexual and reproductive health and rights (SRHR). Each recommendation is based on extensive consultations and a review of existing evidence.

## Family planning/contraception

- Family planning/contraception is a life saving intervention with well recognized health, social and economic benefits.
- Access to family planning/contraception access reinforces people's rights to determine the number and spacing of their children.
- Hormonal and non-hormonal modern contraception methods include male and female condoms, injectables, pills, vaginal rings, diaphragms, implants, intrauterine devices, and permanent methods (tubal ligation, vasectomy).

## DMPA

- The most widely-used progestogen-only injectable is depot medroxyprogesterone acetate (DMPA). DMPA is effective for up to four months. The injectable can be delivered into the muscle (intramuscular injection), or just under the skin (subcutaneous injection). Following either kind of injection, the hormone is released slowly into the bloodstream.
- DMPA is a very effective contraceptive. When individuals are injected on time, fewer than 1 pregnancy per 100 users will occur.



### Self injectable contraception infographic

<https://www.who.int/reproductivehealth/publications/self-care-infographics/en/>

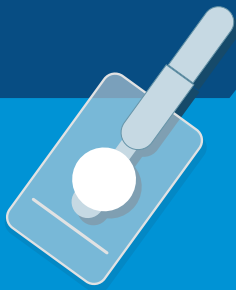
**Use of modern contraceptives in 2017 prevented an estimated 308 million unintended pregnancies.**

**Meeting people's need for modern methods of contraception would avert an additional 67 million unintended pregnancies, annually.**

## Current challenges to health systems to provide family planning/contraception services

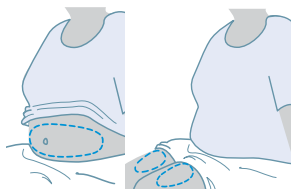
- 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method.
- Reasons for not using contraception include: limited choice of methods; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; user and health worker bias; gender-based barriers.
- In many countries, the numbers of trained health workers are not sufficient to address the need for contraception.
- Where contraceptive services are available, certain population groups, including young people, poorer segments of the population, unmarried, sexually active individuals, and/or people in rural settings, may face challenges to accessing contraception.
- For family planning methods like DMPA, which require periodic returns to the health worker for a repeat injection, challenges accessing contraception services can result in individuals discontinuing the method entirely.



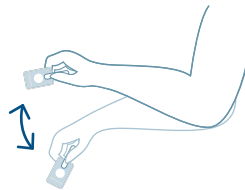


WHO recommends that self-administered injectable contraception (depot medroxyprogesterone acetate in its subcutaneous form – DMPA SC) should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.

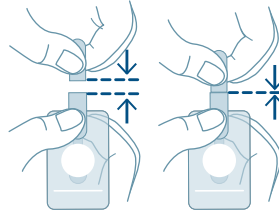
### An example self-administration of DMPA



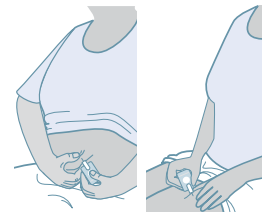
1. Choose a correct injection site. Either the belly or front of thigh



2. Mix the solution. Hold the device by the port (not the cap) and shake for 30 seconds



3. Push the cap and the port together to close the gap



4. Pinch your skin into a "tent". Put the needle into the skin, and squeeze the reservoir slowly



5. Dispose of the needle safely



6. Plan for your next injection

## How does self-administration of injectable contraception work?

Individuals who are eligible for injectable contraception<sup>1</sup> can self-administer subcutaneous (just under the skin) DMPA. Self-administered DMPA-SC consists of a flexible reservoir pre-filled with the contraception pushing the fluid through the needle.

Prior to self-injecting for the first time, an individual should have access to accurate information and training on DMPA-SC and its administration. A variety of health workers can train individuals to self-administer injectable contraception.

Training should include: how to store and dispose of the device; explanation on and demonstration of how to self-inject using a model (including asking the individual to also practice on the model); the individual self-injecting while being observed by the health worker; and information on where to get more injection devices.

Once trained, individuals can self-administer injectable contraception at home. Individuals who self-inject should be able to access a health worker in the event of questions, problems, or a desire to switch methods.

## Safe, effective, acceptable - what the evidence tells us

**Evidence found significantly higher rates of contraceptive continuation with self-administration as compared with administration by a health worker.**

- Pregnancy rates, side effects and adverse events are similar between self-administered as compared with health worker-administered injectable contraception.<sup>2</sup>
- Individuals found self-administration easy to use, convenient, and private. They perceived it to save time and money. Fear of needles, and fear of incorrect administration were cited as barriers.

### Learn more:

**Family planning: A global handbook for providers** <https://www.who.int/reproductivehealth/publications/fp-global-handbook/en/>



<sup>1</sup> Eligibility should be verified according to the *WHO Medical eligibility criteria for contraceptive use*

<sup>2</sup> Two controlled cohort studies showed increased injection site reactions with self-administered DMPA-SC.



## Considerations for success for self-administration of injectable contraception

- **Information and support** – Individuals must be provided with clear information related to self-administration (including appropriate and safe arrangements for storing sharps at home).
- **Supportive health system** – Self-injection is recommended where mechanisms to provide the woman with appropriate information and training exist, referral linkages to health workers are strong, and where monitoring and follow-up can be ensured.
- **Quality products** – Relevant regulatory agencies should ensure that quality products are available in adequate quantities and appropriate dosages.
- **Policy and regulatory frameworks** – Existing national sexual and reproductive health policies and strategies should be adapted, developed, and/or harmonized to include self-care interventions.
- **Monitoring implementation** – The incorporation of self-administration of DMPA-SC into family planning services should be monitored for uptake, use as intended, cost incurred by users, and to identify any related social harm.

## Enabling access to self-administered injectable contraception

Programme managers and policymakers should ensure that users are able to procure injectable contraceptives on a regular basis without needing to repeatedly visit a health-care facility. Additionally, DMPA in its intramuscular and subcutaneous form, including the delivery system for self-administration, are included in WHO's Essential Medicines List.

Countries can enable greater access if they include self-administered DMPA-SC on their Essential Medicines List, work towards procurement of the medication, and allow them to be sold or distributed through pharmacies.

Learn more:



**Self-care interventions communications toolkit** [https://www.who.int/reproductivehealth/self-care-interventions/WHO-Self-Care-SRHR-Comms\\_Kit.pdf](https://www.who.int/reproductivehealth/self-care-interventions/WHO-Self-Care-SRHR-Comms_Kit.pdf)

## References:

### WHO Consolidated Guideline on Self-Care Interventions for Health Sexual and Reproductive Health and Rights

<https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf?ua=1>

### Self-administration of injectable contraception: a systematic review and meta-analysis

<https://gh.bmj.com/content/bmjgh/4/2/e001350.full.pdf>

### Family planning: A global handbook for providers (2018 Edition)

<https://apps.who.int/iris/bitstream/handle/10665/260156/9780999203705-eng.pdf?sequence=1>

### Family planning/Contraception Key Facts – WHO website

<https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

### Fact sheet: Self-care health interventions

<https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions>

### Task sharing to improve access to Family Planning/Contraception – Summary Brief

<https://apps.who.int/iris/bitstream/handle/10665/259633/WHO-RHR-17.20-eng.pdf?sequence=1>

### Contraception – Evidence Brief

<https://apps.who.int/iris/bitstream/handle/10665/329884/WHO-RHR-19.18-eng.pdf?ua=1>

### Family planning/Contraception Overview – WHO website

[https://www.who.int/reproductivehealth/topics/family\\_planning](https://www.who.int/reproductivehealth/topics/family_planning)

### WHO Model List of Essential Medicines (21st List – 2019)

<https://apps.who.int/iris/bitstream/handle/10665/325771/WHO-MVP-EMP-IAU-2019.06-eng.pdf?ua=1>

