Webinar presentation

Understanding consumer preference for an injectable contraceptive in Nigeria and Uganda.

Key findings from qualitative and quantitative research.

August 2019

Supported by

BILL & MELINDA GATES *foundation*

ROUTES2RESULTS

Agenda

We have 60 minutes
Keep all questions till the end of the presentation please
Jeff Lucas will be keeping time and moderating the discussion

1	2	3	4	5	6
Framing *Laneta Dorflinger* *FHI360*	**Qualitative Findings** *Moushira El-Sahn* *Routes2Results*	**Quantitative Findings** *Kim Morneau* *Routes2Results*	**Conclusions** *Laneta Dorflinger* *FHI360*	**Discussion** **All**	**Thank You + Contact**
5 minutes	10 minutes	30 minutes	2 minutes	13 minutes	

Framing

Laneta Dorflinger
FHI360

5 minutes

Framing Overview

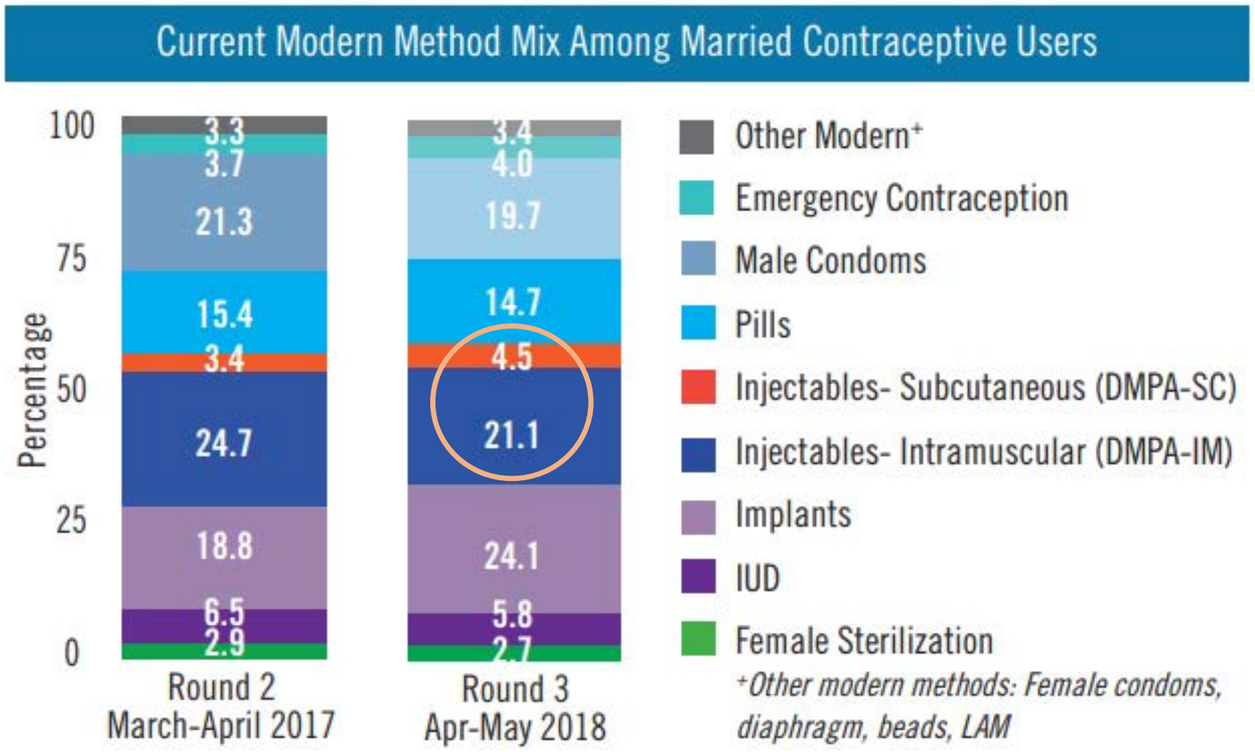
- Insights into method preferences from PMA2020 surveys (mCPR)
  - Nigeria
  - Uganda
- Insights into the role and potential market for DMPA-SC from introduction and acceptability research
- Relevant findings from previous design and acceptability research on longer-acting methods currently in development

Photo credit: Amref Health Africa

Nigeria Modern Method Mix (mCPR), PMA2020

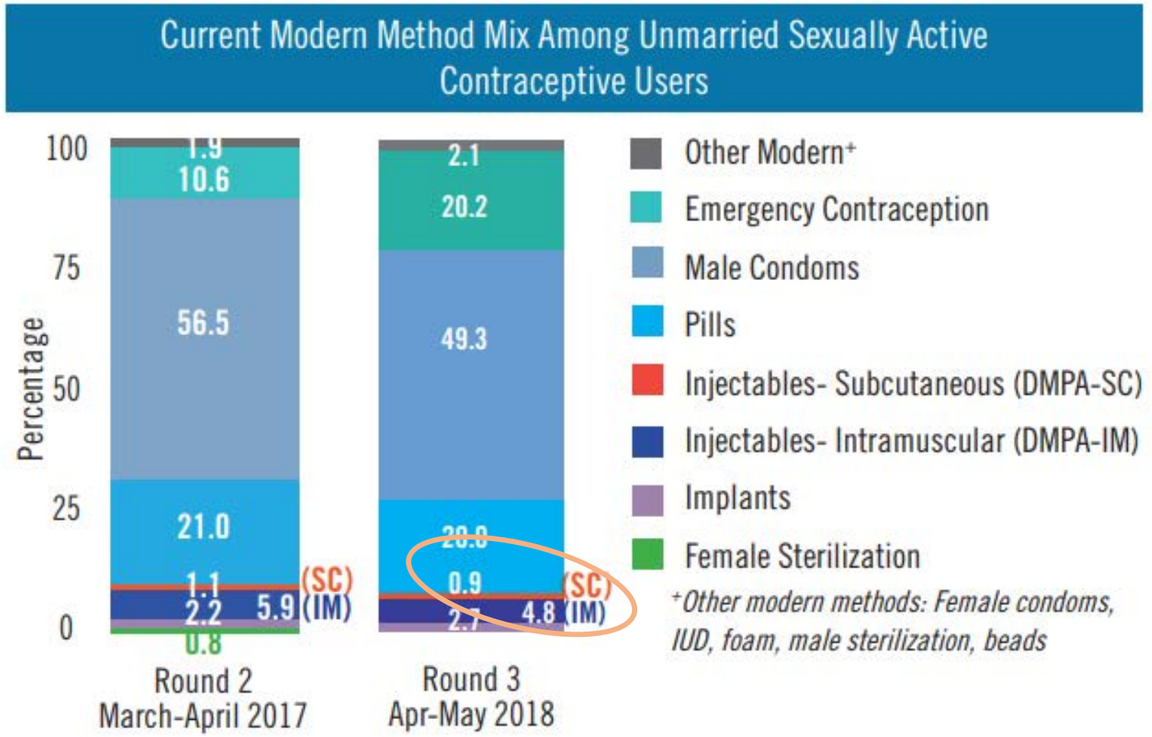
- Among married women, injectables (IM & SC) total about one quarter of mCPR

- Among unmarried sexually active users, injectables play a much smaller role



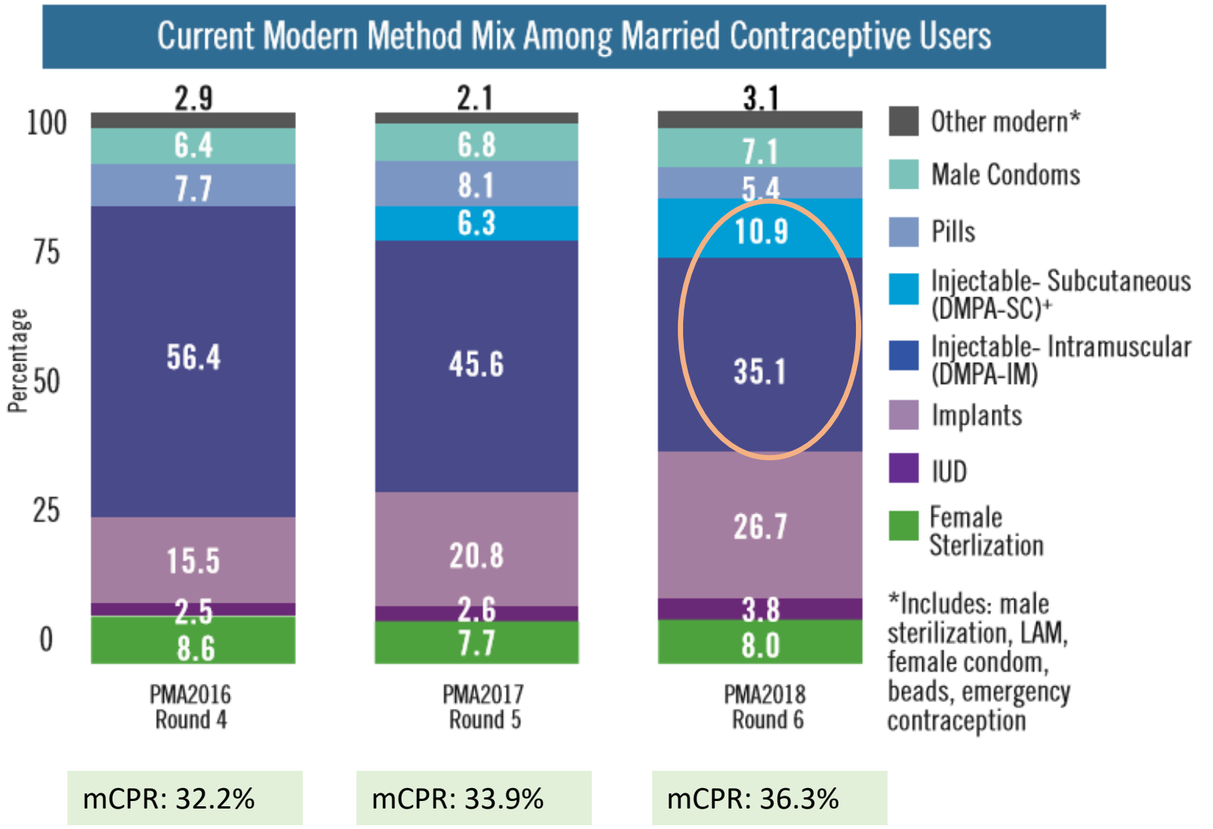
mCPR: 16.1%

mCPR: 19.0%

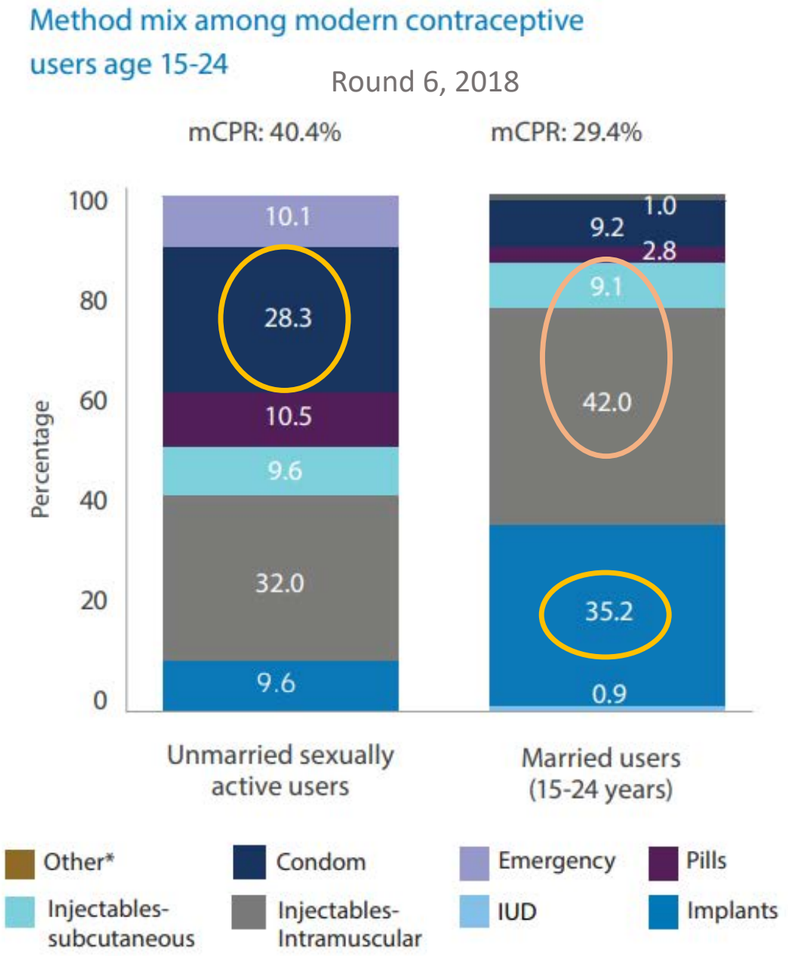


Uganda Modern Method Mix (mCPR), PMA2020

- Rapidly changing method mix with introduction of implants
- Among married women, injectables (IM & SC) total almost half (46%) of mCPR
- Variations of method mix by age and married/unmarried sexually active status



mCPR: 32.2% | mCPR: 33.9% | mCPR: 36.3%



Learning from introduction of DMPA-SC (*in Uniject*) in various countries

General preferences

- Among ***users of*** Depo-IM given the opportunity to try DMPA-SC, 80% or more preferred the SC product at 3 months (Uganda, Senegal)
- ***Providers*** preferred the DMPA-SC in Uniject presentation over vial and syringe

Reasons stated for ***user preference*** over Depo-IM include: fewer side effects; fast administration; less pain; effectiveness; general statements e.g. "liked the method"

Reasons stated for ***provider preferences*** include: pre-filled design easier/faster; potential for increased access; thought clients would prefer due to less pain

Self-injection

- Many, but not all, ***women prefer self-injection*** over various provider options
- ***Continuation*** was significantly *higher among self-injectors* when compared with CHWs/clinic-based injection (RCT in Malawi)
- ***Training*** is important to provide self-confidence and knowledge of proper injection technique, storage and disposal requirements, and reinjection timing

Reasons for ***user preference*** of ***self-injection*** include: Easy to self-administer; saved time and money; not having to worry about stock-outs; perception of fewer side effects; less pain

Reasons for ***provider preferences*** include: reduced workload and saved time; perception of greater convenience for women, saving them time and money

Key references: *Burke et al*. Contraception, 2014a; *Burke et al*. Contraception, 2014b; *Cover et al.* Contraception, 2017a; *Cover et al.* Contraception, 2017b; *Burke et al*. Contraception, 2018; *Burke et al.,* Lancet Global Health, 2018

User preferences for long-acting technologies in development

GOAL: To assess potential end-user preferences for six long-acting contraceptive technologies in various stages of development to inform and guide ongoing product development and introduction (Burkina Faso and Uganda)

Quantitative Phase

PMA2020 Performance Monitoring and Accountability 2020

Contraceptive acceptability module added to female questionnaire of PMA2020 survey

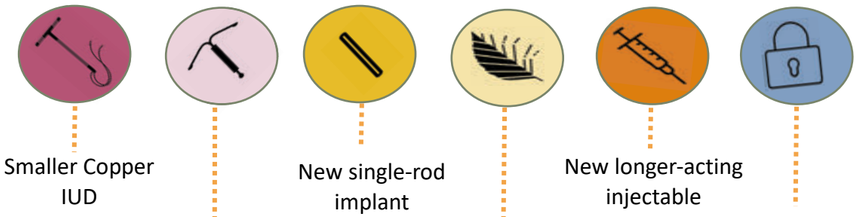
2,743 women

2,403 women

Qualitative Phase

Data collected from 5 regions per country

- 50 focus groups, 398 women
- 10 focus groups, 78 men
- 37 interviews with providers
- 15 key informant interviews



Callahan et al., PLOS ONE, 2019; *Brunie, et al.,* Gates Open Research, 2019

High-level summary of user preferences for long-acting technologies in development*

- Three quarters of women would try a new method if offered
  (PMA2020 contraceptive acceptability module (Uganda, Burkina Faso)
- Important product considerations when choosing a method:
  - High effectiveness
  - Rapid (predictable) return to fertility; delays (or unpredictable delays) are a concern
  - Few side effects, especially bleeding changes (but bleeding changes are not all perceived equally)
  - Ability to use post-partum
  - Access and affordability
- More women interested in injectables than any other individual new long-acting method form
- For longer-acting injectables, perceived benefits of reduced injection schedule for both demand and supply side

Photo credit: Robert Harding Photography

* Funded by the Bill & Melinda Gates Foundation*: Callahan, Brunie, Mackenzie et al*., PLOS ONE 2019; *Brunie, Callahan, Mackenzie et al*., Gates Open Research, 2019; *Tolley, McKenna, Mackenzie et al*. GHSP, 2014

Research Findings

Moushira El-Sahn
Kim Morneau

Routes2Results

Research Introduction

Qualitative

UNDERSTAND

Learning from users and potential users critical elements of their contraceptive journey and understanding reactions to Depo, DMPA-SC 3 month and 6 month injection profiles
(total sample n=600)

Quantitative

TEST

Test 3 fully developed concepts and vary the most impactful features from phase 1 with women
(total sample n=1,410 women)

Quantitative

PREDICT

Develop a forecast model for the Depo, DMPA-SC 3 month and 6 month injection in Nigeria and Uganda
(total sample n=1,410 women)

This webinar is focused understanding + testing

Qualitative Findings

Routes2Results
Moushira El-Sahn

30 minutes

Qualitative sample

Total sample n=600 in 100 Focus Groups (FGs)
(n=6 per FG) Across 8 different FG types (below)
Each user-type group was split across 2 urban and 2 rural settings per country

Uganda: Urban: Nakawa Makindye, Rubaga, Kawempe + Gulu municipality + Rural: Katabi Town Council, Kyandondo/Kasagati, Iganaga Town, Busembatia
Nigeria: Urban: Lagos, Ikeja and Abuja state + Rural: Cross river, Akpabuyo, Enugu and Exeagu

18-20yrs, discontinued Depo IM injection, mothers	18-20yrs, discontinued Depo IM injection, non-mothers	Married, mothers, discontinued Depo IM injection	Naïve modern contraceptive users (never users)	Satisfied Depo IM injection users	Satisfied DMPA-SC injection users	Male partners of Discontinued Depo IM users	Male partners of Current Depo IM users
n=72 in 12 FGs	n=72 in 12 FGs	n=72 in 12 FGs	n=96 in 16 FGs	n=96 in 16 FGs	n=96 in 16 FGs	n=48 in 8 FGs	n=48 in 8 FGs

Experience Maps

Key findings from experience maps

Note: sample can change throughout due to FG setting and some women either not answering or leaving the room

Understanding experience through bespoke Human Centred Design (HCD) maps

Focus Group participants **individually within the group setting** filled in maps specifically created for each FG type (5 maps).

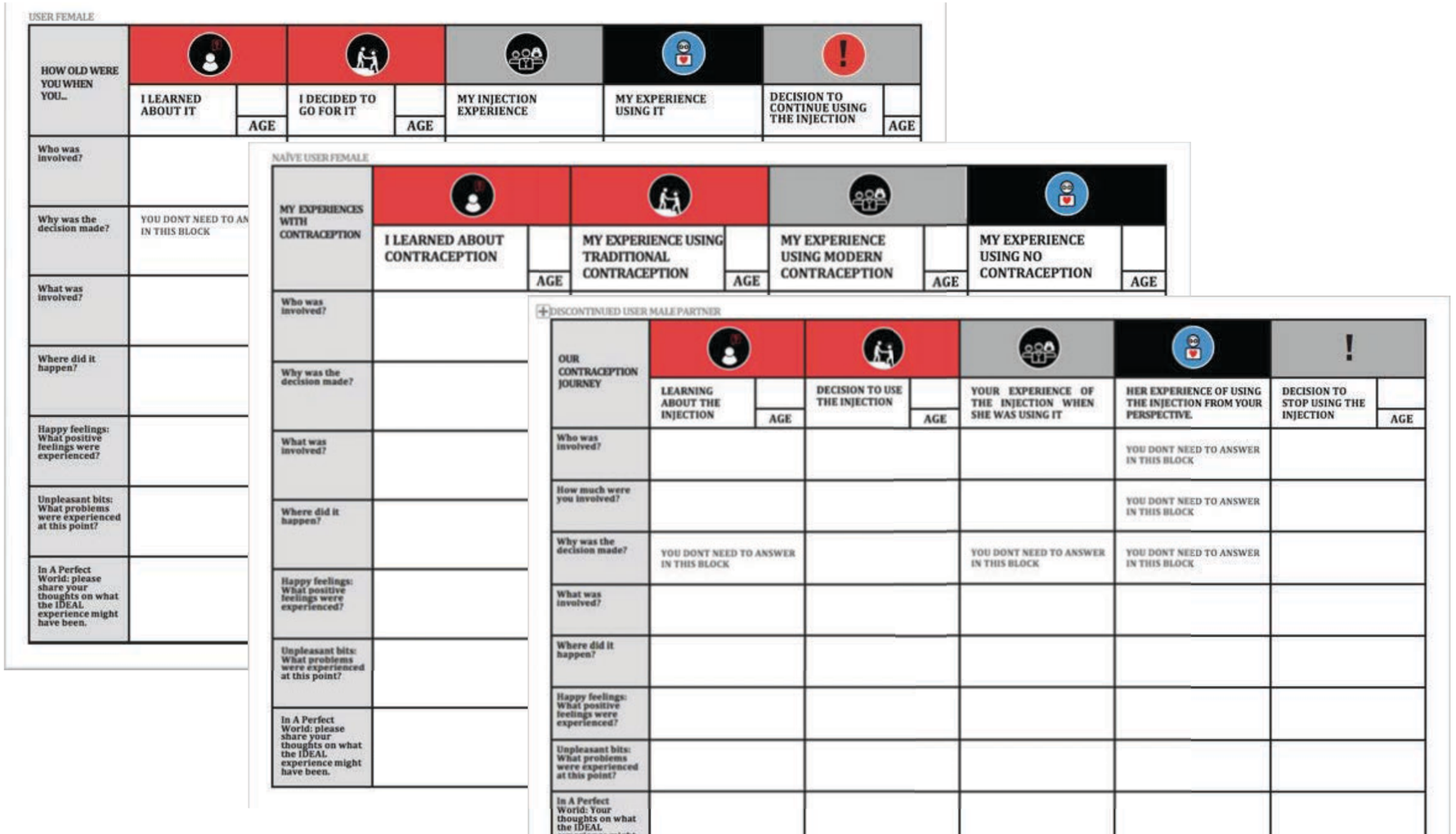
Map 1:	Map 2:	Map 3:	Map 4:	Map 5:
Discontinued Depo IM injection	Naïve modern contraceptive users	Satisfied Depo IM / DMPA-SC injection users	Male partners Discontinued Depo IM	Male partners Current Depo IM users

n=~600-600

Moderators and note-takers walked the FG participants through each column and row, offering support where participants needed it.

Not every section of each map was completed.

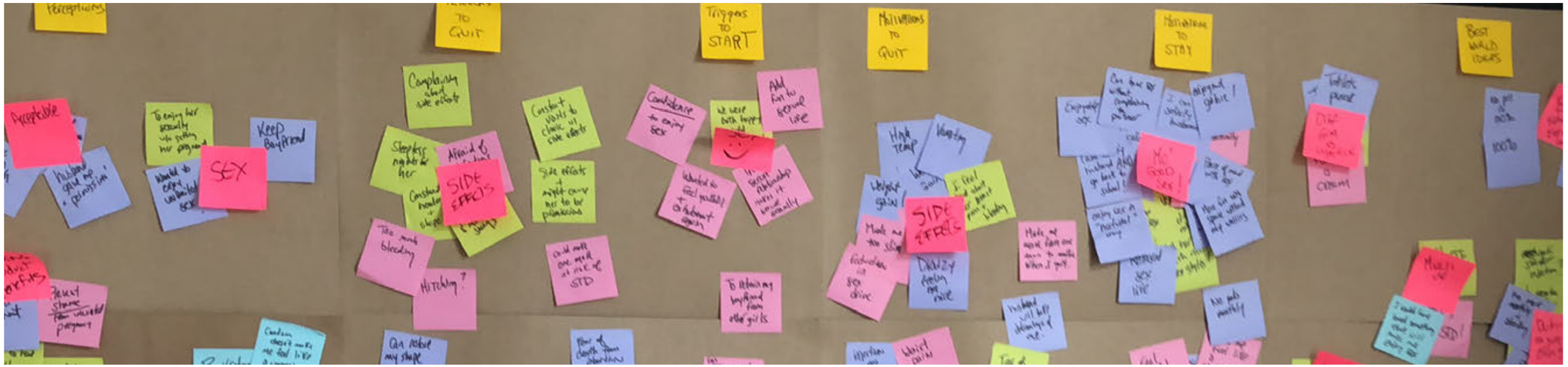
→ *Each individual map was analysed, and then analysed within their user group, with thematic analysis across all groups establishing consensus and differences.*



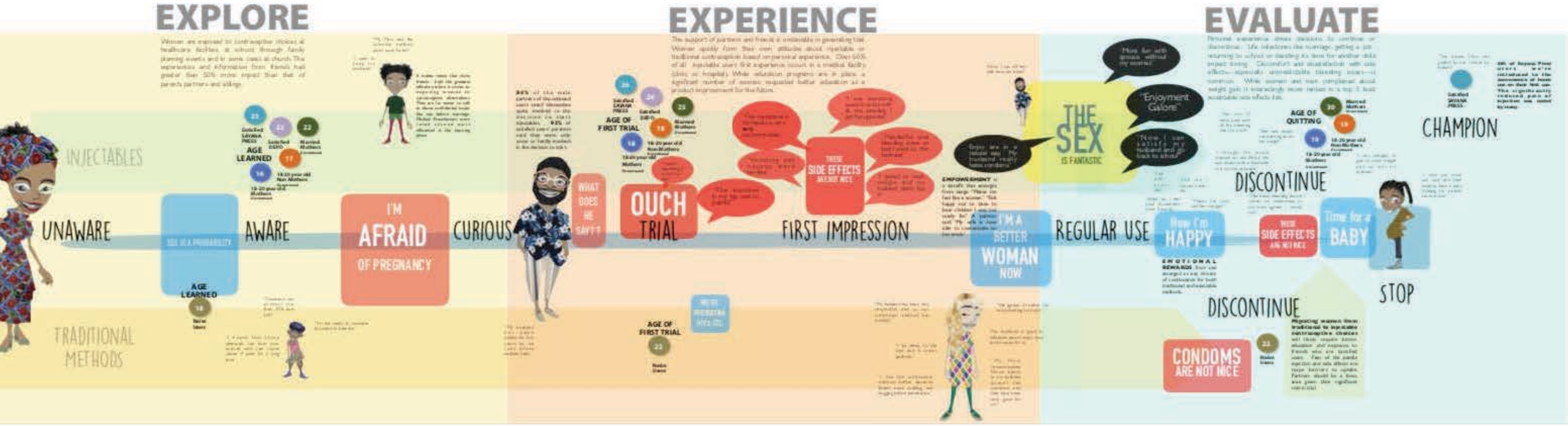
Experience Maps

Pixelated image of post-it notes from synthesis process

→ *Each map was analysed individually, and then analysed within their user group*
→ *Thematic analysis across all groups; establishing consensus and differences – represented by the post-it notes.*
→ *Maps were used to understand and pin-point critical milestones and actors around the contraceptive journey for all types of users.*



Experience Map – a quick look



matchboxology
innovation for growth & behaviour change

Depo IM + DMPA-SC

Note: sample can change throughout due to FG setting and some women either not answering or leaving the room

Negative perception of injections do not translate to barrier for injectable contraceptives

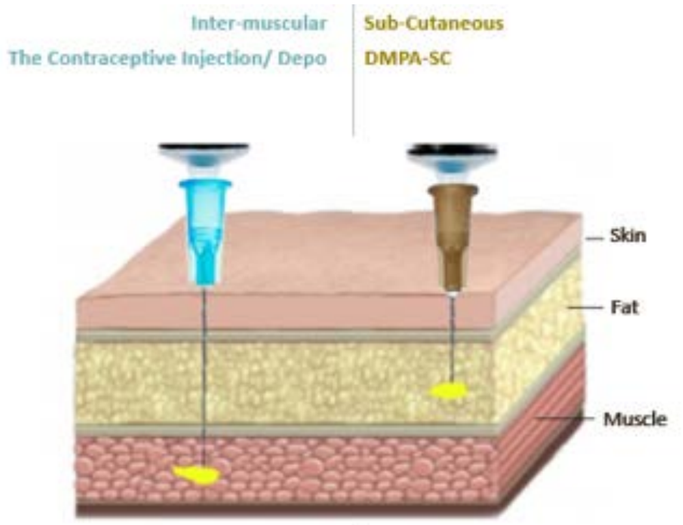
When asked about injections generally …

Appeal to use	Blocks to use
• Can be associated with good health i.e. vaccinations + treatments. • Family planning. • Some perception - better than pills. • *Satisfied users of injectable contraception more likely to have positive associations with them overall.*	• Fear/ scared/ frightened. • Pain or fear that it will be painful. • Associations with sickness and illness.

When asked about contraceptive injections …

Appeal to use	Blocks to use
• Prevention of unplanned pregnancy. • Ability to space children. • Limiting children to care for them properly. • Safety and protection. • Peace of mind.	• Far fewer mentions of fear and pain – mostly considered to “be worth it” and caveated with “it doesn’t last long”. • *Side effects are a barrier (in particular those related to changes/heavier bleeding, weight gain/changes), particularly in Uganda and amongst women who have discontinued the injection.*

Summary: Three differentiating benefits which provide a driver to use DMPA-SC



Subcutaneous injection:

- Strong preference for injection under the skin.
- Smaller needle/injection felt to be less painful.
- Perceived as quicker and easier.
- Minority of women prefer intramuscular injection – felt to be more effective way to get the contraceptive into their bodies.

Option to self-inject:

Split perception of administration:

- A large number of women would prefer HCP to inject –professional and know what they are doing, and many scared of injections.
- BUT, there is a cohort who see the benefits of self-injection – convenience, ability to inject in comfort of their own home, not having to travel to a HCP (saves time and money).
- Those are also confident that with the right training they will be able to self-inject.

Option for 6 month duration of use

- Divided preference for duration of use.
- **3 months**: opportunity to change mind regularly due to desire for baby or tolerance of side effects, and appointments are regular and easy to remember.
- **6 months**: preference for greater duration of coverage (particularly limiters and spacers, and not as much from our non-mother group) and prefer less HCP visits.

Understanding preference through quick-fire trade-off group games

A range of options around product attributes given to the group

A hand up indicated preference for an option

= reflective of decision-making process and representative of actual preference (due to game-based environment)

Focus Group participants **individually within the group setting** raised their hands for the option they preferred
Moderators would explain the options and ask for a show of hands immediately after each option was called

Respondent number was verbalised for each hand raised for thorough analysis

n=~600

Percentages are based on qualitative samples and are indicative.

Some participants did not answer all questions.

Therefore, sample varies and is noted for each exercise separately.

Photo: Moushira El-Sahn, R2R

Preference for SC. A split on delivery (provider/self) but shift towards self-inject with side effects

Round 1: testing delivery method: Intramuscular (IM) versus Sub-cutaneous (SC) and Provider-inject versus Self-inject (n=583) / (n=521)

- Intramuscular (IM) [Depo]: 30%
- Subcutaneous (SC) [DMPA]: 70%
- Provider-inject [Depo IM]: 56%
- Self-inject [DMPA]: 44%

Round 2: testing 6 month duration DMPA and Provider-inject versus Self-inject (n=591)

- Provider-inject: 60%
- Self-inject: 40%

Round 3: testing 6 month duration DMPA Provider-inject syringe + vial, versus Self-inject (n=581)

- Provider-inject: 51%
- Self-inject: 49%

Round 4: testing 3 month duration DMPA and side-effects against 6 month duration DMPA and pain/side-effects (n=583)

- Provider-inject, 3 months, less pain: 58%
- Self-inject, 6 months, more pain: 42%

Round 5: testing bleeding side effects across Depo IM and DMPA-SC versus durations of 3 months or 6 months (n=547)

- Provider, 3 months: 23%
- Self-inject, 3 months: 41%
- Self-inject, 6 months: 35%

Round 6: testing weight gain side effect across Depo IM and DMPA-SC versus durations of 3 months or 6 months (n=535)

- Provider, 3 months: 24%
- Self-inject, 3 months: 43%
- Self-inject, 6 months: 34%

Round 4: 3 moths means: Low levels of pain and body/skin reaction where the injection goes. 6 months means: more pain where the injection goes. At the place on the body where women get the injection, the skin can go a few shades lighter. **Round 5: Bleeding side effects**: Irregular bleeding, especially for the first 6-12 months. This could mean longer or heavier periods, or spotting in between periods. Spotting improves with time. So give it a chance. That's 6-9 months in injection time. Many women develop amenorrhea, that means their periods stop all together. **Round 6: Weight gain**: Change in appetite or weight gain. It's common for some women to gain around 2.2 kilos in the first year, while other women gain nothing.

Side-effects evaluation

Key findings

Understanding side effect acceptability through a bespoke HCD card exercise

A ranking of 1
indicates a side effect rated as the **WORST**
= least likely to tolerate

A ranking of 16
indicates a side effect rated as the **LEAST WORST**
= most manageable and acceptable

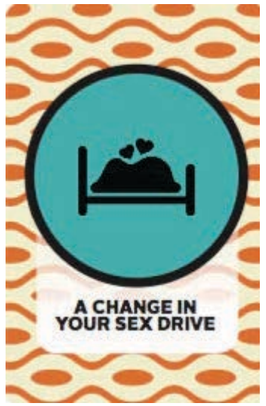
Focus Group participants **individually** ranked all 16 side effect and general illness cards using this scale
They moved from left to right, creating multiple columns of cards

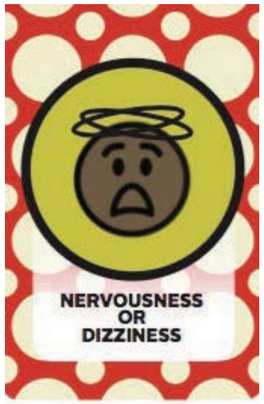
n=600

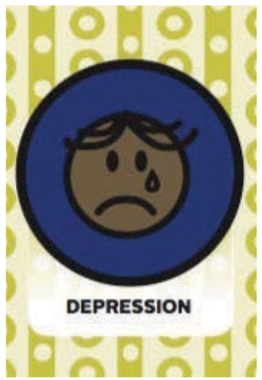
Photo: Moushira El-Sahn, R2R

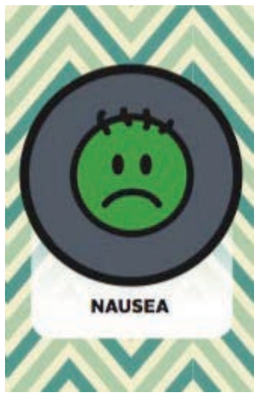
Side effect and general illness cards used in exercises

These are the 16 side effect and general illness cards used









General illnesses cards (colds + flu, stomach cramps, diarrhoea) to get not just the relative ranking between side effects but also a sense of how difficult they are to manage in the absolute.

Supporting current knowledge - bleeding cards topping order across FGs

Worst 5

= least likely to tolerate

Mean score for each side effect or general illness card across each Focus Group type

	18-20yrs, discontinued injection, mothers n=72 in 12 FGs	18-20yrs, discontinued injection, non-mothers n=72 in 12 FGs	Married, mothers, discontinued injection n=72 in 12 FGs	Naïve modern contraceptive users n=96 in 16 FGs	Satisfied Depo injection users n=96 in 16 FGs	Satisfied DMPA-SC injection users n=96 in 16 FGs	Male partners: Discontinued Depo users n=48 in 8 FGs	Male partners: Current Depo users n=48 in 8 FGs
1	(4.85)	(4.63)	(4.63)	(4.42)	(3.74)	(5.33)	(5.17)	(5.38)
2	(5.24)	(5.34)	(5.68)	(5.97)	(6.03)	(6.03)	(5.53)	(6.72)
3	(6.09)	(5.74)	(6.87)	(6.03)	(6.23)	(7.26)	(7.08)	(7.19)
4	(6.21)	(6.46)	(7.33)	(6.82)	(7.49)	(7.28)	(7.46)	(7.34)
5	(8.17)	(7.38)	(7.73)	(7.32)	(7.51)	(7.49)	(7.94)	(7.57)

Less consistency in most manageable cards

Least worst 5
= most manageable and acceptable

Mean score for each side effect or general illness card across each Focus Group type

	18-20yrs, discontinued injection, mothers n=72 in 12 FGs	18-20yrs, discontinued injection, non-mothers n=72 in 12 FGs	Married, mothers, discontinued injection n=72 in 12 FGs	Naïve modern contraceptive users n=96 in 16 FGs	Satisfied Depo injection users n=96 in 16 FGs	Satisfied DMPA-SC injection users n=96 in 16 FGs	Male partners: Discontinued Depo users n=48 in 8 FGs	Male partners: Current Depo users n=48 in 8 FGs
1	(9.8)	(9.79)	(9.51)	(9.85)	(9.78)	(9.41)	(9.83)	(9.3)
2	(9.82)	(10.8)	(9.6)	(10.09)	(9.94)	(9.51)	(9.88)	(9.38)
3	(10.22)	(10.39)	(9.7)	(10.11)	(10)	(9.76)	(9.96)	(9.89)
4	(10.38)	(10.41)	(10.54)	(10.26)	(10.18)	(10)	(10.48)	(10.52)
5	(11.11)	(11.91)	(11.17)	(11.67)	(10.51)	(11.21)	(10.64)	(10.66)

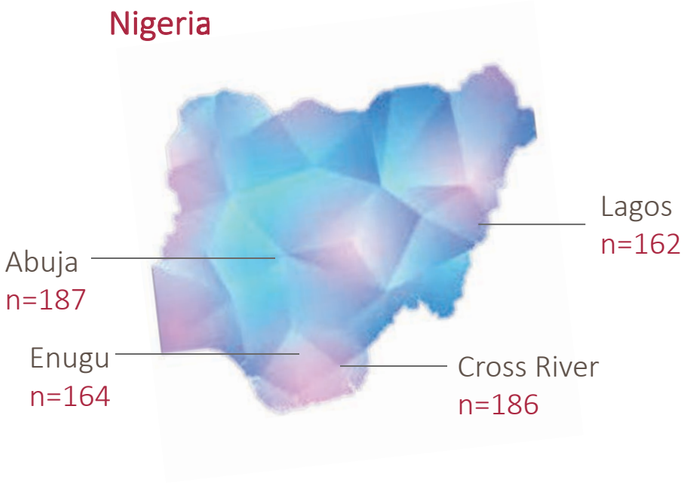
Quantitative Findings

Kim Morneau
Routes2Results
30 minutes

Quantitative Sample

	Nigeria	Uganda	Total
18-21 years	n=101 (14%)	n=138 (19%)	n=239 (17%)
22-25 years	n=169 (24%)	n=158 (22%)	n=327 (23%)
26-30 years	n=200 (29%)	n=195 (27%)	n=395 (28%)
31-35 years	n=103 (15%)	n=112 (16%)	n=215 (15%)
36-40 years	n=80 (11%)	n=79 (11%)	n=159 (11%)
41-49 years	n=46 (7%)	n=29 (4%)	n=75 (5%)
Total	**n=699**	**n=711**	**n=1,410**

Nigeria



Uganda

Sampling methodology

- Quotas were set to achieve four equal sub-groups split by urban vs. rural and modern contraceptive experienced vs. naïve
- Within each sub-group of 150, a minimum of 50 women needed to be aged 18-25
- Stratified multi-stage sampling was used to select enumeration areas within the pre-selected regions.
- At the sampled enumeration areas (i.e. villages in Uganda and Wards in Nigeria), 6 - 16 households were selected using random and systematic sampling. In each enumeration area, the interviewers identified a starting point (i.e. a conspicuous landmark such as a school, church, mosque, etc) and thereafter selected the first household to be interviewed using the date score. For urban areas, the skip interval was 5 households, while in rural areas 4 households were skipped.
- In the sampled households, eligible women respondents were randomly selected using the Kish Grid

Current Market Landscape

~2 in 3 women have not discussed family planning or contraceptives with a healthcare professional in the past 3 years. Despite this, the majority find it easy to access most methods of contraceptives

N

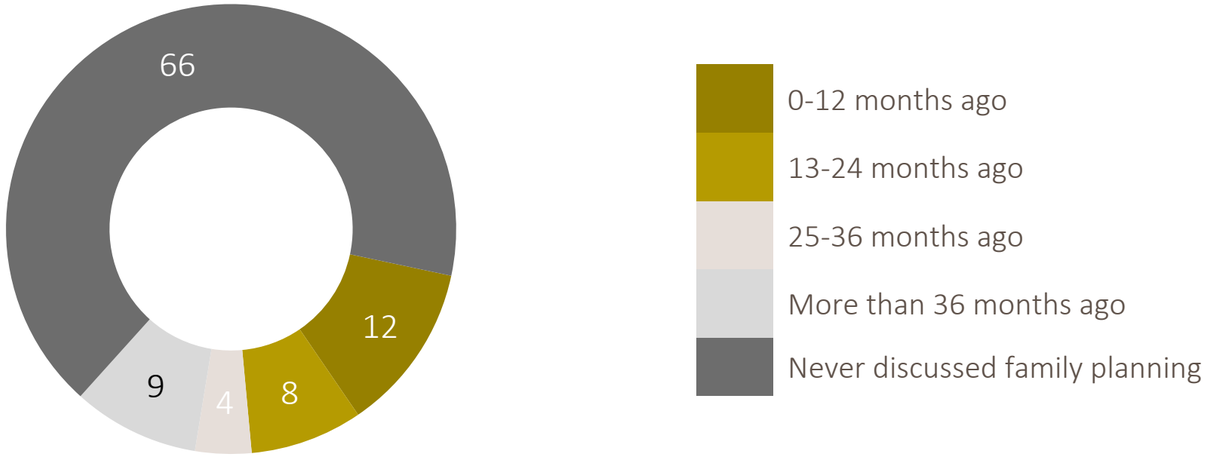
n=699

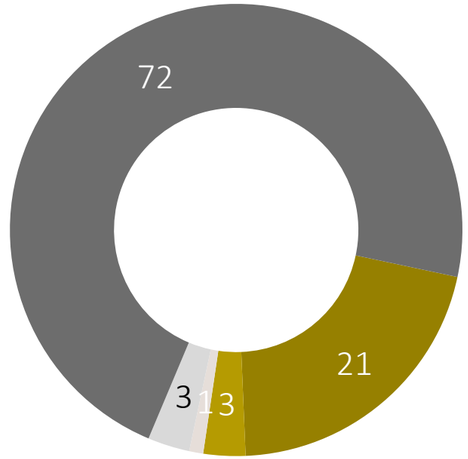
U

n=711

Recency of discussing family planning / contraceptives with a healthcare professional

% of women





Ease of accessing current contraceptives

% of women rating '6' or '7' on 7 pt. scale for statement 'Is easy to get'

C6. When was the last time you discussed contraceptives and/or received a recommendation about contraceptives from a health care professional? This can include an obstetrician/gynecologist (OB/GYN) or a family / general doctor or nurse, or community health worker/ pharmacist / (patent and proprietary medicine vendors).

Contraceptive injection usage is significantly more developed in Uganda than Nigeria. Other than the injection, women in Nigeria appear to have used their current method longer than women in Uganda.

n=662

Method of contraception used in past 30 days

Among women who have ever used a contraceptive
% of women using each method

n=642

Avg. time using method (N)	N	Method	U	Avg. time using method (U)
30 months	11	Injection	26	42 months
29 months	13	Implant	8	26 months
34 months	6	Contraceptive pill	3	22 months
34 months	4	IUD/IUS	4	24 months
30 months	9	Emergency pill	0	N/A
36 months	18	Male condom	18	23 months
53 months	29	Other methods (natural family planning, 'rhythm method', calendar days methods)	22	35 months
	8	None	12	

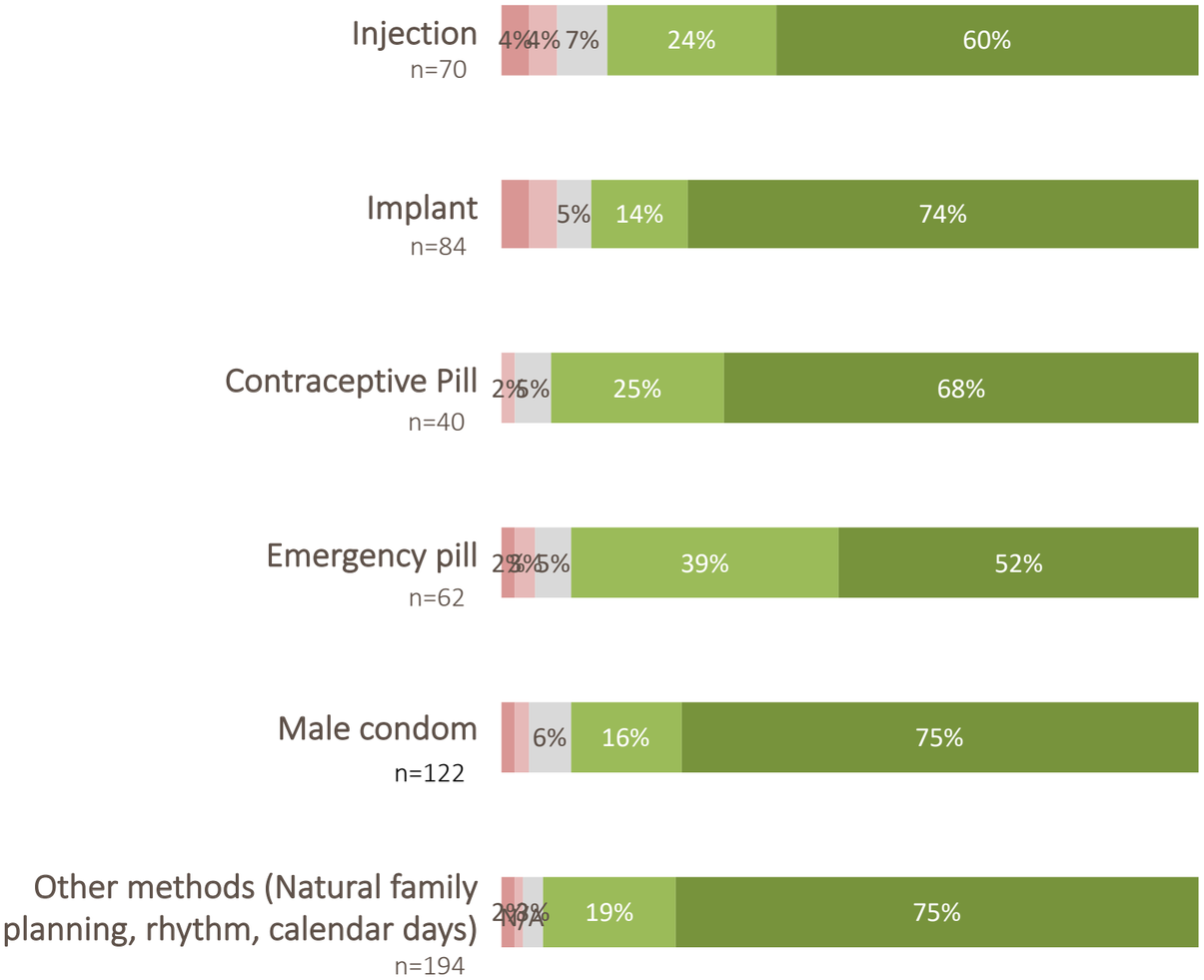
S9. Please indicate which of the following birth control methods you have used in the past 30 days to prevent pregnancy.
D1. For about how long have you been using this form (or combination of forms) of contraception?

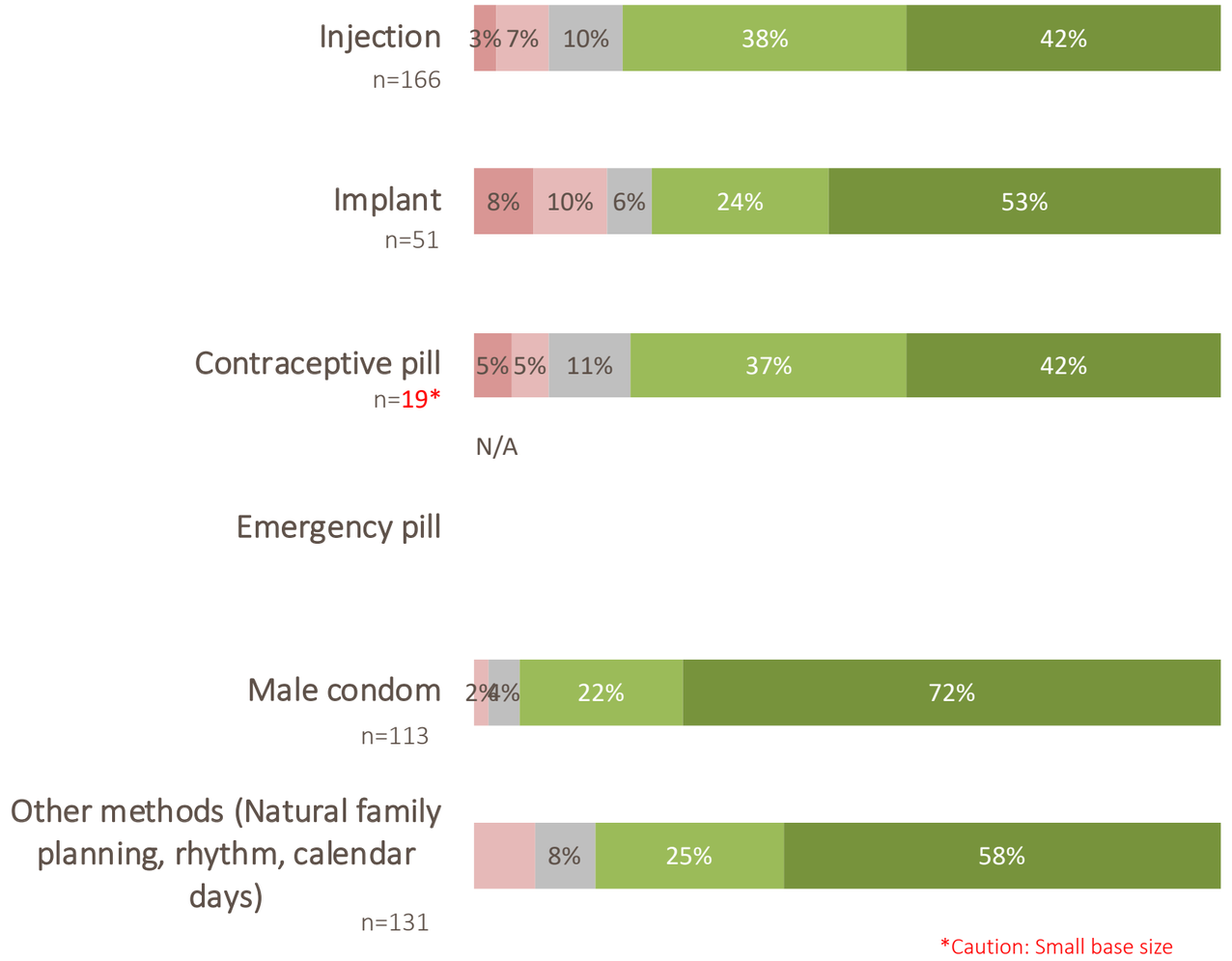
Women are largely satisfied with their current method of contraception, especially in Nigeria.

Satisfaction with current method of contraception

% of women

Very dissatified | Somewhat dissatisfied | Neither satisfied nor dissatisfied | Somewhat satisfied | Very satisfied





*Caution: Small base size

C2. How satisfied are you with **[INSERT S9 RESPONSES]** for contraception?

Women in Uganda are more likely to be receiving their method of contraception for free than women in Nigeria. More women in Uganda also perceive contraceptives to be a good value and affordable

n=699

n=711

Perceived affordability of contraceptives in Nigeria

	Among all	*Among women who are purchasing*		
	% receiving method for free	% rate method as affordable*	% rate method a good value*	Average price paid
Injection	42%	45%	55%	2.5 Naira
Implant	40%	45%	48%	4.1 Naira
Contraceptive pill	3%	14%	68%	0.9 Naira
Emergency pill	0%	62%	49%	1.3 Naira
Male condom	9%	89%	86%	0.6 Naira

**% who rated it a '6' or '7' on a 7-pt. agreement scale*

Perceived affordability of contraceptives in Uganda

	Among all	*Among women who are purchasing*		
	% receiving method for free	% rate method as affordable*	% rate method a good value*	Average price paid
Injection	43%	65%	51%	1.2 Shilling
Implant	73%	79%	71%	2.2 Shilling
Contraceptive pill	16%	9%	62%	0.5 Shilling
Emergency pill	N/A	N/A	N/A	N/A
Male condom	66%	73%	77%	0.5 Shilling

**% who rated it a '6' or '7' on a 7-pt. agreement scale*

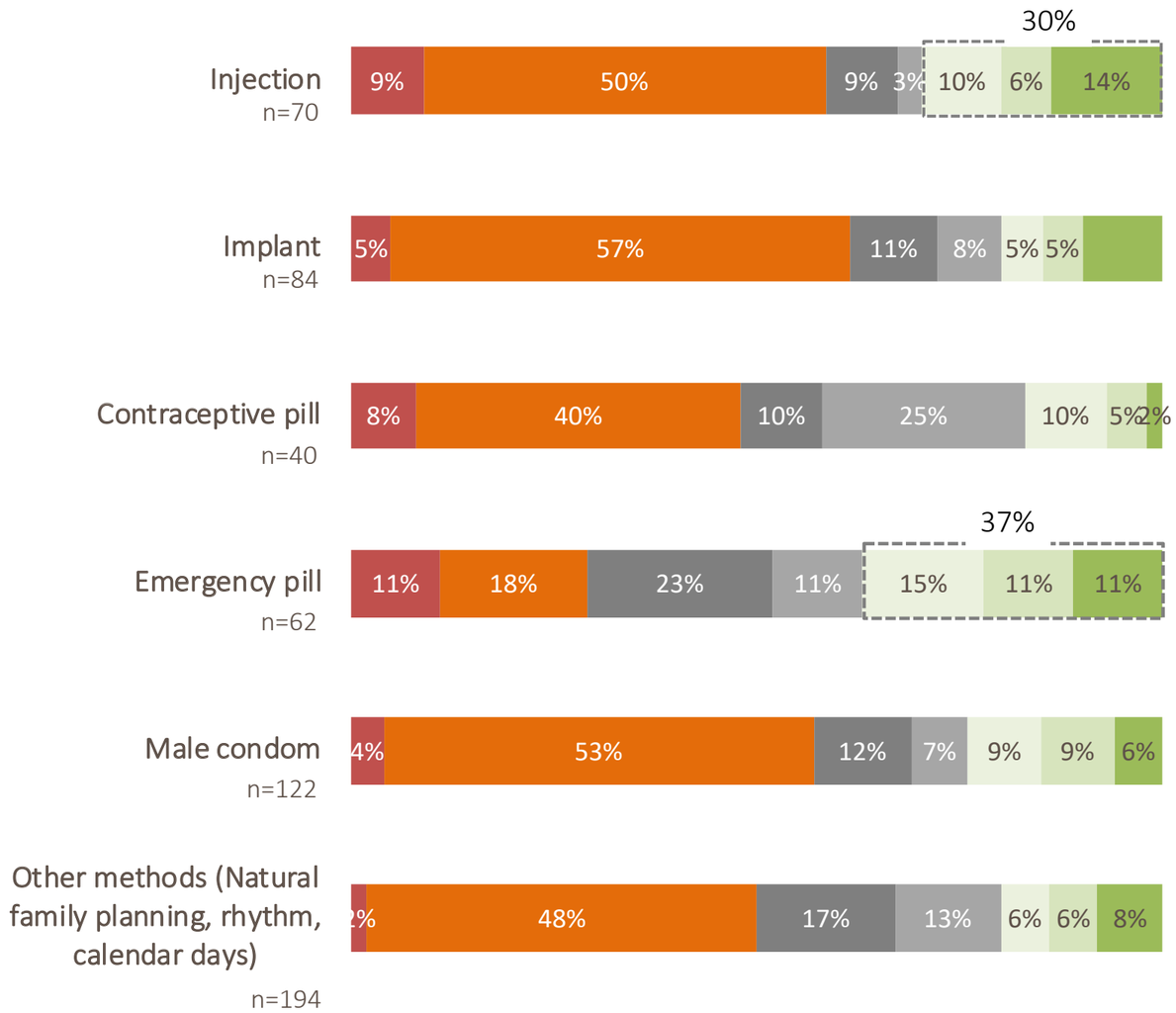
C3. Please indicate your level of satisfaction with the following features of your current method of contraception.
C3b. How much are you paying for your current contraceptive?

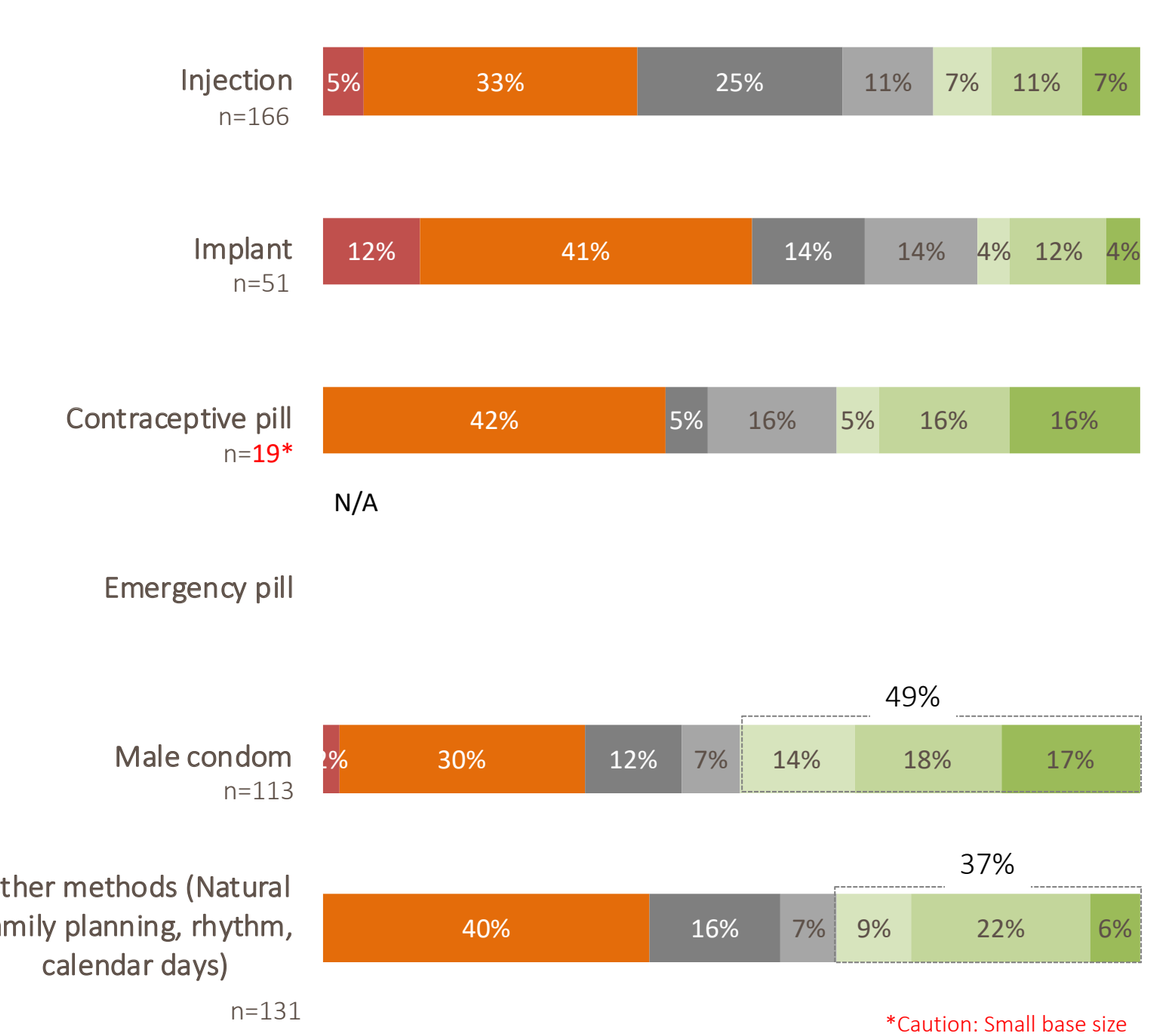
Overall, a larger proportion of women in Uganda are planning to change methods than in Nigeria. Those most open to change are using non-modern methods, condoms or the emergency pill

Likelihood of changing contraception method in the next 12 months

% of women

Plan to stop using | Definitely do NOT plan to switch | Very unlikely | Somewhat unlikely | Somewhat likely | Very likely | Definitely plan to change





*Caution: Small base size

C4. How likely are you to change your method of contraception in the next 12 months? (Changing methods can be obtaining your first one, adding a new method or switching to a new method(s))

Depo IM+ DMPA-SC

Concept Receptivity

Performance Summary

Depo IM Contraceptive Injection

Every 3 months

Concept appeal

- Interest in using*

	Current Injection Users	Non-injection users
Nigeria	49%	33%
Uganda	84%	36%

Interest in learning more

- Likelihood of asking HCP about method
  - Nigeria: 38%
  - Uganda: 59%

Sense of urgency

- Asking HCP about method with 3 months
  - Nigeria: 76%
  - Uganda: 65%

DMPA-SC Injection

Every 3 months

Concept appeal

- Interest in using*

	Current Injection Users	Non-injection users
Nigeria	41%	33%
Uganda	66%	69%

Interest in learning more

- Likelihood of asking HCP about method
  - Nigeria: 40%
  - Uganda: 69%

Sense of urgency

- Asking HCP about method with 3 months
  - Nigeria: 80%
  - Uganda: 72%

DMPA-SC Injection

Every 6 months

Concept appeal

- Interest in using

	Current Injection Users	Non-injection users
Nigeria	50%	33%
Uganda	69%	52%

Interest in learning more

- Likelihood of asking HCP about method
  - Nigeria: 38%
  - Uganda: 70%

Sense of urgency

- Asking HCP about method with 3 months
  - Nigeria: 76%
  - Uganda: 68%

*Includes women who indicated top 2 box intent and those who are currently using this form of contraception

Switching Summary

n=699

n=711

Likelihood of switching from current form of contraception to each type of injection

% of women who indicated top 2 box likelihood to switch on 5 point scale

Current form	Switch to Depo IM	Switch to DMPA-SC 3M	Switch to DMPA-SC 6 M
Male condoms	20%	20%	19%
IUD/IUS/Implant	14%	23%	16%
Injection	N/A	27%	26%
All other modern contraceptives	27%	28%	28%
Other non-modern methods	21%	20%	21%

Current form	Switch to Depo IM	Switch to DMPA-SC 3M	Switch to DMPA-SC 6 M
Male condoms	40%	45%	49%
IUD/IUS/Implant	17%	25%	32%
Injection	N/A	41%	43%
All other modern contraceptives	24%	55%	55%
Other non-modern methods	9%	30%	29%

The injection was most appealing to women who live in rural areas, are aged 18-24, are seeking work and most recently used an injection or a 'per occasion' form for contraception

Characteristics of women who exhibit significantly more interest in the injection

Women who indicated top 2 box willingness to use ('definitely will' or 'probably will')

Characteristics of women interested in both Depo IM and DMPA-SC

Nigeria	Uganda
• Live in rural area • Aged 18-24 years - willingness to use declines as age increases	
• In the past 30 days, used the injection for contraception • Socio-Economic Class 2 • Unemployed, seeking work	In the past 30 days, used the injection for contraception

Additional characteristics of women interested in both Depo IM and DMPA-SC

Nigeria	Uganda
• Not married; either single or living together not married	
• In the past 30 days, used nothing	• In the past 30 days, used male condoms or breast feeding for contraception

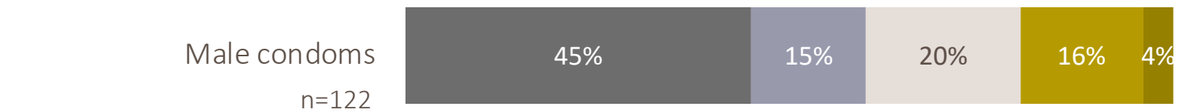
D1. Based on the information about the injectable contraceptive you just heard about, how interested are you in using this birth control product if your doctor or health care professional recommended it or prescribed it?

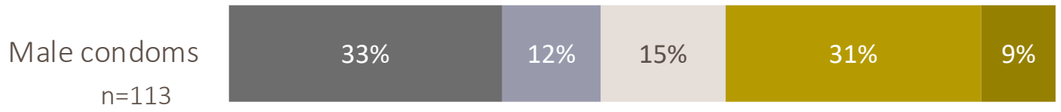
n=428 for Depo
n=598 for 3mo DMPA-SC
N=615 for 6mo DMPA-SC

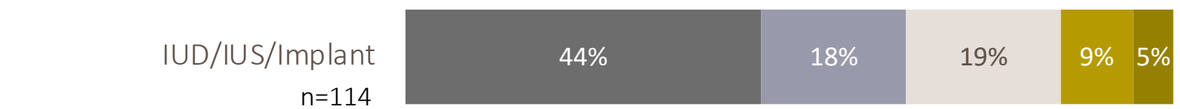
Current users of male condoms in Uganda are most likely to switch to the Depo IM injection

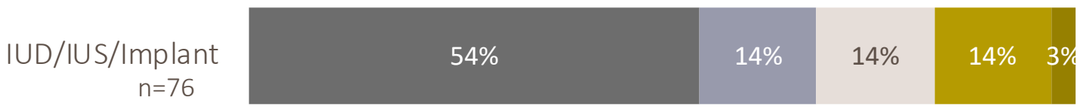
Likelihood of switching from current form of contraception to the Depo IM injection

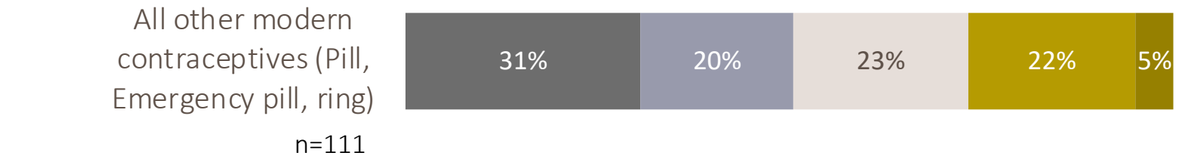
% of women

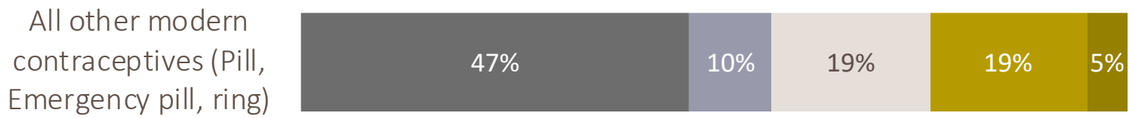


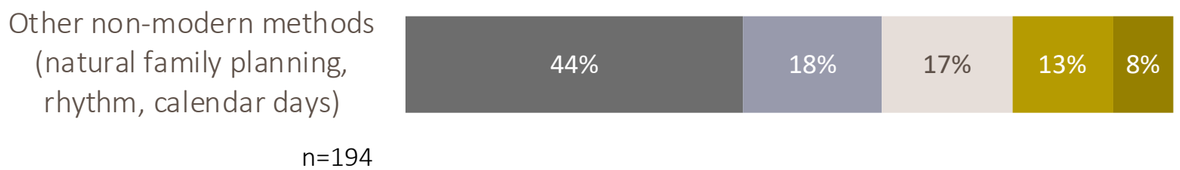


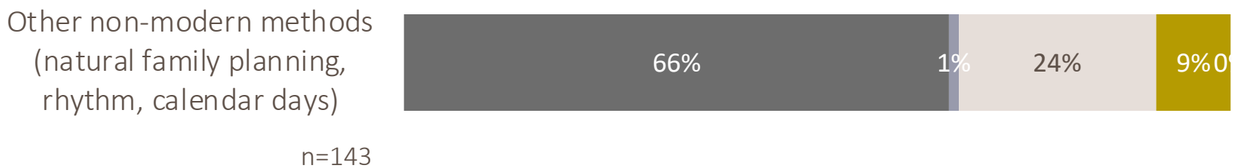












*Caution: Small base size

D6. Assuming this product is available, how likely are you to switch to the new product in place of [INSERT S9 RESPONSES] in the next 12 months?

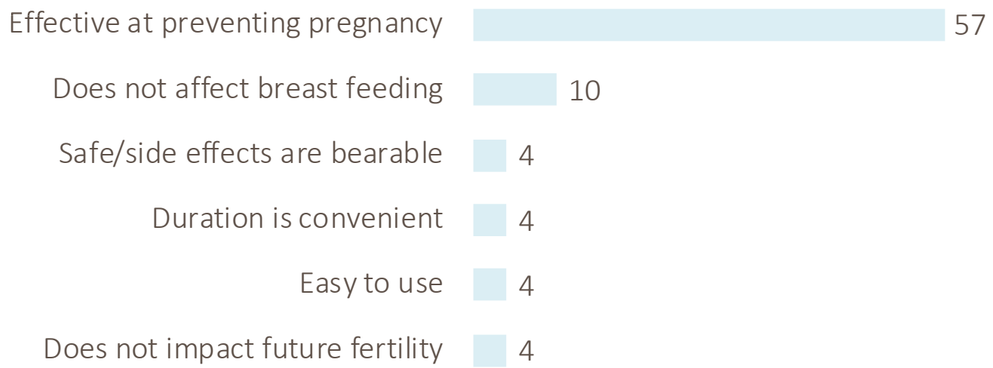
D7. How likely are you to switch to the new product when it's time for a new intrauterine device/system or implant?

Efficacy in preventing pregnancy is the primary driver for using the Depo IMinjection, while irregular menstruation is the primary barrier. Women in Nigeria exhibit more hesitation about side effects overall

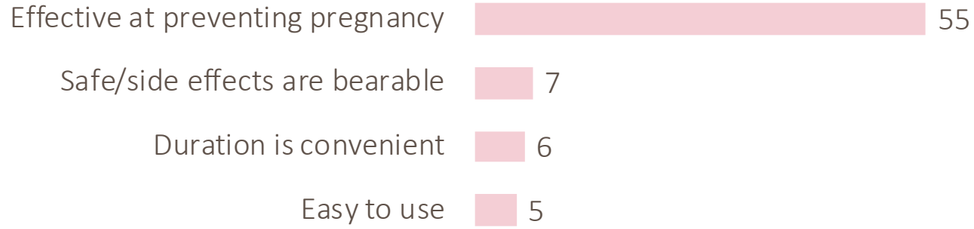
n=699

Spontaneous reasons the Depo IM injection is appealing*

% of women

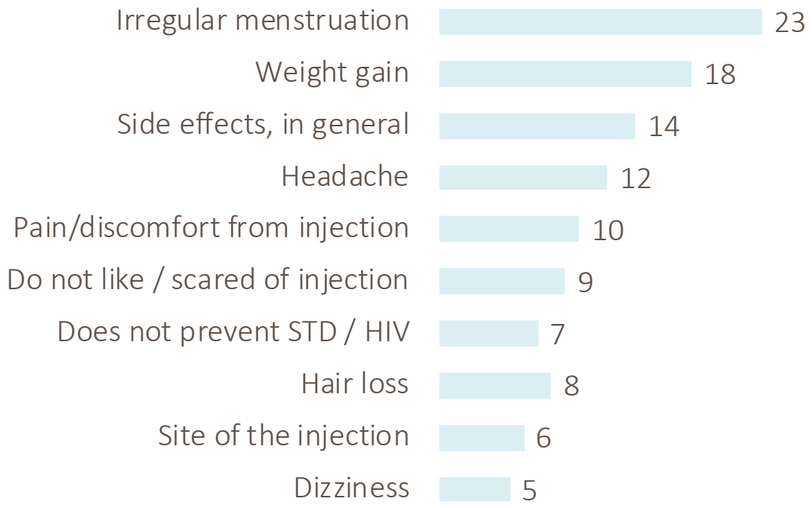


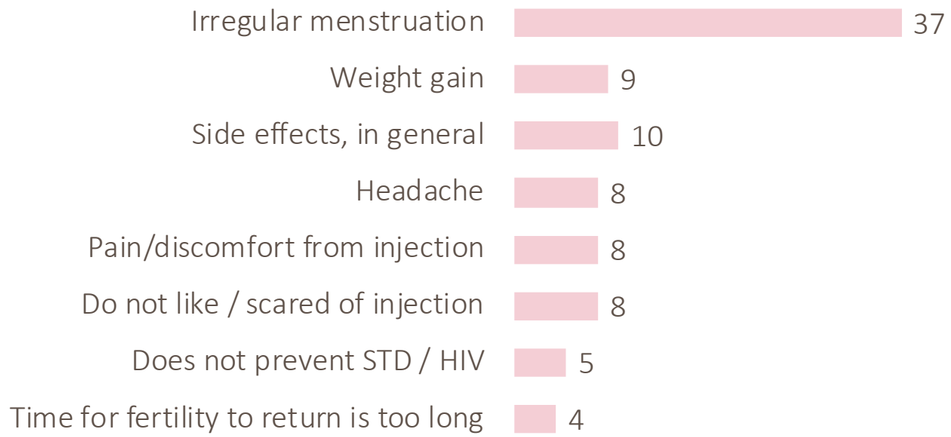
n=711



Spontaneous reasons the Depo IM injection is not appealing*

% of women





D4. What, if anything, do you like about this product?
D5. What, if anything, do you dislike about this product?

*Only showing reasons which were cited by >3% of the sample

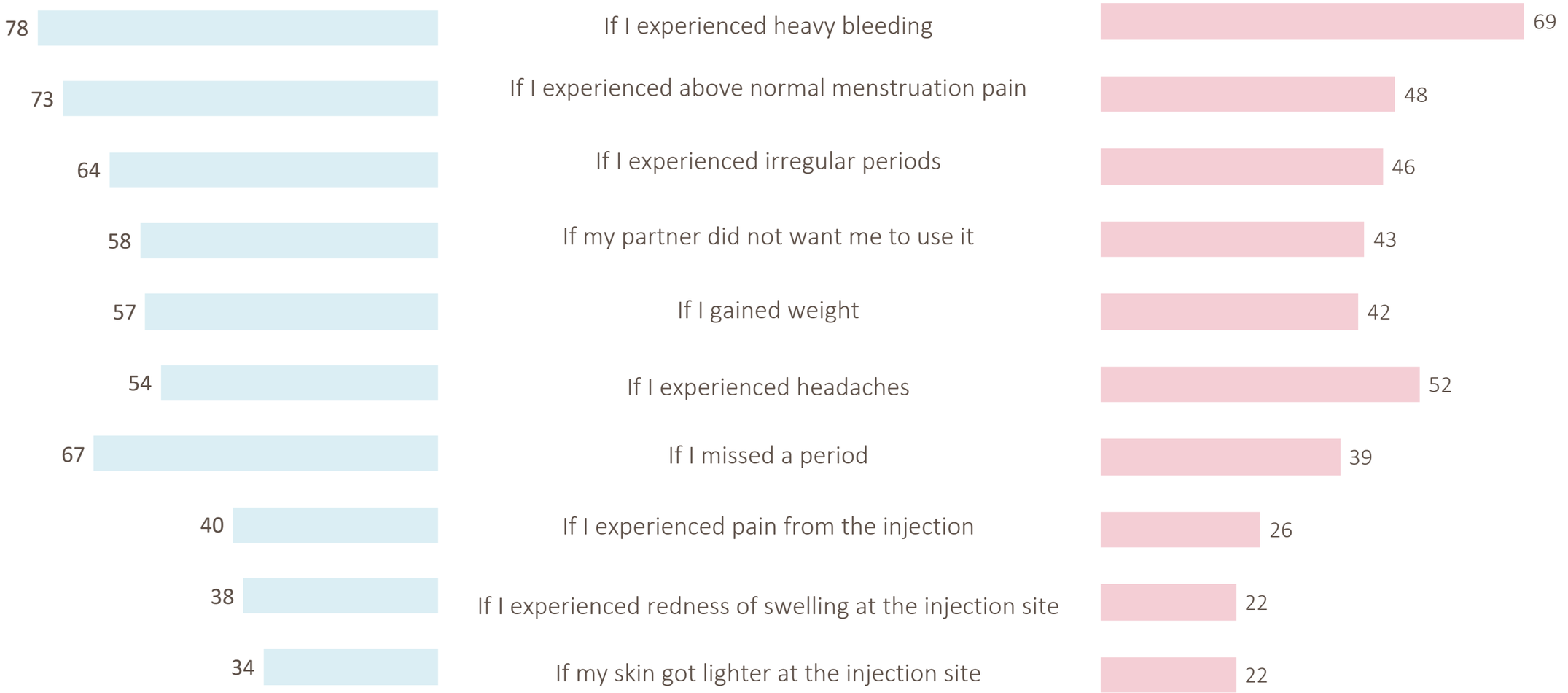
Heavy bleeding will cause nearly three quarters of women in both countries to discontinue the Depo IM injection. Women in Nigeria are more likely to discontinue due to other side effects than women in Uganda

n=699

Anticipated discontinuation of the Depo IM injection

% of women rating top two box (Definitely would discontinue or probably would discontinue)

n=711

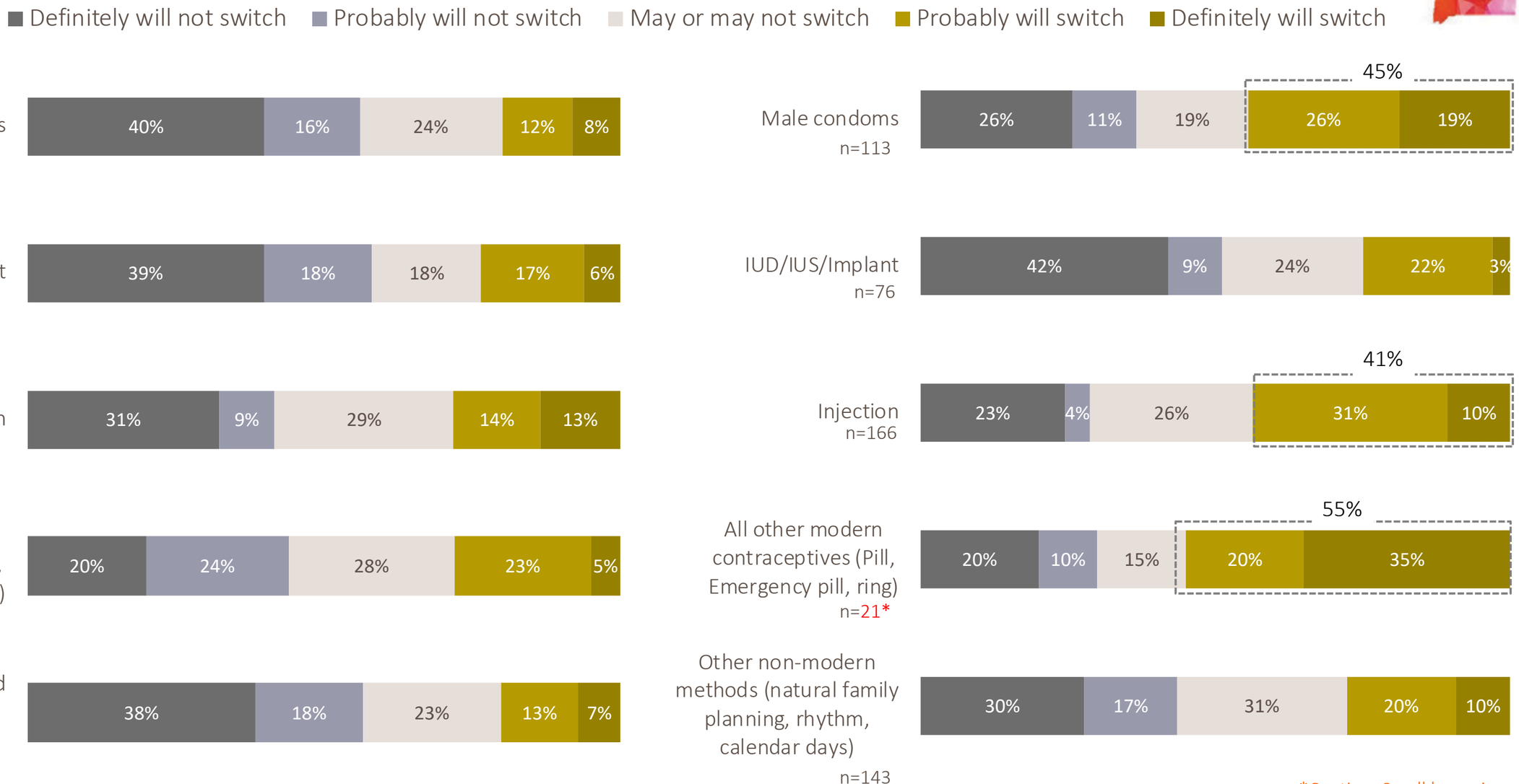


D9. Thinking of the injectable contraceptive you just heard about, how likely would you be to discontinue using this form of contraception in the following situations?

Current users of male condoms, the Depo IM injection and other modern contraceptives in Uganda are most likely to switch to the DMPA-SC 3-month injection.

Likelihood of switching from current form of contraception to the DMPA-SC 3-month injection

% of women



*Caution: Small base size

D6. Assuming this product is available, how likely are you to switch to the new product in place of [INSERT S9 RESPONSES] in the next 12 months?

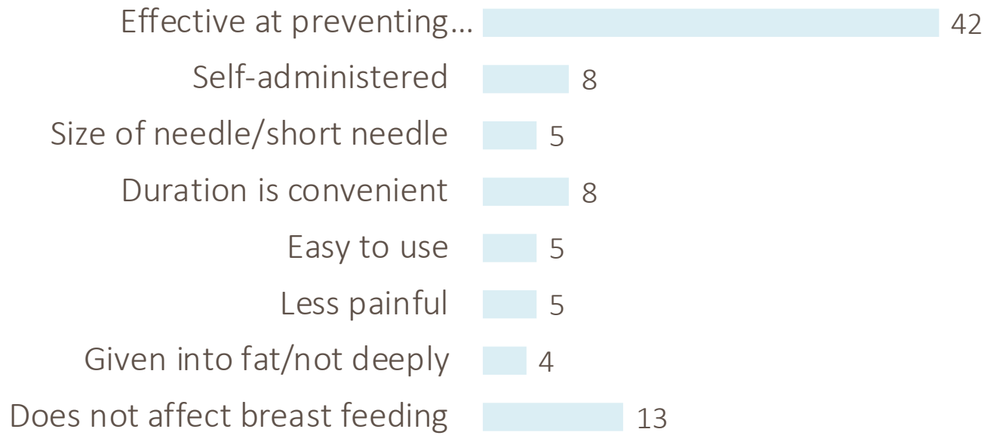
D7. How likely are you to switch to the new product when it's time for a new intrauterine device/system or implant?

The main drivers and barriers to using the DMPA-SC 3 month injection are the same as those of the Depo. Women in Uganda cite more drivers and less barriers for the 3 month SC injection than women in Nigeria

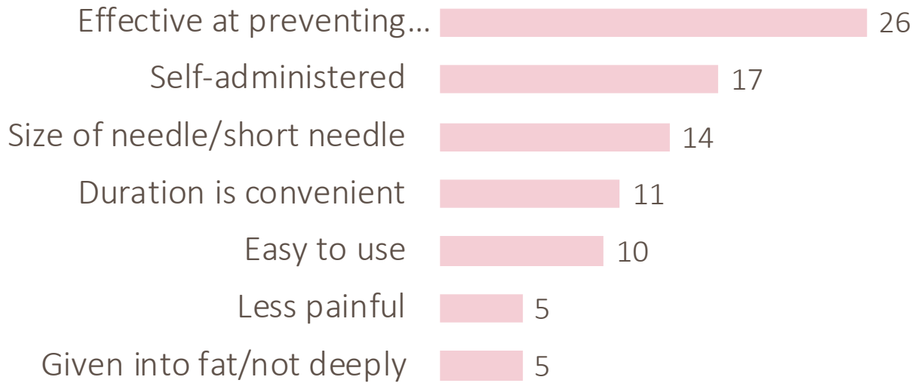
n=699

Spontaneous reasons the DMPA-SC 3 month injection is appealing*

% of women

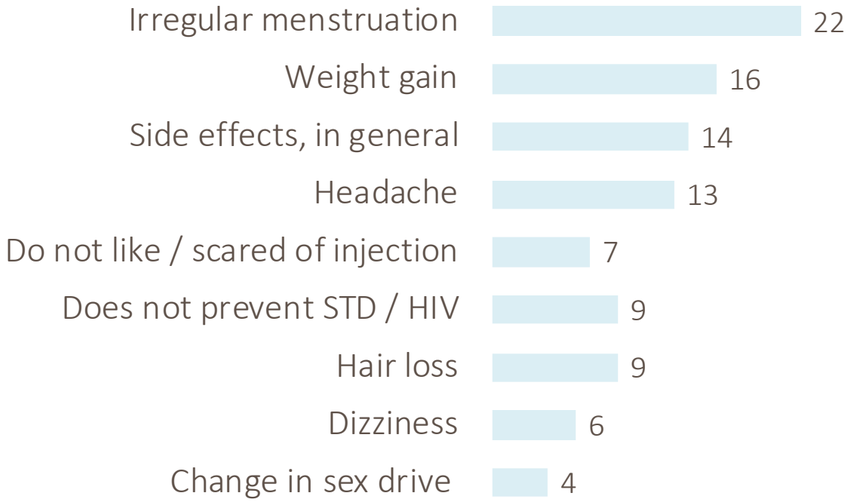


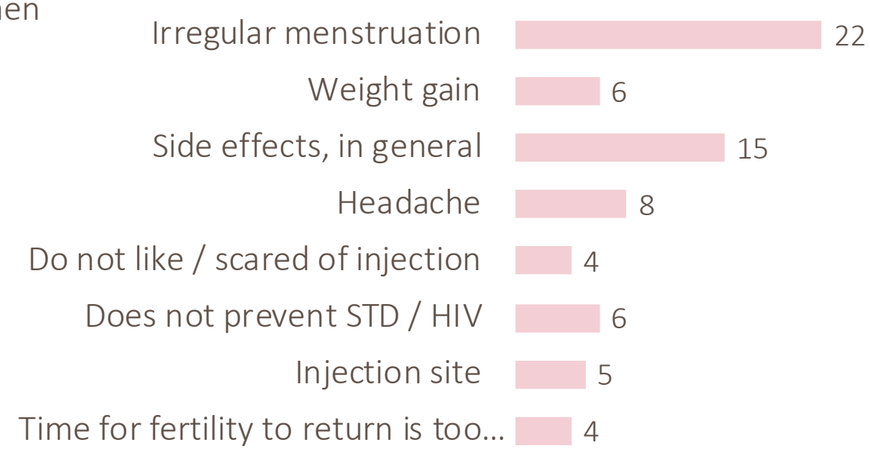
n=711



Spontaneous reasons the DMPA-SC 3 month injection is not appealing*

% of women





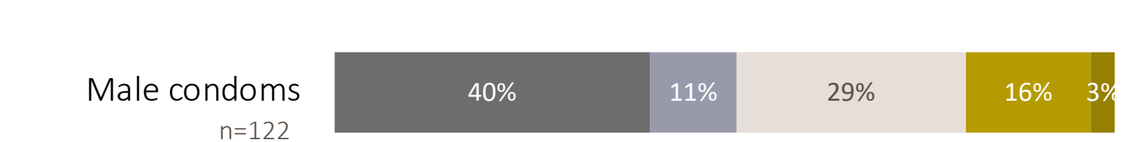
D4. What, if anything, do you like about this product?
D5. What, if anything, do you dislike about this product?

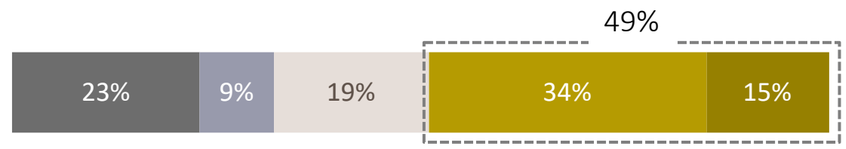
*Only showing reasons which were cited by >3% of the sample

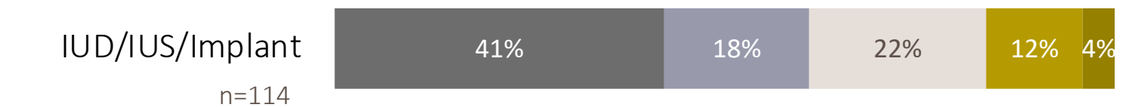
Similar to the DMPA-SC 3 month injection, current users of male condoms and other modern contraceptives in Uganda are most likely to switch to the DMPA-SC 6-month injection.

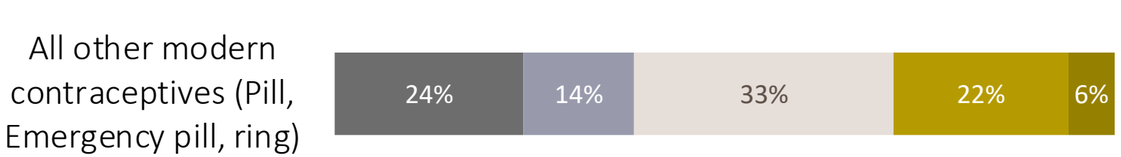
Likelihood of switching from current form of contraception to the DMPA-SC 6-month injection

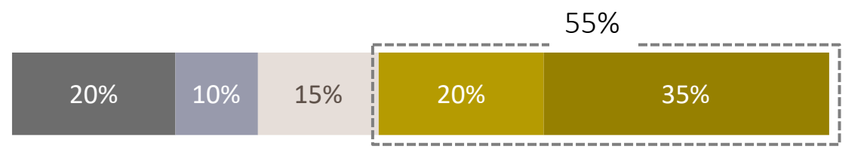
% of women

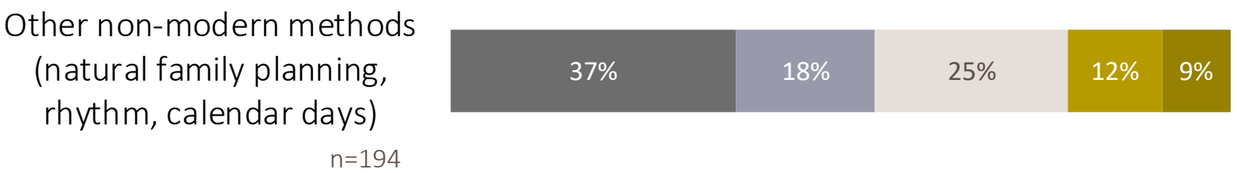


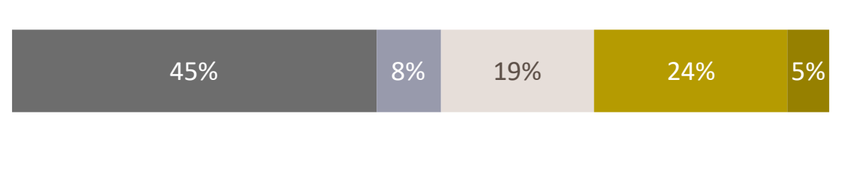












*Caution: Small base size

D6. Assuming this product is available, how likely are you to switch to the new product in place of [INSERT S9 RESPONSES] in the next 12 months?

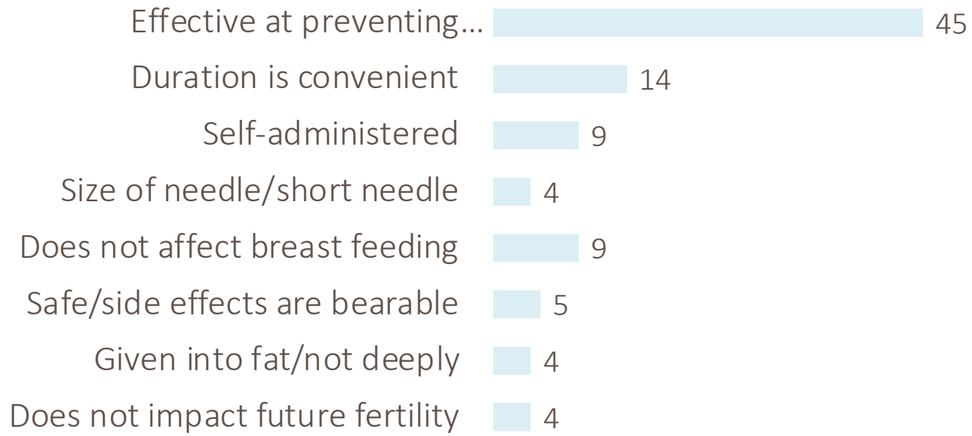
D7. How likely are you to switch to the new product when it's time for a new intrauterine device/system or implant?

In Uganda, convenient duration outpaces efficacy as the primary driver for using the (concept of) DMPA-SC 6 month injection. Other drivers and barriers are comparable to the 3 month DMPA-SC injection

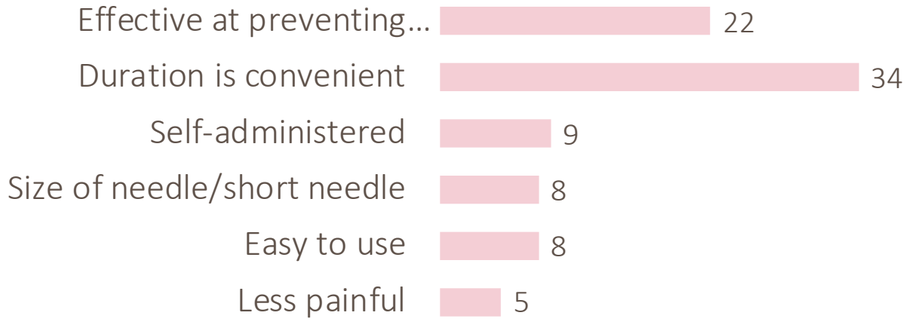
n=699

Spontaneous reasons the DMPA-SC 6 month injection is appealing*

% of women

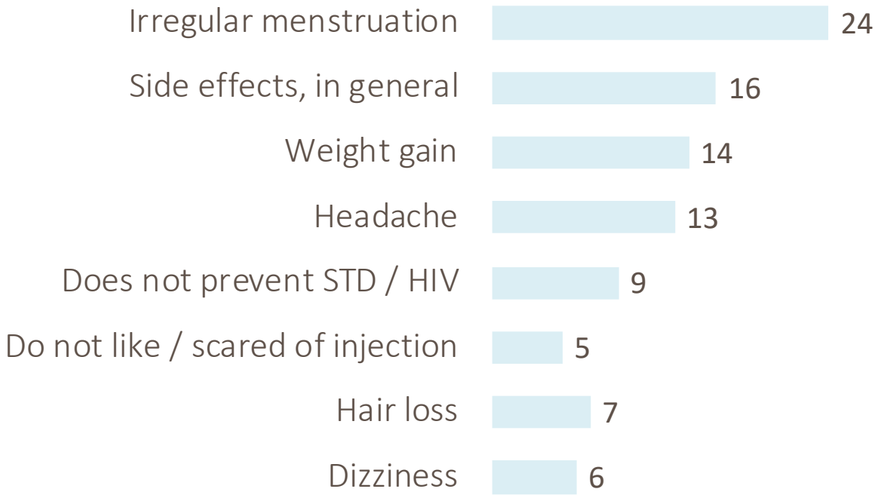


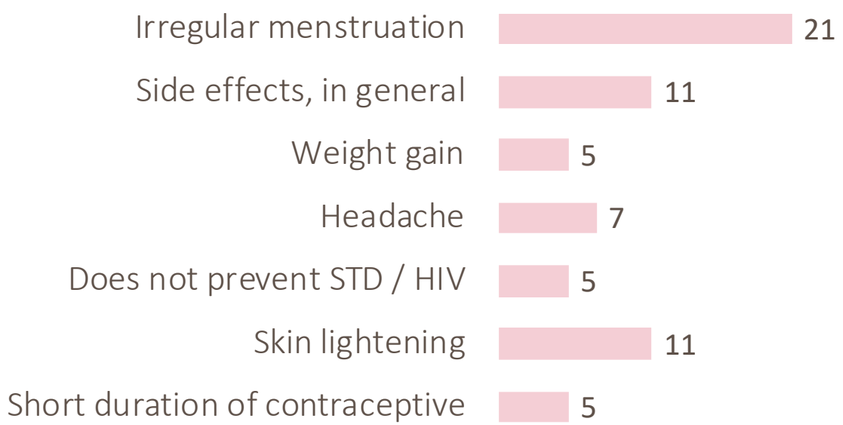
n=711



Spontaneous reasons the DMPA-SC 6 month injection is <u>not</u> appealing*

% of women





D4. What, if anything, do you like about this product?
D5. What, if anything, do you dislike about this product?

*Only showing reasons which were cited by >3% of the sample

The length of contraceptive protection will not impact the likelihood of discontinuing when side effects occur. The discontinuation rate will be nearly the same for the Depo IM and sub-cutaneous forms.

N

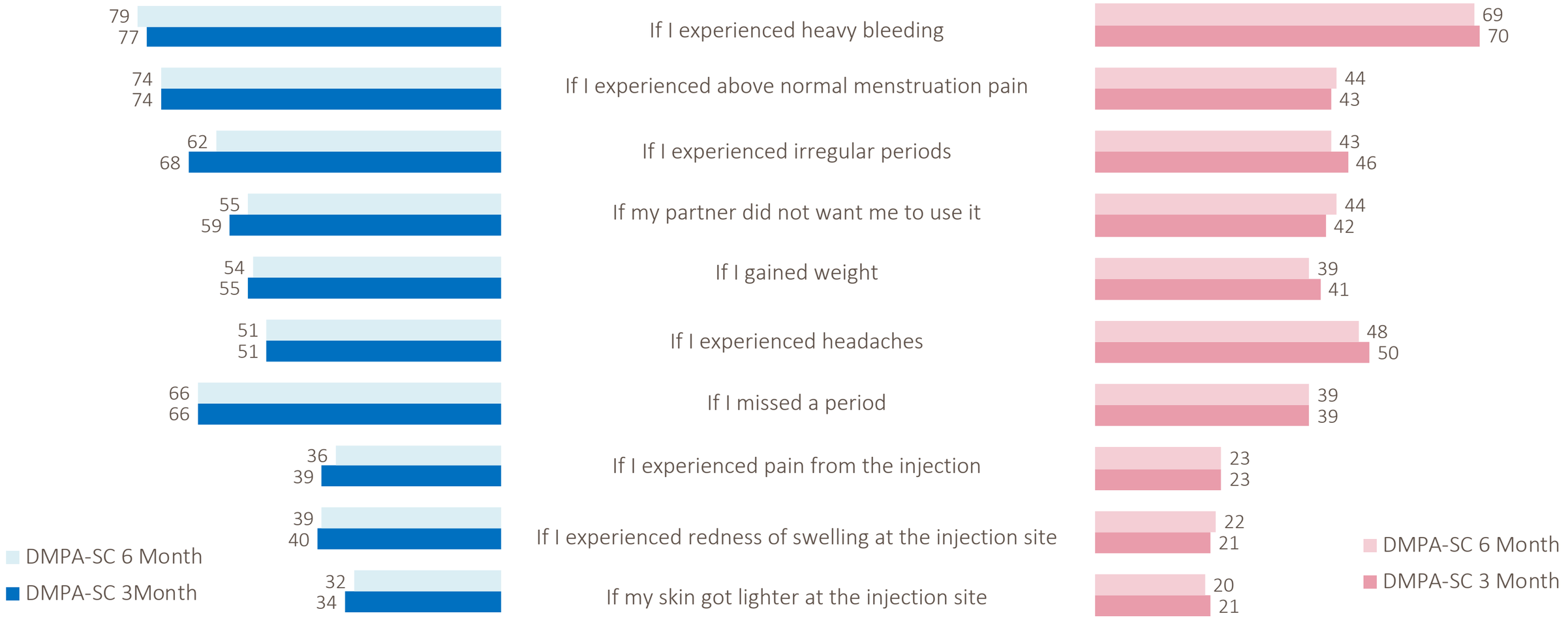
n=699

Anticipated discontinuation of the DMPA-SC injection

% of women rating top two box (Definitely would discontinue or probably would discontinue)

n=711

U



D9. Thinking of the injectable contraceptive you just heard about, how likely would you be to discontinue using this form of contraception in the following situations?

Drivers & Barriers

Product Features
Sensitivity Analysis

Understanding preference through a discrete choice conjoint exercise

Respondents are shown a card with 2 hypothetical contraceptive injections with varying combinations of 8 product features
Women indicate which hypothetical injection is most desirable, or they can select neither of them
This process is repeated a total of 8 times, each time with varying hypothetical injections
= reflective of decision-making process and allows for the relative impact of product features to be derived, not self-stated

Product features varied

n=1,410

	Type of injection	Frequency of injection	Person administering injection	Time to fertility returning (after discontinuation)	Level of pain from injection	Skin reaction at injection site	Location of injection	Access
Option 1	Into the muscle	Every 3 months	Healthcare professional	4 months	Pain present, but can be easily ignored	Little to no visible sign	Upper arm	Pharmacy
Option 2	Under the skin, into fat not into muscle	Every 6 months	Community Health Worker	12 months	Pain present, cannot be ignored but does not interfere with everyday activities	Skin may be a few shades lighter, for up to one year	Abdomen	Community health care worker
Option 3			Self	8 months (added for variability when tied to injection every 6 months)	Pain present, cannot be ignored, interferes with concentration	Redness and/or swelling and/or stinging for several days	Thigh	Health post/health care center

D13 If you were to use one of these products, which one would you choose?

Several factors drive interest in an injectable. The person administering it is the top driver in Nigeria while level of pain is the top driver in Uganda. Type of injection, time to fertility and skin reactions are least concerning.

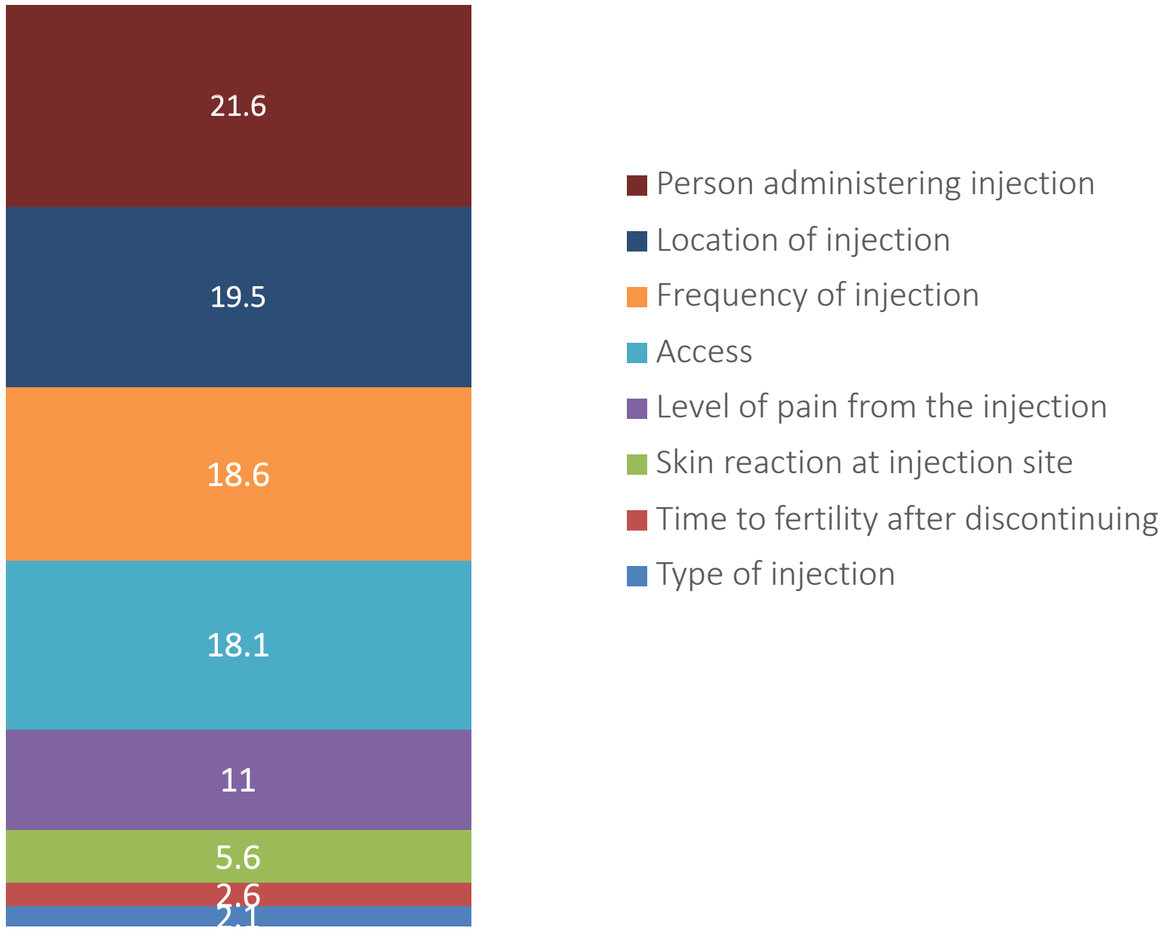
n=699

Relative importance of product features in driving demand for a contraceptive injection

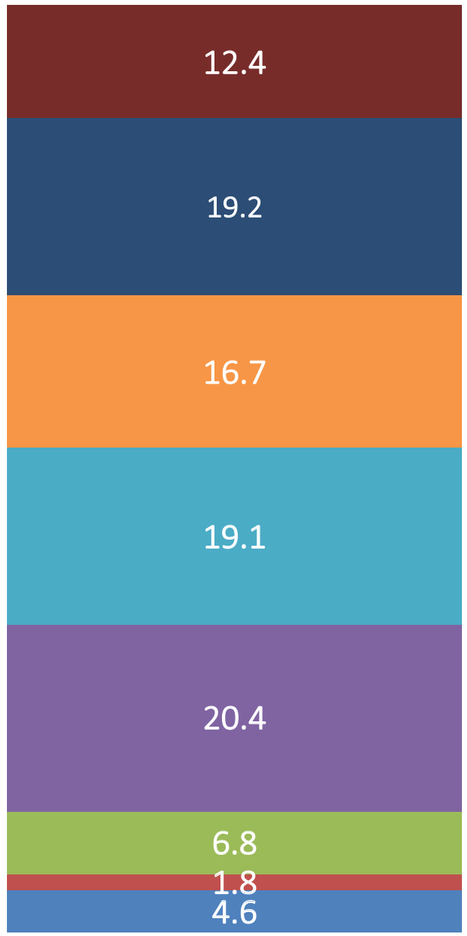
Derive importance scores are shown on a 100 point scale to provide context

n=711

Results derived based on 5,592 choices made indicating preference for hypothetical injections



Results derived based on 5,688 choices made indicating preferences for hypothetical injections



Derived from the data captured in the conjoint exercise

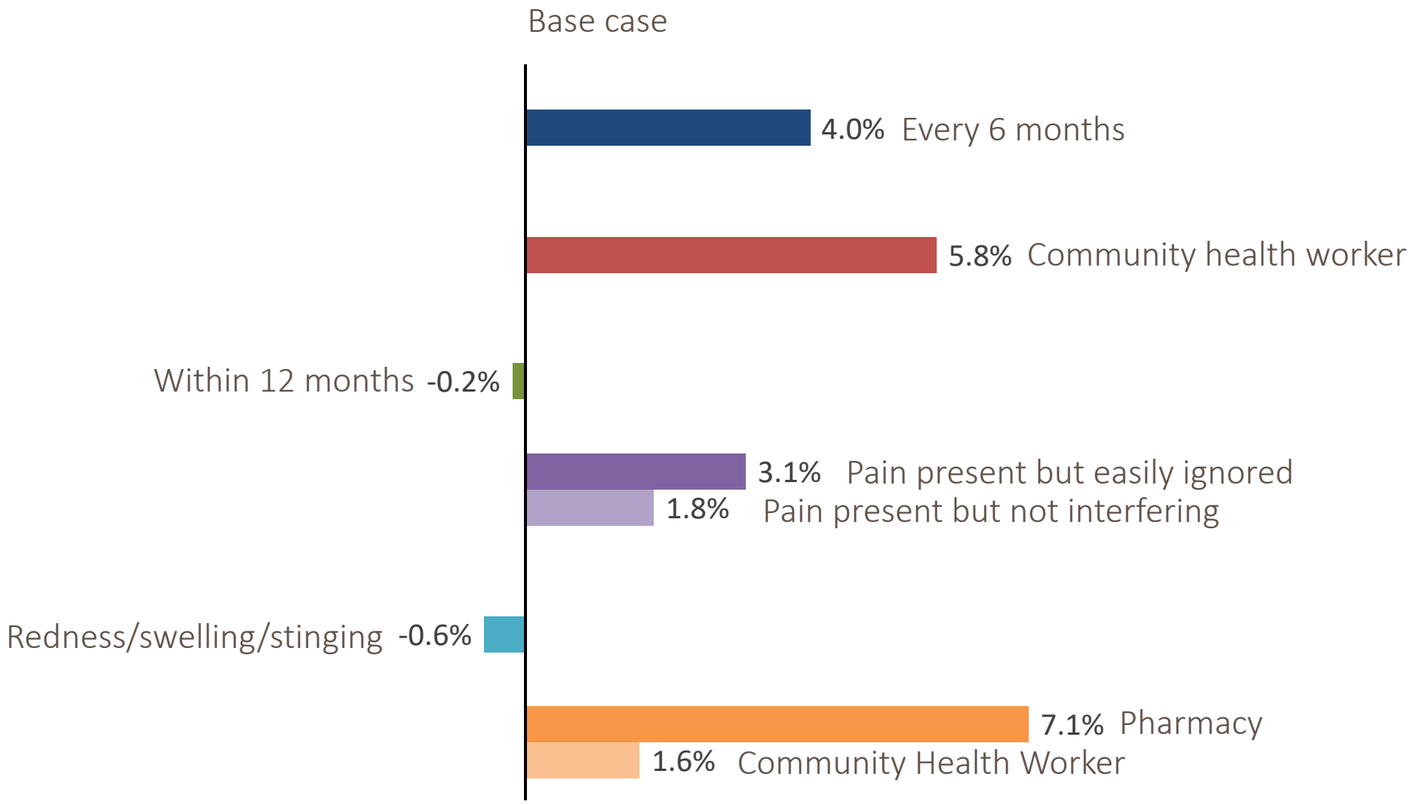
Sensitivities for an intramuscular injection in Nigeria

n=699

Impact of varying features of an intramuscular injection

Change in % of women willing to use the intramuscular injection relative to base case

Feature	Base case
Frequency of injection	Every 3 months
Person administering injection	Healthcare professional
Time to fertility returning	Within 4 months
Level of pain from injection	Pain present, can't be ignored and interferes with concentration
Skin reaction at injection site	Little to no visible sign
Where to obtain injection	Healthcare center



Derived from the data captured in the conjoint exercise

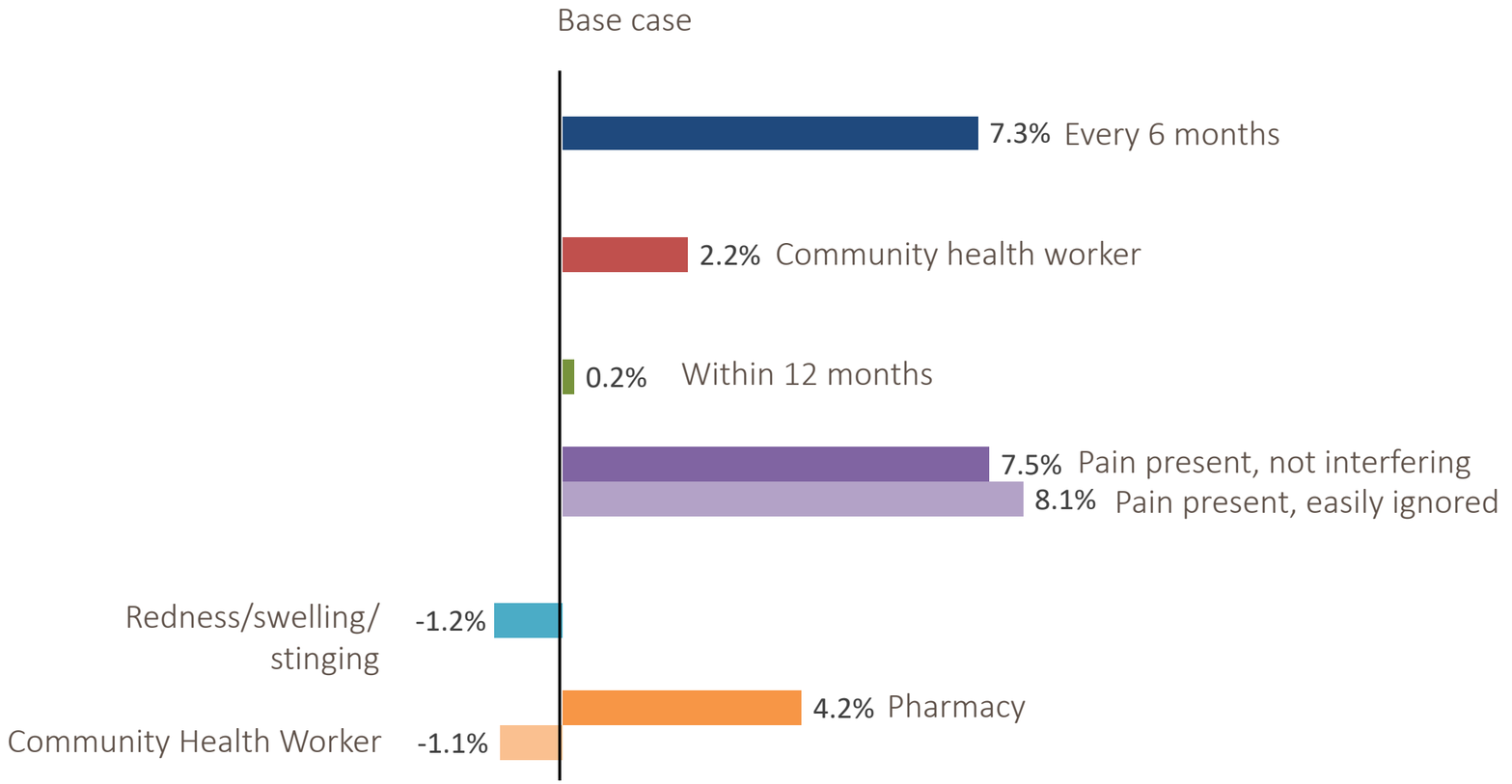
Sensitivities for an intramuscular injection in Uganda

n=711

Impact of varying features of an intramuscular injection

Change in % of women willing to use the intramuscular injection relative to base case

Feature	Base case
Frequency of injection	Every 3 months
Person administering injection	Healthcare professional
Time to fertility returning	Within 4 months
Level of pain from injection	Pain present, can't be ignored and interferes with concentration
Skin reaction at injection site	Little to no visible sign
Where to obtain injection	Healthcare center



Derived from the data captured in the conjoint exercise

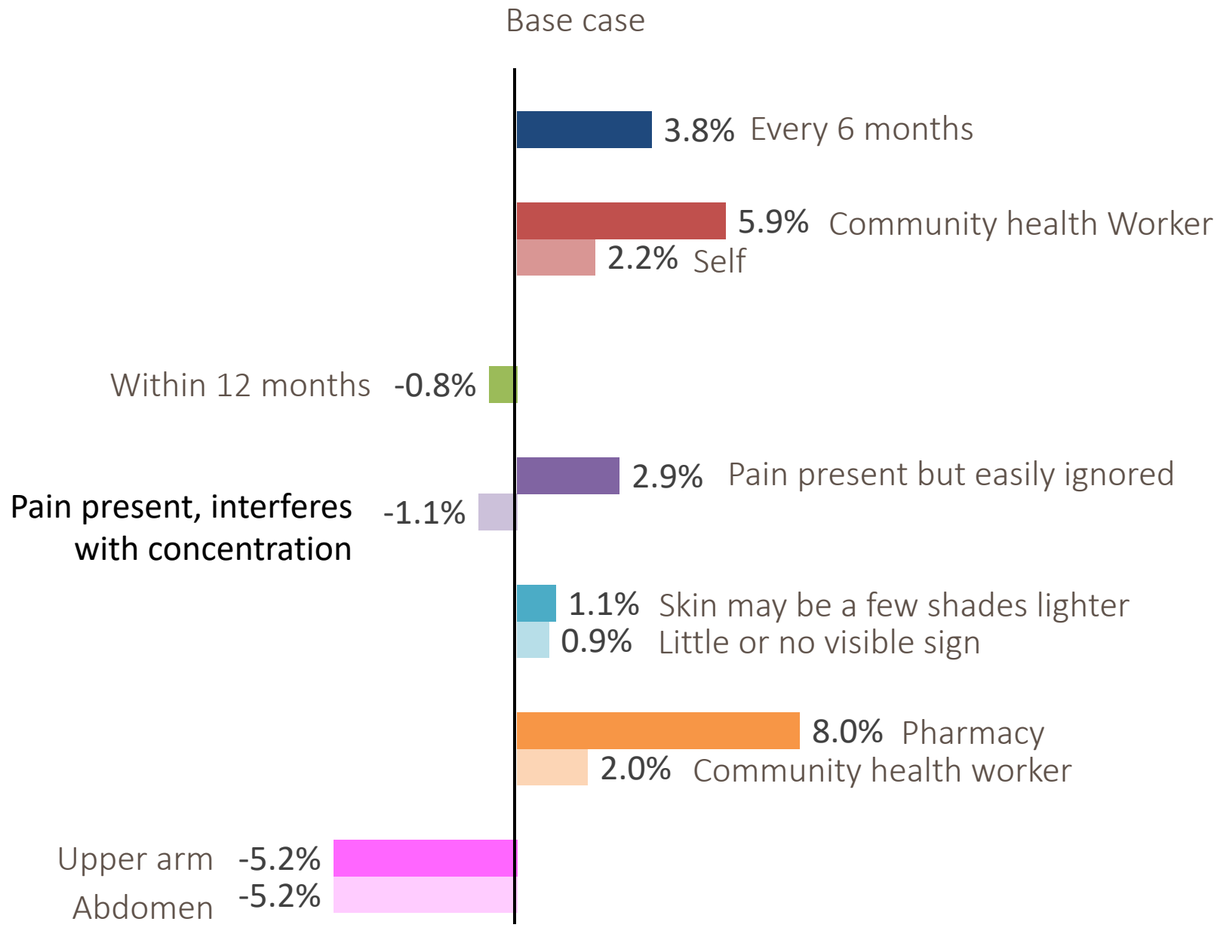
Sensitivities for a sub-cutaneous injection in Nigeria

n=699

Impact of varying features of a sub-cutaneous injection

Change in % of women willing to use the sub-cutaneous injection relative to base case

Feature	Base case
Frequency of injection	Every 3 months
Person administering injection	Healthcare professional
Time to fertility returning	Within 4 months
Level of pain from injection	Pain present, can't be ignored but does not interfere with activities
Skin reaction at injection site	Redness/swelling/stinging at injection site
Where to obtain injection	Healthcare center
Location of injection	Upper thigh



Derived from the data captured in the conjoint exercise

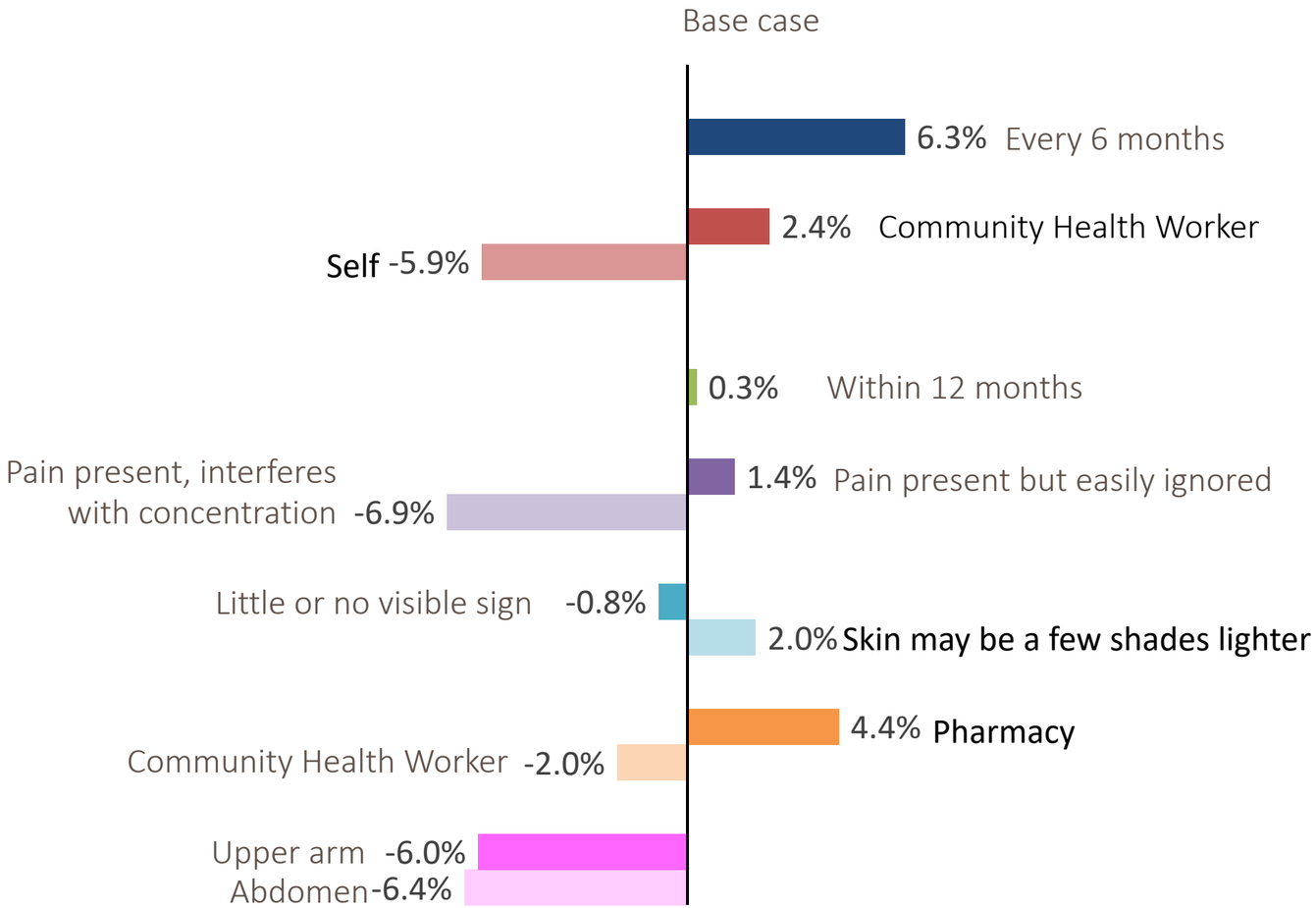
Sensitivities for a sub-cutaneous injection in Uganda

n=711

Impact of varying features of a sub-cutaneous injection

Change in % of women willing to use the subcutaneous injection relative to base case

Feature	Base case
Frequency of injection	Every 3 months
Person administering injection	Healthcare professional
Time to fertility returning	Within 4 months
Level of pain from injection	Pain present, can't be ignored but does not interfere with activities
Skin reaction at injection site	Redness/swelling/stinging at injection site
Where to obtain injection	Healthcare center
Location of injection	Upper thigh



Derived from the data captured in the conjoint exercise

Summary and Conclusions

These new data reinforce earlier findings related to user desires and potential drivers of injectable use

Injectables are highly desirable for many women, with preference towards SC formulation

Where injectables fit into the broader context of contraceptive use will vary by life stages and by country/setting

Key positive and negative attributes:

- ***Effectiveness*** is an attractive characteristic and reason many women choose injectables
- ***Concerns about bleeding*** (as well as other side effects like weight gain) are a barrier for some women to even try an injectable
- ***Changes in bleeding*** patterns affect continuation

Self-injection is appealing to many women

- Appropriate ***training*** is desired to feel confident in injecting correctly
- Some will prefer provider injections

Many women would be interested in a 6-month injectable

- Many would value the ***convenience*** of longer duration
- Some prefer shorter-acting injectables so they can discontinue more quickly, if desired

Discussion

All
10 minutes

THANK YOU

Routes2Results is a not for profit public health market research collective

Moushira@routes2results.org
Jeff@routes2results.org
Emma@routes2results.org

STAY CONNECTED

OUR WEBSITE: routes2results.org
LINKEDIN: Routes2Results
TWITTER: @Routes2Results
INSTAGRAM: routes2results

Photo of R2R and Uganda team at the qualitative briefing and pilots for this research