Society for Family Health
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Title: Taking over the reins of contraceptive use: A case for self-care contraception.

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The risks associated with each pregnancy is carried almost entirely by a woman, however the decision about whether and when to get pregnant is a subject that several others contend with her to make. Partners, friends service providers and society hold various levels of influence over a client's decision to use contraception. The pressure on a woman to avoid use of contraceptive is associated with Nigerian men's desire for more children than women as well as myths and misconceptions often associated with religious and ethnic values, beliefs, and norms (NDHS, 2018).

The World Health Organization (2019) defines self-care as the capacity of individuals and groups to take control of their health and its determinants with or without the support of a healthcare provider. It includes DMPA-SC Self-injection (SI) as one of its new self-care recommendations for high-quality family planning services. DMPA-SC self-injection has the potential to expand access and create opportunities for women to take control of their reproductive health, particularly where there are barriers to facility-based services.

The Delivering Innovations in Self-Care (DISC) project supports women to take more control over their Sexual and Reproductive Health (SRH) by scaling up quality self-care options starting with self-inject DMPA-SC services. To obtain insight into the influences that interfere with a woman's capacity to make contraceptive choices independently, the project conducted two intensive rounds of qualitative data collection and triangulation that included provider, client, and community mobilizer interviews, facility observations, and routine program data collection. This survey elicited the following insights as influencers of a client's right to contraceptive uptake:

Independent users

Findings indicate that women are increasingly finding their voice. According to client, "A woman should make the decision because we know ourselves better. If your husband refuses, you should find a way to adopt a method…I don't need any permission. I need the family planning, if I don't take the method, something can happen." (Client can't seem to bear the thought of getting pregnant now). Amongst women who act independently are those that do it for health reasons – for example in compliance with a doctor's advice to defer pregnancy because of a previous caesarean section. Others do it to prevent a deterioration of their economic situation and to achieve personal ambitions (continue school or to be better positioned to get a job).

Women who hold independent decision-making power still prefer to act in partnership and share decision making power with their male partners. They will only go ahead and take up contraception services

independently if they don't have the consent of their husband. According to a client "It is good for both husband and wife to determine whether to use, not just the woman only". Another said "It is appropriate for women to use FP if she knows what she is doing. Husbands should know about FP uptake – but if he refuses, then it is left with the wife/woman, just like myself". Yet another client says she sat with her husband to discuss her plans to obtain contraception. She did this to prevent being blamed if any problems arise later. According to her, "two heads are better than one".

Partner influence

Male partners' influence on women's use of family planning and self-inject was most dominant. There were examples of men's support for women's use of contraception to prevent unintended pregnancy, as well as men withholding support for women's use. Male support was expressed both overtly and covertly. Overt support is expressed openly and actively. A partner verbally and using personal resources encourages a partner's patronage of FP services. Some even accompanied their wives to receive the method and played a major role in reminding them about re-injection dates. One client said "my husband knows that I am using family planning. He is the one that led me to come and do family planning because he does not want another baby".

Male support occurred mostly because of economic reasons and also to prevent the repeat of an un-favorable pregnancy outcome. A man who accompanied his wife to receive antenatal care claimed to have done so because his wife had lost three previous pregnancies. Other men are motivated by their dual desire to resume sexual intercourse with their wives after she has taken delivery and prevent pregnancy. Interaction with a other men that escorted their wives to health facility indicated that male involvement is affected by a man's sense of personal obligation, his ego and facility setting. One referred to time as a major factor limiting male involvement as many husbands were too busy with other responsibilities – "many had to be at work at the time of hospital visits".

Conversely, covert support by men is passive consent that is not accompanied by any action to facilitate a partner's access to contraceptive services. Amongst this group are silent dissenters who don't discourage contraceptive uptake but withdraw financial assistance and project an uncooperative demeanor.

Other men outrightly deny their partners from obtaining contraceptive services and their partners cede this sexual and reproductive health right without objection. A client said, "If my husband doesn't allow me, then I won't come". A provider claimed to have witnessed a non-supportive husband check in the hospital regularly to ensure his wife didn't present for FP. A client stated that "her husband has power over [her] as she runs all her decisions through him as Islam requires. She only does things on her own if they do not go against the religion".

Societal myths and misconceptions

A woman's decision to initiate family planning is affected by myths and misconceptions, many of which have cultural and religious origins. According to a client, her father-in-law says, "if you don't bring out all the children in your system, you will be sick". He even attributes the waist pain the client occasionally suffers to contraception intake. Others believe the use of FP makes people promiscuous, causes fibroid and that the amenorrhea experienced as a side effect of FP use indicates the "accumulation of blood in the womb".

Some tribes are known for their reluctance to use FP and often associate stigma with the pursuit of FP services. According to a client, "my husband does not know I am using FP. He does not believe in it although he is educated. He is from the Hausa tribe who are known to have a lot of children and I feel I am having children too fast and not able to get a job which I need to care for the children".

Provider Influence

Providers seem to have a strong presence, well respected and looked up to by the clients. Information given by the provider is accepted and, in many cases, clients cede power to providers to shape their SI user journey. In some facilities for instance, providers ask clients to come with their husband and will not administer contraception if husband doesn't participate and consent. One client said, "if her husband had not accompanied her, she (the provider) would not have allowed her do FP even though provider knows she has six children". Other providers encourage independent use. A provider stated that "some clients say they want to go and get permission from their husbands, but I convince them that they can make their own decision, and this will help them avoid pregnancy".

A provider's influence on a client's decision to self-inject is reinforced by their biases and concerns that training a client makes them less relevant as health workers and the concept of selfcare, an affront to their profession. Others are concerned about clients' inability to remember re-injection dates and the risk of injection abscess.

Most providers understand the concept of informed consent even if they don't practice it. Many claim to allow clients to choose whatever method they want by themselves, however for many providers, counseling is prescriptive. Once the provider perceives the client's contraceptive needs (often based on number & future need of children), they decide on which method they should take without giving them full, free and informed counselling about other methods. Alternatively, if a client comes with a method in mind, she is only counselled about the method and not provided information about other methods. Even when information is given, it is not robust enough to inform decision making.

Peer Influence

During group education at the health facility, some clients are reluctant to talk, and others don't want people to know about their intention to initiate FP. Some are distracted by the presence of peers and do not pay attention to FP information being provided. A few clients, however, are motivated to seek FP services because of testimony or interest expressed by peers.

Media

Findings reveal a growing trend in the influence of social media on FP uptake. A client said she gets a lot of her family planning information on a women forum on Facebook where people share experiences and views about their sexual and reproductive health as well as family planning. She was referred to the platform by a friend and has since continued to frequent the platform.

For many, each journey to the health facility is one that is fraught with the concern of being discovered, therefore the convenience of self-administration at home is a benefit for those that contend with various forms of social influences as well as covert users. Self-care interventions offer promising and exciting new approaches for self-empowerment and independence in the contraceptive user journey. Beyond increasing choice and reducing barriers to accessing Sexual and Reproductive Health (SRH) services, it can initiate

the process of self-discovery and agency. Many first-time users experience a sense of empowerment after successfully injecting for the first time. One client said in exhilaration after self-injecting "I feel like a doctor!".

This narrative identifies the social influences that inform a client's choice of family planning services. It also highlights how the contraceptive self-care option presents a major opportunity for self-empowerment and agency.