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A Statement Protesting Approval to Introduce Injectable Contraceptives in the National Family Planning Programme

24/09/2015 | ADITYA NIGAM | 21 COMMENTS

The following is the text of a letter written by activists and scholars working in the field of medicine, public health and women's rights, to the Union Minister for Health and Family Welfare:

To

Shri Jagat Prakash Nadda,

Union Minister for Health and Family Welfare,
Ministry of Health and Family Welfare,
Nirman Bhavan, Maulana Azad Road,
New Delhi 110 011

22nd September 2015

Statement Protesting the Approval to Introduce Injectable Contraceptives in the National Family Planning Programme

We, the following health groups, women's organisations, peoples' networks and individuals are extremely disturbed by the news report published in the *Times of India* (dated 16th September 2015) that the Union Health Ministry has approved Depo Medroxy Progesterone Acetate (DMPA) for use in the National Family Planning Programme (FPP).

It may be re-called that following a Supreme Court case filed in 1986 by women's groups regarding serious problems with injectable contraceptives like Depo and Net-En, the Court directed the government to monitor safety issues in use of injectable contraceptives but did not ban its use. While they are available in the private medical sector, the Drugs Technical Advisory Board (DTAB), the highest decision-making body on technical matters in the Ministry of Health & Family Welfare, in 1995 held that Depo-Provera is not recommended for inclusion in the FPP.

In its meeting in February 2015, the DTAB once again refused to give its nod to the recommendations of the Department of Family Welfare for the introduction of Depo-Provera in the FPP. At this meeting the DTAB noted that "it has long been known that Depo-Provera causes bone loss, it has recently been discovered that the osteoporotic effects of the injection grow worse, the longer Depo-Provera is administered and may remain long after the injections are stopped, and may be irreversible". In view of this it recommended that the Department examine the matter in consultation with the leading gynecologists of the country for examining the effects of the use of the drug (Depo Provera) under National Family Planning Programme of the Government of India.

However, we are shocked that the DTAB has now recommended DMPA use, opening up the way for the Ministry to introduce it in the FPP. Given that the safety and other concerns regarding Depo Provera remain and have not been resolved, we wish to know the basis and the rationale for this sudden granting of approval

by the DTAB.

Depo Provera has long been the subject of considerable medical controversy. Its known side effects include prolonged and irregular bleeding, amenorrhoea, suppression of immune response, loss of bone mineral density in young women, significant weight gain, depression, and loss of libido among many others. In fact, the US FDA in 2004 asked Pfizer to insert a black box warning on Depo's label highlighting the loss of bone density associated with the drug. Another problem with Depo-Provera is its possible effect on breast feeding infants. One study from Thailand suggests that Depo-Provera in breast milk lowers immunity in children, making them more susceptible to illnesses like diarrheal diseases that kill more than five million children in the world annually.

For over a decade now, medical studies have provided compelling evidence that Depo-Provera increases the risk of women and their partners becoming infected with HIV. A growing number of contraceptive researchers and epidemiologists are now questioning the wisdom of Depo Provera's continuing promotion, especially in populations at high risk of HIV. They have spearheaded a petition to get the U.S. Food and Drug Administration (FDA) to make Pfizer, the manufacturer, include the following warning in prescribing information: "Depo-Provera CI may increase the risk of HIV infection (AIDS). Patients at risk of HIV infection (AIDS) should be counseled to only use Depo-Provera CI in combination with an HIV-prevention method." Sub-Saharan Africa is the region of the world where most of the 16 million women living with HIV are located. Yet this seems to be of little concern to Sayana Press, promoters of DMPA, who are moving full steam ahead, not only there but in South Asia.

What is equally important is to note that continuation rates with Depo have been rather low, as indicated by pilot programs undertaken by agencies such as the Population Council (around 50 per cent in the first six months of use and 23 per cent at end of one year). This could well be due to the serious problems experienced by the women choosing to use this injectable.

Women's organizations and health groups have consistently opposed the introduction of injectables and implants since many years. They have repeatedly raised concerns regarding serious health risks and adverse effects of Depo. The use of Depo-Provera needs continuous medical follow-up by health staff in a well-functioning health system. Without a good health infrastructure, there are risks that the women are not given enough information to make an informed choice of contraceptive method. The health budget has stagnated while the salary and medicine costs have gone up. Health human power shortages are acute; the shortage of specialists trained in Obstetrics and Gynaecology is even more severe. Hence, the health system remains incapable of dealing with the safe delivery of a contraceptive requiring intensive medical support. The few NGOs and other international agencies arguing in favour of Depo, especially for poor and powerless women to exercise control over their own bodies and lives do not seem to be concerned that while widening the choices available to women, the risk of morbidity and mortality associated with unwanted pregnancies must always be weighed against the side effects of contraceptive methods on the women themselves. Nor is the medical infrastructure adequate to ensure the screening and follow-up care this method requires if it is to be safe.

While there is no doubt that women need contraceptives to exercise their right to birth control, however, safety needs to be the priority while taking decisions to adopt contraceptives.

In the light of all of the above concerns, we urge the following:

1. The government must immediately reconsider its decision to introduce the injectable DMPA in the Family Planning Programme.
2. Convene a meeting of health and women's activists who have been raising concerns about the safety of injectable contraceptives.
3. Explore non-invasive safer options for contraception for women.
4. Increase awareness raising campaigns and availability of condoms for men.
5. Accord utmost priority to improving health services in general, including of FPP.

Endorsed by:

1. Jan Swasthya Abhiyan
2. Sama Resource Group for Women and Health
3. Action India

4. Saheli
5. All India Democratic Women's Association
6. TARSHI, New Delhi
7. Delhi Science Forum
8. Mahila Sarvangeen Utkarsh Mandal (MASUM), Pune
9. All India People's Science Network
10. Bharat Gyan Vigyan Samiti
11. National Federation of Indian Women
12. Haryana Gyan Vigyan Samiti
13. Mohan Rao, Centre for Social Medicine and Community Health, JNU
14. Dr Yogesh Jain, Jan Swasthya Sahyog, Bilaspur, Chhattisgarh
15. Dr Indira Chakravarthi, Centre for Social Medicine and Community Health, JNU
16. Padma Deosthali, CEHAT, Mumbai
17. Meena Saraswathi Seshu, SANGRAM, Sangli
18. Rachna Dhingra, Bhopal Group for Information and Action, Bhopal
19. Satinath Sarangi, Sambhavna Trust Clinic, Bhopal
20. Centre for Women's Development Studies
21. Gabriele, Pennurimai Iyakkam
22. Sulakshana Nandi, Adivasi Adhikar Samiti, Chhattisgarh
23. Dr Veena Shatrugna, Former Deputy Director, National Institute of Nutrition
24. Dr Imrana Qadeer, Council for Social Development.
25. Mrs Jarjum Ete, Former Chairperson, Arunachal Pradesh State Commission for Women
26. Prof Uma Chakravarthi, Retired Professor Delhi University.
27. Dr Bijoya Roy, Centre for Women's Development Studies.
28. Prof Rama Baru, Centre for Social Medicine and Community Health, JNU
29. Devaki Nambiar, Public Health Foundation of India.
30. Gouranga Mohapatra, JSA, Odisha
31. Vibhishan Patrey, Jan Jagran Samiti, Pamgarh
32. Santoshi Verma, Mitwa Mahila Kalyan Evam Sewa Samiti
33. Kishan Sahu, Bhojan ka Adhikar Abhiyan, Chhattisgarh
34. Ashtha Samiti, Kawardha
35. Gayatri, Kanuni Margdarshan Kendra, Bilaspur Chhattisgarh
36. Shyaman and Barik, Chhattisgarh Gramin Vikas evum Kalyan Samaj Seva Sansthan, Basna
37. Rajim, Sajag, Mahasamund
38. Hemlata Rajput, Dalit Adiwasi Manch
39. Sipra Devi, Nivedita Foundation
40. Suvigya Pathak, Samerth Trust
41. Durga Jha, Chhattisgarh Mahila Adhikar Manch
42. Renuka Ekka, Jan Adhikaar Manch
43. Deepika Joshi, PHRN Chhattisgarh
44. Sandhya Srinivasan, Indian Journal of Medical Ethics.
45. Amrita Shodhan
46. Shraddha Chickerur
47. DISHA
48. Ganapathy Murugan, Public Health Research Network.
49. Dr Vikas Bajpai, Centre of Social Medicine and Community Health. JNU
50. Lata Singh, Centre for Women's Studies, JNU
51. Veena Poonacha, Mumbai University
52. Prof Vibhuti Patel, Mumbai University
53. Chayanika Shah, LABIA, Mumbai.
54. Neeraj Malik
55. Ms Vinaya Malati Hari, Bharat Gyan Vigyan Samuday, Maharashtra
56. Dr Anant Phadke, CEHAT, Pune.
57. Nivedita Menon, JNU
58. Dr Anandhi.S, MIDS, Chennai.
59. Sabala
60. Kranti

61. Abha Bhaiya, Jagori
62. Chhaya Datar
63. Rohini Kandhari, Centre for Social Medicine and Community Health, JNU
64. Sebastian Poomattam
65. Radha Holla Bhar
66. J Devika, Associate Professor, Center for Development Studies, Trivandrum
67. Pamela Philipose
68. Veena Johari
69. Anibel Ferus-Comelo
70. Dr Sunita Bandewar, Medico-Friends Circle.

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21 thoughts on “A Statement Protesting Approval to Introduce Injectable Contraceptives in the National Family Planning Programme”

1. **K SHESHU BABU** says:
24/09/2015 AT 12:32 PM
The injectable method of family planning proposed to be approved by the Centre is another step of regression as it harms the already precarious health of women. The Government in order to appease a section of Pharmaceutical Capitalists is proceeding to trample right to healthy life of women and such hazardous reproductive curtailment measures would deteriorate further the lives of young female population. Male chauvinism is prevailing here too and this is a dangerous patriarchal trend. Hence, male contraception should be encouraged and awareness campaigns should be carried out by male activists in particular more than female activists to counter the menace of lopsided policies.
2. Pingback: [How to shove dangerous, untested birth control on the poorest Indian women? | The Ladies Finger](#)
3. Pingback: [Why Does India's Public Health System Want to Use Scary Injections for Birth Control in Women ? | The Ladies Finger](#)
4. Pingback: [India to Change Its Decades-Old Reliance on Female Sterilization | 4healthnews.com](#)
5. Pingback: [India to Change Its Decades-Old Reliance on Female Sterilization | AutomaticBlogging AutomaticBlogging](#)
6. Pingback: [India to Change Its Decades-Old Reliance on Female Sterilization | DMT](#)
7. Pingback: [India to Change Its Decades-Old Reliance on Female Sterilization - THE NEWS](#)
8. Pingback: [India to Change Its Decades-Old Reliance on Female Sterilization | Crossroad Enterprises](#)
9. Pingback: [Free shots: India expands its 'basket of choice in family planning' | hairhealth.science](#)
10. Pingback: [Why the Bill Gates global health empire promises more empire and less public health | The Grayzone](#)
11. Pingback: [Why the Bill Gates global health empire promises more empire and less public health – The New Dark Age](#)
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17. Pingback: [Por qué el imperio global de la salud de Bill Gates promete más imperio, y menos salud pública – eXtramuros](#)
18. Pingback: [L'empire mondial de la santé de Bill Gates, deuxième partie – Le libre arbitre](#)
19. Pingback: [Warum das globale Gesundheitsimperium Bill Gates mehr Imperium und weniger öffentliche Gesundheit verspricht | Linke Zeitung](#)
20. Pingback: [Why the Bill Gates Global Health Empire Promises More Empire and Less Public Health – Anti-Empire](#)
21. Pingback: [Why the Bill Gates global health empire promises more empire and less public health – The Learned](#)