



Ref No. : BK/2010/IV/161

18th November, 2010

Dear Shri Ghulam Nabi Azad ji,

I am writing to you in connection with the reported decision of the Health Ministry to introduce injectable contraceptives as part of the public health programme in the name of increasing the basket of contraceptive choices. I believe that this will be a harmful step damaging to the health interests of women.

I was surprised to read that one of the "new" factors quoted by health officials for the introduction was the National Rural Health Mission. It will be entirely unfortunate if the NRHM gets converted into a Mission to introduce damaging invasive hormonal contraceptives into the health system. Surely that is not its mandate.

You are aware that a similar proposal in the nineties had to be ultimately withdrawn because of the legitimate objections of women's organizations and public health experts and activists. Those reasons are equally valid today.

These include:

1. Injectibles have side effects which are well documented. These include disruption in the menstrual cycle which include both Menorrhagia and Metrorrhagia. Other side effects are headaches, dizziness, weight gain, abdominal bloating and discomfort. Government officials pushing injectables consider these side effects to be "minor." However for women, particularly women doing hard manual labour, these side effects are major as they seriously impact on their work besides causing great inconvenience effecting the quality of their lives. These are precisely the women who will be targets of the programme.

It should be noted that in a trial conducted by ICMR of the injectible contraceptive Net-en, the cumulative discontinuation rate due to menstrual disturbance was 21.2 per cent in the first year and 43.5 per cent in the second year. In another study done by WHO on Depo Provera, discontinuation rates were ever higher between 33.3 per cent to 75 per cent and 49.5 per cent to 91.3 per cent.

2. Long term effects include heart and liver problems, adverse impact on bone density etc.

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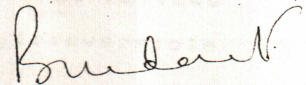
3. Long acting contraceptives contain hormones and require close monitoring since it is provider controlled. If for example a woman gets a reaction after having a daily pill, she can immediately stop having it. But once an injection is given the reaction is beyond her control. We do not have a strong monitoring system. Vast areas are uncovered by minimum health infrastructure. In such a situation it would be against the minimum health and human rights of women to introduce such methods of contraception in the public health system.
4. It would also be extremely shortsighted to introduce such a wide use of injections which would increase the danger of the spread of HIV-Aids.

There is a huge unmet need for safe contraception in India. It is necessary for the Government to take urgent steps to fill this gap. However it would be highly objectionable if the Government's stated concern for population stabilization should be translated into a programme which would be against the interests of poor women. Choice can and should never include harmful drugs.

If such a decision has indeed been taken, I would request its urgent reconsideration. I would also request you to convene a meeting of concerned health and women's activists who are concerned about this issue.

With regards,

Yours sincerely,



BRINDA KARAT

Shri. Ghulam Nabi Azad
Hon'ble Minister for Health and Family Welfare
G.O.I., New Delhi