

MEMORANDUM OF WOMEN'S ORGANISATIONS TO THE GOVERNMENT (13/8/1993)

Women's organizations have for a long time been voicing concern over the new trend of introducing hazardous, long-acting, provider controlled, hormonal methods of contraception. We have repeatedly approached the government for restraining them from the use of such contraceptives because:

1 In the name of giving women a better choice, they in fact take choice away from women and subject them to short-term side effects such as cardiac problems, hypertension, depression, clotting disorders and a number of long-term hazards as well.

2 These contraceptives require sophisticated procedures for screening and monitoring users, since contra-indications are numerous and include liver disease, diabetes, hypertension, suspected malignancy etc. among other conditions. Services to carry out screening and follow up do not exist in our country for the vast majority and existing services are being dismantled or privatized at a fast pace.

3 These contraceptives have a high potential for abuse because they can be administered without a woman's consent and not removed either by the very design of the contraceptive (as in injectables) or by the choice of the medical practitioner (as in implants).

4 These contraceptives are being promoted in the name of reducing maternal mortality. However, with their life threatening side-effects and the inability of the health system to deal with the same, they are going to add tremendously to morbidity as well as mortality. Target orientation, social marketing and camp approach are in fact a pointer that the concern is more with meeting demographic objectives than with people's health.

5 Not enough is known about the mechanism of these contraceptives which upset the entire bodily function by acting on the higher brain centres. Only one of the effects is that of preventing conception.

6 Under Indian conditions, lack of patient records and inaccessibility of the health system to the vast majority means that effective service delivery is also not possible, leading to high failure rates, which would mean pregnancies and birth of children with congenital malformations - thereby adding a new problem for the society.

7 The contraceptive needs of women differ, however, these contraceptive methods are catering to women who need continuous protection.

8 None of these methods contribute to the prevention of AIDS and STDs, which has to be an important criteria for new contraceptives, particularly when an epidemic is said to be imminent.

We are only too aware that women in our country have a need for birth control, and are asking for safe methods to control their fertility. But this need cannot be met by any of these methods.

We have repeatedly asked for the promotion of barrier methods, and have enough data available at our disposal to show that these methods in conjunction with back up abortion services provide the safest contraception. We fail to understand why safe methods like the diaphragm despite being approved in India are not promoted. There is a similar disinterest in promoting vasectomy and male condom. We also fail to understand why women are targeted with a whole range of cauteria, where each product is of dubious value, while new methods of vasectomy like no scalpel vasectomy are limited to one or two premier institutions....

We were particularly alarmed when we were informed of the new plans to promote family welfare, at a meeting called by the Secretary, Family Welfare. We were informed that Depo Provera and Cyclofem are going to be introduced in the country without any trials. Net-En is also being introduced despite a court case against it pending in the Supreme Court....

Last year women's groups had specifically raised an objection against the introduction of NORPLANT. This year ICMR has reversed its plans and is going to carry out a trial even though the sheer volume of biased promotional literature makes us believe that the decision to introduce this contraceptive has already been taken.