MEMORANDUM OF WOMEN'S ORGANISATIONS TO THE GOVERNMENT (12/8/1993)

Women's organisations 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 apprised the government of the threat such contraceptives bring to the health and welfare of women and children, and a number of long-term hazards as well.

1. There 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.

2. 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 (is in injectable or by the choice of the users). The methods are not available in the public health care system. The users are not aware of the risks and side effects.

3. These methods are being marketed in the name of reducing maternal mortality. However, with their side effects and the inability of the health system to deal with the same, they are likely to add tremendously to morbidity as well as mortality. Target orientation, social marketing and camp approach are in fact a package that the concern is more with meeting demographic objectives than with people's health.

4. Under Indian conditions, lack of patient records and inequity 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.

5. The contraceptive needs of women differ, however, these contraceptives are tailored to women who need continuous protection.

6. None of these methods contribute to the prevention of AIDS and STDs, which has to be an important criterion 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 feel that women are targeted with a whole range of contraceptives, where each product is of dubious value, while new methods of vasectomy like the 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 Cylotam are going to be introduced in the country without any trials. Neplan 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 FCMR has revised 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.