Injectable Contraception in India: What does the future hold?

Background

Injectable contraceptives, such as *depot medroxyprogesterone acetate* (DMPA), which is the most widely used injectable, were introduced in the mid-1960s. They are now the fourth most popular family planning method worldwide, after female sterilization, the intrauterine contraceptive device, and oral contraceptives. Between 1995 and 2005, the number of married women worldwide using injectable contraceptives more than doubled, from approximately 12 million in 1995 to more than 32 million in 2005.

**From the client’s perspective:** Injectables are highly effective, very safe for almost everyone, very easy to use and don’t rely on partner cooperation. They require only occasional visits to the clinic for re-injection and no supplies to keep at home. There are very few conditions which could affect safe use of DMPA, and most of these conditions are rare among women of reproductive age. DMPA also offers some important health benefits, including protection from endometrial cancer and reduced risk of developing anemia.

Injectables, as many other family planning methods, have common side effects including menstrual changes like irregular, heavy or prolonged bleeding, which are not harmful for woman’s health, but may be unpleasant. With time, many DMPA users develop amenorrhea, which could be beneficial to woman’s health due to the reduced risk of anemia, but is also a cause for concern for some women because they worry that not having menses indicates that they are pregnant.

**From the provider’s perspective:** While administering DMPA injection is very easy, quick and could be done by many types of providers, injectables usually require thorough counseling. Women need to know what to expect in terms of bleeding changes; they also often need an ongoing counseling as they get used to menstrual changes, including amenorrhea.

Experiences from countries all over the world, and limited evidence from private sector programs offering injectables in India, confirm that DMPA is acceptable to women when offered with quality counseling and follow-up. Clients who are counseled about side effects are less likely to discontinue use, more likely to become satisfied users and, eventually, become best promoters of injectable contraceptives.
Injectables in India

Injectables were approved for use in India as early as 1994. [This includes both DMPA and norethisterone enanthate (Net-En).] While private providers and NGOs in India provide injectables, they are not yet a part of the National Family Welfare Programme—India’s largest source of public family planning services on which poor and rural women depend as the primary source for FP methods. This is due to a number of reasons, particularly the ongoing opposition to injectables by activist groups. The major concerns activists raise against injectables are method safety and the quality of services, including the ability of the public sector to provide the method in a rights-based context.

However, considerable scientific evidence is now available to address all these concerns. The growing availability of DMPA in the private sector, combined with the wealth of evidence on the safety of the method, is encouraging for the potential addition of DMPA to the national programme. Moreover, the health system strengthening under the National Rural Health Mission (NRHM) has resulted in overall improvement of infrastructure at the public sector.

Discussion

From your perspective:

What are the major challenges to introducing injectables into the family planning programme?

How can the family planning community effectively address those challenges? What more can the NRHM do? Is more research needed?

What have we learned about injectables provision from the private sector experience in India? How we use those lessons?