



TYPES, AVAILABILITY, AND USE OF INJECTABLES

Key Points

- Injectable contraceptives are a highly effective method, with failure rates of less than 0.3 percent with perfect use and 3 percent with average use.
- Injectable contraceptives are the fourth most popular family planning method worldwide, after female sterilization, the intrauterine contraceptive device, and oral contraceptives.
- Although India permits the provision of injectables, the method is not widely available and the National Family Welfare Programme does not offer it.

TYPES OF INJECTABLES

Injectable contraceptives are a highly effective method, with failure rates of less than 0.3 percent with perfect use and 3 percent with average use. They are available in two forms: progestin-only and combined.¹ Combined injectable contraceptives, also called monthly injectables, contain two hormones, a progestin and an estrogen, which act in a woman's body like the natural hormones progesterone and estrogen. Both progestin-only and combined injectable methods work primarily by preventing ovulation and thickening cervical mucus.

Depot-medroxyprogesterone acetate (DMPA) and norethisterone enanthate (NET-EN) are two progestin-only formulations that can be injected intramuscularly. A subcutaneous form of DMPA will be available soon. DMPA, the most widely used progestin-only injectable, is referred to as the shot, the jab, or the injection. Its commercial names are Depo, Depo-Provera, Megestron, and Petogen. NET-EN is also known as norethindrone enanthate, Noristerat, and Syngestal.²

Medroxyprogesterone acetate (MPA)/estradiol cypionate is a combined injectable contraceptive that is also given by intramuscular injection. MPA/estradiol cypionate is marketed under the trade names Cyclofem, Ciclofem, Ciclofemina, Cyclo-Provera, Feminena, Lunella, Lunelle, and Novafem, among others.³

AVAILABILITY AND USE WORLDWIDE

Over the past four decades, the use of some form of contraception by married women of reproductive age gradually increased in developing countries worldwide.⁴ For the period from 1980 to 2005, the increase in contraceptive use by this demographic group was substantial in developed and developing countries alike.

Injectable contraceptives contributed to this growth in family planning use. Developed in the 1950s and made available in the 1960s, injectable contraceptives are the fourth most popular contraceptive method worldwide, after female sterilization, the intrauterine contraceptive device, and oral contraceptives. DMPA and NET-EN have been available in many countries since 1983, and approval of DMPA in the United States in 1992 greatly increased access to the method. 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. As of 2006 DMPA was registered in 179 countries, NET-EN in 91 countries, and Cyclofem in 12 countries.⁵

AVAILABILITY AND USE IN INDIA

India has allowed injectables to be imported since the 1980s. The Drug Controller of India approved commercial sale of DMPA in 1993, and the method is available with a doctor's prescription. Nongovernmental organizations such as the Family Planning Association of India and Parivar Seva Sanstha, some governmental and quasi-governmental institutions such as the Employee State Insurance Corporation of the Ministry of Labor, and many private-sector clinics provide injectables. The National Reproductive and Child Health Programme-II also includes injectables as a contraceptive option.

According to the third National Family Health Survey, most users of injectables (69 percent) obtained their method from a private hospital, a private doctor or clinic, or a pharmacy or drugstore.⁶ To increase DMPA's availability in the commercial sector and in social marketing programmes, Commercial Market Strategies initiated the DiMPA programme in 2003 with funding from the United States Agency

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for International Development (USAID). Private Sector Partnerships-One operates the programme, with USAID funding, in more than 1000 clinics in 45 towns in Uttar Pradesh, Jharkhand, and Uttarkhand.

Although some service outlets offer injectables, the method is not widely available and use is low. Current use nationally of NET-EN and DMPA is 0.1 percent.⁷ The National Family Welfare Programme (NFWP)—India's largest source of public family planning services—does not offer the method, because opposition to it by activists has been considerable. Chief among the activists' concerns has been the method's safety and the quality of services.⁸

The growing availability of injectables in other sectors, combined with the wealth of research on the safety of the method, is encouraging for the potential addition of injectables to the NFWP. Moreover, the Government of India is devoting additional resources to improve reproductive and child health services through the newly established National Rural Health Mission, which will also help address issues related to the quality of care.⁹

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