Dangerous Contraceptives: Norplant and Depo-Provera

What is Norplant?
Norplant is a provider-controlled, hormonal contraceptive for women that prevents pregnancy for five years after a single application. A physician inserts six Norplant capsules into a woman's upper arm. These capsules release the hormone progestin slowly, over time, preventing pregnancy through a combination of inhibiting ovulation and thickening cervical mucus. Norplant must be removed by a trained physician.

What is Depo-Provera?
Depo-Provera is a provider-controlled hormonal contraceptive for women. It prevents pregnancy through suppressing ovulation and making the cervical mucus inhabitable for sperm. Users must receive a Depo-Provera shot every three months by a trained physician.

Expanding "Choice"?
Since the early 1990's many health care providers and reproductive rights activists in the U.S. have embraced Norplant and Depo-Provera as highly effective, long-lasting birth control methods for women. These providers and activists claim that the methods expand women's contraceptive "choices." This "we need more choices" approach to contraceptives, however, ignores several important factors such as the fact that these methods have been associated with serious physical and societal risks. In addition, the methods have a history of unethical testing on poor and politically powerless women subjects. This history repeats itself as doctors and policy-makers market the methods to young, poor women of color and judges' sentence women on trial to taking Norplant or Depo-Provera as part of their punishment. It is clear that taking Norplant or Depo-Provera is not a "choice" for many women.

Sacrificing Women's Health to Pregnancy Prevention
Promoting Norplant and Depo-Provera to women because the contraceptives prevent pregnancy in the long-term and do not require daily user-controlled dosage or partner cooperation, prioritizes these factors over women's overall health, and minimizes the negative side effects associated with using these methods. By minimizing these potentially serious side effects, we are basically told that we, as women, are not entitled to sex and health, too. The message from providers and policy-makers is that if you have sex, you must pay the price in unwanted pregnancy or debilitating side effects.

Norplant users can experience:
Severe headaches, depression, nervousness, change in appetite, extreme weight gain, hair loss, nausea, dizziness, acne, breast tenderness, swelling of the ovaries and ovarian cysts, difficulties with insertion and removal (including infection), and even nerve damage. There is a connection between Norplant use and stroke and heart attack. Norplant interrupts a women's menstrual cycle. About 82% of Norplant users experience irregular, usually heavy, bleeding for the first year that can last for months on end. Others do not have their periods or experience irregular spotting.

Depo-Provera users can experience:
Nausea, depression, extreme weight gain, osteoporosis, loss of sex drive, delayed return to fertility, or sterility, headaches, hair loss, acne, weakness, nervousness, and an increased risk of breast, cervical and uterine cancers. Depo-Provera users also experience irregular, heavy bleeding.

Because Norplant and Depo-Provera can have such a negative impact on a woman's physical and emotional health, those who use it should have regular health check-ups and doctor supervision. However, because the majority of users are on Medicaid or have no health insurance, barriers exist to users accessing regular healthcare.

Provider-controlled, not women controlled
Providers often steer young black women towards Norplant and Depo-Provera without making available other methods like condoms, which are controlled by the user. Without education about all methods available, a woman cannot make an informed "choice" about which contraceptive form best fits with her lifestyle and state of health.

The new "choices" of Norplant and Depo-Provera are administered by doctors rather than by women themselves. In the case of Norplant, doctors must insert and remove the device, and many poor and low-income women have trouble finding the financial means and qualified doctors to remove the device. Women on Medicaid who want the device removed because of debilitating side effects may not receive coverage for removal. And, although many doctors know how to insert Norplant, far fewer know how to remove the device or are willing to do so for patients on Medicaid. In Oklahoma, South Carolina and South Dakota, Medicaid policies support Norplant insertion but restrict removal.[1]

In the case of Depo-Provera, the user cannot remove the provider-administered injection under any circumstances. Even if she suffers severe adverse reactions, the user must wait out the full duration of the shot's effect. Doctors administer the shot every three months, requiring repeat doctors visits.This decreases women's autonomy and instead makes us depend on others when we are trying to control the most intimate detail of our lives—when and whether to have children. It also reinforces power imbalances between women (who are the actual experts about their own bodies) and their health care providers who are deemed the true experts on women's bodies.

The "choice" of using Norplant or Depo-Provera is sometimes made under pressure, making it not a choice at all, but coercion. For instance, young black women in South Carolina and Chicago, Illinois reported that they were pressured into accepting either Norplant or Depo-Provera immediately after giving birth.[2] Others have been pressured to accept Depo shots immediately following an abortion. This tactic, of recommending only Norplant or Depo-Provera to women when they are most vulnerable, is unethical. Another instance of coercion is that in several states, judges have given women convicted of child abuse or drug use during a pregnancy the option of taking Norplant or serving jail time.[3] When facing such a "choice" many women take Norplant. Women on welfare were the targets of approximately 20 bills, amendments and welfare proposals offering financial incentives to women for using Norplant.

Reducing the "Underclass"

Two days after the FDA approved Norplant, a *Philadelphia Inquirer* editorial "Poverty and Norplant—Can Contraception Reduce the Underclass?" suggested that Norplant is the answer to inner-city poverty. It argued that "the main reason more black children are living in poverty is that people having the most children are the ones least capable of supporting them," and that the government should encourage Norplant use among the poor by implementing financial incentives.[4] An article from *The Baltimore Sun* implies that Depo-Provera is most suitable for "inner-city" (or black) young women, reporting, "the shot is most popular among urban teens."[5] An article from the *London Sunday Times* remarks on Depo-Provera, "Doctors feel uncomfortable saying it's the lower classes taking it but it does seem to suit those who are less educated."[6]

Policy-makers, doctors and the mainstream media alike consider both Norplant and Depo-Provera tailor-made "choices" for "irresponsible" women—poor, young women of color, mothers on welfare, and the "less educated"—because, as *Time* magazine put it, "unlike condoms, Depo-Provera is a set it and forget it birth control method."[7] In other words, the methods are foolproof ways to keep the "underclass" from reproducing themselves.

Recently, Depo-Provera has also been marketed to women on college campuses. Ads appeared in bathroom stalls at the University of Massachusetts, Amherst, urging women to find out more about this "set it and forget it" method. Again, marketing emphasizes the positive aspects of the methods, and minimizes the side effects.

Targeting Women as Solely Responsible for Fertility

The "set it and forget it" method keeps women's fertility regulated 24 hours a day, 7 days a week, sending a constant stream of hormones through users' bodies although women are only fertile for a portion of the month. Because the methods reside in women's bodies, they encourage women to absolve men of all responsibility related to contraception and reinforces power imbalances between genders.

Increased Risk of Contracting HIV and other STDs

Norplant and Depo-Provera use are associated with decreased condom use, which raises a women's susceptibility to sexually transmitted infections (STIs) and HIV infection. Some studies indicate that Depo-Provera may even be an independent risk factor in contracting HIV and other STIs.[8] This reality is hardly inconsequential, given that there are thirty-six million people infected with HIV worldwide and fifteen thousand newly infected each day.[9] AIDS is now the leading cause of death among African Americans aged twenty-five to forty-four,[10] and the rate of HIV infection through heterosexual intercourse is rising disproportionately among low-income African American women in the rural South.[11]

Women Resist Norplant and Depo-Provera

Before distributing Norplant and Depo-Provera in the U.S., the manufacturers engaged in widespread clinical tests in other countries. Because of the trials and the risks associated with both methods, women's health advocates, worldwide, have opposed them. Serious breaches in informed consent procedure occurred in contraceptive trials on Norplant in India, Indonesia, Brazil and other countries. In some cases women were not told that they were enrolled in a trial, were not counseled on other contraceptive options or side effects. Women were asked to

sign informed consent forms that were not written in their native language. Many women were not given follow-up care following Norplant insertion and were not told that the device must be removed after five years.[12]

In Brazil

In 1986, trials in Brazil on Norplant were suspended following protests by feminist health activists.

In the United States

American Home Products Corporation, the makers of Norplant, paid more than $54 million to over 36,000 women to settle claims that it caused severe adverse effects, including headaches, menstrual bleeding, nausea and depression.

In the United Kingdom

In October 1999, around six years after Norplant was introduced in the UK, its distributor was forced under pressure to withdraw Norplant from the UK market due to a combination of damaging media coverage and mounting lawsuits. Over 400 women started a lawsuit against Norplant manufacturers, claiming they suffered from adverse side effects such as hair loss, mood swings and "endless periods."[13]

In India

Since the early 1980s, Indian women's organizations have resisted the development of injectable, long-acting contraceptives like Norplant and Depo-Provera because of their significant health hazards and history of abuse. In part because of the pressures from these organizations, asking for a complete ban of injectable, hormonal contraceptives from both the public and private sectors, on January 3, 2002, the Indian Government dropped its plan for introducing these methods for distribution through the government health services system.

How can you take action against Norplant and Depo-Provera?

- Share your knowledge of Norplant and Depo with friends and family
- Send personal use stories to CWPE at info@cwpe.org
- Keep a watchful eye on new developments in Norplant and Depo-Provera policy and promotion and update CWPE on new happenings at info@cwpe.org.
- Send ideas for actions around Norplant and Depo-Provera policy to CWPE.

1 Rachel Stephanie Arnow, "The Implementation of Rights: An Argument for Unconditionally Funded Norplant Removal," 11 Berkeley Women's L.J. 19 (1996). http://academic.udayton.edu/health/05bioethics/98ludwig.htm#Arnow.
2 Dorothy Roberts, Killing the Black Body: Race, Reproduction and the Meaning of Liberty (New York: Vintage Books, 1997), 129.
3 American Civil Liberties Union, "Norplant: A New Contraceptive with the Potential for Abuse" http://www.aclu.org/issues/reproduct/norplant.html
4 Reprinted in Dorothy Roberts, Killing the Black Body, 106.
5 Reprinted in Sara Littlecrow Russell, "Time to Take a Critical Look at Depo-Provera," DifferenTakes, n5.
6 Ibid.
7 Ibid.
8 Mostad SB., Prevalence and correlates of HIV type 1 shedding in the female genital tract. AIDS Res Hum Retroviruses. 1998; 14:S11-S15.
Smith SM, Baskin GB, Marx PA., Estrogen protects against vaginal transmission of simian immunodeficiency virus. J Infect Dis 2000;182(3):708-715.
9 Grady, D., Scientists shifting strategies in quest for an AIDS vaccine. The New York Times, June 5, 2001, p.D1.
10 Stolberg SG., In AIDS War, New Weapons and New Victims. The New York Times, June 3, 2001.
11 Sack K., Epidemic Takes Toll on Black Women. The New York Times, July 3, 2001.
12 See Betsy Hartmann, Reproductive Rights and Wrongs (Boston: South End Press, 1995), or Chayanika, Swatija and Kamaxi, We and Our Fertility (Mumbai: Comet Media Foundation, 1999).
13 IBBC News, 4/30/91.