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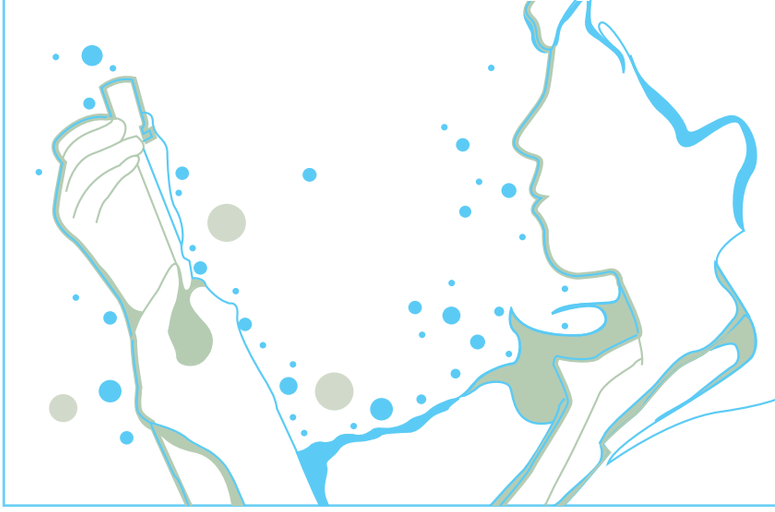


# DIMPA

Jan-Mar 2007
Issue No. 01

## THE DIMPA PROGRAM NEWSLETTER

## OUTLOOK

### FROM THE DIMPA DESK

It gives me great pleasure to welcome all of you to the first edition of *Dimpa* Outlook. This quarterly newsletter is a platform to share news, views, opinions, comments and discussions on the *Dimpa* network and DMPA (Depot Medroxyprogesterone Acetate)– the three monthly injectable contraceptive method. In addition to this the *Dimpa* Outlook will continue to keep you abreast of the latest technological advances in the world of contraception and evidence based research and studies.

For all those who are part of the *Dimpa* family – I would like to take this opportunity to thank you for your continued support to the program. The *Dimpa* Program started as a pilot in three cities in Uttar Pradesh – Agra, Kanpur and Varanasi. With your support it has now grown into a program covering nine cities in Uttar Pradesh and is rapidly working to expand into ten more cities in Uttar Pradesh and Uttaranchal.

We hope that *Dimpa* Outlook will bring you closer to the *Dimpa* community. A community of people and health care providers; of policy makers; development partners and experts, who have been working in the area of reproductive health for many years – to ensure that women in India have access to a broader range of safe and effective contraceptive options.

If you would like to share your comments, opinions and experiences with the *Dimpa* family, this newsletter will give you the space to do so. We encourage your feedback and look forward to your continued partnership with the project.

Warm regards
Anand Sinha
Country Director
PSP-One / Abt Associates.

### SPOTLIGHT

Dr.Ravi Anand has joined the *Dimpa* program as Program Manager and is based in Lucknow. She is leading the program's initiative to form and manage the *Dimpa* network. She also provides technical support to all its members for provision of DMPA as one of the contraceptive options to women, following quality standards.

Dr. Anand completed her MBBS from Lady Hardinge Medical College, Delhi in 1972. She is FIRH (Fellow of The Institute for Reproductive Health, Georgetown Medical Center, Washington D.C., USA) and a Master Trainer in all areas of Reproductive & Child Health, including Family Planning.

Before joining Abt Associates, Dr. Anand worked with CEDPA for ten years as the Senior Advisor - Reproductive Health. She was instrumental in building the capacity of the private sector for a broad range of Reproductive Health programs, including Family Planning & Adolescent Health.

She is a member of FOGSI and IMA and held the position of Senior Vice-President, IMA, Uttar Pradesh State for 1994-1995.

## Program News

**The *Dimpa* pilot program started in 2003 in Agra, Kanpur, and Varanasi to meet the following objectives:**

- Create awareness about DMPA as a safe and effective method of contraception within an informed choice framework
- Increase access to and use of DMPA through the private medical sector network, including clinics and chemists
- Promote correct use and compliance through sustained high quality of service and affordability

**The program components include:**

- Training providers with an evidence based approach
- Voluntary provider enrollment in the *Dimpa* network to increase access to DMPA at an affordable price point
- Use accessible and multiple communication channels to create awareness about DMPA
- Monitor and evaluate program for increased use and sustained quality of care

**Success! 12 Months monitoring and evaluation of the program showed:**

- Increased knowledge about injectables among health care providers associated with the program
- Increased demand from women for the method
- Sustained quality of care for screening, counseling and follow-up
- Enhanced quality of care by training DMPA providers in screening and counseling

In 2005, the program expanded to cover six additional cities: Aligarh, Moradabad, Lucknow, Allahabad, Gorakhpur and Meerut. By 2005 end, a network of 316 *Dimpa* clincs had been established in the nine program cities. In 2006, the program has expanded to ten more cities in Uttar Pradesh and Uttaranchal: Saharanpur, Bareilly, Bulandshahar, Shahjahanpur, Bijnor, Jhansi, Mathura, Muzaffarnagar, Dehradun and Haldwani. To date there are 505 *Dimpa* network clinics across the nineteen program cities.

# The Dimpa street theater project

By, Diepiriye S. Kuku-Siemons

The Banglanatak troupe marched through the neighborhood searching for an ideal space to attract an audience. Their loud rhythmic drumming drove people out of their shops and homes onto the streets to witness the 'disturbance'. Many joined the exciting procession, prodding the troupe for hints as to what was about to happen.

Audiences averaged fifty per show. In some places, people were clambering to see the show that educates about the contraceptive Depot Medroxyprogesterone Acetate (DMPA).

This street theater initiative is part of the *Dimpa* project implemented by PSP-*One* across nine towns and cities. The program objective is to create consumer awareness of DMPA among the choices of contraceptives.

Evidence-based studies show significant unmet needs for variety in methods of contraception, yet contraception is still absent in everyday conversation. Variety reflects women's diversity of health, lifestyle and social circumstances. An external 'spectacle' raises the issue of contraception, birth spacing and women's ability to determine their fertility, which are subjects that many women simply lack the facilities to address.

The real benefit of street theater is that it is an out-of-the-ordinary spectacle presenting an abstraction of life. Street theater is very effective in bringing topics to public discourse and raising public awareness.

Women often manage the household, children and elders, restricting their mobility and ability to partake in the animated street theater spectacles. The troupe leader noted that more women attend the performances deep within residential areas.

Earlier performances took place in markets- areas primarily populated by males. Market areas see most people in transit who are unlikely to assemble for long, making it difficult to maintain a captive audience. Crowds in less commercial areas tend to stick around. These factors are especially important in planning and conveying social messages, beyond merely spreading the word that strangers have appeared to make a vague public exhibition.

At the end of one performance , an elderly lady approached the troupe to collect an information leaflet on DMPA, asserting that her daughter-in-law was not present yet would benefit from the method. She was so excited that she disappeared, quickly returning with daughter-in-law in tow. Mothers-in-law have a great deal of influence within the household; hence, their involvement is key.

"It works for three months!"

A moderator pleases the crowd at the end with a lively 'Question/Answer' recap of topics covered in the skit. "Three months," one lady hesitantly blurted out, before quickly readjusting her head cover, lifting one length of her shawl to cover her smile. The ladies hovering in the doorways and corners nearby were happily vociferous after her correct response to DMPA's period of effectiveness.

Local healthcare provider Dr. Rakhi Mehotra attended the performance and recognizes the synergy in collaboration between providers and street theater, particularly among low income groups who may have limited exposure to mass media. This synergy also allows the local population to engage healthcare providers in a non-clinical setting, breaking social barriers and diminishing any reticence to discuss taboo subjects in order to build a positive community dialogue about health.

## *Dimpa* NETWORK CLINICS

*The Dimpa Network first identifies Ob/Gyns and GP's who have the potential to provide contraceptives. These doctors are trained by a local master trainer on informed choice, quality assurance and DMPA use.*

**Trained doctors are then invited to join the *Dimpa* network which requires the clinics to:**

- Stock and dispense DMPA at the clinic at Rs.100/- inclusive of syringe and needle.
- Have trained counselors for proper screening and facilitation of informed choice through case records and consent forms.
- Monitor new and repeat DMPA users to provide evidence of best practices.
- Ensure strict adherence to safe injection and proper waste-management practices.

***Dimpa* Network Clinics are supported by:**

- *Dimpa* branding and promotional support. Ongoing training for doctors and paramedics.
- IEC and in-clinic materials, e.g. case records, user records, consumer brochures, reference guides.
- Regular Evidence-Based research material and technical updates on DMPA.
- Facilitation of regular supply of DMPA

*The Dimpa Network continues to grow rapidly with the objective of expanding the basket of contraceptive choices. Currently there are 1265 trained providers and 505 clinics associated with the network- and counting!*


***Dimpa* Cities**

1. Dehradun
2. Haldwani
3. Muzzafarnagar
4. Bijnor
5. Meerut
6. Bulandshahar
7. Moradabad
8. Aligarh
9. Bareilly
10 Mathura
11. Shahajahanpur
12. Agra
13. Kanpur
14. Lucknow
15. Jhansi
16. Allahabad
17. Gorakhpur
18. Varanasi
19. Saharanpur

# IN SEARCH OF TRUTH
## - THE DMPA STORY

**- BY SASHWATI BANERJEE**

In the course of my work I meet many women from all socio-economic groups, who are using DMPA. I hear many stories – they all have one thing in common. Barring minor issues, they are all happy to have taken DMPA. They feel empowered, in 'control' and 'tension free'. In a recent workshop in Agra, at a focus group discussion, the research agency asked women what was their number one fear – they all said 'anchaha garbh ka theherna" (fear of unwanted pregnancy). For them it either means abortion and related guilt feelings associated with abortion or it means bearing a pregnancy which they don't really want and guilt feelings associated with that.

For the last 50 years, India has only relied on three spacing methods to ensure that women are safe from unwanted pregnancy – the pill, the IUD and the condom. Unfortunately one woman dies every five minutes in India due to pregnancy-related causes. She doesn't need to. Delaying first marriage and preventing unwanted pregnancy through access to safe, effective and affordable methods of contraception is the most cost-effective intervention for ensuring safe motherhood and better maternal health.

A woman should have a choice on whether, when and how many children to have. She should be empowered to make that decision based on an informed choice. The only contraceptive method that's currently in her control is the pill (oral contraceptive pill). But the pill requires women to remember to take it daily, it is not suitable for women who cannot use estrogen and women who are lactating (breastfeeding). The IUD, the only other temporary method cannot be recommended for women who have heavy menstruation, painful periods, or have not had a child yet. And we are all aware that condom comes with its problems. Negotiating use, incorrect use resulting in high failure does not exactly instill confidence in women – especially when their whole reproductive life is spent under constant tension the minute they miss their menstrual date!

In other words, all these spacing methods come with strings attached – they are not 'perfect' (if at all a contraceptive could be perfect). And they cannot be used by every woman.

Then how can a woman who really doesn't want to get pregnant and can't use any other contraceptive method protect herself from unwanted pregnancy? DMPA is another option. DMPA is a three monthly injectable contraceptive, to be injected intra-muscularly. It is 99.7% effective and reversible. And it is so safe that WHO as recently as June 2005 has again reviewed all evidence for and against DMPA and has given it a green signal for long-term use.

DMPA is a completely reversible method, albeit there's a delayed return to pregnancy compared with other temporary methods. It does not mean that a woman has reached menopause, or that bad blood is 'building inside their body'. Most doctors recommend that DMPA should not be given to women who haven't had their first child yet. It's not because it's medically unsafe, it's because they understand the social pressure women are under to produce the first child!

As far as safety profiles of contraceptive methods are concerned, all methods are safe. The DMPA is no exception to the rule. Consider this: pregnancy kills 100,000 women in India every year; however no death or severe disease has been reported by women using contraceptive methods – yes, including the hormonal contraceptive methods. In fact even the non-contraceptive benefits of DMPA far out weigh the risks associated with the drug. DMPA prevents cancer of the uterus; it reduces the risk of pelvic inflammatory disease and menstrual related anemia and ovarian cancer.

So why has a safe and effective option, particularly viable for women who are breastfeeding been kept out of the reach of women? Controversies surrounding it have not just questioned the safety profile of the method; the health system in India or the lack thereof has been a key platform for not allowing DMPA into a woman's basket of choices. And rightly so! The health system in India needs major improvement and quality of care should definitely be addressed. This is not true for just DMPA but basic primary healthcare. How will keeping a viable option out of the loop solve this issue?

And make no mistake – DMPA is a viable option. It is a choice. Maybe not a perfect choice. But quite similar to many other imperfect choices – both within and outside the field of contraception. Oral pills; IUDs; Condoms; Sterilization. they all come with pluses and minuses. So why is DMPA always singled out as the villain of the piece? Why do we only hear some voices that are against DMPA? Why do we never hear the voices of women who have used DMPA – quite happily?

**But the controversy rages on. We let women live with the constant fear of 'unwanted pregnancy'. Let us go on our candlelit marches, endless rallies, seminars and workshops. Let us continue to protest because we've been doing it for ten years. Let us not rethink our paradigms or challenge conventional wisdom. Let us not look at engaging in dialogue, in resolving issues. While a 100,000 women die every year – needlessly.**

## Doctor Speak

Dr. Chandrawati Ex. HOD. And

Prof. Emeritus Dept. of Obs. & Gynae K.G. Med. University. Lucknow.

"My most regular and oldest clients are women who cannot use any other method as they are not private. These women have been coming to me for almost a decade to get DMPA injections. Their biggest incentive is the secrecy and privacy that the method provides. Sometimes they cannot even come to the clinic for their injections, so I have to obtain their medical history and send a paramedic to their residence to give them the injection. The incentive is so high that they go to the extent of saving a rupee a day from the household money to pay for the three-monthly injections. Their biggest security is protection from unwanted pregnancy and the privacy of the method, which they really desire."

# FACT vs MYTH

## MYTH:

WOMEN GET REALLY UPSET WHEN THEY DON'T MENSTRUATE

## FACT:

IN A STUDY CONDUCTED BY DR. ROHIT BHATT IN BARODA, IT WAS FOUND THAT 60% OF INTERVIEWED URBAN WORKING WOMEN AND 40% OF HOUSEWIVES PREFER NOT TO MENSTRUATE EVERY MONTH!

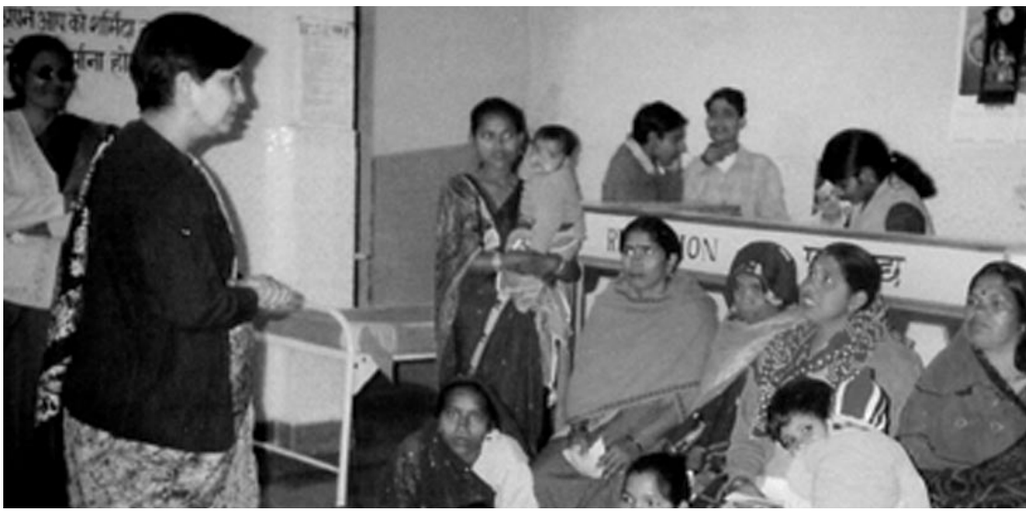
*Source: International Journal of Gynecology and Obstetrics; A study by Dr. R Bhatt and Dr. M. Bhatt*

## PROVIDERS' FORUM

### Janani's experience in injectables.

Janani began operations in Bihar in 1995. What started as a vertical family planning programme using social marketing as the strategy for distribution, today has expanded to deliver the entire range of family planning and reproductive health services which is being expanded to general health services. Janani currently works in Bihar, Jharkhand and Madhya Pradesh. The current networks include 39,000 rural health practitioners, 280 medical clinics and 40,000 shops. The entire range of clinical and non-clinical family services are offered to people to increase the range to choose from as per their needs.

Injectables as a method of contraception was added to the basket of services from the year 2000 in the Janani programme. The method is available at all their Surya medical clinics. Till date they have distributed 67,883 injectables. Most of the women opting for this method have a parity of 2 children (53%) and fall within the age group of 21 to 25 years (45%) or 26 to 30 years (37%). The women opting for this method are from urban areas. The method is available at a cost of Rs. 79/- at the Surya franchisee clinics.



## TECNICAL UPDATES

WHO Statement on Hormonal Contraception and Bone Health- July, 2005 "The use of DMPA for contraception produces a hypo-estrogenic state in women; some studies have shown that this is associated with a decrease in BMD. When DMPA use is discontinued, BMD increases again in women, regardless of age, except for those who have reached menopause. Among adults, BMD values appear to return to those of comparable non-DMPA users over a period of 2 to 3 years.With regard to bone metabolism there should be no restriction on the use of DMPA, including no restriction on duration of use, among women aged 18 to 45 who are otherwise eligible to use the method.

DMPA is a highly effective and widely available method of contraception, which plays an important role in the contraceptive method-mix. This is particularly so in regions with a high unmet need for contraception and where maternal morbidity and mortality are high.Any decisions regarding choice of a contraceptive method should also consider this fact.

http://www.who.int/reproductive-health/family_planning/docs/hormonal_contraception_bone_health.pdf

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## COUNSELING

### Stressing on Quality of Care

An abstract from UNFPA Study
Increasing Access to Quality Services

Clients need a choice of contraceptive methods, established quality care and a constellation of related services. Studies around the world suggest that clients want:

- Respect, friendliness, courtesy, confidentiality and privacy.
- Understanding on clients' situation and needs Complete and accurate information
- Technical competence
- Access and continuity of care and supplies Fairness - Clients want providers to offer information and services to everyone regardless of class or ethnicity.

**While counseling, some points to note are:**

- New clients seeking to space pregnancies should be offered all the spacing methods available; thus facilitating them to choose the most appropriate or desirable method
- Share all information which could improve clients' understanding and assist them in making more fully informed decisions
- Providers should increase the length of client visits, improve the quality of information given, and expand the reproductive health service offered
- Providers must inquire about the number and frequency of partners and also find out whether the partner is included in the decision to seek contraception. This would further help to assess or recommend appropriate methods
- The dual-protection benefit of condoms with special reference to protect against sexually transmitted infections must be discussed

(Excerpted from the UNFPA study on 'quality of care' from their website)
Chapter 3 –Components of Reproductive Health)
Link:http://www.unfpa.org/swp/1999/index.htm

*The authors' views expressed do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.*


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PSP-One PRIVATE SECTOR PARTNERSHIPS FOR BETTER HEALTH

The PSP-One project is USAID's flagship project, funded under Contract No. GPO-I-00-04-00007-00, to increase the private sector's provision of high-quality reproductive health and family planning (RH/FP) and other health products and services in developing countries. PSP-One is led by Abt Associates and implemented in collaboration with nine partners.