Women’s movement on Norplant

Naripokkho
• Norplant – background
• Our movement
• Norplant – current status
• Human rights perspective
Norplant I

Consists of six silicon capsules/rods containing levonorgestrel

Levonorgestrel is a synthetic progestin; it alters the cervical mucus to prevent penetration by sperm; inhibits ovulation; and alters the lining of the uterus to prevent implantation.

Norplant is implanted in a woman’s body, just under the skin in the arm through a minor incision. Removal also requires minor surgery - incision.
Side effects

• Irregular menstrual bleeding, Lack of menstruation, spotting
• Stomach upset, cramps, nausea
• Headache
• Acne
• Change in appetite
• Seating
• Weight gain

Contact doctor if -

• Irritation at insertion site – pain, redness and warmth
• Changes in vision
• Depression
• Swelling of feet and ankles
• Yellowness of eyes or skin, pale stools, dark urine
History of Norplant globally

- Norplant was approved by the FDA in 1990
- By 1996, over 6,000 complaints of “adverse medical consequences” had been filed by American women who were suffering from various Norplant-related ailments, from heavy bleeding and vision impairment to general malaise and lack of appetite.
- Some women overseas became blind and were bedridden
- In 1996 a media campaign was launched against Norplant, advising American women who were suffering serious side effects from the device to contact legal counsel. A “citizen’s petition” with the FDA to have Norplant taken off the market.
- The manufacturer, Wyeth-Aherst, in 2002 reached an out-of-court settlement with the victims and took Norplant I off the market in the U.S
- But Wyeth-Aherst continued to manufacture, and USAID continued to purchase, millions of Norplant I to use on women in the developing world.
- USAID finally ended its contract with the manufacturer in 2006.
Women’s movement on Norplant - Naripokkho
Naripokkho’s approach to reproductive technologies including contraceptives

• Not against reproductive technologies but quite the reverse
• Putting women first – family planning is a national priority but it cannot take precedence over a woman's overall health
• Women’s reproductive needs are not isolated from her overall health needs – holistic approach to contraceptive devices and services so that women are treated not just as reproductive beings
• Women need contraception – ones that suit her body and her needs and therefore full information, counselling and related services are essential
Naripokkho and Norplant

• 1989 campaign with Norplant started – it was around health systems delivery

• 1990 interviews with five women with complications from Norplant and 4 of whom were refused removal conducted

• 1990 Holiday newspaper article detailing these case reports – *Family Planning at the Cost of Women’s Health*

• USAID investigation through an independent study started – into the study trial that was being conducted

• Technical committee formed for this - Naripokkho was a member
Independent study findings

• 17% of women who accepted Norplant knew of side effects
• 15% of women knew that Norplant could be removed on request
• Most physicians and counsellors did not know about complications and contraindications of Norplant

Outcome

• GoB declared that removal was a right of the client
Further actions and findings

1994 Meeting with UNFPA executive Director Dr. Nafis Sadik who suggested monitoring Norplant services

UNFPA takes cognizance of Norplant problems

by Nasreen Huq

Further actions and findings

1994 Meeting with UNFPA executive Director Dr. Nafis Sadik who suggested monitoring Norplant services

UNFPA takes cognizance of Norplant problems

by Nasreen Huq
Findings from Interviews with 60 Norplant Acceptors:

- Improvement in access to removal
- Counselling cursory
- Inadequate information provided to clients
- Variable quality of health check ups
- Serious side effects such as blurring of vision and dizziness often ignored. Services providers response to side effects were limited to providing assurance and nutritional advice
- Inadequate training on insertion and removal
- Negative attitude of providers
Current status – Norplant II

• Implants are available from three main manufacturers,
  - Bayer Pharma AG (Germany)
  - Merck/MSD Inc (USA)
  - Shanghai Dahua Pharmaceuticals Co., Ltd (China)

• The most common types include
  - Jadelle (two rods each containing 75 mg of levonorgestrel, effective for five years)
  - Sino-implant (II), which is currently marketed under various trade names including Zarin, Femplant and Trust (two rods each containing 75 mg of levonorgestrel, effective for at least four years)
  - Implanon and Nexplanon (both with one rod containing 68 mg of etonogestrel, effective for three years).
Jadelle

• Jadelle has been approved by FDA to be effective for 5 years in November 2002
• Is the successor to Norplant I and has replaced the contract with USAID since January 2007

WHO Essential Medicines list (2011)

Implants specified as the two-rod levonorgestrel-releasing implant, each rod containing 75 mg of levonorgestrel (150 mg total) are included
One rod implants are still not included
• It is crucial that policymakers, donors and service delivery groups work together to guarantee that women have access to reliable, affordable implant removal services.

• This includes
  - providing information about removal services at the time of insertion;
  - ensuring adequate training of providers and sufficient commodities to support same-day removals when requested;
  - establishing adequate referral systems especially for women who receive implants through mobile services or community-based programmes.
Use of human rights to meet the unmet need for family planning

Jane Cottingham, Adrienne Germain, Paul Hunt
Lancet 2012

crucial importance of accountability of states: priorities for making family planning available that are mandated by human rights.
Whose unmet need?

• The human rights principle of non-discrimination leads us to examine who is included in prevailing definitions of unmet need by policy makers, programme managers, service providers, and demographers.

• The sources used to estimate unmet need generally include only married or cohabiting women of reproductive age who do not want to become pregnant, but who are not currently using a modern method of contraception.

• However, as data have become available from some countries for sexually active unmarried women, the most recent unmet need estimates include unmarried women. About 215 million women in developing countries are estimated to have an unmet need for family planning.
Thank you