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.

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 clinics 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, Bulandshahr, Shahjahanpur, Bijapur, 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).

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.

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 Mehrota 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.
**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 “anchha garbha 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, it’s not only 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 outweigh 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."
A study by Dr. R Bhatt and Dr. M. Bhatt

At a cost of Rs. 79/- at the Surya franchisee 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. Injectable 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.

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