

Depo-Provera: Old Concerns, New Risks

By Amy Oliver and Diana Dukhanova

The Summer 2000 issue of *DifferentTakes* provided an introductory glance at the injectable contraceptive Depo-Provera (or DMPA), and why many women's health advocates are concerned with its use and misuse around the world.¹ Approved for use in the U.S. in 1992, Depo has only become more controversial as its image as a hassle-free contraceptive clashes with the reality of possible side effects such as irregular bleeding, weakness, depression, weight gain, nausea, loss of libido, darkening of skin, abdominal pain, headaches and hair loss.² Side effects can be so numerous and severe that over 70% of American women who have ever used Depo discontinued their use within the first year.³ Injected into the arm or buttock, Depo's effects last for three months and its effectiveness rate is an impressive 99.7%.⁴ But with alarming new risks added to these worrisome side effects, the contraceptive deserves closer scrutiny.

Depo-Provera Receives "Black-Box" Warning

The Food and Drug Administration (FDA) recently mandated that Depo carry the "black box" warning label, the agency's most severe warning. Based on new data from Pfizer, Depo's manufacturer, the new label will inform users of recent findings that Depo causes a loss in bone mineral density that may not be completely reversible. The warning also suggests that Depo use should be limited to two years unless other forms of birth control are insufficient, and in this case women should be evaluated while taking the drug long-term.

These findings have special relevance to young women who are in the critical period of bone growth. Studies are conflicting as to whether or not bone loss can be completely recovered once use of the drug is discontinued.⁵ Clearly, the FDA black box label poses a red flag that more research is needed on Depo's

long-term effects on women's bone loss and future risk of osteoporosis.

Increasing Risks of STI's and HIV/AIDS

Other recent studies show Depo-Provera users are at an additional risk of contracting Sexually Transmitted Infections (STI's). A joint study funded by the National Institute of Child Health and Human Development (NICHD) and the U.S. Agency for International Development (USAID) recently found that the use of Depo increases a woman's chances three-fold of contracting chlamydia and gonorrhea. The study, published in the journal *Sexually Transmitted Diseases*, followed over 800 women in Baltimore, MD, who had the choice of using Depo-Provera, oral contraceptives, or a non-hormonal contraceptive. The study found no correlation between taking oral contraceptives and contracting the infections, and did not conclude why Depo users were over three times more likely than women using other hormonal contraceptives to contract these STI's.⁶

The findings clearly have important implications for women's reproductive health and call into question the widespread promotion of Depo-Provera in family planning programs in the U.S. and overseas. Yet there is already an attempt by some agencies to downplay them. Family Health International's (FHI) August 2004 report on the findings states that "while of concern...this new research does not call for changes in the provision or use of DMPA."⁷ The report goes on to assert that women in monogamous relationships are at no additional risk of infection, and that the results of the study "are of little concern for DMPA users who use condoms consistently and correctly, since such condom use only rarely fails to provide protection..."⁸ The fact that the report virtually ignores such significant findings is alarming. The results clearly state that the *use of Depo-Provera only*, not hormonal contraceptives in general, increases the risk three-fold of contracting chlamydia and gonorrhea.⁹ In lieu of an

in-depth look at the implications of these findings, FHI quickly puts the responsibility on correct and consistent condom use and monogamous relationships to prevent the spread of STI's.

Encouraging condom use is of course important, but as a consumer choosing a safe, reliable method of birth control in addition to condoms, one might think twice about choosing Depo given that condoms can fail or one's partner might be unwilling to use them. Moreover, many women who are at risk for contracting STI's because of their partner's promiscuity most likely believe (or would like to believe) that their partner is faithful. The point at which a woman finds out her partner isn't faithful is far too late to decide to switch birth control methods, particularly if she just received her three-month shot. Meanwhile, she could have been three times more likely to contract STI's from her partner simply *because she used Depo*.

New studies show conflicting evidence of whether Depo-Provera increases the risk of contracting HIV, transmitting it to others, and increasing the rate at which the virus progresses once in the body. A study published in January 2004 in *The Journal of Infectious Diseases* found a correlation between taking hormonal contraceptives (both injectable and oral) and acquiring HIV.¹⁰ The study further concluded that the use of Depo at the time of HIV transmittal hastened the rate of disease progression.¹¹ In terms of contracting HIV, skeptics point out that the research yielding these results used sex workers in Kenya, who would have more frequent exposure to HIV than the average person.¹² Only a handful of prospective studies have addressed injectable hormonal contraceptives in particular and their effect on HIV, and findings are mixed.¹³ Some found no correlation between Depo use and HIV, and suggest further research is needed. The National Institute for Child Health and Human Development (NICHD) is currently conducting a larger study inclusive of subjects who are at a lower risk of HIV infection, and results are expected some time this year.



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Depo Hype

Although Depo's manufacturer was mandated to add the "black-box" label concerning bone loss, it seems less concerned with adequately informing women of other new risks. While promoting their product as ultra-convenient and period-free, Depo's current distributor, Pfizer, claims "There is no proof from clinical studies that shows Depo-Provera increases your risk of acquiring a sexually transmitted disease, or STD."¹⁴ This claim was found on the official Depo-Provera website *seven months* after the findings were released (and reported in popular U.S. news sources)¹⁵ concerning women's increased risk of contracting STI's. While Pfizer does remind women that Depo does not protect from STI's and HIV/AIDS, it thus far ignores this recent finding.

In informational materials (mainly targeting college-age women) put out by Depo's former distributor, Pharmacia, sweeping statements are made that "while most sexually active young women use condoms to protect themselves against sexually transmitted diseases, they don't often think to protect themselves against pregnancy as well."¹⁶ Pharmacia's materials go on to claim that the condom's failure rate is as high as 14%, compared to Depo's 99.7% effectiveness.¹⁷ The materials neglect to mention that condoms, used with withdrawal, can be up to 98% effective, as reported by Planned Parenthood.¹⁸

With the rate of HIV infection rising to pandemic levels among the youth population — half of all HIV infections in the U.S. occur in people under 25¹⁹ — promoting a birth control method to youth that downplays condoms as ineffective will only contribute to the crisis. In light of the recent findings that Depo increases the risks of contracting STI's and possibly HIV, it is critical that women receive accurate information regarding the risks of solely relying on hormonal contraceptives.

At What Risk?

Because of the particular circumstances in which Depo-Provera is used in the U.S. and abroad, new risks associated with Depo should not be taken lightly. Long-acting contraceptives such as Depo and Norplant (a contraceptive placed under the upper arm) have a history of being coercively targeted at poor women and women of color, often without informed consent, despite the current promotion of Depo as a white, college woman's contraceptive.²⁰ Anecdotal evidence shows that Depo is disproportionately promoted to women on welfare as a population control measure,²¹ and there is a pressing need for more research in this area. New

risks associated with bone loss, contracting STI's and possibly HIV pose great concern for women who are already less likely to have access to basic services such as healthcare.

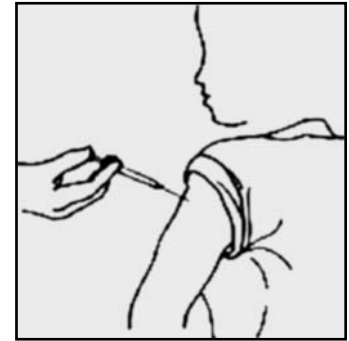
With many questions left unanswered, widespread research is needed on the safety of Depo-Provera. A study conducted in India in 2003 explored women's experiences with obtaining and using Depo (banned in 2002 from India's Family Welfare Program after much pressure from women's groups). The study profiled a sample of 50 women, most between the ages of 21 and 30, who received Depo from a public hospital. Goals were to measure how informed the choice was to take the drug, women's knowledge of risks and benefits, medical screening tactics, personal health risk factors, and physical setting of medical facilities. The study found some alarming results: over half of the women were given no other contraceptive options besides Depo, 42 out of 50 were not informed of the probable side effects, and more than half received no screening.²² The study made women's first-hand experiences a central focus of the research, an approach severely needed in the U.S.

Depo has for years served as both a subtle and blatant tool for population control in developing countries despite the fact that risks are aggravated in places where medical monitoring is difficult or impossible.²³ Under apartheid in South Africa, Depo was typically given to women without adequate screening and health services, which were virtually inaccessible to rural populations. Many black South African women were coerced into using Depo and were sometimes forced to use it in order to keep their jobs.²⁴ Although this does not mean Depo is always misused in developing countries, its vast history of abuse by population control programs and potential for further misuse (particularly in areas of high HIV risk such as South Africa) call into question its ultimate safety for women.

Despite recent concerns about a link between Depo-Provera and HIV/AIDS, there is little evidence that new risks will be taken seriously by those who consider reducing Third World birth rates a higher priority than women's health. In a report on the recent findings concerning Depo and HIV risk, Timothy Wilkin, M.D., M.P.H., (Instructor of Medicine at Cornell University and writer for a popular website on AIDS research), states "It is difficult to say what this means for women's reproductive health. Because women in developing countries such as Kenya are much more at risk for dying during childbirth...it is unclear whether this

increase in HIV infection is more important than the risk of unwanted pregnancies."²⁵

While it is true that because of poor living conditions and lack of prenatal care, a woman's chance of dying during childbirth is generally higher in developing than in developed countries, it is a cruel trade-off to pit the risks of an unwanted pregnancy



and childbirth against using Depo (with possible increased risk of contracting HIV) as a woman's only two options. If we are really concerned with reducing death rates related to childbirth, we instead should focus on improving overall standards of living and prenatal care for women in Kenya and elsewhere. Further, the risk of contracting HIV can greatly be reduced by increased condom use and there are other contraceptives women can use besides Depo. Indeed, given present concerns about Depo causing increased risk of acquiring STI's and possibly HIV/AIDS, it is questionable whether Depo should be used at all in vulnerable populations. We may be witnessing the beginning of a major public health crisis.

A Broader Vision for Contraceptive Choice

Despite the new FDA black box warning about bone loss, evidence of increased risk of contracting STI's among Depo users, and concern that Depo may be linked to increased HIV infection, Depo-Provera continues to be used by many of the most vulnerable populations in the world. Seen at first as a hassle-free contraceptive that would answer women's prayers, new findings raise serious questions of the usefulness of this drug as a safe option for women. While many advocates for reproductive choice argue that more contraceptive options automatically empower women, we must raise the question of how important a choice is if the safety of the method is in serious doubt. A broader movement for reproductive health looks beyond a narrow definition of choice to the assurance that available options are safe as well as effective. Moreover, women need to be completely informed of the array of contraceptive options available to them, and the risks associated with their use.

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