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Depo Provera — A Choice Or An Imposition On the African Woman: A Case Study of Depo Provera Usage in Maiduguri.

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While the controversy over the use of *Depo Provera* (a long-acting injectable contraceptive) goes on unabated, millions of women in Africa, and in Nigeria in particular, are being subjected to it. The perplexing question remains whether these women choose to have depo-provera or whether it is imposed on them. A sequel to this question is whether the African woman user is in any position to be able make a fully considered choice with regard to the family planning technique she adopts. How many of the numerous health hazards of the drugs are made known to her at the outset?

In the light of these concerns it argued that, since women bear the brunt of childbearing and raising, it is their basic human right to be able to decide on the family planning methods they wish to adopt. Furthermore, that the introduction and the use of depo provera on African women is a violation of this right. Consequently, it can be posited that it is morally objectionable that a drug banned in its country of manufacture finds a ready, profitable and quite often unsuspecting market in Nigeria and the Third World in general. Can it be that the profit interests of multi-national corporations (in this case Upjohn) is placed high above the health considerations of Third World women?

The primary purpose of this study is to establish the extent of the use of depo provera in Maiduguri. A second aim is to draw the attention of policy makers, implementers and drug-procuring offiers in Nigeria and elsewhere to the unresolved controversial status of depo provera.

The Drug and Its History

Depo-provera (medroxyprogestrone acetate) is a synthetic steraid, used as a long-acting, injectable contraceptive. Minkin points out that "depending on the dose, each shot of the drug can cause sterility from three to six months" [1].

At its inception in 1960, depo provera was approved by the United States Food and Drug Administration (F.D.A.) as "safe for endometriosis".[2] This approval was withdrawn in 1962 when the 'efficacy' had not been demonstrated as required by the 1962 Drug Amendment Act. In 1972, it again received F.D.A's approval for palliative treatment of certain kinds of inoperable cancer of the uterus. It had also been used for the treatment of breast cancer, threatened abortion, idiopathic prococious puberty, and psychiatric disorders"[3] In 1974, F.D.A. delayed its final approval of the drug while waiting for further assessment of the findings about an association said to exist between depo provera and cervical cancer. In 1978, following continued reviews, the F.D.A. eventually refused the approval of the drug as an injectable contraceptive for use in the United States.

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Scientific studies aimed at evaluating the health implications of depo provera usage started in 1963. According to Kennedy (1978), two of these studies dealt with beagle dogs and rhesus monkeys which were given various doses of depo provera.[5] In each case, there was evidence of the presence of cancer. Two of the beagle dogs developed malignant breast tumours while two of the rheasus monkeys are reported to have died of endomentrial carcinoma or cancer of the uterius lining.[6]

Much of the controversy about depo provera is related to these findings. The opponents are asking for a delay in the use of the drug while further studies about its safety are carried out. The argument is that it will be a human tragedy to have another (that lidomide) situation. It was also mostly because of this suspected drug-cancer linkage that the F.D.A. withheld its final appraval of the drug while waiting for positive findings of its safety. That is why, the F.D.A. argued, that the "benefits of the drug have not been shown to outweight the potential risks"[7]. It further stated, among other things, that:

(a) health risks had been indicated by studies of beagle dogs in the early 1970s;
(b) the simultaneous use of oestrogen with depoprovera increased the health risks; and
(c) there is the risk of congenital malfrmations of the foetus exposed to depo-provera if failure accured.

In addition, it expressed reservations about the post-marketing study for breast and cervical cancers proposed by Upjohn Company (the manufacturer of depo provera).[8]

Despite this disapproval, Upjohn and population control enthusiasts (such as the International Planned Parenthood Federation) continue to agitate for the drug's approval. They argue that the drug is safe, long-acting, almost 100 per cent effective, and therefore convenient, for use, especially by rural women. Usually, they cite the Potts-McDaniel study. This study, conducted in Thailand, was an investigation of [9] Thai women who had endometrial cancer. It was found that none of them had used depoprovera. The study yielded very little information because it used a very small sample in areas (Chiang Mai and Lumpoon Provinces of Thailand) where over 80,000 women had used the drug. As Minkin rightly points out its methodology and procedures have also been seriously questioned.[10]

Claims by Upjohn and its supporters, notwithstanding, the drug has many distressful side effects. They include: long-and short-term infertility, possible sterility, severe menstrual discrders, menstral chaos, hair loss, weight gain, depression, diabetic stress. etc.[11] In addition to this list, there is the fear of depo provera having a possible association with breast and cervical cancers.

Although there are these debilitating side effects, fear of the drug-cancer linkage, and the possible effects on the foetus should failure occur (none of which has successfully been laid to rest of dismissed), the International Planned Parent-hood Federation (IPPF), the World Health Organization (WHO), and the United States Agency for International Development (USAID) endorse its continued use. The IPPF and other international agencies in collaboration with Upjohn Company distribute the drug to over sixty countries. Unfortunately, most of the countries are in the Third World and appear not to be fully aware of the concerns, controversy and uncertainties surrounding depo provera.

The African Scene

Many countries in Africa use depo provera for contraceptive purposes. Prominent amont these countries are Angola, Uganda, Zaire, Kenya, Zimbabwe,[12] Sierra Leone, Nigeria and South Africa to name only a few. In the African countries south of the Sahara, excluding South Africa, the demographic parameters indicate a need for family planning. The women experience high birth rates of over 46 per 100; their total fertility rate is about 6.5; while their life expectancy at birth is below 50 years. About 80 per cent are still engaged in agriculture and petty trading; less than 30 per cent are literate and about the same percentage live in the urban areas. In Nigeria the picture is even more depressing since the annual population growth rate is about 3 per cent. These socio-demographic variables point to the existence of a need for family planning. However, the question is what kind of family planning methods? Who decides on the technique to be used — the women, the International organizations, or the male administrators?

Family planning is aimed at helping interested couples, especially the women, to plan the number of spacing of their children. It is considered a basic human right. It should be given to any woman who needs it. Although two adults are involved in the reproductive process the women bears the brunt. Her body, and quite often her life, is at risk in the process. It becomes extremely important, therefore, that the decision on what type of contraceptive to use should in the end be hers. The problem is how she can effectively make the decision.

Self-determination, according to the United Nations, is experienced when one has the will, the choice and the freedom to decide on a course that one considers best and has the resources to pursue that course. Factors that aid in self-determination include education, access to chosen jobs with appropriate income, social recognition and acceptance; and freedom to pursue one's life ambitions. The African woman is very low on these self-determination variables. Placed in this situation, can the African woman successfully determine her fate in the area of family planning?

The Study

Background of Study

Maiduguri is the capital city of Borna State in the North-eastern part of Nigeria Its founding dates back to the 17th century; it has a population of about 0.7 million people and is still growing. Although it has a cosmopolitan composition, the major ethnic groups are the Kunuris, the Shuwa-Arabs, and the Kwayam. English is the official language for transacting business although Kanuri and Hausa are widely spoken.

The population is predominantly Moslem and islamic culture predominantes. Polygamy is quite common. Children are very highly valued; numbers of children being regarded as blessings from Allah. Women are respected but are traditionally restricted from open closeness to men. They are involved mainly in agriculture and petty trading. Their educational background (especially with regard to modern education) is very low, though improving.[14]

Generally in the country, there is a *laissez-faire* official attitude to family planning, possibily due to the different religions' opposition which could have political repercussions for the leaders. Instead, whatever support the government gives to family planning, is through subventions to voluntary organisations operating in Nigeria, such as the Planned Parenthood of Nigeria. This body has about eighteen clinics in the country but as yet has none in Borno State which includes Maiduguri. This notwithstanding, contraceptives are available in private and government pharmacies and hospitals. There is also a proliferation of 'quacks' who carry and sell different family planning items. In effect people can buy most contraceptive items over the counter of numerous drug stores run by qualified and unqualified personnel. Among the items that can be easily acquired is the controversial depo provera.

With the above background, it is perhaps difficult to see what role the Maiduguri women play in the decision to include depo provera as part of the family planning package in city. Equally puzzling is how they can possibly know the health hazards associated with the drug before they are advised to use it.

Method of Study

It is intended that the present paper will be part of longer research which will survey the overall usage of depoprovera in the country. This paper focuses on the present status of the drug in Maiduguri. It explores the extent of use and the age, number, educational and rural/urban background of the users. It also examines what screening and follow-up procedures are adopted, who administers the drug, and how much information or literature the doctor-prescribers have on the drug.

Information about the use of depo provera in Maiduguri was gathered in the first instance from doctors employed in the Obstetrics and Gynaecology departments of three hospitals. The three pharmacists in charge of the pharmacies in the hospitals were also interviewed since they procure the drug and quite often are aware of the regularity or otherwise of its usage. In the second stage of the work, the actual users will be interviewed. It must be emphasized at this point that the study is extremely exploratory, since demographic data in the town are very limited. This initial study is intended to provide data to sharpen the procedure to be adopted in the follow-up research.

Since this is a preliminary study, it was necessary to study the general institutions that handle most of the cases in the town. These are, moreover, institutions that are likely to have records of their activities. Those selected for study, therefore, were:

(1) the Government General Hospital (which handles people from all works of life but especially the poorer urban groups and villagers);
(2) the Specialist Hospital which runs a women's clinic and advises on family planning and has a team of well-qualified doctors (it is supposed to serve everybody but it is selective towards the higher socio-economic class); and
(3) the University of Maiduguri Clinic which deals with salaried University staff and their families.

Besides these three hospitals, there are other hospitals and clinics which are privately owned, expensive, and limited to those who can afford their services. There are also the patent medicine stores where people pick up items for family planning. It may be worthwhile including these in a later study to find out how much depo provera is prescribed in the private institutions.

The Interviews

The researcher did all the interviewing using an informal schedule of questions and since the number of respondents was small, comprising three pharmacists and five doctors, there was no need for any sample selection. A factor that facilitated the interviewing process was that the three hospitals are linked by the exchange of medical doctors. It happens that the only consultant gynaecologist at the University Clinic is one of the five gynaecologists at the Teaching Hospital. Similarly, the consultant gynaecologist at the General Hospital is also the professor-in-charge of the Teaching Hospital Gynaecology staff. With this arrangement it was possible to gather information about two institutions from one person.

Although the subject of family planning in Maiduguri remains a mooted issue rather than one openly discussed, co-operation was given by the respondents. The three pharmacists, suggested that depo provera is procured from an agent of Upjohn company in Nigeria. It is available and can always be purchased on demand from the government and private institutions as well as from road side howkers. At the University Clinic, although the doctor who prescribed depo provera had left the University, the pharmacist was able to give the information that two women had used the drug and discontinued it because of the harsh side effects — especially abnormal bleeding and weight gain.

Generally, the more experienced doctors (those who have had upwards of seven years experience in the field) were very much aware of the controversies surounding depo provera and its non-approved status in the country of its origin — the United States. They, therefore, tended not to use it at all. Their main reason was that it creates more problems than it seems to solve. Again they stressed the difficulty in using it because "once it is given it is hard to retract", as it takes at least three months for its effects to wear off. Most of the patients (fifteen) reported in this work were patients of a young doctor who had read Upjohn's list of side effects but not much more.

In all, the doctors interviewed admitted prescribing depo provera for twenty women. This number may appear small. However, when it is considered that this is a moslem town where family planning is seriously frowned upon and discouraged, the above number assumes some significance. Furthermore, if it is remembered that there are many roadside medicine pedlers and stores where people can pick up contraceptives, it is possible that many more women may be using the drug than the twenty recorded here. Also, doctors show that the rate of contraceptive acceptance in the clinics is below one per cent. Most of the acceptors use them for spacing their children rather than for limiting numbers.

Moreover, the more experienced doctors prefer either the I.U.D. or the pill for their patients. According to them too, the women who have had some education tend to prefer the pill or the I.U.D. When all these facts are considered, the relevance of the twenty depo provera users becomes pronounced. They may be representing a much larger population of women users.

From the interviews, it was observed that the doctors were not sure of the relevant personal data of the patients. But it was gathered that most of the depo provera users were young, unmarried women aged 25 years and above, ten of them having no children. All were semi-illiterate and, although they lived within the limits of the city, most were from very poor socio-economic backgrounds.

Findings and Discussions

One of the first striking features of the family planning services in Maiduguri is that these who procure the drugs are all men — the pharmacists. What items are secured for use are, therefore the choice of men. Another factor highlighted, is that, with their generally poor socio-educational background, women tend to have, as Brown observed, "an unquestioning respect for medical authority, and thereby to put their trust in the medical staff".[15] In a discussion with one of the consultant Gynaecologists — a Pole — he disclosed that the women who come to his clinic in Maiduguri do not know much about family planning techniques. He advises them, or rather recommends a certain method for them. In this case he does not favour 'the pill' and is averse to the use of depo provera. As an advocate of I.U.D. it follows, of course, that all his patients in this particular clinic receive the I.U.D. Thus, it seems clear that the medical or clinic personnel, rather than the women themselves, are deciding on the kind of contraceptive used.

A third observable factor, which is also of major concern to opponents of depo provera is the fact that the medical and clinic personnel are inadequate to handle the proper screening and follow-up of users. For example, in the case of the doctors interviewed, the only screening procedures adopted were checking the patients pulse, blood pressure and pelvis. In all the cases, the doctors neither supervised nor did the actual injection by themselves, that being the nurses' task.

In the few developed countries such as Belgium, Denmark, France, and West Germany, where depo provera is used, Silverman notes that it is normally used in conjunction with regular medical check-ups.[16] In Maiduguri such regular check-ups are rarely available. Firstly, the doctor/patient ratio is low. Secondly, because of the above, doctors and clinics are generally over-crowded and over-worked. Moreover, even when the doctor is able to set up appointments, the patients rarely show up. Some of the doctors interviewed explained that after prescribing the injections at the first instance they usually ask the patients to come for check-ups after two weeks, after two months and again when their period resumes. However, their experience is that most of the women (90 per cent) do not report for the two week check-up. Nonetheless, some of the women do come back (66 per cent) when the side effects (bleeding and disturbed menstrual periods) start. It can be seen from this that there are no proper follow-up procedures for checking on the effects of depo provera on users.

To support this assertion, one of the young doctors who has prescribed depo provera for fifteen women in the last two years, argued that unless the women come back to the Hospital to report on their conditions there is no way of knowing that their fate is. In his particular case, out of the fifteen to whom he gave depo provera. three have dropped out — one married and so stopped usage of the drug in the hope of becoming pregnant; the second, he suspects, must have moved out of town; and the third woman just did not show up again, so there is no means of checking on her.

From the more experienced and mature doctor colleagues of the young practitioner, I gathered that quite often the patients who have problems with depo provera refuse to go back to the prescribing doctors. Instead, they take their problems and complaints to other doctors hoping for a rectification of their circumstance. One consultant gynaecologist, who has had practical experience for over twelve years, said he had to treat women who have received depo provera from other doctors. They often went to himto complain essentially of abnormal bleeding. Usually they would be reduced to tears in explaining what was happening to them and how little information the doctors had given them at the time of the injection. All the patients who went to him (three in number) refused to have anything to do with the drug ever again. They discontinued its use. In this situation it is not surprising that women users of depo provera in Maiduguri are often ignorant of what to expect from the injection.

Of the twenty patients doctors admitted prescribing the injection for, none has used it for more than twelve monts. Two have used it for about nine to twelve months, ten for about six months, and eight stopped after the first injection. The usual complaints for those who stopped were bleeding, disturbed menstral cycle and weight gain. These are known side effect but the difficulty is that the patients are often ignorant of what to expect. When the problems arise, their reaction is to stop usage. It is unthinkable to sue the doctor who is held in high esteem. Rather, the women take their complaints to other doctors in the hope of finding some relief.

This highlights one of those problems facing women in underdeveloped countries as citizens, especially women, often do not know their rights within the legal system. Doctors in situations as described above go unchallenged and unquestioned. In Britain, for an example, Miss Shirley Rayner is reported to have been paid on out-of-court settlement $3,750 by a hospital, which she alleged prescribed the controversial contraceptive injection — depo provera — without warning her of the side effects.[17] In the United States there are also cases of women who have sued their doctors or hospital for inadequate information about the drug before it was given to them.[18] The great problem in Maiduguri remains the low level of education of the women and the implicit belief and confidence placed in the doctor and the medical personnel.

The following tables give the status of depo provera usage, the stoppage rate, and the congruence between doctors' and patients' preferences for certain contraceptive methods.

TABLE I STATE OF DEPO USAGE IN THE THREE PUBLIC HOSPITALS IN MAIDUGURI

	Depo Provera Usage		
	Ever used	Currently Using	Stopped Usage
Total Numbers	20	12	8
Percentage	100	60	40
Mean length of Usage in Months	6.2	6.8	3

Source: Author's Interviews at Three Public Hospitals in Maiduguri

It is clear from Table I above that depo provera usage in Maiduguri is relatively recent. This is hardly surprising considering the conservative nature of the society. It also indicates that the more harmful effects of depo provera may not have started to show up yet in Maiduguri. The time lapse is too short (6.8 months for current users). However, the fact that 40 per cent of the reported users stopped usage after the first injection supports the view that the side effects are disabling.[19] It is to be expected that with prolonged usage the rate of drop-out might increase as other anticipated or unanticipated side effects are experienced. The reasons for stoppage are given below, as remembered by the doctors. The patients themselves may have other reasons.

TABLE II

REASONS FOR STOPPING USAGE OF DEPO PROVERA

	Reasons				
	Excessive bleeding & weight gain	To get married	Move out of Town	Unknown	Total
Numbers	5	1	1	1	8
Percentage	12.5	12.5	12.5	62.5	100

Source: ibid.

Thus, it is seen that majority of those who stopped did so because of immediate side effects. It will be revealing to know whether the one who stopped to get married did become pregnant as infertility is one of the side effects of depo provera. Also the fate of the remaining two is unknown since they are no longer in contact with their doctor. In all, this 40 per cent stoppage rate among such short-time users indicates that the claims of Upjohn, the IPPF, and other population control groups about the convenience and safety of depo provera are not borne out in the experiences of the users.

On the question of decision-making, all the doctors admitted the patients do not know much about the contraceptives. They depend mostly on the doctors' recommendations. It is in this regard that doctors preference for certain methods corresponds to their preferred used by the patients

TABLE III

DOCTORS' MOST FREQUENTLY PRESCRIBED CONTRACEPTIVES BY PATENTS' PREFERRED METHODS

Doctors'/ Patients' Methods	Pills	Diaphram I.U.D.	Depo Provera	Percentage Totals
1ST	80	20	0	100
	50	10	40	100
3RD	10	90	0	100
	60	40	0	100
5TH	70	30	0	100

Source: ibid.

Table 2 has one message which is that doctors most often make decisions for, or recommendations to, their pateitns which are rarely refused. The young doctor already mentioned indicated that some of his patients (five) had heard about the three monthly injection but knew nothing more about it. The usual practice is that the doctor mentions the different methods. To the uninformed, the three-monthly injection sounds convient and and therefore seems to be acceptable.

Most of the time the patient is unsuspecting about the side effects. According to two of the more experienced doctors, "if we explain the detailed side effects of the different methods, we may probably end up with no users. So we give them only what is necessary." Quite often, what is considered 'necessary' is so inadequate that the women is virtually ignorant.

Conclusion

From the foregoing discussions one thing is clear. Depo provera is used even in the furtherest parts of Nigeria. Maiduguri is the last large town in the north-east of Nigeria and suffer from relative isolation from the rest of the country. That depo provera is used in this town, where there is no established family planning clinic and where the moslem faith is very strong, suggests a much wider use in the rest of the country.

The discontinuation rate is also indicative of not only the dissatisfaction the patients have for it but also the lack of proper understanding of what to expect. Evidence from the study shows that the choice is usually more the doctors' than the patients.

Perhaps, the most disconcerting issue is the fact that the follow-up or monitoring procedure is non-existent. In effect, patients or users are left to their fate. If a drug is well established as safe, it may be that follow-up is not so very necessary. However, when a drug is as severe in its side effects, and as controversial as depo provera is, then there is reason to be concerned that there is no proper way of monitoring its effects on the users. All the people involved in the approval for its purchase, its introduction in the health care system, and the doctors who actually prescribe it are responsible for whatever harm is caused to the users. The health of the women should be the concern of all involved. A drug produced in America but considered unsafe for American women should also be seen as unsafe for women everywhere in the world. To impose it on Maiduguri women is to jeopardize their health and that is morally objectionable.

Finally, it is recommended that depo provera be banned in Nigeria until its safety has been proved beyond any doubts.

NOTES

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