

Depo Provera

A contraceptive method given via injection

**A report on its prescription policy among women of
the Ethiopian community in Israel**

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We wish to express our sincere appreciation to Rachel Mangoli, whose deep sensitivity and devotion to her work with the Ethiopian community revealed this important issue.

Our appreciation is also given to the members of the steering committee of *The Women and Medical Technologies Project*: Anat Greenstein, Sivan Azolai, Dr. Nuphar Lipkin, Adva Shai, Dr. Ayelet Shai Md., Hadas Aon, Yali Hashash and Liat Lizer.

The Women and Medical Technologies Project is carried out within the framework of "Isha L'Isha" organization – a feminist center in Haifa, Israel. Among this project's goals are encouraging public involvement and feminist debate on issues that combine scientific and social aspects. We wish to promote a thorough discussion of the social, ethical and economical consequences of developments in medicine and science.

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Preface

In 2008, an article discussing a deliberate policy of prescribing the "Depo Provera" contraceptive method to women of the Ethiopian community in Israel was published in one of the Israeli daily newspapers. According to the article, this method of contraception was systematically given to these women as a part of a birth reduction policy. We, in *Women and Medical Technologies Project* under the framework of "Isha L'Isha" organization – a feminist center in Haifa, Israel, studied this issue and examined whether there is an actual, deliberate, policy on the part of the official health institutions regarding prescribing certain contraceptive methods for a distinct population and specifically for the Ethiopian community in Israel. Furthermore, we examined the ways in which this policy affects the health of women in this community, and whether the rights to freedom of information and choice were upheld during this process.

Introduction

The different contraceptive methods changed the lives of women, allowing them an unprecedented sexual freedom, alongside a greater amount of freedom regarding their fertility decisions. However, each contraceptive method has its advantages and disadvantages, often requiring continuous medical supervision. Choosing the optimal contraceptive method for a woman requires examining many medical variables and personal preferences. The process of choosing the preferred contraceptive method is a fundamental part of women's health and protecting their rights, and the quality of a patient-doctor relationship greatly determines whether it is done properly. In order to check the quality and optimality of this process, one must also examine the political and social conditions under which it takes place, in order to make sure that the professional patient-doctor relationship is not affected by prejudice, racism or any political considerations that tend to shape national and social perceptions of women's bodies, a perception that can contradict basic rights of the patient.

The goals of this report:

- A. Delivering information regarding the "Depo Provera" contraceptive method.
- B. Outlining and analyzing the distribution policy of this method among Israeli women in general, and among immigrant women from Ethiopia more specifically.
- C. Analyzing the relationship between contraceptive distribution policy and women's health, and empowerment. .

The report contains three chapters. The first one deals with the "Depo Provera" contraceptive method, its advantages and disadvantages and a historical background of its usage in different countries around the world. The second chapter contains the results of our mapping research and consists of two parts: the first contains the responses of the relevant authorities regarding the method's distribution policy and the second contains testimonies of women of Ethiopian origin who have used, or are using, Depo Provera. The third chapter discusses the triangular relationship between women, contraceptive methods and these authorities. At the end of the report we summarize our recommendations for changing the policy regarding the distribution of contraceptive methods.

Depo Provera contraceptive method

Depo Provera is a contraceptive injection that contains an analog of the progesterone hormone. It is given once in three months. Progesterone prevents ovulation by preventing the release of hormones in the pituitary gland, thus turning the cervical mucus into a viscous state that is hostile to the sperm and affecting the endometrium in a manner that prevent fertilized eggs from being perceived in it. Using Depo Provera is not efficient in preventing sexually transmitted diseases, including AIDS. This contraceptive method is used only when prescribed by a physician, and the injection is given by a nurse in the clinic. The company that manufactures the Depo Provera drug that is marketed nowadays in Israel is Pfizer.

Historical Background

Even at the first stages of developing the Depo Provera injection, it was thought of as a contraceptive method suitable for underprivileged populations. Between the years 1967-1978, the *Grady Memorial Family Planning* in Atlanta, Georgia, undertook medical research to examine the efficiency of Depo Provera as a contraceptive method. 13,000 low-income women participated in the research, half of whom were black. Many of the participants were not even informed that they were part of a research project and they did not sign a consent form of any kind or get any information regarding the side effects of the drug. Following participating in the research, some of the women became ill and a several women died. The research manager, Dr. Robert Hatcher, and his associates did not report the severe side effects the participants suffered. This information was revealed only after the Black Women's Health Project (BWHR) managed, despite the lack of organized records, to locate some of the participants and found out that some of them suffered severe illnesses including cancer, clinical depression and suicidal tendencies. The widespread prescription of the drug to poor women of minority groups, alongside the inadequate treatment and follow-up that the participants received, left many unanswered questions. Similar instances of unethical medical research during the process of developing the Depo Provera injection as well as poor medical treatment and paternalism on the part of the medical establishment towards disenfranchised women were also reported in other parts of the world.

The Upjohn pharmaceutical company carried out the development of the drug in its early years. In 1976, 1978 and 1983 Upjohn submitted requests to the *American Food and Drug Administration* (FDA) for approval of the drug but they were denied. Depo Provera was finally approved in 1992.

Parallel to its efforts in approving Depo Provera in the USA, Upjohn marketed the drug in about 80 other countries, most of which were developing countries. In these countries, Depo Provera was mostly prescribed within programs for family planning and birth reducing. Since the end of the 1960's¹, Depo Provera was distributed, in these countries, with almost no supervision and no formal consent of the women

¹ Leary, Warren E.. "[U.S. Approves Injectable Drug As Birth Control](#)". *The New York Times*. October 30, 1992
Karen Hawkins, Jeff Elliott (1996).

getting the injection. In South Africa, Depo Provera was given to young black women without their consent. In Thailand, in the refugee camp Kaol-I-Dong (near the Cambodian border), families were handed out food supplies (including chicken meat) only if they agreed to use Depo Provera. In the Philippines, using Depo Provera as a contraceptive method was approved in exchange for receiving the support of the United Nations' Population Fund (UNFPA) for the local government's family planning programs.²

Following the FDA's approval of the Depo Provera injections, many women's groups, around the world (including the USA, Canada and India), expressed their objection to using it, because of the various side effects that women reported³. One of the most prominent examples of the struggle against Depo Provera injections took place in 2002. Following the pressure of women's organizations in India, the local government stopped its program to include Depo Provera injections in the Indian health care services.⁴ In 2003, an Indian woman Organization called Sama researched the amount and quality of information that was given to women who used Depo Provera injections, and whether they had any choice in doing so.⁵ The research, during which 50 women aged 21-30 were interviewed, showed that more than half of them were not informed about other contraceptive methods, and that most of them (42 women) did not get any information regarding the side effects related to Depo Provera.

This short description of the history of Depo Provera reveals the various ethical problems, including the violation of basic human rights, which accompanied the use of Depo Provera during the last decades. Moreover, it shows that using medical technologies on specific populations is affected by the unequal relationships between western and developing countries, between men and women, between weak and dominant social groups, and by economic and political considerations.

The advantages and disadvantages

During the last years the hazards of using Depo Provera injections have subsided considerably. In the next section, we elaborate on the advantages and disadvantages of Depo Provera, as learned from recent studies⁶:

² Amy Goodman (1985) "Marketing Abroad", **The Multinational Monitor** (v.6, n 2&3).

<http://multinationalmonitor.org/hyper/issues/1985/02/marketing-abroad.html>

<http://cwpe.org/node/1853> On CWPE organization in the USA see :

On the coalition of fighting the use of Depo Provera in Canada see:

http://www.cwhn.ca/resources/birth_control/depoLetter.html

On the protest in India see: <http://www.issuesinmedicalethics.org/131di008.html>

⁴ Amy Oliver & Diana Dukhanova (2005), "Depo-Provera: Old Concerns, New Risks",

DifferenTakes (32) p.1-4.

<http://www.global-sisterhood-network.org/gsn/downloads/2005-4.pdf>

⁵ Ibid

Sama Resource Group for Women and Health (2003) , **Unveiled Realities: A study on women's experiences with Depo-Provera and injectable contraceptive**, New Delhi, India.

⁶ Drorit Hochner contraceptive methods, Prolog Publishing (2006)

Edith R Guilbert et al. (2009) "The use of depot – medroxyprogesterone acetate in contraception and its potential impact on skeletal health", **Contraception** 79, p 176-177.

Advantages:

1. Depo Provera injections are a very easy to use and very discrete contraceptive method that does not require a sexual partner's cooperation.
2. In long term usage, Depo Provera injections decreases the amount of vaginal bleeding until stopping the menstrual cycle, thus helping women that suffer from anemia caused by enhanced menstrual bleeding.
3. In many cases, Depo Provera helps prevent migraines.
4. Depo Provera acts as a pain relief drug in cases of Endometriosis.
5. Depo Provera is preferred as a contraceptive method for women suffering from epilepsy because it does not negatively react with drugs given to treat it, unlike other hormonal contraceptive methods taken orally. Moreover, Depo Provera helps in preventing epilepsy-related seizures.
6. Depo Provera decreases the threat of uterine cancer by 80%, and does not increase the threat of breast cancer.
7. Depo Provera can be used during nursing.
8. Depo Provera prevents symptoms of menopause, such as hot flashes.
9. Depo Provera is suitable, as a contraceptive method, for women who prefer hormonal contraceptive method but who belong to risk groups that do not favor Estrogen usage (i.e. women above the age of 35 who smoke and/or are overweight, have high blood pressure or thrombophilia).

Disadvantages:

1. Depo Provera causes irregularities of the menstrual cycle, including vaginal bleedings between periods.
2. Can cause weight gain in about 25% of those using it⁷.
3. Depo Provera causes headaches among its users.
4. Mood swings were reported among Depo Provera users with a tendency of depression and premenstrual syndrome (PMS). Causal connection between this contraceptive method and mood changes has not been proven, but clinical supervision for symptoms of depression is recommended for Depo Provera users, especially those who have a history of mood disorders.
5. Depo Provera causes a decrease of high-density lipoprotein (HDL), known as the "good cholesterol."
6. Long term usage of Depo Provera prevents ovulation for several months after treatment is stopped; it is therefore not recommended for women trying to conceive during the upcoming year.
7. Because Depo Provera is a long-term drug, it is difficult to stop treatment immediately in cases with the appearance of side effects.
8. Depo Provera causes a decrease of bone mass ("bone density") because of the low estrogen levels it induces. This drug causes a significant damage to bone mass relative to other contraceptive methods based on progestin (a synthetic analog to progesterone), because of its various pharmaceutical traits. We will discuss this point in depth below.

Osteoporosis (bone mass decrease) is a health problem common among women past the age of fertility that causes an increase in the frequency of bone fractures, which in

⁷ Ann J. Davis (2009) "DMPA and Weight Gain", *Obstet Gynecol*, 114 p 179.

turn can become a long term illness. A decrease of bone density was detected in all age groups of Depo Provera users. It is worth mentioning that the Depo Provera injections effects on bone mass are similar to the influences of pregnancy and nursing on it. Among young women, during the age in which most of the bone building takes place, studies observed decreased bone density while taking Depo Provera, although bone mass levels returned to their normal state within a year of stopping injections. Initial results of a new study show that young women using Depo Provera injections for a period longer than two years are more exposed to the danger of bone fractures, by 1.24 times, compared to other young women of the same age⁸. It was found that among women that had used Depo Provera before menopause, the level of bone density after menopause, was equal to the bone density level among women who did not use Depo Provera.

Research among women institutionalized due to developmental disability showed a substantial increase in risk of bone fractures when using Depo Provera⁹. Among this group, as in the case of the women of Ethiopian origin group, there are other variables, which make them vulnerable to bone mass loss, that need to be considered. Regarding the these institutionalized women, we note that they suffer from high incidences of osteoporosis and bone fractures even before menopause because of lack of physical exercise, minimal exposure to the sun, and treatments with other drugs that harm bone mass and make them more susceptible to loss of balance and falling down. Black women, more than white women, tend to suffer from a lack of vitamin D because when exposed to the sun, their skin produces it in smaller amounts. This places black women at greater risk of suffering from osteoporosis, especially when other risk factors exist¹⁰. Therefore, prescribing drugs that harm bone mass should be done with great caution among these groups.

It should be mentioned that there are currently no longitudinal studies that look into these issues amongst older women.

The various side effects have made Depo Provera a controversial contraceptive method. In a fact, more than 70% of American women who chose to use Depo Provera injections stopped using it after only one year¹¹.

Policy of using Depo Provera in Israel: Mapping Research Results

Trying to clarify the formal Israeli policy regarding the use of Depo Provera contraceptive method we turned to several authorities, and primarily the Ministry of Health.

⁸ Nancy A. Melville, Depot Medroxyprogesterone Acetate Associated With Fracture Risk in Young Women, CME, 18.9.2009.
<http://cme.medscape.com/news>

⁹ Edith R. Guilbert et al. (2009).

¹⁰ Loomis WF(1967) "Skin-pigment regulation of vitamin-D biosynthesis in man", **Science** ,4;157(788): 501-6

¹¹ Amy Oliver & Diana Dukhanova (2005).

The Ministry of Health response from 15.7.2008, given by Ms. Dina Hemo, the coordinator of Clinical Pharmacology and Drug Information Unit, stated that on January of 1996 "...The compound Depo Provera, 150 MG/ML, was given a label of contraceptive drug **when there is a medical indication for it and when it is impossible to use other contraceptive methods**" (my emphasis, H.E.)¹².

Clalit Health Services (Israel's largest health care provider) informed us that the criteria for receiving Depo Provera injections are¹³:

- Women who are not prohibited from receiving Progesterone treatment
- Cases in which other contraceptive methods failed.
- When using Intrauterine device (IUD) is not desired or not possible.

It thus seems that the general public policy does not favor Depo Provera as a recommended contraceptive method, but as a method to be used only when other methods are not suitable.

Who receives the Depo Provera contraceptive method?

Following the publication of the Depo Provera and Ethiopian women affair in 2008, at our request, Knesset member Opher Penis-Paz submitted a parliamentary appeal to the then Minister of Health, Yaacov Ben-Yezri. The minister was asked two questions:

1. Is there an official policy regarding prescribing contraceptive methods to women of Ethiopian origin?
2. Do women who receive Depo Provera injections get information about the drug and its side effects?

Minister Ben-Yezri claimed that there was no special policy regarding women of Ethiopian origin. He said that one of the reasons that women of Ethiopian origin use Depo Provera injections is that "**the usage of Depo Provera is very popular in Ethiopia**, (and) women prefer to continue using it or start using it in Israel". Another reason is that "it is generally known that there is a **cultural preference** among the Ethiopian community for drugs taken by injection over those taken orally"¹⁴. (my emphasis, H.E.).

While the Minister declared in the Knesset that using Depo Provera is very popular among women in Ethiopia, the World Health Organization (WHO), draws a different picture in its reports (chart 1). Analyzing the patterns of contraceptive methods usage in 1997 reveals high rates of using birth control pills¹⁵, which are popular also in Israel¹⁶. The fact that over 70% of women using a contraceptive method in Ethiopia prefer use birth control pills, taken orally, contradicts the State's response, given by the Minister of Health, that there is a "cultural preference" among the Ethiopian community for Depo Provera injections.

¹² Reply letter, the Health Ministry, 15.07.2008

¹³ Reply letter, General HMO, 05.05.2009

¹⁴ Health minister answer to Knesset member Penis-Paz's parliamentary question 16.06.2008

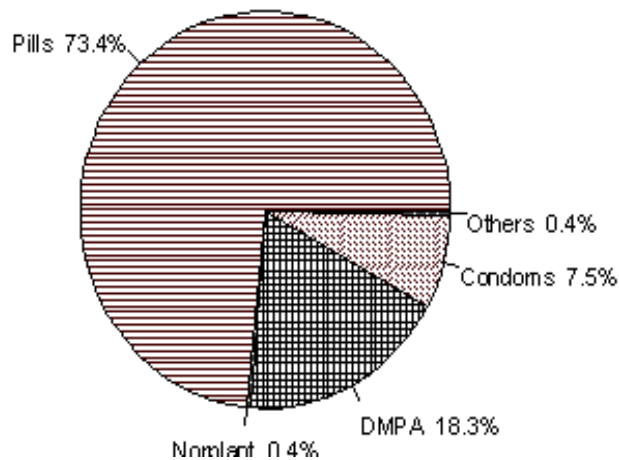
¹⁵ WHO website, 13.07.2009 entry.

http://www.who.int/reproductive-health/publications/HRP_ITT_99_1/HRP_ITT_99_1.9.en.html

¹⁶ According to the health minister data, the most common contraceptive methods in Israel are birth control pills and IUD. 24% of women population in Israel uses each of them. From Israeli health ministry website, department of mothers and adolescents

<http://www.health.gov.il/pages/default.asp?PageId=3853&parentId=3649&catId=660&maincat=35>
15.07.2009 entry

¹⁷Chart 1: segmentation of birth control methods in Ethiopia (1997)



In order to map the use of Depo Provera we turned to the health minister, and the Clalit, Maccabi and Meahedet HMOs. We posed the following questions: What are the Depo Provera usage regulations? How many women receive Depo Provera injections? Is there a segmentation process of the women who use Depo Provera by ethnicity, religion and/or other criteria? (Appendix 1)

We received the following responses:

The Ministry of Health responded that it has no information about the above issues and that we should address the HMOs for answers¹⁸.

Maccabi HMO wrote that it has no information regarding segmentation by ethnicity, religion, age, residence area and/or other criteria¹⁹.

Maccabi declared that during the first half of 2009, 1200 packages of Depo Provera injections were sold through its clinics. We learn from that about 400 women, at least, receive Depo Provera from Maccabi.

Meahedet HMO did not answer our query to date.

The **General HMO** response shows two important tendencies²⁰:

* Between the years 2005-2008 there was a significant increase in the number of Depo Provera users (Table 1). During 2005 there were 1687 Depo Provera users, while the number of users during 2008 was 4833- a 286% increase.

* Among the mentioned 4833 cases, 2759 (57%) were women of Ethiopian origin, although there were 10 different ethnicity groups checked and that the percentage of Ethiopian women of the total women population in Israel is much lower than 57%. Therefore, we can see that, according to General HMO data, there is a clear tendency to prescribe Depo Provera injections to women of African origin. In other words, in the demographic structure of Israel, Depo Provera is given mainly to women of Ethiopian origin.

¹⁶ http://www.who.int/reproductive-health/publications/HRP_ITT_99_1/HRP_ITT_99_1.9.en.html
WHO website, 13.7.2009 entry.

¹⁸ Reply letter, the Health Ministry, 15.07.2008

¹⁹ Reply letter, Maccabi HMO, 07.05.2009

²⁰ Reply letter, General HMO, 05.05.2009

Another segment of the Israeli population that receives the Depo Provera injections is women who suffer from various disabilities. In their report about the patterns of birth control methods among women with various disabilities, Mourad, Merik et al. state that in the years 1999-2006 11%-16% of institutionalized women used various contraceptive methods²¹. 8.22%-12.2% of them used Depo Provera injections, while 3.15%-4.15% used birth control pills. According to the report, the reason for the common usage of injections is done for reasons of “relative ease for the system.”

22Table1: Depo Provera usage data, among General HMO members, by ethnicity

2008	2007	2006	2005	Origin
Total consumers	Total consumers	Total consumers	Total consumers	
1740	1726	1486	587	Israel
185	164	164	61	Former USSR
30	37	46	16	Asia
40	36	33	16	Europe
9	10	7	2	North America
40	40	35	9	South America
2759	2693	2174	992	Africa
1	1			Australia + New-Zeeland
	1			New-Zeeland
24	23	7	4	Unknown

Testimonies of women of Ethiopian origin

Trying to get a wider view on the real policy of Depo Provera usage, we conducted personal interviews, including a thorough questionnaire, among women of Ethiopian origin. The interviews were conducted in Amharic by Hebrew and Amharic speaking interviewers. We interviewed 9 women between the ages 31-40 who are using, or had used, Depo Provera injections. The interviewees live in two areas in Israel where large communities of Ethiopian emigrants live: Pardes-Kats and the Krayot area. At the time of the interviews all interviewees had lived in Israel for more than 4 years. In addition to the interviews, we got information also from a crew of the Israeli educational television²³ that had made a documentary about the Ethiopian community in Israel, during which two group interviews, with 30 interviewees, had taken place in immigrants' centers in Keryat-Gat and Ashkelon²⁴.

Gathering testimonies from women of Ethiopian origin is not a simple task. Among the Ethiopian community members there is a considerable amount of fear and lack of trust towards institutional organizations, especially when talking about sensitive issue

²¹ Morad M, Kandel I, Merrick J (2009) "Residential care centers for persons with intellectual disability in Israel: trends in contraception methods 1999-2006", **Med Sci Monit**,15(6):PH37-9.

²² Data from reply letter, Maccabi HMO, 07.05.2009

²³ The group interviews were conducted by Israeli educational television researchers, "Buzz Tekshoret", during data gathering for a documentary project about Depo Provera injections.

²⁴ The group interview in Ashkelon took place in 23.08.09, and in Keryat-Gat in 25.08.09

like women's sexuality. In order to insure anonymity, the interviewees are only introduced by the serial number of their interviews, given by us.

Beside the above information gathering processes, we interviewed Ms. Rachel Mangoli²⁵, the manager of the WIZO organization in Bnei-Brak and an advocate for the rights of the Ethiopian community in Israel, including the rights of children. Ms. Mangoli began suspecting that there is a birth-reduction policy for the Ethiopian community after learning that 57 families had had only one child in the last 3 years (as for 2008). Following many cases in which women of Ethiopian origin complained to her that they are suffering from pregnancy-like syndromes (morning sickness, swollen abdomen, fatigue, etc.), she accompanied them to a gynecologist in Pardes-Kats' Clalit HMO. Thus she was exposed, for the first time to the fact that once in three months they had received birth control injections- Depo Provera. After insisting on getting an explanation, the clinic manager told her that his staff had received instructions to administer Depo Provera injections to these women, but refused to reveal from whom they had received these instructions. Ms. Mangoli testified that in conversation, the women had told her that they were not warned that Depo Provera has side effects, and were not introduced to alternative contraceptive methods, including birth control pills.

The Ethiopian women interviewees, from both the Krayot and Pardes-Kats areas, gave similar answers. All of them stated that they were under no medical follow up except the times they visited the clinic to receive the injections by a nurse:

"There is no medical follow up. I visited a gynecologist only when I started getting the injections, and even then I had no explanations" (interviewee No.4),

"I know of no medical follow up. I only know that I should buy the shot and go to the nurse in the clinic once in three months so that she'll give it to me" (interviewee No.5).

When we asked the interviewees about information regarding possible side effects, the answers were identical:

"We were not informed about side effects. I became aware of them only when I got the shot" (interviewee No.7)

Another woman testified that she did not get *"any information about the drug, including about its side effects, in any language"* (interviewee No.6).

All interviewees reported side effects:

"My period did not appear for several months. It bothered me a lot. I didn't know what to do. I stopped using the shot after 6 months" (Interviewee No. 1).

"Vomiting and dizziness" (Interviewee No.7).

"Stomachaches, swelling abdomen and headaches"(Interviewee No. 9)

²⁵ Phone interviews with Mrs. Rachel Mangoli were conducted in 26.04.09 and 05.06.09

"There are side effects that I hear of from my friends, and I suffer from, too. For instance: gaining weight and period disappearing"(Interviewee No. 5)

"I suffer from headaches and a sense of burning all over my body"(Interviewee No. 4)

"I don't feel well since I got the shots. I feel pain in my head, abdomen and pelvis, all the time" (Interviewee No. 6)

We learn from the testimonies that there is a lack of complete, comprehensive information about the variety of birth control methods that allow every woman to choose the one that suits her best. When asked about the variety of contraceptive methods known to them, the five interviewees said that they did not know about any method beside Depo Provera:

"I don't know about other contraceptive methods"(Interviewee No. 3).

"Only after talking to the WIZO manager I learned about other methods, like the pill or an IUD"(Interviewee No. 7).

"I had no information about other methods. Now I know about the pill"(Interviewee No. 9).

Three Interviewees reported that they knew about using condom and birth control pills, and only one Interviewee knew about the IUD.

The group interviews held in Ashkelon and Keryat-Gat a slightly different picture was revealed. In the immigrants' center in Ashkelon 10 women participated in interview, 9 of whom using Depo Provera injections. They reported that they had full information about the various contraceptive methods and decided to use the injections. Nevertheless, one of the participants chose to explain her choice of Depo Provera instead of the birth control pills by saying:

"It seems complicated. You need to know to read and write to use the pill. The injection is simpler".

After four years of using the injection, this interviewee decided to stop using it:

"I got my period for two continuous weeks and suffered from heavy bleeding. I was embarrassed to tell my counselors here in the center about the bleeding until it got worse and I was taken for treatment".

This case demonstrates the fact that giving elaborate information is not enough and that it should be accompanied by a thorough knowledge of the women's needs as well as constant support while using the drug. The various contraceptive methods should be available to all women, and those in charge of the women's health should do so in a way that makes it easy for any woman in need to consult them discretely in cases of side effects or when in need of help.

20 women participated in the group interview that took place in Keryat-Gat. 11 of these women were using birth control methods. 10 of the women use Depo Provera and one takes birth control pills. Some of the women said that they participated in workshops in Gondar (A region in Ethiopia where the Jewish community was assembled before immigrating to Israel), at which they received instruction about contraceptive methods. They said they preferred Depo Provera injections than other methods, but when asked, only few of them could describe other methods. In an answer to another question regarding side effects and whether they were told about them, only few said that they did. The interviewees said that at the workshops they were mainly taught how to raise their children and "*that it is more important to take care of the children who were already born than to bear new ones*".

Group interviews are limited, by definition, in the amount of information that can be drawn from them, both because of the limited time that each participant gets to speak, and because of the pressure, explicit or implicit, that each participant feels from her peers regarding the quality and quantity of information to be given in the interview. As a result important information can often be concealed. Nevertheless, the data collected in these group interviews teaches us several important things: that some of the women attended guidance workshops regarding contraceptive methods while still in their native countries; that the information they got there encouraged them to reduce birth and left them with no information about birth control techniques except about Depo Provera. While the Gondar workshops informed the participants about various contraceptive methods, they failed to educate the women about the side effects of the Depo Provera injections.

Most of the interviewees reported that the information about Depo Provera reached them either via The Joint (A Jewish-American aid organization) staff, the Jewish Agency, or the Immigration Absorption ministry's staff, in the form of lectures given to them in Ethiopia or during their first days in Israel. For instance one of the interviewed women said that "*we were told, here in the immigration absorption center that there is not enough money for raising children*"(Interviewee No. 7).

When we asked "Who did you hear about the injection from?" we were told, by three women, that they heard about it from The Jewish Agency centers:

"The Jewish Agency in Ethiopia...I don't know. They came to my house and recommended it to me"(Interviewee No. 3).

Four women testified that they got information about the injection by various sources, mainly The Jewish Agency. Three of the four women said that they got information about the injection already in Gondar, at an International Joint center:

"An instructor in Gondar, and at the immigration absorption center, came to explain to us about the injection"(Interviewee No. 8).

The fourth woman said that "*We learned about it from a local nurse and from the Jewish Agency in Ethiopia*"(Interviewee No. 5).

Only one woman said that she had learned about the injection from a physician, and another woman said that she heard about it from her friends.

A number of women spoke about the considerations that led them to decide to use contraceptive methods. Some of them said that they are not interested in having children because of family planning or economical considerations:

"There isn't enough money for having more children"(Interviewee No. 8).

"I wanted it to be easy for me to raise every child properly, not to give birth to them one after another"(Interviewee No.5).

Regarding the reasons for choosing Depo Provera injection as their favorite method, only two women said that they based their choice on medical reasons:

"It is recommended by the health authorities because of the easiness of using it"(Interviewee No. 4).

One of the women said that:

"My considerations were that the injection is taken once every three months and one doesn't need to remember to take a pill every day. Besides, I heard that the IUD is uncomfortable and hurts a lot".

Later on, during the interview she added that because of the side effects *"I stopped using the injection after six months"* (Interviewee No. 1).

Representatives of The Jewish Agency answered our question regarding birth control: *"Workers of the department of Alia and absorption in The Jewish Agency are not involved in deciding or recommending what birth control method should Ethiopian women (on their way to make Alia to Israel) use"*. They also stated that the responsibility for this issue was completely in the hands of the medical authorities: *"In Ethiopia, the Joint ran a medical clinic, in Gondar, that dealt with this issue. In Israel, the women receive their medical services through the doctors of the HMOs to which they were referred"*²⁶. We asked the same questions at the Joint Organization in Israel. We received a reply stating that, indeed, the organization conducts workshops aiming at sexual health, including the use of contraception, but *"We do not have specific information the recommendations that were given there, and the considerations for doing so"*²⁷. In their letter, they advise us to address the Health and Absorption Ministries for answers.

We queried the Absorption Ministry about the health care regulations for women of Ethiopian origin. Their response stated that the "Tena Breot" non-profit association, which receives help and financing from the Department of Ethiopian Absorption, is responsible for promoting health issues in the Ethiopian communities (both veteran and new) in Israel. We were informed that lately there was an increase in the number of requests for lectures on such issues as AIDS and sex education. When asked about the authority responsible for overseeing and supporting medical treatment for Ethiopian women recently arrived in Israel, and the duration of this supervision, we were told that, *"women of Ethiopian origin, who had come to Israel recently and are*

²⁶ Reply letter, The Jewish Agency, 21.08.08

²⁷ Reply letter, the Joint Organization in Israel, 24.09.09

still living in absorption centers, are under the responsibility of The Jewish Agency"²⁸.

The data that indicates wide usage of Depo Provera among the Ethiopian community's women, with enthusiastic encouragement and recommendation by the Israeli authorities, raises several questions: Is there a birth reduction policy regarding this community? And if so, why does this policy exist, and who formulated it? Is there a need for such policy when there are clear indications that there is a natural process of birth reduction in immigrants moving from developing countries to Western ones, without governmental involvement? The central Israeli Bureau of Statistics provide data that supports this claim: in only three years (1996-1999) there was a decrease of 0.7 births per woman in the Ethiopian community²⁹.

In order to explore the issue of the availability of Depo Provera injections to the Israeli population at large, compared to the Ethiopian community, we asked whether gynecologists tend to recommend Depo Provera as a contraceptive method for different patients. To do that, we asked 5 women of non-Ethiopian origin to ask their gynecologists if they recommend Depo Provera³⁰. Those 5 women were heterogenic in age, ethnic origin and economic status. The answers all 5 women got were unanimous: Depo Provera is not recommended except in highly unusual cases. The gynecologists' answers strengthened our hypothesis that the considerations for promoting Depo Provera injections were community, rather than medically indicated.

Discussion

Contraception was an important milestone in the history of the feminist revolution for women's liberation. The fight for contraception at the beginning of the 20th century was political and social; its goal was liberating women from sexual oppression and restoring women's control over their bodies and way of life. However, this struggle, which was initially about women's sexual freedom and voluntary motherhood, and which challenged existing social structures, was soon replaced by a discourse over the figure of the responsible and rational mother who controls her fertility for her own good, and for the good of society. With time, this discourse was appropriated by the establishment and defined in terms of population control, family planning and the eradication of poverty. Alongside this shift, the discourse of family planning and birth control became more and more medicalized, thus turning the issue of developing and distributing contraceptives into tools that help, not only social control over women, but also medical control over their fertility³¹.

The issue of birth control thus straddles the line between private and public, between a woman's independent right to her body, and social control and surveillance over it. It thus always exists within the triangular framework comprised of public policy makers, the medical establishment and women.

²⁸ Reply letter from the supervisor on *free information act* in the Absorption ministry, 07.09.09

²⁹ The central Israeli Bureau of Statistics, *Ethiopian Community in Israel - Demographic characteristics 1996-1999*, March 2003

³⁰ Five different physicians, members of General, Maccabi and Meaohedet HMOs

³¹ C.R. McCann (1994) **Birth control Politics in the United States 1916-1945**, Cornell University Press, Ithaca and London, 1994.

Governmental supervision methods in the field of public health, including the supervision of contraception, reflect the attitude of the state towards its population and various social groups within it. That is especially true a multi-ethnic society, such as Israel. The standards determined in the health system structures our lives, and by supervising fertility issues, legitimize or illegitimize our choices regarding sexuality, employment, family building, etc., thus affecting the structure of our society today and for the next generations³².

Birth policy in Israel over the years reflects a class-based and separatist agenda towards the various social groups in Israel. In her study about the differential birth policies in the state of Israel in the 1960s and 1970s, Yali Hashash, claims that the state encouraged birth among Ashkenazi (western), middle class families, and tried to decrease birth among Mizrahi and poor families³³. We claim here that a similar policy is currently practiced towards the Ethiopian community.

In fact, in its report, "*The Ethiopian Community in Israel- Demographic Characteristics 1996-1999*", the Central Israeli Bureau of Statistics states: "*The decrease of births among the Ethiopian community is similar to the process that took place during the 1960s among women of Asian and North-African origin that came to Israel with similar high birth rates*"³⁴. In that report, it is noted that the birth rates among women of Asian and African origin (Mizrahi women) decreased between 1960 and 1999 by 1.9 births per woman.

Birth reduction policies in various countries around the world, including Israel, are practiced through varying degrees of control and supervision on women's fertility. This supervision is done through the choice of contraceptive method, thus giving the health system complete control of women's fertility, while eliminating the woman's individual control over her fertility. Thus, a contraceptive injection given to the woman by an official medical authority figure once in three months, transfers most of the control into the hands of the health system, unlike the pill (and other contraceptives) managed daily by the woman's themselves. As mentioned before, during the 1960s and 1970s, Israel applied a birth reducing policy among women of Asian and north-African origin. The birth control technique recommended to those communities by the medical authorities was IUD. Gynecologists explained that Mizrahi women are "*primitive women who cannot be responsible in their daily lives*", and added that "*they and their reproductive organs*" should be supervised³⁵.

³² Jael Silliman and Anannya Bhattacharjee ed. (2002) **Policing the National Body: Race, Gender, & Criminalization**, South End Press.

³³ Yali Hashash, *Are Children a Joy- Sex, Status and Ethnic Groups in Birth Policy in Israel 1962-1974*, Masters-Degree Thesis, 2004.

³⁴ The central Israeli Bureau of Statistics, *Ethiopian Community in Israel - Demographic characteristics 1996-1999*, March 2003

http://www.cbs.gov.il/www/publications/ethiopian_population/pdf/h_print.pdf

³⁵ Yali Hashash, "The Medicalization of Reproduction in Israel", in Daphna Birenbaum Carmeli and Yoram Carmeli (Eds.): **Kin, Gene and Community: Reproductive Technologies among Jewish Israelis**, Bergham Books, Oxford & New York. (forthcoming)

In the USA, women and feminist organizations conduct an uncompromised struggle against the governmental policy of prescribing Depo Provera injections to Black women and immigrants from developing countries as a part of the efforts to reduce birth. They claim that policy makers, the medical establishment and the media, consider Depo Provera an easy method of control that can guarantee the reduction of birth among poor, black; uneducated and welfare recipients. These women are portrayed as unable to take care of their children, and thus their very choice to get pregnant, give birth and raise children marks them as irresponsible.³⁶

The reality in Israel at the 1960s and 1970s, and in the USA towards black and/or poor women today, paints a picture of a policy that tries to control women's fertility, while reducing the welfare services that they receive, using the excuse that they are dependent and irresponsible. In addition to the paternalism and racism inherent in promoting different social policies towards different communities, the economic agenda of the government and its authorities also determines treatment. In recent decades, the economic agenda in Israel dictates a social-cultural norm which implies that the state is not obliged to participate in the costs of child-raising. As a result, families with no sufficient income that chose to have children are considered irresponsible and a burden on the public budget. Financial aid is withheld from these families, while families with higher incomes often receive public aid because they are perceived as giving society children with high potential, entitled for nurture because of their potential contribution to it³⁷.

As mentioned above, widespread usage of Depo Provera is common among institutionalized women. The very fact of enhanced use of a certain contraceptive method among marginalized social groups, raises suspicion of an attempt to control fertility by the authorities, and demands an in-depth investigation. Women of Ethiopian origin, institutionalized women or women of Asian or North-African origin (during the 1960s), all belong to social groups that differ from what is conceived as normative in Israel. Women of these groups, pushed towards the margins of the economic and cultural life in Israel, are seen as non-functioning or low-functioning persons, compared to the social norms. The social, cultural and intellectual difference of these women is seen as a shortcoming and hence their motherhood is seen as lacking or incomplete. Therefore, it seems that the same paternalistic attitude that had been adopted towards immigrant women from Yemen or Morocco, is now adopted nowadays towards women of Ethiopian origin or institutionalized women, and is mainly manifested in context of fertility and birth.

The paternalism encountered by Ethiopian regarding contraceptive methods is part of a general attitude among service givers. In her research Dr. Ester Hertzog claims that assembling the Ethiopian community in absorption centers aims at state control of their lives. Ethiopian immigrants to Israel, says Hertzog, are considered as "persons with special needs" and therefore as an underdeveloped community. The social

³⁶ Sara Littlecrow Russell (2000) "Time to Take a Critical Look at Depo-Provera" **DifferenTakes**, (5). .p 1-5.

http://www.positive.org/JustSayYes/Depo_Article_2000.pdf

committee on women population and Environment, **Dangerous Contraceptives: Norplant and Depo-Provera**, http://www.positive.org/JustSayYes/Depo_Article_2000.pdf

³⁷ Yali Hashash, 2004

workers in these communities, functioning as social agents, saw women of Ethiopian origin as incompetent of fulfilling their basic feminine duties, including raising children and maintaining a household, therefore they were to be supervised in their daily conduct. Dr. Hertzog claims that the fact that the welfare ministry sent its workers to instruct women of Ethiopian origin, and not other immigrant groups, reveals the paternalistic ethno-centric attitude towards them³⁸.

The data collected shows that the policy of the Health and Welfare Ministries regarding the distribution of Depo Provera injections among women of Ethiopian origin, continues this paternalistic attitude in a way that significantly limits their freedom. Rather than empowering these women, the establishment's goals are to control their bodies and fertility. This control, reached with a lack of information and understanding of their wants and needs, often also comes at the cost of their health..

Information regarding contraceptive methods their accessibility, allows women greater freedom in running their economical, social and health lives. Accessibility of knowledge is of great importance in a society where information is a political and economical resource that shapes the social balance of power; the same is true for withholding information from various social groups in a way that can hurt their right to health, wellbeing, development via technology, etc. Moreover, since birth control is only one component in women's sexuality and health, women should be notified that these means do not protect them from sexually transmitted diseases. In the women's health system, there is a strong emphasis on women's fertility, but little attention paid to reducing health risks (such as AIDS). In research conducted in 1998 by The Center for Disease Control (CDC), at the agency of public health in the USA, a sharp rise in the number of AIDS cases was detected among young women. Most of the new infected women were black and Hispanic, Depo Provera users³⁹. Therefore, it is crucial that the considerations made in cases of prescribing contraception should include references to health hazards of this kind.

The paternalistic attitude towards women of Ethiopian origin and the state's concern over high rates of birth among poor and black populations drove Israeli official bodies, such as The Jewish Agency and the medical establishment, to act, allegedly for the benefit of women's health, but in fact according to the concepts and wishes of the establishment regarding the desirable way to conduct family life. As a result, and as this paper shows, women did not get crucial medical information and their right of choice regarding their bodies, families and lives was severely curtailed.

The medical establishment as a whole, and officials in the community (doctors, nurses etc.) failed to become a reliable source of support and information regarding the various contraceptive methods and their correspondence with the physical and social needs of women of Ethiopian origin, who had become the target group for Depo Provera injections. These women were thus deprived of the right to proper medical treatment, which includes, among other things, treatment which corresponds to the individual needs of each individual patient, as well as genuine medical follow-up of the effects of Depo Provera.

³⁸ Ester Hertzog, *Helping or Controlling- The Bureaucratic Treatment of Emigrant Women From Ethiopia*, Articles site.

<http://www.articles.co.il/article.php?id=24715>

³⁹ Sara Littlecrow-Russell (2000).

In order for these shortcomings to be corrected, we need a deep and systemic rethinking, an examination of level of treatment women receive, and a rehabilitation of trust in the complex relationship between patients and doctors. The *Act of Patients' Rights (1996)* states that "*a doctor or a medical institution shall not discriminate between patients on bases of religion, ethnic origin, sex, nationality, race, sexual identity or any other factor*". Medical treatment, including birth control and its prescription to individual patient should not be contaminated by considerations that are not strictly medical, should rely on the personal preference of the patient once she is notified about the range of possibilities, and should include proper follow up of the treatment, its effects and side effects, if any.

Recommendations:

1. Prescribing Depo Provera contraceptive method should not be done according to group affiliation; it should be done only on medical bases, or, in special cases, because of considerations of discretion. In the same way that Depo Provera is not recommended widely to the general women's population in Israel, it should not be generally recommended to women of the Ethiopian community, or any other group.
2. The regulations governing the prescribing of contraception in Israel should be revised, especially prescriptions in the Ethiopian community, and to institutionalized women. Matching a contraceptive method should be done according to personal, not collective, considerations.
3. The regulations of giving full information to women of Ethiopian origin in Israel about birth control means should be revised, including translating the regulations, the usage instructions and the side effects to Amharic.
4. The regulations governing follow-up procedures for women using contraception, especially Depo Provera, should be revised.
5. Physicians in general, and gynecologists in particular, should undergo gender training, which includes addressing dilemmas that exist in a patient-doctor relationship in order to ensure care that is beneficial to women and reinforces their trust in the medical establishment.
6. Rising public awareness regarding using protective means against sexually transmitted diseases, such as condoms, in addition to contraceptive methods.
7. Conducting research that examines the side effects such as the decrease of bone density, in continuous use of contraceptive methods, especially Depo Provera.