

האגודה לזכויות האזרח בישראל
جمعية حقوق المواطن في اسرائيل
The Association for Civil Rights in Israel



10 January 2013

To:
Prof. Ronni Gamzu
Director General, Ministry of Health
Fax: 02-5655966

Dear Sir,

Re: Use of Depo-Provera as Contraception for Women of the Ethiopian Community in Israel

We are writing to you following information that was recently published, which points to the continuation of the alarming practice of sweepingly providing the contraceptive Depo-Provera as a leading means of birth-control for Ethiopian-born women, who are living in Ethiopian communities in Israel. This letter is written on behalf of the following organizations: Association for Civil Rights in Israel (ACRI), Isha L'Isha – Haifa Feminist Center, Tebeka – Advocacy for Equality and Justice for Ethiopian-Israelis, Israel Association for Ethiopian Jews, Physicians for Human Rights – Israel, and Tmura – Legal Center for the Prevention of Discrimination.

1. The matter was first exposed in an article published in 2008 in the newspaper Yedioth Ahronoth. The article noted only that there was a significant decrease in birthrate among Ethiopian immigrants in Israel. For example, in the Pardes Katz neighborhood in the city of Bnei Brak, among 57 families of Ethiopian origin residing in the neighborhood, only one baby was born in a period of three years. The article brought testimonies of several Ethiopian immigrant women, who stated that they have been arriving at HMO and family health clinics in their neighborhoods and receiving Depo-Provera injections once every three months, since the time of their immigration to Israel and sometimes even before their immigration, during their stay in transit camps in Ethiopia. The article brought the testimony of a doctor of Ethiopian origin, who worked for several years in one of the immigrant absorption centers and discovered that immigrant women are not provided with any information regarding the side-effects resulting from this injection, nor were they given information regarding other means of contraception. Other women received a partial explanation, poorly translated, which did not enable them to comprehend the significance of this injection.
2. Following the exposure of this matter, the organization Isha L'Isha prepared a comprehensive and elaborate [report](#) concerning the use of Depo-Provera. In the process of preparing the report, they conducted a mapping research in an attempt to explore the use of Depo-Provera among women in Israel in general and Ethiopian-born women in particular (hereafter: the Report). The Report presents up-to-date research findings, according to which the use of Depo-Provera could cause severe side-effects, both physical and psychological, including discontinuation or irregularity in the menstrual cycle, vaginal bleeding, a decrease in HDL (“good”) cholesterol levels, and damage to bone mineral density (Osteoporosis)

resulting in increased risk of fractures. The Report further stated that women of color may be in an even greater risk for Osteoporosis than other women, particularly given additional risk factors. Therefore, further precautions must be taken when issuing medicines that reduce bone density for these women. Several doctors working in different Health Maintenance Organizations (HMOs) were asked by different patients that are not of Ethiopian origin about the contraceptive Depo-Provera and replied that its use for birth-control is highly unrecommended, other than in very exceptional cases.

3. In order to clarify the official policy applied in Israel with regards to the use of Depo-Provera, the writers of the Report turned to various institutional sources, including the Ministry of Health. From the reply sent on 15 July 2008, it appears that according to the Ministry of Health, Depo-Provera is not a recommended contraceptive, but rather a means of birth-control to be used only when alternative means are not suitable (for example, when other contraceptives fail or when there is no possibility or will to place an intrauterine device).
4. Furthermore, a parliamentary query was submitted to the Health Minister at the time, Ya'akov Ben-Yezri, who was asked whether there is a unique policy for providing contraceptives to Ethiopian women and whether women are provided with information regarding the injection and its side-effects. The minister claimed that according to the Health Ministry's examination there is no separate policy for Ethiopian women, and that one of the reasons Ethiopian women use this injection is that its use is very common in Ethiopia, and the women wish to continue or to start using it in Israel. An additional reason provided was that in general, there is a cultural preference among Ethiopian immigrants for medication administered by injection over medication administered orally (Minister of Health reply to parliamentary query submitted by MK Ophir Pines-Paz on 16 June 2008).
5. Contrary to what the Health Minister at the time claimed, the Report presents figures showing that among Ethiopian women using contraception, the vast majority in fact used birth-control pills, which are also common in Israel. Despite the declared official policy of the Ministry of Health, that Depo-Provera is highly not recommended, data provided by the Clalit Health Services, Israel's largest HMO, suggests that in the years prior to the publication of the Report there was a significant rise in the number of Depo-Provera users in Israel, and among Clalit members alone, some 5000 women used the injection in 2008. From those, **approximately 57% were of African origin, or in other words women of the Ethiopian community.** Another sector of women receiving this injection were women with cognitive disabilities, who were staying in shelters and different institutions.
6. Testimonies of Ethiopian-born women, who were interviewed for the Report, reinforce the testimonies that were presented in the news article and show that at times, the injection was administered without any explanation about its essence, objective, and side-effects, or without providing information regarding the existence of alternative contraceptives. Some of the interviewees testified that they had difficulties understanding the explanation given to them due to language barriers. Some of the interviews showed that even when detailed information was provided, there was no acquaintance with the women's needs nor follow-up during their use of the medication.
7. Some of the women interviewed for the Report and the article said that they participated in family-planning workshops at the transit camp in Gondar, Ethiopia, where they were concentrated before immigrating to Israel, and that during these workshops they first heard about Depo-Provera. At the camp, only a few of them heard about other contraceptives or possible side-effects of using Depo-Provera. The majority of the interviewees reported that

the information regarding Depo-Provera first reached them through the American Jewish Joint Distribution Committee (Joint), the Jewish Agency, and/or the Ministry of Immigrant Absorption – whether via lectures in Ethiopia or during their first days in Israel via family-planning lectures provided by the Jewish Agency and the Ministry of Absorption. Under such circumstances, it is easy to understand that the consent given by these women for the injections was not informed, as it was without the necessary information that would allow them to choose the contraceptive that is suitable for their needs and their health conditions.

8. Attempts made to contact the aforementioned bodies during the writing of the Report, in order to clarify the policy on this matter, were futile. While the Jewish Agency passed the responsibility to the medical institutions – the Joint, which operates the clinic at the camp in Ethiopia, and Israeli HMOs – the Joint replied that in Ethiopia there are indeed family-planning workshops, including the use of contraception, but that it does not have specific details as to the recommendations provided there, and it suggested contacting the Ministries of Health and Immigrant Absorption for information on this matter. The Ministry of Absorption suggested contacting the Jewish Agency and the Ministry of Health for further details on this matter.
9. The Isha L'Isha report was published in mid-2009. An additional parliamentary query was submitted following the publication of the Report to Deputy Health Minister Yaakov Litzman and received the reply that there isn't nor ever was a policy intended to decrease the birthrate among the Ethiopian community, and that the injection is provided under the accepted guidelines and in accordance with the patient's condition and the medication's suitability to her disease, including consideration for the possible side-effects that may result from using it (parliamentary query submitted by MK Haneen Zoabi on 6 January 2010).
10. The publication of this issue raised a public storm and many reactions, which led to the assumption that the sweeping use of this injection among Ethiopian women would be discontinued; but reality proved different. On 8 December 2012, four years after this matter was first made public, an investigative report was aired on Gal Gabbai's television news program Vacuum. The report presented worrying figures, according to which the sweeping use of Depo-Provera as a contraceptive among women of Ethiopian origin is still continued. Some of the women interviewed for this news report, with their faces and names not hidden, said that they started receiving the injections while they were still in the transit camps in Ethiopia. Some of them were not even told that this is a birth-control measure. Several of them tried to resist receiving the injection, but were told that their immigration to Israel depends upon their consent to receiving it. Some were told that it is difficult to raise children in Israel, and that if they have many children they will face different obstacles, such as in renting an apartment. One woman received Depo-Provera shots for years, even though she suffers from Osteoporosis and the injection could exacerbate the disease. Some of the interviewees said that upon their arrival to immigrant absorption centers in Israel, a doctor appointment was scheduled for them by the instructors at the centers, so that they may continue to receive the injection. Others said that they first heard about the injection in the course of family-planning workshops. A hidden camera that was brought into one of the HMO clinics documents one of the women receiving a Depo-Provera injection from a doctor, while the nurse explains that most of the women receiving this injection are Ethiopian, because they find it difficult to understand the explanations, they forget and they “don't understand anything.” The news report included an interview with MK Rachel Adato, a gynecologist by profession, who explained that Depo-Provera is the last contraceptive she recommends to women, and that it is usually used with women who suffer from mental incapacity, women living in shelters, and women who cannot be trusted to take the pill.

11. Despite repeated attempts over the years to find out which body is responsible for the practice that sweepingly encourages women of Ethiopian origin to take Depo-Provera as a birth-control measure, to this day it is unclear where and how this practice was formed, which bodies knew about it and were involved in applying it, and what – if anything – was done to end it. This, despite the fact that it is impossible, considering the figures and the testimonies, to deny its very existence.
12. The sweeping use of Depo-Provera with women of Ethiopian origin raises grave concern that this is a policy intended to control and monitor fertility among this population. The figures presented in the Report and news articles tell of a paternalistic, condescending, and racist attitude, which gravely restricts the freedom of Ethiopian women to choose the method of birth-control that is suitable for them, medically and otherwise. Control over the bodies and fertility of these women was at times achieved at the expense of their health and without providing complete information, which would allow them to give informed consent to the Depo-Provera treatment.
13. Even though the question of responsibility is yet to be verified, it is clear that the Ministry of Health must act without delay in order to ensure the immediate discontinuation of this practice, which promotes the sweeping administration of Depo-Provera to women of Ethiopian origin. Therefore, we ask that you take the following measures:
 - I. Instruct Israeli HMOs to avoid giving Depo-Provera in a sweeping manner to women of Ethiopian origin.
 - II. Instruct HMOs to conduct a review by a certified gynecologist, for every Ethiopian woman who comes in to the clinic to renew the Depo-Provera treatment (once every three months), in order to examine her compatibility with the general medical indication for the administration of Depo-Provera (incompatibility of alternative contraceptives) and if Depo-Provera treatment is appropriate for her medical condition. During this review, the doctor must also inform the patient, should he recommend the continuation of Depo-Provera treatment, of the possible side-effects of this birth-control method, and he must further inform the patient of the existence of alternative contraceptives, their advantages and their disadvantages.
 - III. Instruct HMOs that operate clinics in areas with a higher concentration of Ethiopian immigrants, such as in absorption centers and in certain neighborhoods, to be prepared with Amharic-speaking mediators, who will be present at these reviews together with the doctor and the patient, and could translate the explanations to Amharic and make sure that they were understood by the patient. This instruction is in accordance with what is established in paragraph 3.1.b in the Director General's notice regarding cultural and linguistic compatibility and access in the health system, which will be applied starting this February. In the same paragraph, it is established that “the caregiver is obligated to ensure that the patient understood everything related to the medical treatment that he or she received or is about to receive [...] To achieve this end, various means should be employed, such as [...] translation services [...] by 'mediators' who speak the language and interpreters.” Considering the application of Depo-Provera treatment to women of Ethiopian origin, as described above, we believe that among the different alternatives for accessibility suggested in this notice, only the presence of an Amharic-speaking mediator during the review meeting between the doctor and the patient could ensure that the practice of sweepingly using Depo-Provera, without comprehending its consequences and without knowing the alternatives, will be stopped – and therefore the HMOs must do so. This refers to a limited period of time, three months, during which

every woman of Ethiopian origin using Depo-Provera will come in to renew her treatment.

- IV. Instruct HMOs to require every gynecologist who has conducted such a review to report it in the medical file of the patient. The report form should note that it was examined whether Depo-Provera treatment is appropriate for the patient's medical condition, that the patient received an explanation regarding the possible side-effects of Depo-Provera and was told that it is not the generally recommended contraceptive in Israel, that she was offered alternative birth-control methods and received an explanation about those, and that the patient understood the explanations. The report should further note, if the continuation of Depo-Provera treatment was prescribed, what is the medical reasoning for it. The report must also be signed by the mediator who was present at the review and interpreted it, stating that she confirms that her impression is that the patient understood everything that was explained to her and that the contraceptive prescribed to her at the end of the review was chosen by her in an informed manner. We are aware that this procedure is exceptional, but considering the continuing practice that was revealed, we believe that there is no avoiding this measure in order to ensure that it will change.
- V. To receive from the HMOs up-to-date figures regarding the use of Depo-Provera among their members in general and those of Ethiopian origin in particular.
- VI. To launch an extensive examination of the practice of encouraging the use of Depo-Provera among women of Ethiopian origin and to find those responsible for this practice.

We will appreciate your prompt reply.

Sincerely,

Sharona Eliahu-Chai, Attorney

CC:

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