

Interviews with women and local and district health experts and service providers

Interview with Dr. Karthikayan, Regional Director of Health Services

Immediately Dr. Karthikayan said that the MOH does not do planned family planning camps. Midwives provide women with contraceptive counseling and services during antenatal and post-natal care. Midwives should have condoms, injectables and referral information for women seeking IUDs or Jadelle implants. About 500 women in Kilinochchi district have the Jadelle implant.

Dr. Karthikayan told the fact-finding team that the District MOH designed the August 31 clinic to weigh children and to discuss nutrition with women from villages with gaps in under five weigh-in data. He explained that under government health schemes, one midwife should serve a population of 3,000. However, not a single midwife works in Veravil, Keranchi or Valaipaddu. The total coverage for these areas is only 54%. Additionally, the hospital that services this population only has a doctor one day per month. Therefore, women do not have access to condoms or injectables from field workers or to loops or implants from the doctor in their area. Dr. Karthikayan told the team that the unmet need for contraception in this area is at 30.1%, whereas the unmet need for Sri Lanka countrywide is just 4%.

According to Dr. Karthikayan, the MOH organized this clinic to make up for gaps in data on under-five health indicators for these villages. The MOH asked local health workers to tell all women aged fifteen to forty-nine with children under five to come to community centers in these three villages for a weigh-in.

Dr. Karthikayan said that when women gathered at these community centers, the nurses found that many women spaced or prevented pregnancy with natural methods or the oral contraceptive pill. The MOH has linked these two methods to unintended pregnancies because traditional methods and pills fail at high rates when used incorrectly. Dr. Karthikayan told the team that high rates of traditional methods and oral contraceptive pills correlate to increased septic abortions (deadly infections

that result from botched or failed termination of pregnancy) in the district. Dr. Karthikayan told the fact-finding team that there has only been one or two septic abortions since 2006.

Dr. Karthikayan told the team that women in these villages will not openly discuss contraception. This is especially true for widows and young women. Accordingly, midwives have to find alternative spaces for conversations about contraception, like nutrition weigh-ins. Dr. Karthikayan said that ambulances took women at this clinic who “got convinced” to the main hospital (Veravil divisional hospital) for counseling on methods of contraception.

Once the women reached the hospital, many requested a sterilization surgery. Dr. Karthikayan and other MOH staff encouraged women to accept non-permanent forms of contraception, like the loop and the implant. The hospital only had fifty implants, so “high-risk cases” (women aged thirty-five to forty with four to five children) received the implant.

Although not one of the women interviewed for this report mentioned them, Dr. Karthikayan told the team that nurses at the hospital had flashcards and brochures in Tamil with information on contraceptives generally and the implant specifically. The hospital only had one set of brochures, so a woman could not take literature home to review at her leisure or with her family. Each package of Jadelle comes with a product insert, but Dr. Karthikayan told the team, “[the product insert] is only for doctors.” Nurses allowed women who wanted to discuss the implant with their husbands to return home and then come back to the hospital.

Doctors did not administer Jadelle to women with high blood pressure. Every woman had a pregnancy test. According to Dr. Karthikayan, the women had three conversations before receiving an implant: at the nutrition clinic, with the nurses at the hospital, and with the doctor.

After the clinic, doctors from the MOH visited forty-nine of the fifty women who received the implant. Dr. Karthikayan told the team that every woman was happy

with the implant and felt fine. Other women from the district have traveled to the Kilinochchi/Mulankavil Hospital for implant removal with inconvenient spotting or infections at the surgery site.

Dr. Karthikayan said that the controversy around this issue has been sparked by an extremely religious Christian teacher who felt that she had been disrespected by the local staff.

Sri Lanka introduced the implant in 2007/2008 and since a brief ban of depo-provera (the injectable contraceptive), requests for the implant have increased across the country. The United Nations Family Planning Association (UNFPA) worked with the government to purchase the implants and they are totally free for all women. The UNFPA, the GoSL Family Health Bureau, and the Education Section from the MOH logos are on the brochures for Jadelle.

Dr. Karthikayan assured the team that the MOH, Colombo did an investigation and will release a report in mid-October.

Valaipaddu

Interviewee 1

Interviewee 1 is under the age of twenty. She has an infant and is currently breastfeeding. During her pregnancy she had some counseling about contraceptives, but she did not fully understand what the midwife told her. Post-delivery, the Kilinochchi Hospital staff asked her to return to the hospital in forty-two days for a loop. When she and her husband returned, the nurses encouraged Interviewee 1 to have a loop inserted, but her husband was against it. Interviewee 1 and her husband left the hospital. The nurses did not mention alternate forms of contraception.

On August 30, 2013 the Rural Health Assistant (RHA) told Interviewee 1 to come to a clinic to weigh the child. The RHA told Interviewee 1 that “the big doctor is coming.”

She went to the preschool for the clinic at noon August 31, 2013. Nurses collected the children's medical cards. Interviewee 1 said that about sixty women were at the preschool. Women were seated under trees. Interviewee 1 recognized that she was the youngest girl at the clinic. A nurse in a white uniform came to her tree and asked the women about the age and number of their children. The nurse asked the women what kind of contraceptives they used. When Interviewee 1 told the nurse that she was not currently using contraceptives, the nurse asked her why. Interviewee 1 replied that her baby was under six-months-old and that she had not yet started her periods. Another woman in the circle had a one-and-a-half-year-old child. The nurse told this woman to have one more baby and then to start using the implant.

The nurses weighed Interviewee 1's baby and then told her to quickly get into the ambulance for contraception because there were very few places left. She and about four other women left in the ambulance. She felt very uneasy because she had not spoken to her husband about the contraceptives. When she reached the Veravil divisional hospital she saw women coming out with bandages on their arms and the women in the ambulance got scared. When she entered the Veravil divisional hospital she told a nurse that she had not resumed her periods and that she did not want to start using contraception. This nurse told her that she did not need contraception and told her she could return home. She asked the nurse about pills and injectables, but the hospital staff told her they would interfere with breastfeeding.

At the same time, another nurse told her to come for a urine test. Nurses did a pregnancy test, recorded the data, and then Interviewee 1 went into the doctor's cabin. The doctor asked if she wanted to prevent pregnancy for five years or for seven years. She stood there staring at the large needle he had in his hands. She did not understand the question and, of the two options (five and seven years), five was less, so she said five. He gave her something to numb her arm and asked her what her husband did for a living. She told the doctor that her husband is a fisherman. The doctor asked, "If you get money and your husband tells you, will you remove it?" She replied that "If you ask me anything I cannot say no", the interviewee said. She felt

totally powerless and confused. She did not understand what the doctor was referring to when he said “remove it.” The doctor also asked if her husband knew she was going to start using this implant. She told the doctor that he did not know. She looked away while the doctor performed the insertion surgery. The doctor put a bandage on her arm and she was given a card. The includes information in English. Interviewee 1 does not speak or read English. Then she got into the ambulance to be transported back to the preschool. When she reached home, her husband told her, “you went to weigh the child, you came back with a bandage?”

The team asked her what she understands about the implant in her arm. She replied, “nothing, just that I will not get pregnant.” She told the fact-finding team, “I told them that I only have one child. They said that’s enough. How am I going to tell them no, and that I want more?” She told the team that she would not do this again if it was her choice.

After the insertion surgery, Interviewee 1’s operation site bled for three days and she had a fever for seven days. At the time of the team’s visit, in late September 2013, Interviewee 1 complained of leg aches, headaches, problems with her mouth, dizziness, and cramps. Interviewee 1’s mother said that these symptoms could be from malnutrition. Interviewee 1’s family cannot afford adequate food. She has not reported these symptoms to anyone because her family does not have the money to travel to the hospital for care.

On September 20, 2013 a doctor with a nurse/midwife from MOH Mulankavil/Kilinochchi visited Interviewee 1’s house for a follow up visit. He asked Interviewee 1 if her husband was giving her problems, and Interviewee 1 said, “Yes he is upset and he fought with me.” The doctor checked her blood pressure and she received a card to track her blood pressure. The card also has contact information for the MOH and the designated midwife. The doctor told her to have her husband call one of the numbers if he continued to be upset. The family was resettled in this house in December 2009. This is the first time a doctor has ever made a visit to their home.

Today, Interviewee 1 says that she feels that she had no choice and that she did not get enough information. Her mother is also very concerned about her daughter's health. Interviewee 1 wants to remove the implant, but "the medicine would have spread, so what's the point." She also feels guilty to go and ask the doctors to remove it. She said that she does not have 10,000 LKR which is what it would cost her to remove the implant. If she does remove the implant she feels her whole family will be penalized since they have to visit hospitals for other services. She wants to wait two or three years before her next pregnancy and planned to use traditional spacing methods.

Interviewee 2

At the second household, the woman who received the implant was out and the fact-finding team could only speak with her husband. His wife is in her early forties. The family has five children and the couple has never used contraception. In 2010, three or four women from the village made an appointment for contraception in Kilinochchi. One of the women received an injection and the other women became scared and came back to the village.

Interviewee 2's husband thought she was going for a children's health camp to weigh her children. From the preschool weighing clinic, she went to the Veravil divisional hospital where she received the implant. She was happy to get the implant. A few weeks later a doctor came to the house to check Interviewee 2's blood pressure. According to the husband she has not suffered any adverse reactions since receiving the implant. The couple is happy with the implant, but Interviewee 2's husband told the team, "bringing the women under false pretenses bothers me and my wife and we feel deceived."

Interviewee 3

Interviewee 3 is in her mid-thirties. She has more than two children and works outside of the home. She did not use contraceptive spacing methods between births.

After her third delivery, she asked the doctors if she could have a sterilization operation, but she did not meet the age and number of children requirements.

On August 30, 2013 the RHA called her to the preschool for a child health meeting. The village usually has a weigh in clinic twice a month, but the routine clinic had not happened in several weeks. She assumed this clinic would be the normal child health clinic. She went to the preschool on August 31, 2013 and waited under the tree with other women. The nurses told her to take the ambulance from the preschool to the Veravil divisional hospital. At the hospital, the doctors checked her blood pressure. They did not do a pregnancy test. She told the nurses that she did not want the implant because she was afraid of putting on weight. The nurses told her not to worry about weight gain. Then she went into the doctor's office. The doctor inserted the implant and gave her a card with the date for when she could remove the implant.

Her arm hurt for two weeks after the injection. When she went to the local doctor to complain, he told her that he had no idea that the August 31 clinic was a contraception clinic. Interviewee 3 waited to tell her husband about the implant because she felt that she did not have enough information and she felt guilty. The doctor came on September 18, 2013 to check her blood pressure. The doctor told her she could remove it and that her irregular periods are a normal side effect of the implant.

Interviewee 3 told the fact-finding team that the whole village has been talking about this clinic. As an educated person, Interviewee 3 feels embarrassed and guilty for not asking more questions. When the team asked her if she would go for a similar clinic she said that now she has heard that doctors in area hospitals will retaliate against people from this village for asking questions or speaking out about this issue. She is finished with her family and happy to have long-term contraception, but she feels guilty and tricked and wished she knew more.

Interview 4 (Group interview-two women and one pregnant woman)

The fact-finding team visited the preschool and spoke to a few women from the village. The women told the team the villagers' main concern is that women were not given proper information and that the nurses did not give women time to speak with their husbands. The women from the village also complained that the visiting nurses intimidated and mocked the women. When one woman told the nurses that she used the rhythm method, the nurse sarcastically said, "You use the rhythm method? Tell us about it, show how you use it." One of the women the team spoke with was currently seven months pregnant. The nurses separated her from the group and gave her detailed information about six types of contraceptives.

Veravil

Interviewee 5

Interviewee 5 is over forty and has more than two children. She is educated and works outside of the home. On August 30, 2013 she was coming back from the temple when she ran into the health volunteer who told her to come to the preschool at 9am the next morning. She called at 10am and asked if the clinic was mandatory; the health volunteer told her to come directly to the hospital. She went with her pregnant neighbor. When she got to the Veravil divisional hospital, twenty-five to thirty people waited while nurses weighed their children. She waited two hours. At a certain point she realized that this was a contraceptive clinic, and she told the nurses that she wanted to go. A woman started to explain malnutrition to the women and told them about nutritious food. She had left one daughter at home and had a lot of work to do. She wanted to leave.

A nurse asked her how many children she had, her age, about her family, and asked Interviewee 5 if she used contraceptives. She said that she was not interested in using contraceptives and that she wanted to leave the hospital. The nurse told her that old people are getting pregnant so she should get the implant. Three government health workers tried to convince her to use the implant and told her that she should meet the doctor.

After speaking with the nurses, she went into the doctor's cabin. She told the staff that she wanted to speak to her husband about the contraceptive. The nurses told her to leave the child's clinic card, return home, and then come back to the hospital. When she said that she did not want the contraceptive, the nurses told her to write, "I want another baby" on a card. They did not tell her anything about the implant, she only saw people leaving with bandages on their arms. She left the hospital and returned home.

Interviewee 5 told the fact-finding team that contraceptives and spacing are good for women, but that the doctors should have told the women about this method and actually spoken to women about their individual needs. Many women told Interviewee 5 that doctors were inserting the contraceptive loop into women's arms. She is especially upset that women were brought to the clinic and the hospital under false pretenses.

Interviewee 6

Interviewee 6 is over age thirty-five and has more than two children, including one infant. After her last delivery, the hospital staff told her to return after forty-one days for contraception. She could not make the return trip because Kilinochchi is too far from her village. She is familiar with various spacing methods including the loop, pills, and condoms.

On August 30, 2013 the RHA came to her house and told her that the village has a high rate of undernourished children. The RHA said that there would be a clinic the next day to weigh the children. At 8am on the day of the clinic the health volunteer told her to go directly to the Veravil divisional hospital. Interviewee 6 was one of the first people to reach the hospital and at that time there were just twelve people there. More people came throughout the morning. The nurses said that there were two types of contraception, the loop and an implant.

Interviewee 6 asked if this implant had side effects. The nurse told her that this contraceptive was like certain types of food; some foods will disagree with some people, just like some contraceptives will disagree with people. The nurse told her that 1/1000 people would have a negative reaction. Dr. Muralidharan spoke to the women, but Interviewee 6 cannot remember what he said. Because of her extremely low weight (35 kilograms), the nurses asked her to come separately and checked her urine. The doctor told her to get on the bed and told her to give him her left arm. He inserted the implant and then put a bandage on her arm.

She does not know the name of the drug, but she got the same card all of the women had. She told the fact-finding team that she has a “plastic thing” in her body. She had a fever and abdominal pain after she got the implant and she went to the hospital to check her symptoms. The regular nurse at the hospital said that she did not know anything about the implant and the local doctor said, “Why didn’t you tell me this [the implant insertions in the village] was going on?” After getting the implant, she had her period for twelve days straight. A doctor came to her house with two nurses to check her blood pressure about two weeks after the clinic. (This happened around September 18, 2013).

She feels extremely angry with the educated doctors she trusted. She spoke with the RHA and asked her, “Why didn’t you tell me [the real purpose of the clinic]?” The RHA told her that she did not tell anyone because she knew it would be good for the women. Interviewee 6 told the fact-finding team that she would go for a similar camp, but that this time she would ask more questions. Although she struggles to feed her children, no one has given her nutritional supplements or assistance.

Throughout the interview, Interviewee 6 was scratching the injection site.

Keranchi

Interviewee 7

Interviewee 7 is in her mid twenties and has more than one child, including one infant. The Kilinochchi Hospital staff told her to return to the hospital for contraceptives. She wanted to take oral contraceptive pills or injectables, but the staff refused to provide or discuss these methods. The nurses told her that the only available contraceptive was the Jadelle implant. She had never heard of this method and refused.

On August 26, 2013 Interviewee 7 went for a clinic to vaccinate her child, but the nurses told her that the vaccine was unavailable. The clinic staff said to return for her child's vaccination on August 31, 2013, "but they never told me that I would get an injection." When she got to the clinic on the 31st, she saw that this was a contraception clinic and she said that she did not want to use a contraceptive method. The nurses repeatedly told women who did not want contraception that this implant was good for them.

Around eleven women and a nurse traveled from the preschool to the Veravil divisional hospital. Interviewee 7 saw about ten nurses from Kilinochchi at the hospital. The nurse only spoke to them when one woman asked if she could remove the implant after three years. The nurse said that because the implant is so expensive, the women could only remove it after five years. Interviewee 7 does not know the name of the implant.

When they reached the hospital, the women asked the nurses if the implant could make them sick. The nurses said yes, and "if that happens, come here and we will treat you, but we will not remove the implant just because you fall sick." The nurses checked her urine. When she went into the doctor's cabin, a nurse told her to get on the table and said that the injection would feel like an ant bite. She wanted to take birth control pills, but the hospital staff told her that her breast milk would dry up if she took pills. She received the standard Jadelle card. The hospital staff told her that removal would cost 10,000 LKR.

A doctor came to her house for the first time about two weeks after she received the implant (records show September 18, 2013). The doctor checked her blood pressure. The doctor gave her the blood pressure record card. Interviewee 7 told the team that everyone in the village is talking about this clinic. She only accepted this form of contraception out of poverty. She cannot afford to feed her children and she has to take contraception when the doctors and services are easily available and free. She would go for a clinic if the RHA calls her, but now she knows “to be diligent.” She feels cheated by the doctors.

Interviewee 8

The fact-finding team met very briefly with Interviewee 8 who has more than four children and is in her mid-thirties. She used injectables to space her previous pregnancies.

The RHA told her to go to a nutrition camp with her children. After she reached the preschool, an ambulance took her to the Veravil divisional hospital with twelve other women. She wanted to have a sterilization surgery, but the doctors told her that her blood pressure was too high. They recommended the implant. She also received pills for her blood pressure. She does not know the name of the implant and she would still like to have a tubectomy surgery when her blood pressure stabilizes. She was also visited by a doctor between September 18-20.

Interviewee 9

Interviewee 9 is in her early teens. Her father’s associate who lives a few streets away raped her in late 2012. Interviewee 9’s mother sent her to the shop one day at 2pm and Interviewee 9 returned only at 4pm. (She was raped on that day). When her mother asked Interviewee 9 where she was, she said nothing. The entire family was busy building their house, so they could not monitor Interviewee 9’s whereabouts. This happened twice but Interviewee 9 did not tell anyone out of fear. The rapist is from a relatively wealthy family. Interviewee 9’s mother discovered that something was wrong with her daughter during the first months when her daughter

returned home from school. She was suffering from nausea and vomiting. At the Veravil divisional hospital, a doctor prescribed deworming pills and sent her home. They found out she was pregnant only when they went to the Mulankavil Hospital in Poonakiri district.

The local midwife asked Interviewee 9 to bring her child to the clinic center for a vaccination on September 31, 2013. A “big doctor” administered the vaccine and returned the child’s clinic card. The nurses then told Interviewee 9 to get into a vehicle with her four-month-old baby. She cried and refused to get in; she did not want to go to the hospital for the contraceptive. They tried to convince her to get the “injection” to prevent pregnancy in case of a future rape. Interviewee 9 refused because she was scared. The head of the Women’s Rural Development Society (WRDS) mothers group stopped the nurse from forcing her into the vehicle and sent Interviewee 9 home.

Later, that day, the midwife/RHA gave Interviewee 9’s aunt a bicycle and told her to fetch the girl. Interviewee 9’s aunt said this contraceptive would be good for her. Ultimately, Interviewee 9’s mother prevented her daughter from going to the hospital with the aunt. Interviewee 9’s mother told the fact-finding team, “They said the injection is for the baby, why should they inject her? We did they not tell my husband for a long time. Why should they give her this injection? She is such a young girl, why does she need it? Let her study. She does not know what happened to her. We asked [the midwife] for an abortion. Why do they want to give her contraceptives after the child is born? [The midwife] knew our situation and still made us do this. [Our daughter] doesn’t speak, when we talk to her she doesn’t say anything.”

Interviewee 9’s father told the team, “she didn’t know what the injection was for, she doesn’t need it. Don’t they have brains? How can they do this? Especially in our situation...do they want her to experience what she experienced over and over again when they come to know that she will not get pregnant?”

Interviewee 10

Interviewee 10 is a young girl under twenty with a mental disability. Her sister's husband raped her and she gave birth to a child on September 19, 2012. Ten days after the delivery, she received the contraceptive implant at the Kilinochchi Hospital. Her mother was told that it was a contraceptive only after it was administered. A "famous" doctor administered the implant. He said that there is a chance that she will be raped again so it is better to have the contraceptive to avoid pregnancy.

Interviewee 10's mother told the fact-finding team, "they didn't tell us anything, only after they put the injection, I just agreed because it was too late anyway. I have not told anyone about it. I don't want anyone to know. I'm scared this (a rape) may happen again if they find out that she has an implant."

The doctor told Interviewee 10's mother that the young girl may experience excessive bleeding and that they should come back to the hospital if the symptoms persist. They were not told of any other possible adverse effects. The doctor gave the mother a card, but nothing at all was written on the card, not even her name, weight or date of administration and expiry. Several other women who were administered the implant were asked to sign a registry, but the young girl was not.

Her mother says Interviewee 10 is constantly scratching and biting the implant, but she is reluctant to report the symptoms because she does not want anyone in the village to know that her daughter has this implant as it could encourage people to take advantage of her daughter. Her mother blames herself for what happened to Interviewee 10. She usually never leaves her daughter alone but had to do so on one occasion because her husband was in the hospital. She left Interviewee 10 at her other daughter's house and Interviewee 10's brother-in-law (allegedly) raped her. Now he refuses to come to the hospital for a DNA test.

Interviewee 10's mother told the team, "no one in my family talks to me now, including my children. We begged the doctors for an abortion but they just refused us. When the police asked the rapist if he was a dog or a cow and how he had the guts to put his hands on this child, he just kept silent."

Malaiyalapuram

Interviewee 11

Interviewee 11 is in her mid-twenties and has more than two children. After her second delivery she used injectables, but she stopped using contraception when her family was displaced due to war. After her next delivery, she asked the doctor for a tubectomy, but she did not meet the age and number of children requirements. Her youngest child is under two-years-old and she has not had her period since that child was born.

In early September 2013, the RHA came to her house and told her that a “big doctor” was coming from Colombo. The RHA told her that the doctor would give women a contraceptive “stick” that would last for five years. She told Interviewee 11 that she had to get this implant on the specified day when the doctor would be there and that she would not have access to this type of contraception again.

On September 7, 2013 a doctor inserted Interviewee 11’s implant at the Primary Health Centre. The medical staff had traveled from Kilinochchi MOH to perform the implant insertion operations. Over seventy people from surrounding villages (Poonagar, Bharatipuram, and Malaiyalapuram) waited at the Primary Health Centre. The nurses checked Interviewee 11’s blood pressure, but she did not provide them with a urine sample. She asked a health worker if they would cut her arm and the health worker said no to Interviewee 11. Then she went into the doctor’s cabin. The doctor asked her how many children she had and inserted the implant. After, a nurse told Interviewee 11 that she cannot remove the implant for five years. She has not experienced adverse events.

Unlike in other villages, a doctor never came to Malaiyalapuram for a follow-up visit and she does not have the follow-up card for blood pressure records.

Interviewee 12

Interviewee 12 is over forty and has a leadership role in the village. She has more than one child. Although she did not receive the implant, she discussed the issue with many women in her leadership capacity. She is unsure of how many women in the village got the implant. In August and September 2013 the village midwife began telling her that she should get the implant because it would be shameful to get pregnant after age forty. The midwife told other women in the village that if they did not take the implant they would not be able to breastfeed and their children would die. This woman told the team that the midwife took advantage of problems in the village as a way of encouraging women to use the implant. The village has high levels of alcohol abuse and many men have affairs or rape women. The midwife told women that this implant would prevent pregnancies related to this abuse.

The village has a monthly clinic where women weigh their children and get antenatal and post-natal care. Generally women in the village do not have information about contraceptives and they have to travel to Kilinochchi for contraceptive services.

Interviewee 13

Interviewee 13 is in her mid-twenties and has one child. The Kilinochchi Hospital staff wanted her to start using contraception on the forty-first day after delivery. She returned to the hospital, but she “ran away because [she] got scared.” The village midwife tried to persuade Interviewee 13 to use the implant. The midwife would yell, “Why haven’t you gotten it done?” when she saw Interviewee 13 in the village. When her child was eight-months-old (in August 2013) she went for a clinic at the Primary Health Centre. She saw many women from the village there. The midwife told her that she had to take this implant or else she would have to write a letter and speak to the doctor. Interviewee 9 wrote a letter explaining that she wanted additional children, but the midwife was not happy with what Interviewee 9 had written. The midwife told Interviewee 13 to see a doctor and warned that she would be very weak if she had another child. Interviewee 13 finally relented and got the implant.

Since then, she has had her period twice a month. She also had an allergic reaction to the implant. She had bumpy spots all over her arm. When Interviewee 13 complained to the midwife, she told her that this was normal. The midwife also told her that it would cost 10,000 LKR to remove the implant. The midwife said, if you have the loop and you want to remove it, there is no problem, but with this, you have to pay.

Before the doctor inserted the implant, Interviewee 9 did not have any tests or screening. The nurses never checked her urine or outlined the potential adverse events. Some women have not had their periods for a year. She told the fact-finding team “she was really forced to do this.” Someone told her husband that if she gets sick now, the hospitals would refuse care. When the team told her she could remove it, she started crying. She was crying and unsure of how to remove the implant.

Unlike in other villages, a doctor never came for a follow-up visit and she does not have the follow-up card for blood pressure records.

Interviewee 14

Interviewee 14 is in her early thirties and has more than one child. She weighs about 30 kilograms. After her first delivery she used injectables as a spacing method. She was in Menik Farm IDP camp for one year where she used oral contraceptive pills. She received a Jadelle implant on September 8, 2013.

The midwife told her to come to the clinic to get a stick that would last for five years. When she reached the PHC there were about three-hundred people there. The nurses checked her blood pressure, but did not check her urine. The doctor told her that if she wanted to remove the implant she would have to pay 10,000LKR. Since she got the implant, she has experienced excessive bleeding and feels weak. She has not told anyone about the long periods or weakness because the hospital is very far away and the nurse has not come to her house. She knows that the local midwives have forced women to take the implant because “it is difficult for the nurses to deal with all of us when we get pregnant all the time.” She is ultimately happy that she

has the implant, but she is afraid that in two years when she wants another baby, doctors will scold her and demand money to remove the implant.

She received the Jadelle card. However, unlike in other villages, a doctor never came for a follow-up visit and she does not have the follow-up card for blood pressure records.

Umaiypuram

Interviewee 15

Interviewee 15 is in her mid-thirties and has less than four children. She has used various spacing methods including the loop and injectables. She received the implant in September 2012 at Tharmapuram Hospital. The nurses told her that she could only remove the implant in five years. She wanted to get a tubectomy, but she is too young and does not have enough children.

When she went to Tharmapuram, she saw many people from the village, including women who only had one child. She told the team, “The women with one baby wouldn’t know anything, so why did they have to have [the implant]?” The hospital staff checked her blood pressure, but she did not give a urine sample. The doctor looked at her record and inserted the implant. She cannot name the product in her arm. She told the team that it’s like a stick and it’s a “V” shape.

She is finished having children, and is happy to have this form of contraception, but she is still afraid that she will get sick from the implant. Since she received the implant, she has missed her periods. She has not told a doctor about this reaction and she is afraid that she has a tumor or cancer. She is also afraid that the doctors will remove the implant if she complains about her periods.

She received the Jadelle card. However, unlike in other villages, a doctor never came for a follow-up visit and she does not have the follow-up card for blood pressure records.

Interviewee 16

Interviewee 16 is in her mid-thirties and has more than two children. She received the implant on September 28, 2012. She used injectable contraceptives between her pregnancies. She also tried pills, but they did not agree with her. She went to a doctor in Kilinochchi for an injectable shot in September 2012. The doctor told her to go to Tharmapuram for contraceptives because the Kilinochchi staff would only treat women under twenty-five.

When she reached Tharmapuram Hospital there were thirty-eight women waiting for the implant and Interviewee 12 was number twenty-six on the list. The nurses checked her blood pressure, but she did not give a urine sample. The doctor inserted the implant and told her that she could remove it in one year. She has not gotten her period in the year since she received the implant.

The Jadelle card she received is completely blank. She was holding the card in her hand, but could not name the product in her arm. A doctor never came for a follow-up visit and she does not have the follow-up card for blood pressure records.

Interview with a local health expert

A local health official heard that on August 30, 2013 a doctor at Veravil divisional hospital received a call to say that many people would be coming the next day and that he and his staff should prepare food for fifty to sixty people. On August 31, 2013 people from the MOH including Dr. Karthikayan came to the hospital. The team asked for three to four ambulances and then split up and left in those ambulances. He thinks he saw about fifty people at the hospital. He had no idea why these people came to the Veravil divisional hospital. In the past, the MoH had used this hospital to run different health camps.

According to this official, these extremely vulnerable, war-affected people do not need family planning and a push for contraception. Instead, this area needs basic field-level staffing including two midwives. Because of the midwife shortages, women have to deliver in Kilinochchi and women routinely deliver in the ambulance en route to the Kilinochchi Hospital. A woman had delivered en route to Kilinochchi in late September 2013 just days before the fact-finding team arrived.

This expert told the team that ultimately, family planning is not a priority for these people; rehabilitation is a priority. He asked, “Why have doctors who have never come to this area come now?” and “Why were local health workers told the wrong information?” This local health official received numerous calls from the Sri Lankan Army asking him about the clinic and people visiting the area since this happened. He still does not have adequate information regarding what happened.

Interview with Rural Health Assistant (RHA)

The RHA attended a meeting held at Jeyapuram the previous week. The meeting was lead by Dr. Selvarajah, MoH (Mulankavil, Poonakary). They discussed the need to weigh children under the age of five in order to understand the reasons for malnourishment and other health concerns in the region. The RHAs were instructed to tell mothers to bring children under five for a weigh-in at the clinic center, and to distribute the nutrition supplement Thriposha¹. None of the RHAs were told about the possibility of administering contraceptive implants. The family planning team is in charge of the distribution of free contraceptives.

At the nutrition camp, the nurses saw that most families had very low incomes, that the number of children per family was high, and that spacing between children was low. The doctor decided to address these issues by inserting the contraceptive

¹ Thriposha is a locally manufactured food supplement of maize and soya with minerals and vitamins. For more information please refer to this website:
<http://www.icmr.nic.in/ijmr/2009/november/1121.pdf>

implant immediately (and for free) if the women agreed. As this need was unexpected and unplanned, the implants were brought from Mulankavil Hospital. No one from the MOH mentioned this information. Over sixty women received the contraceptive implant. The doctor told them that the implant is very good and that there are no adverse effects. He said that blood pressure needed to be checked after two weeks and that the women needed to come in for a checkup after six months. She also said that following insertion, the doctor assured women that, in case they experience any adverse effects, he would make a house call and gave them his phone number.

She said everyone got the implant freely. They did not consult their husbands and some did not think it was necessary to do so. They asked to be given the implant immediately. Around eight women interested in using Jadelle have contacted the RHA after the clinic.

The RHA told the team, “We made a small mistake but people are blowing it out of proportion. We have only done good for the community. I spoke to the local army officials at the army camp and we were told not to worry. Since the media had reported this issue, the RHA called Dr. Selvanayagam (MOH Kilinochchi) about it and was told not to speak to the media or to anyone about this clinic. The doctors feel bad that they were not contacted.

The RHA told the team that two weeks after the clinic when everyone from outside started to ask lots of questions, Dr. Muralitharan visited all the women to check up on them. Doctors do not usually go to individual homes; they travel only when huge camps such as dengue awareness are conducted.