1. **Depo-Provera has both contraceptive and abortifacient effects**: The Depo-Provera injection, given to women and girls every three months as a contraceptive, actually causes abortion in some instances. Depo-Provera is a type of hormonal anti-fertility drug, and works in one of two ways: by preventing conception and thus having a contraceptive effect, or by preventing the implantation of an already-conceived child and thus ending the life of a new human being after conception.

2. **Only two of the three ways Depo-Provera works are contraceptive**: Depo-Provera has three effects, only two of which are contraceptive: it thickens the cervical mucus, thereby inhibiting the progress of sperm; and it inhibits ovulation. The third way it works is that it renders the lining of the uterus (the endometrium) hostile to implantation of the developing human being, which is an abortifacient effect. Depo-Provera’s active ingredient is depot medroxyprogesterone acetate (DMPA), a synthetic form of the natural hormone progesterone originally developed for the treatment of uterine cancer in the 1950s. A woman on Depo-Provera receives 150 milligrams of DMPA via deep intramuscular injection every three months. According to the Upjohn Pharmaceuticals (now owned by Pfizer) information pamphlet on Depo-Provera, DMPA “inhibits the secretion of gonadotropins which, in turn, prevents follicular maturation and ovulation and results in endometrial thinning.”

3. **The redefinition of abortifacients as contraceptives is dishonest**: Many women opposed to abortion would be shocked to learn that the steroid drugs they take, such as Depo-Provera, can have either abortifacient or contraceptive effects. In 1963, the U. S. Department of Health, Education and Welfare (HEW) defined “abortion” as “all the measures which impair the viability of the zygote at any time between the instant of fertilization and the completion of labor.” The accepted government and scientific definition of pregnancy said it began at fertilization, before implantation. However, in the mid 1960s, in order to make abortifacients acceptable to women and to circumvent laws designed to prohibit abortion, pro-abortion experts changed the definition of “conception” from fertilization to implantation. Under the new definition of “conception,” if a device or drug — such as Depo-Provera — prevents implantation, then no abortion takes place even though it acts after conception.

4. **Depo-Provera often fails to prevent ovulation**: Many women’s menstrual cycles continue when using Depo-Provera: 43% after 12 months and 32% after 24 months. This makes it far more likely that Depo-Provera’s abortifacient effect is behind a large proportion of its “success” at preventing childbirth.

5. **Canada considers Depo-Provera unsafe**: Depo-Provera was approved for use in the United States in October 1992. In June of 1993, however, Canada’s Department of Health and Welfare prohibited the use of Depo Provera, saying that the drug did not meet Canadian safety standards as a contraceptive. Depo Provera is now available in more than 90 countries and is particularly popular with population control groups in Indonesia, Jamaica, Thailand, Kenya and New Zealand. As with all other abortifacients that may pose a danger, Depo-Provera was extensively tested on Third World women before being introduced into Western nations. The World Health Organization (WHO) used Depo-Provera on more than 11,000 women in Kenya, Mexico and Thailand before it was submitted to the U. S. Food and Drug Administration (FDA) for approval.

Like all steroid drugs powerful enough to impair fertility effectively, Depo-Provera can cause a host of side effects. Upjohn’s information pamphlet on Depo-Provera lists more than 60 adverse reactions suffered by women who use the compound. Women on Depo-Provera report an average weight gain of 5.4 pounds in the first year and 16.5 pounds over six years. Depo Provera users commonly experience osteoporosis (loss of bone mass), to which many women are already prone.* An FDA paper from November 2004 says that women should not use Depo-Provera for more than two years: “The black box warning for Depo-Provera highlights that prolonged use of the drug may result in significant loss of bone density, and that the loss is greater the longer the drug is administered. This bone density loss may not be completely reversible after discontinuation of the drug. Thus the warning states that a woman should only use Depo-Provera Contraceptive Injection as a long-term birth control method (for example, longer than two years) if other birth control methods are inadequate for her.”

7. Depo-Provera causes a wide range of side effects:

- Jaundice
- Decrease in Glucose Tolerance
- Convulsions
- Breast Cancer
- Ectopic Pregnancy
- Thrombophlebitis
- Pulmonary Embolism
- Cerebrovascular Disorders
- Partial or Complete Loss of Vision
- Polysyndactyly (or Webbing and Extra Digits of the Hands and Feet)
- Hypospadias (Genital Tract Abnormalities)
- Headaches
- Nervousness
- Abdominal Pain or Discomfort
- Dizziness
- Asthenia (Weakness)
- Decreased Libido (Sexual Desire)
- Inability to Reach Orgasm
- Depression
- Nausea
- Insomnia
- Leukorrhea (Abnormal Vaginal Discharges)
- Pelvic and Breast Pain
- Rashes
- Hot Flashes
- Edema (Swelling)
- Vaginitis
- Acne

* (On October 30, 1992, the Los Angeles Times, Houston Chronicle, and Minneapolis Star-Tribune, among other major newspapers, reported that “Use of Depo-Provera may be considered among the risk factors for developing osteoporosis. The rate of bone loss is greatest in the early years of use. ... A slight increased overall risk of breast cancer has been associated with use in women under 35 years of age whose first exposure to the Depo-Provera Contraceptive Injection was within the previous four years. Other complications include weight changes, menstrual irregularities, headache, dizziness, nervousness, abdominal pain or discomfort, and asthenia (weakness or fatigue).”)