Introduction

Although a front-runner in decreasing fertility rates in sub-Saharan Africa, South Africa has yet to fully address the barriers of contraceptive access to women of childbearing age.

- Thirty-three percent of all women who use contraceptives in South Africa choose an injectable progestin-only formulation.
- Nine percent of women who use injectable contraceptives rely exclusively on mobile clinics for family planning.

During apartheid, measures to control non-white population growth were implemented.

- Racially separate homelands or bantustans, resulted in migrant labor that geographically separated black men and women.
- National Family Planning Programme (NFPP), publically funding contraceptives.
- Widespread use of contraceptives sprang from NFPP.
- The TFR for black women in the 1980s is estimated to be 4.6, one of the lowest among sub-Saharan countries at that time.
- The TFR in 1998 was 2.9. a precipitous decline that is seen in only a handful of African countries.

Effects of the Apartheid

In the pre-apartheid era, the estimated total fertility rate (TFR) in 1960s was 6.1.

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Table 1. Sources of administration for injectable contraceptives, South Africa 2003.

<table>
<thead>
<tr>
<th>Source of Injectable Contraception</th>
<th>Percent of Current Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Clinic</td>
<td>9.0</td>
</tr>
<tr>
<td>Private Sector</td>
<td>6.2</td>
</tr>
<tr>
<td>Private Doctor</td>
<td>1.2</td>
</tr>
<tr>
<td>Private Hospital or Clinic</td>
<td>5.0</td>
</tr>
<tr>
<td>Government Hospital</td>
<td>17.4</td>
</tr>
<tr>
<td>Government Health Center</td>
<td>51.7</td>
</tr>
<tr>
<td>Family Planning Clinic</td>
<td>14.2</td>
</tr>
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</table>

Methods

- I visited government-funded health clinics and mobile clinics to observe the social factors that shape administration of and adherence to contraceptives in urban townships.
- Statistics from the Demographic and Health Survey (DHS) were accessed, highlighting the trends in fertility, and the use and sources of contraceptives.

In 2003, thirty-three percent of all women who use contraceptives choose an injectable formulation.

- A larger number of adolescents choose the bi-monthly injection.
- Nuristerate is used twice as often in patients ages 15-24 than DMPA and 2.5 times more women use DMPA at ages 30-39.

Results

In 2003, thirty-three percent of all women who use contraceptives choose an injectable formulation.

- A larger number of adolescents choose the bi-monthly injection.
- Nuristerate is used twice as often in patients ages 15-24 than DMPA and 2.5 times more women use DMPA at ages 30-39.
- The public health sector administers a majority of the injectable contraceptives (51.7%) and 9% of women receive them from mobile clinics exclusively.

Discussion

The preferential use of a bi-monthly progestin-only formulation results in an increased amount of clinic visits per year.

- Increased demand in patient care adds unnecessary strain on already struggling local health clinics.

Logistical difficulties encountered by both government-run health centers and mobile health clinics prevent the administration of injectable contraceptives.

- Distance of clinics and long wait times discouraged women from receiving bi-/tri-monthly contraceptives.
  - If the medical van were unable to make a monthly visit, the nearest clinic to these townships may be up to 10 kilometers away.
  - Appointment wait times were painfully long at most clinics. In certain township clinics, it would take nearly four hours to see a nurse for an injection.
- Irregularity in the scheduling of mobile clinics creates a barrier for medication adherence.
  - At times, some townships would not be visited at all due to logistical difficulties encountered by the clinic.
  - A significant number of women using a Nuristerate combined with irregularity in access to contraceptives may result in a significant population of young women that are at risk of unwanted and unplanned pregnancies.

Conclusion

The popularity of injectable contraceptives is a strength of the country, resulting in a steadily declining fertility rate.

Steps can be made to further increase the use of and adherence to injectable contraceptives.

- Emphasize the use of a 3-monthly injection of DMPA.
- Increase the regularity of visiting medical vans to administer injectable contraceptives.