

REPORT ON FAMILY PLANNING CLINICS CONDUCTED IN THE CAPE TOWN MUNICIPAL AREA FROM 1960 TO 1969*

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SUMMARY

A statistical survey of the attendances at Family Planning Clinics in Cape Town over the past 10 years is presented, together with the effect in reducing the birth rate.

Details of numbers of and reasons for dropouts, types of contraceptives used and results of IUD are shown.

The Cape Town City Council took over the Family Planning Clinics from the Mothers Clinic Society on 1 May 1967. This society had been conducting family planning clinics since the early 1930s. Table I shows the numbers of women who attended for the first time and the total attendances per year for the years 1960 to 1969, and against these are shown the registered births and birth rates for the same years.

TABLE I. NUMBERS OF WOMEN ATTENDING MOTHERS' CLINICS FOR FIRST TIME DURING 1960-1969, AND TOTAL ATTENDANCES AT THESE CLINICS

Year	Family Planning Clinics		Registered births	Birth rates/ 1 000 population
	First attendances	Total attendances		
1960	1 059	4 570	15 997	33.1
1961	1 234	5 215	16 386	33.4
1962	1 206	5 107	16 439	33.0
1963	1 830	6 209	17 255	30.2
1964	4 360	16 775	18 198	31.3
1965	6 130	40 030	19 008	32.0
1966	8 492	51 255	18 745	30.5
1967	7 592	60 569	17 724	28.4
1968	8 089	69 934	18 173	29.0
1969	9 676	80 641	17 911	28.0

The family planning figures were obtained from the records of the Mothers Clinics, and after April 1967 from City Council records. These were the only figures available up to the end of 1967. It is impossible to get any clear idea from these figures of how many women continued to attend from one year to the next, and how many dropped out. All one can say is that the numbers attending for the first time, and the total attendances, increased progressively from 1964 onwards, while the number of births per year became stationary from 1965 onwards, and the birth rate actually dropped in the past 4 years which is a noteworthy achievement.

In spite of these satisfactory results various small surveys

done from time to time have shown that a high percentage of women attend for a short time only, and then discontinue the use of contraceptives, so that much of the work being done is wasted.

In order to get a clearer idea of the degree of success achieved by the Family Planning Clinics, a statistical survey was undertaken on those women who attended in 1968, 16 902 women in all. Data were collected in respect of each of these women, and the results analysed by computer. This proved to be a very time-consuming task, and as a result a survey was done in 1969 by random sampling.

RESULTS

Number of Women Attending Family Planning Clinics

Table II shows the total number of women who attended in 1969, as well as the total attendances. It will be noted that 10 170 had been attending since 1968 or earlier. The total number of women who attended in 1968 was 16 902 which means that 6 732 had dropped out. An analysis of the percentage of dropouts is shown in Table III and the known reasons for dropouts in Table IV. The main dropouts occur in women under 25 years of age.

Types of Contraceptives Used

The pill is the most widely used contraceptive, but since the introduction of Depo-Provera in the latter half of 1968 its use declined from 68% to 55%.

Table V shows a general decrease in the percentage of women starting on pills and intra-uterine devices (IUD) in 1969 and a corresponding increase from 9% to 27% in the women on Depo-Provera. The diminished incidence in the use of the loops is particularly noticeable in the Bantu (from 31% to 15%).

Change of Contraceptive

The 1969 report shows that 2 176 patients changed their type of contraceptive between 1968 and 1969. The reasons

TABLE III. FOLLOW-UP OF WOMEN WHO ATTENDED IN 1968, SHOWING NUMBERS OF DROPOUTS BETWEEN 1968 AND 1969

Classification	White	Coloured	Bantu	Total
Total No. of women who attended in 1968	1 043	13 457	2 402	16 902
No. of these still on contraceptives in 1969	536	8 520	1 114	10 170
Total dropouts	507	4 937	1 288	6 732
% dropout between 1968 and 1969	49%	36%	52%	40%

*Date received: 30 November 1970.

TABLE II. NUMBER OF WOMEN ATTENDING FAMILY PLANNING CLINICS, AND TOTAL ATTENDANCES IN 1969 BY RACIAL GROUPS

Race	Women attending for first time in 1969	Women who have attended since 1968 or earlier	Total women who attended in 1969	Total attendances in 1969
White	567	536	1 103	3 307
Coloured	7 538	8 520	16 058	68 755
Bantu	1 571	1 114	2 685	8 579
Total	9 676	10 170	19 846	80 641

TABLE IV. KNOWN REASONS FOR DROPOUTS IN PATIENTS WHO ATTENDED IN 1968 AND DID NOT REATTEND IN 1969

<i>Stopped for one of the following reasons:</i>	<i>Pill</i>	<i>IUD</i>	<i>Injection</i>	<i>Other</i>	<i>Total</i>
Wished to discontinue use of contraceptives	63	107	—	—	170
Another baby wanted	73	—	—	—	73
Headaches, nausea, giddiness	10	—	20	—	30
Excess weight gain	10	—	2	—	12
Amenorrhoea or scanty flow	10	—	—	—	10
Excessive bleeding	—	1	—	—	1
Known pregnancy on contraceptive properly used	—	12	1	—	13
Known pregnancy on contraceptive not properly used	60	—	30	20	140
Known abortion or ectopic on contraceptive properly used	—	1	—	—	1
Known abortion or ectopic on contraceptive not properly used	2	—	—	—	2
Already pregnant at first attendance	22	—	10	—	32
Stopped because of menopause	29	—	—	10	39
Stopped because of death or serious illness	1	10	—	—	11
Sterilized	—	5	—	—	5

TABLE V. TYPE OF CONTRACEPTIVE USED BY WOMEN STARTING CONTRACEPTION IN 1969, AND BY THOSE WHO HAD BEEN ON CONTRACEPTIVES SINCE 1968 OR LONGER

<i>Race</i>	<i>Women who attended for the first time in 1969</i>				<i>Women who had attended since 1968 or earlier</i>			
	<i>Pills</i>	<i>Loops</i>	<i>Injections</i>	<i>Other</i>	<i>Pills</i>	<i>Loops</i>	<i>Injections</i>	<i>Other</i>
White	293	104	65	69	353	127	12	44
Coloured	4 340	1 060	2 020	128	5 820	1 640	740	280
Bantu	752	234	554	31	592	344	170	6
All races	5 385	1 398	2 639	228	6 965	2 111	922	330
%	55%	15%	28%	2%	68%	20%	9%	3%

TABLE VI. REASONS GIVEN FOR CHANGE FROM ONE TYPE OF CONTRACEPTIVE TO ANOTHER

<i>Reason</i>	<i>Pill</i>	<i>IUD</i>	<i>Inj.</i>	<i>Total</i>
No special reason or reason unknown	1 189	22	178	1 389
Headache, nausea, giddiness	162	20	63	313
Excessive or irregular bleeding	90	72	22	184
Amenorrhoea or scanty flow	36	—	—	36
Excessive weight gain or oedema	11	—	10	21
Loss of weight	23	10	—	33
Acne, hirsutism, loss of libido	23	—	—	23
Vaginal discharge	21	—	10	31
Chronic abdominal pain or backache	—	22	—	22
Acute abdominal pain	—	4	—	4
Patient or doctor discouraged by fall-out	—	12	—	12
Changed for medical reasons	32	14	10	56
Changed because patients unreliable	2	—	14	16

TABLE VII. SPECIAL REPORT ON RESULTS OF EXAMINATION OF PATIENTS WITH IUD

<i>Results of examination</i>	<i>No.</i>
Unknown	1 172
IUD <i>in situ</i> confirmed by examination or X-ray	2 041
IUD possibly <i>in situ</i> —not found on exam. (no X-ray)	105
Removed (not replaced)	246
Removed and replaced	19
Fell out—not replaced	13
Fell out and replaced	39
Fell out after replacement	2
Pregnancy with loop present	12

TABLE VIII. LENGTH OF TIME IUD WAS RETAINED, WHETHER STILL *in situ* OR NOT

<i>Length of time IUD retained</i>	<i>No. of women</i>
0-2 months	76
3-11 months	359
1-3 years	1 643
Over 3 years	761

given for the change are shown in Table VI. The commonest side-effect both in patients who stopped contraception and in those who changed their type of contraceptive were headaches, nausea and giddiness. It is strange that more people changed because of loss of weight than because of excessive weight gain. Excessive bleeding was the commonest cause for changing from IUD.

Special Report on IUD Patients

In 1969 3 189 patients came for IUD insertion or check-up. During the year 1 078 new loops were inserted and checked 3 months later, and 2 111 patients who had loops inserted in previous years came for examination.

The result of the examinations done are shown in Table VII. The number of months for which loops have been *in situ* is shown in Table VIII.

Cervical Smears

In 1969 13 973 cervical smears were done of which 6 901 were on new patients and 7 072 were repeats. One hundred and eight cases were referred to hospital with reports of doubtful or abnormal smears and 11 of these proved to be carcinoma *in situ*.

Pelvic Examinations

Pelvic examinations were done on 12 501 women and 73 were found to be pregnant. Fourteen were referred to hospital because of gynaecological abnormalities.

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