

Family Planning in a Predominantly Non-White Rural South African Community

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SUMMARY

Developments in family planning practice from 1966 to 1973 in a predominantly non-White rural community, namely the area under the jurisdiction of the Port Elizabeth Divisional Council, are described.

Advantages of promoting family planning in conjunction with normal polyclinic health services are emphasised. Statistics are quoted illustrating the growing acceptability of family planning as illustrated by the fact that family planning attendances increased from nil in 1965 to 8 200 in 1973 in the Council's three polyclinics.

Analysis of data from these rural polyclinics shows a significant trend towards a lower population growth. There are signs also of improved health and social well-being, which can reasonably be attributed to family planning.

S. Afr. Med. J., **48**, 1163 (1974).

FUNCTION OF POLYCLINICS

The Council controls 3 polyclinics, namely at Greenbushes, Coega and Loerie, established in that order.

In general the function of the polyclinic is to give medical assistance of any nature requested. Appropriate treatment is given, but if patients need further investigation or more elaborate treatment they are referred to hospitals or private doctors. In practice fewer than 5% of patients require referral.

There can be no confusion in the mind of the simplest person as to what to do if a health problem arises—he attends the nearest clinic.

On a small scale a family planning service was introduced in 1966. The patients regarded this as an added health measure very much as they had previously accepted the introduction of polio vaccine swallows, BCG, dental and X-ray services. The first principle, namely that family planning was a medical problem, was established.

MOTIVATION

Members of the nursing staff needed little motivation from their own professional experience. They felt sorry for their women patients who suffered due to excessive

child-bearing, and they, the nurses, were anxious to do something about it. Family planning was the answer. The appointment of a lay motivator/educator who had undergone a course of training, eased the position even further, since she was able to spend time explaining the principles of family planning to the patients. All the Council's key clinic staff, including two White sisters, were able to converse in Afrikaans, English and Xhosa—an excellent starting-point when motivating patients.

The next step was to decide where to begin motivating patients. In the early stages we had a large number of female tubercular patients, and this group was approached first. The response was excellent, since most of these patients felt weak and debilitated and welcomed the simple means available for avoiding unwanted pregnancy. They knew almost instinctively that their health would suffer. It is interesting that their husbands are now beginning to encourage them to take steps to avoid pregnancy.

Gradually the news spread, and it was not long before others came on their own initiative in search of advice.

METHODS

From 1966 to 1969 various hormone pills were practically the only contraceptive method available, and the failure rate was high due to the irregular taking of the pill. However, from the start there was a growing number of satisfied patients who followed their instructions carefully.

In 1969 Depo-Provera three-monthly intramuscular injections were offered in addition, and, since then, every year greater reliance has been placed on it. In 1973 considerably more than half our patients preferred this method.

Surgical sterilisation was arranged through our Family Planning organisation for women suffering from gross pathology. Relatively recently we started using the IUD, and patients can now be given a choice of method and side-effects can be treated more effectively.

ANALYSIS OF STATISTICAL DATA

For many reasons the official registration of births among our non-White groups—the vast majority of our patients—has been exceedingly poor during the period covered by this study. It would be misleading to draw any conclusions in regard to population growth from them. In the circumstances, therefore, it was considered that our polyclinic records serve our purpose more realistically.

The area served by the polyclinics has not altered during the period under review. Good records were kept of atten-

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dances and published annually in the Medical Officer of Health's statutory reports.

The blood of every patient suspected on clinical grounds of being pregnant was tested for Rh factor, blood group, etc. by the South African Institute for Medical Research.

The correlation of all statistical returns from the poly-clinics were controlled by the same person during the whole of the 8-year period. For the sake of simplicity figures are quoted to the nearest 100 where necessary. Figures of 1965 are compared with those of 1973 because 1965 was the year immediately preceding the commencement of our family planning service.

RESULTS

It will be seen that in 1965 pregnancy was diagnosed 1 409 times and by contrast, in 1973, only 1 216 times. Accurate statistics of the number of live births in these two years are not available. The figures quoted include, therefore, only those patients who decided to attend the clinic for their pregnancy, and include those who did not reach full term. The table also shows an increase in the total number of attendances at the clinics from 40 500 to 55 100 during the same period. Attendances for family planning purposes show a steady increase to 8 200 in 1973.

Because of a lack of statistics, precise reasons for the increase in total attendances cannot be given. Part of this increase may well be due to an increase in population, but it is my impression that such an increase was not significant. The other explanation is that the doctors and

TABLE I. DATA FOR CLINICS

	1965	1973
No. of clinics	3	3
Total attendances	40 500	55 100
Attendances family planning (not included in above)	No service available	8 200
Actual No. of pregnancies	1 409	1 216
No. of pregnant women expressed as percentage of total attendances	3,4	2,2

the nurses staffing the clinic gained the confidence of the patients, resulting in better use of the facilities being made. Whatever the cause of the increase in attendances, one would reasonably have anticipated an increase in the number of pregnancies during the period. The actual decrease in the numbers is therefore probably due to the family planning measures offered by the clinic.

CONCLUSION

Although it is not suggested that the percentages quoted in Table I represent population growth, it is, however, claimed that a significant trend towards a lower population growth is discernible. The response to the service offered shows a mature appreciation of the need for responsible parenthood.

Rational control of birth rate seems to offer the best chance of averting a global population disaster, and my experience seems to indicate that this is an attainable goal.