

9 Reproductive health

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The reproductive health chapter covers two indicators, namely cervical cancer screening rate and couple year protection rate (CYPR).

9.1 Couple year protection rate

Couple year protection rate is defined as women protected against pregnancy by using modern contraceptive methods, including sterilisation. The measure includes all contraceptive methods (modern and traditional), but it may include modern methods only. The indicator is calculated as the number of women 15–49 years using a contraceptive method divided by total number of women 15–49 years multiplied by 100.^a Each type of contraceptive method that is distributed is adjusted by a conversion factor (country-specific)^b to yield an estimate of the duration of contraceptive protection.

Contraceptive years, according to the World Health Organization calculation, are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub-dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10). Couple year protection rate serves as a proxy for the Contraceptive Prevalence Rate (CPR). Each contraceptive type is adjusted by a factor to convert it into a contraceptive year. For example, one female sterilisation is equivalent to 10 contraceptive years, whereas a medroxyprogesterone injection is equivalent to 0.25 contraceptive years.

While the district health information software (DHIS) reported the 2016/17 CYPR at 70.2%, the South Africa Demographic Health Survey (SADHS) 2016 key indicator report,^a reported the actual CPR among the married and unmarried sexually active women using modern contraceptives at 57.9% and for any method at 58.3%. A comparison between the SADHS 1998 with the SADHS 2016 reveals that the modern CPR among married women in South Africa is essentially unchanged (55% and 54%, respectively) and over the same time period, the modern CPR among sexually active unmarried women has declined slightly (68% versus 64%).^a The report therefore shows that there has been minimal improvement in the CPR in South Africa since 1998. The same report shows that the total fertility rate declined from 2.9 to 2.6 children per women in the same period.

National overview

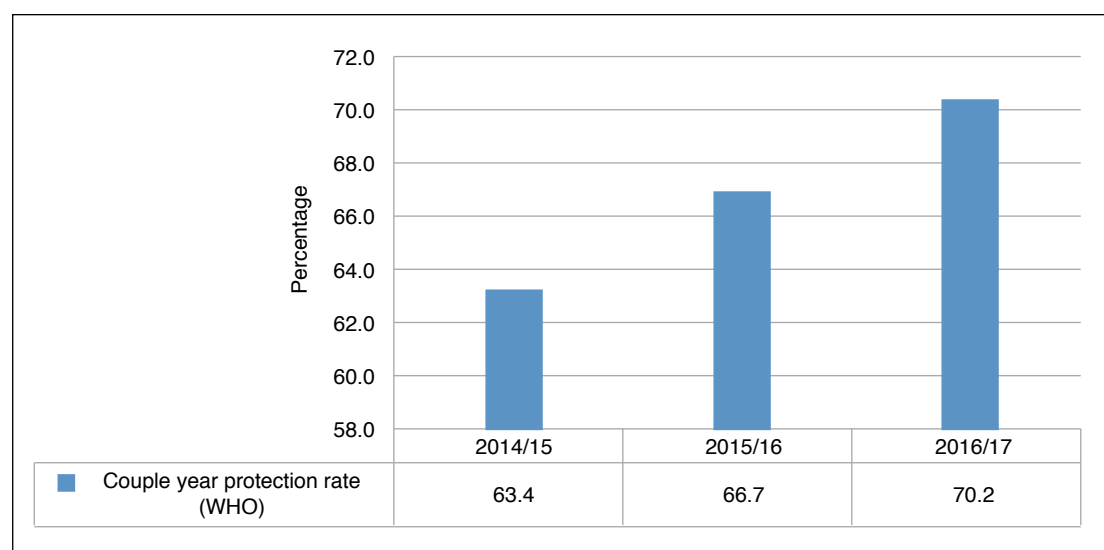
The average CYPR for the country has increased from 63.4% in 2015/16 to 70.2% in 2016/17 as depicted in Figure 1. The CYPR of 70.2% in 2016/17 was significantly higher than the national target of 50% for the country as indicated in the National Department of Health Annual Performance Plan (APP).^c

a MEASURE Evaluation. Available from https://www.measureevaluation.org/prh/rh_indicators/family-planning/fp/cpr [Accessed 12 August 2017].

b MEASURE Evaluation PRH: Family planning and reproductive health indicator database. Couple-years of protection (CYP). http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/fp/cyp [Accessed 24 August 2016].

c National Department of Health. Annual Performance Plan, 2016/17–2018/19. National Department of Health. Pretoria. 2016.

Figure 1: National couple year protection rate, 2014/15–2016/17



Source: DHIS.

The contraceptive years dispensed by hospitals increased from 687 927 to 883 907 (22.2%) between 2013/14 and 2016/17 and in the same period PHC facilities from 4 163 370 to 5 214 807 (20.2%) (Table 1). The other category increased from 699 366 to 1 585 789 in the same period, which is a 56.0% increase.

Table 1: Contraceptive years dispensed by hospitals, main PHC facilities and other facilities, 2013/14–2016/17

	Year period	Hospitals		Main PHC facilities		Other		Total
		No	Proportion contributed to contraceptive years dispensed %	No	Proportion contributed to contraceptive years dispensed %	No	Proportion contributed to contraceptive years dispensed %	
Contraceptive years dispensed	2013/14	687 927	12.4	4 163 370	75.0	699 366	12.6	5 550 663
	2014/15	765 861	11.0	5 092 761	73.0	1 122 113	16.0	6 980 735
	2015/16	858 403	11.8	4 917 954	67.5	1 510 583	20.7	7 286 939
	2016/17	883 907	11.5	5 214 807	67.9	1 585 789	20.6	7 684 503

Note: 'Other' includes correctional services, environmental health services, general practitioners, health posts, home based care services, non-medical sites, occupational health services, nurse practitioners, pharmacies, health sub-district offices, primary condom distribution sites, place holder sites, reproductive centres and special clinics.

Provincial overview

Northern Cape (NC) was the only province that did not reach the national target of 50% in 2016/17 (Figure 3 and Table 2).

Figure 3: Couple year protection rate by province, 2016/17

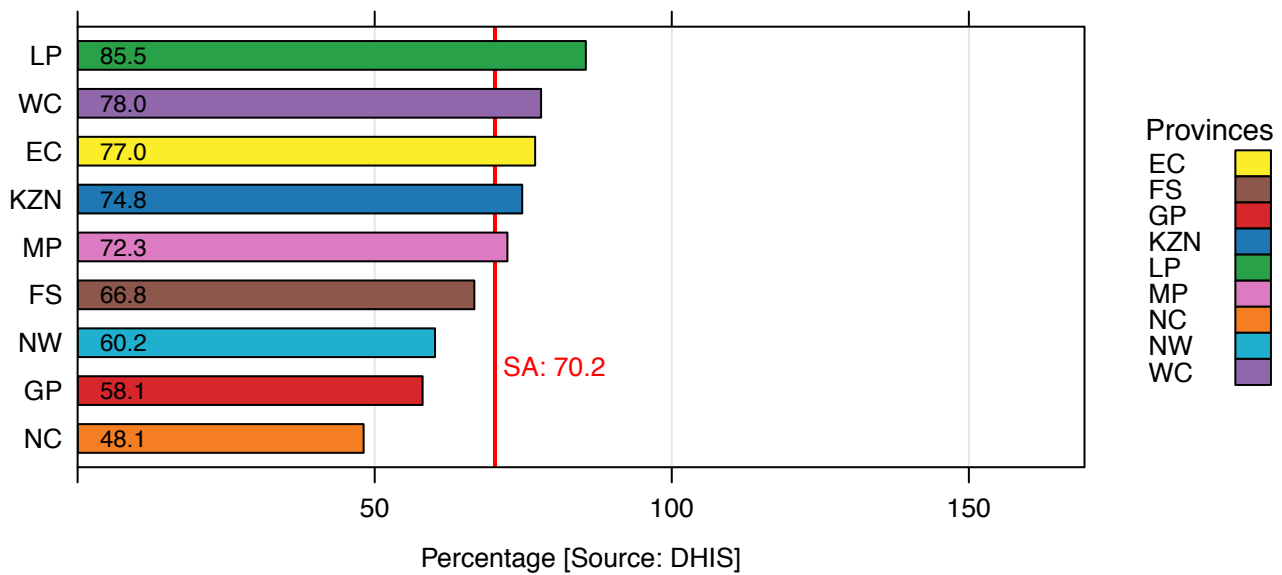


Table 2: Couple year protection rate by province, 2014/15–2016/17

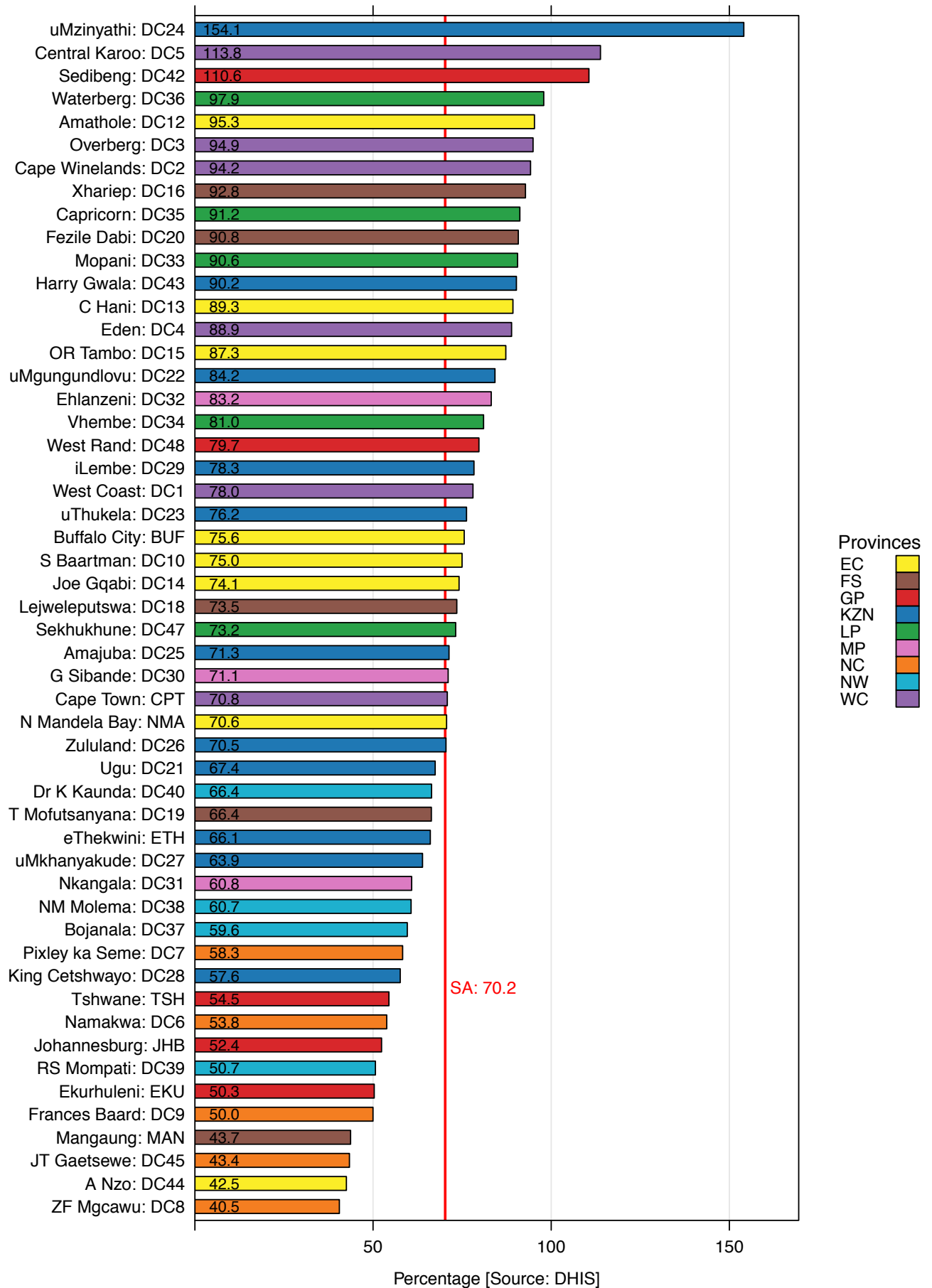
	2014/15 %	2015/16 %	2016/17 %
Eastern Cape	54.4	74.5	77.0
Free State	58.1	79.4	66.8
Gauteng	49.6	59.6	58.1
KwaZulu-Natal	83.8	73.3	74.8
Limpopo	61.8	69.2	85.5
Mpumalanga	53.7	52.4	72.3
Northern Cape	52.6	47.3	48.1
North West	56.8	46.1	60.2
Western Cape	84.0	80.0	78.0
SA	63.4	66.7	70.2

Source: DHIS.

District overview

Four of the 52 districts did not reach the national target of 50% in 2016/17, namely the ZF Mgcawu (NC) (40.5%), Alfred Nzo in Eastern Cape (EC) (42.5%), JT Gaetsewe (NC) (43.4%) and Mangaung in the Free State (FS) (44.3%) (Figure 4). Three districts, namely the Sedibeng (Gauteng (GP)), Central Karoo (Western Cape (WC)) and uMzinyathi (KwaZulu-Natal (KZN)) reported CYPR higher than 100% with the largest being uMzinyathi at 154.1%. Fourteen districts had a decline in the CYPR between 2015/16 and 2016/17. Three districts showed a decline of more than 10 percentage points, namely Mangaung (FS) (44.8 percentage points), Zululand (KZN) (13.6 percentage points) and Buffalo City (EC) (12.0 percentage points).

Figure 4: Couple year protection rate by district, 2016/17



The majority of the sub-districts in Northern Cape had CYPR below 54% (Map 1).

Map 1: Couple year protection rate by sub-district, 2016/17

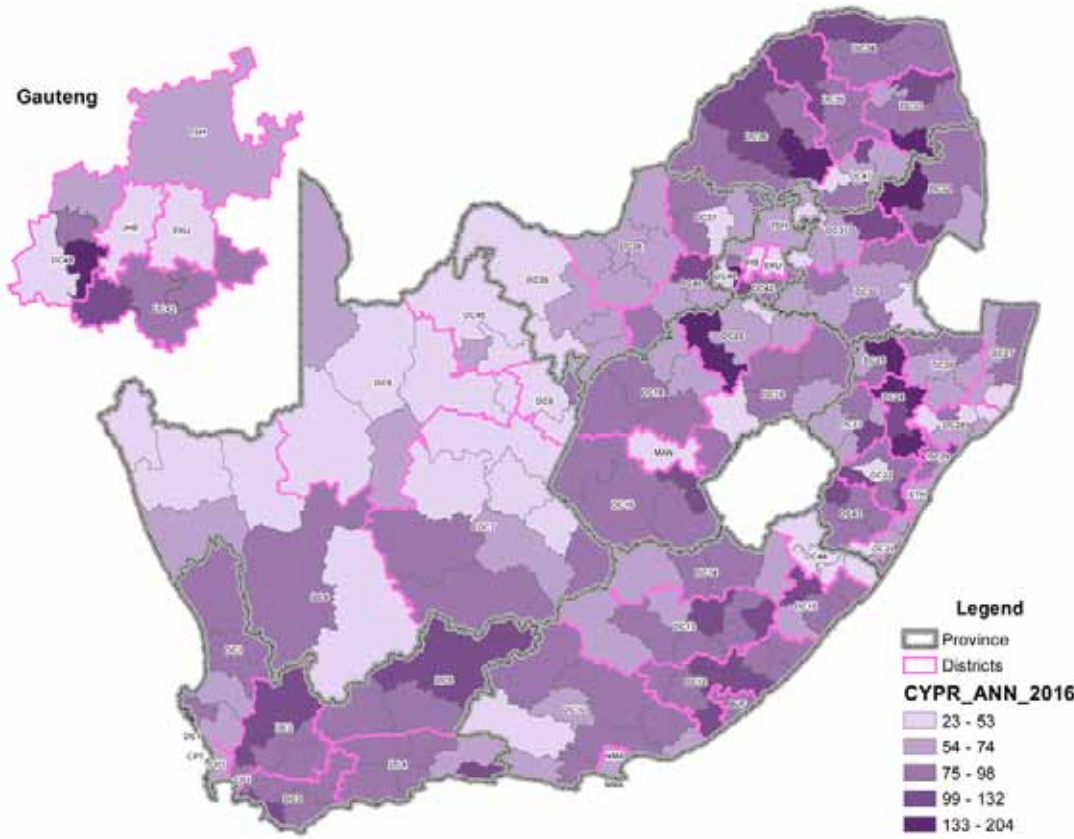
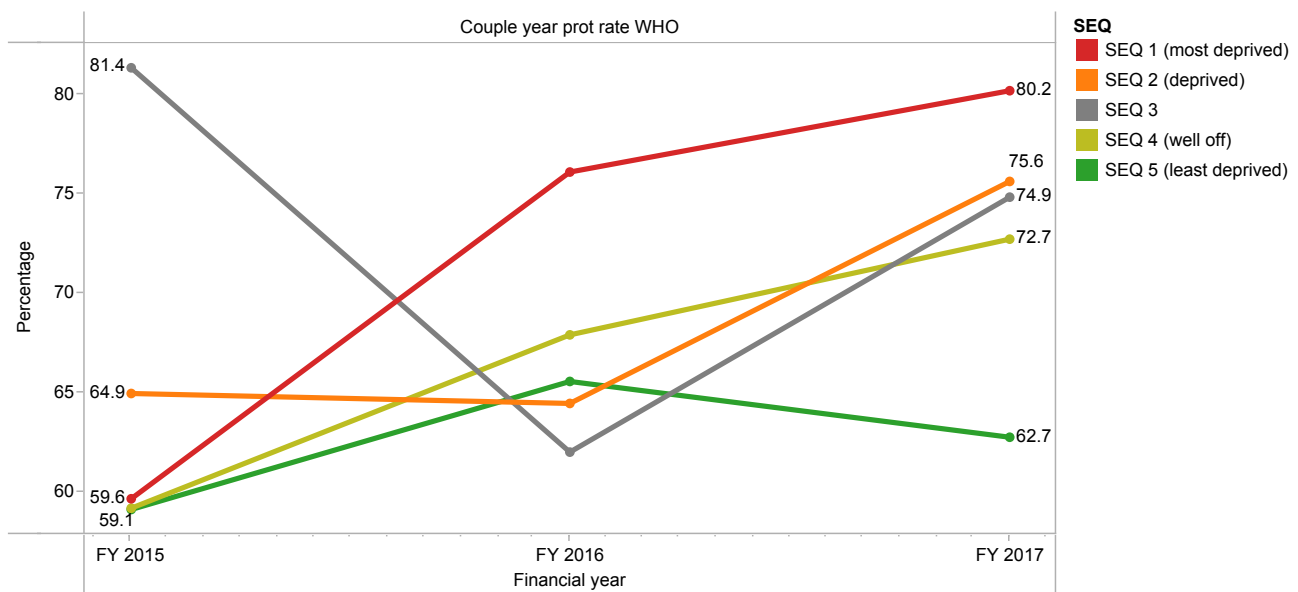


Figure 5 shows the average CYPR over the past three years by socio-economic quintile (SEQ). An inequitable trend was noted, with coverage highest in SEQ1 (most deprived) and lowest in SEQ5 (least deprived). There was an increase in CYPR in SEQs 1, 2, 3 and 4 between 2015/16 and 2016/17 but a decline in SEQ5.

Figure 5: Trends in average district values by SEQ for couple year protection rate, 2014/15–2016/17



Key findings

- ◆ The national CYPR increased by 6.8 percentage points between 2015/16 and 2016/17 and the CYPR of 70.2% in 2016/17 was significantly higher than the national target of 50%.
- ◆ Northern Cape was the only province that did not reach the national target of 50% in 2016/17.
- ◆ The contraceptive years dispensed in hospitals increased more than in the PHC facilities. One reason is that some hospitals, especially the hospitals in Gauteng, did not report the family planning methods issued in previous years. These hospitals submitted data for the 2016/17 year.
- ◆ Four of the 52 districts did not reach the national target of 50% in 2016/17, namely the ZF Mgcawu (NC) (40.5%), Alfred Nzo (EC) (42.5%), JT Gaetsewe (NC) (43.4%) and Mangaung (FS) (44.3%).
- ◆ Three districts, namely Sedibeng (GP), Central Karoo (WC) and uMzinyathi (KZN) reported a CYPR higher than 100% with the largest being uMzinyathi at 154.1%. One reason might be the high male condom distribution coverage in these districts as male condoms are included in the contraceptive years, or it could be due to poor data quality.
- ◆ Fourteen districts had a decline in the CYPR between 2015/16 and 2016/17.
- ◆ The CYPR was highest in SEQ1 (most deprived) and lowest in SEQ5 (least deprived) districts in 2016/17 with a 17.5 percentage point difference between the 2 SEQs.

Recommendations

- ◆ The districts with a decline in CYPR in 2016/17 should investigate the reasons for this and address the identified challenges.
- ◆ Districts with a CYPR higher than 100% should investigate the reasons for it and should address the challenges.
- ◆ Contraceptive methods should be equally promoted to allow women to make an informed choice in order to promote sustainable use of chosen methods.^d

9.2 Cervical cancer screening coverage

The cervical cancer screening coverage measures the number of cervical smears taken in women 30 years and older as a proportion of the female population 30 years and older factored for one smear every 10 years. The denominator is 10% of the female target population 30 years and older. The numerator is the number of cervical (pap) smears or visual inspections with acetic acid (VIA) for women 30 years and older for screening purposes. Diagnostic smears or repeat smears are not included.

In South Africa, the national policy on cervical cancer was revised to expand from screening to include early diagnosis, treatment and care and is thus now referred to as 'Cervical cancer prevention and control policy'.^e The policy states that women should have three cervical smears done at 10-yearly intervals in a lifetime, starting at the age of 30 years. It further stipulates that high-risk women such as HIV-positive women should be screened on diagnosis of HIV and three-yearly intervals thereafter. Data collection according to the policy was implemented in April 2017. Prior to April 2017, smears done for women were counted only once within the 10-year interval.

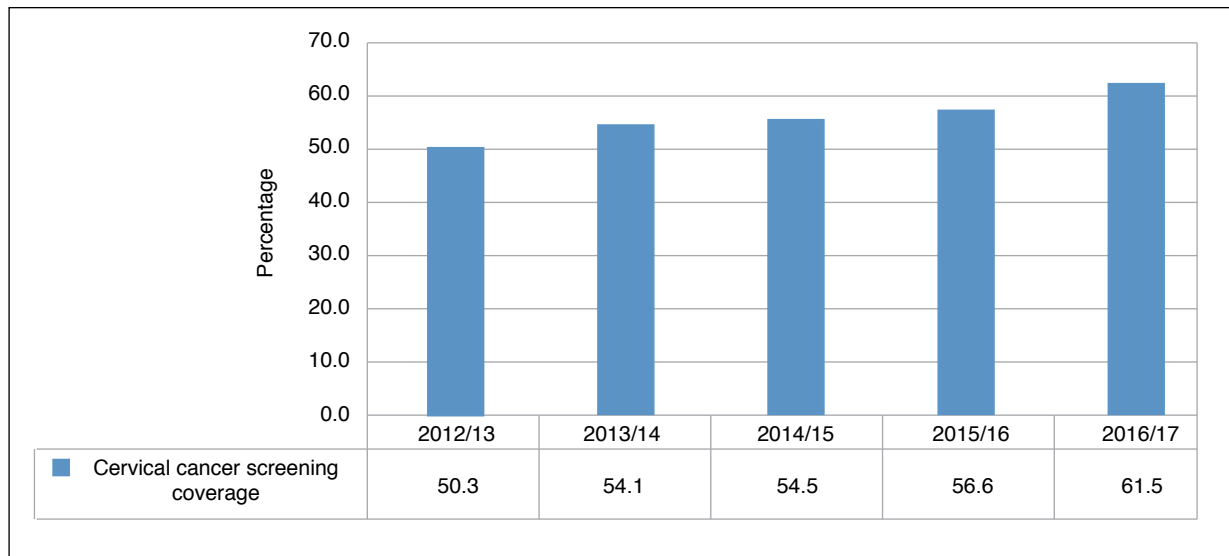
National overview

The national cervical cancer screening coverage has improved over the past three years and at 61.5% almost reached the APP national target of 62% in 2016/17 (Figure 6).

^d Sonalkar S, Kapp N. (2015). Intrauterine device insertion in the postpartum period: a systematic review. *European Journal of Contraceptive Reproductive Health Care*, 20:4–18.

^e National Department of Health. Cervical cancer prevention and control policy. Pretoria: National Department of Health, 2017.

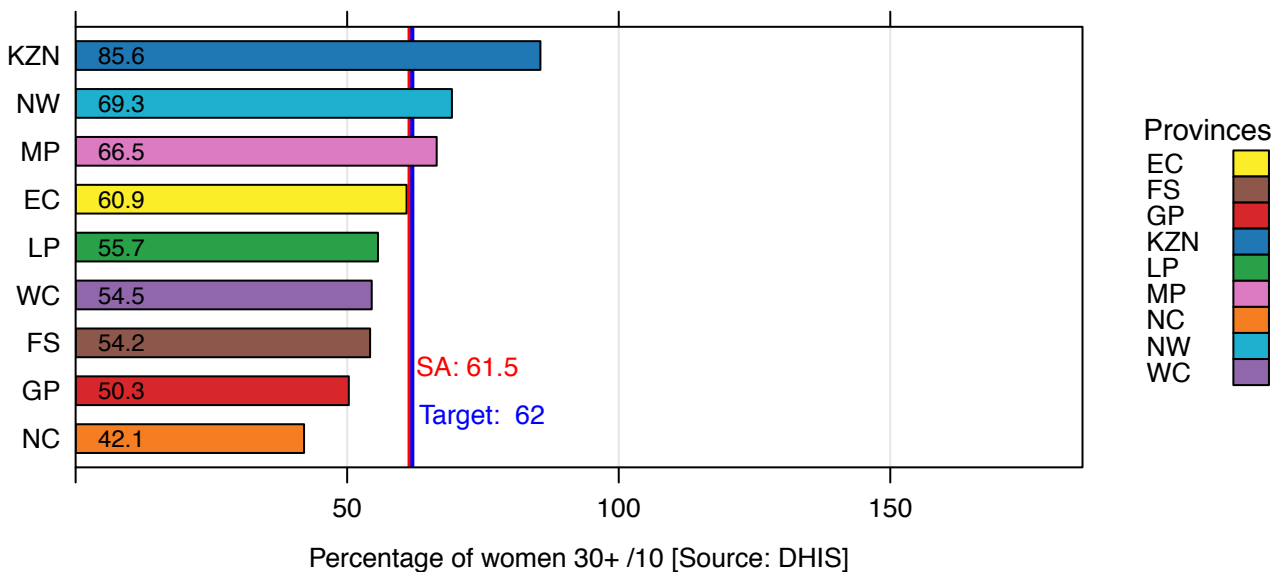
Figure 6: National cervical cancer screening coverage, 2012/13–2016/17



Provincial overview

Only KwaZulu-Natal, North West and Mpumalanga (MP) reached the national target of 62% (Figure 7).

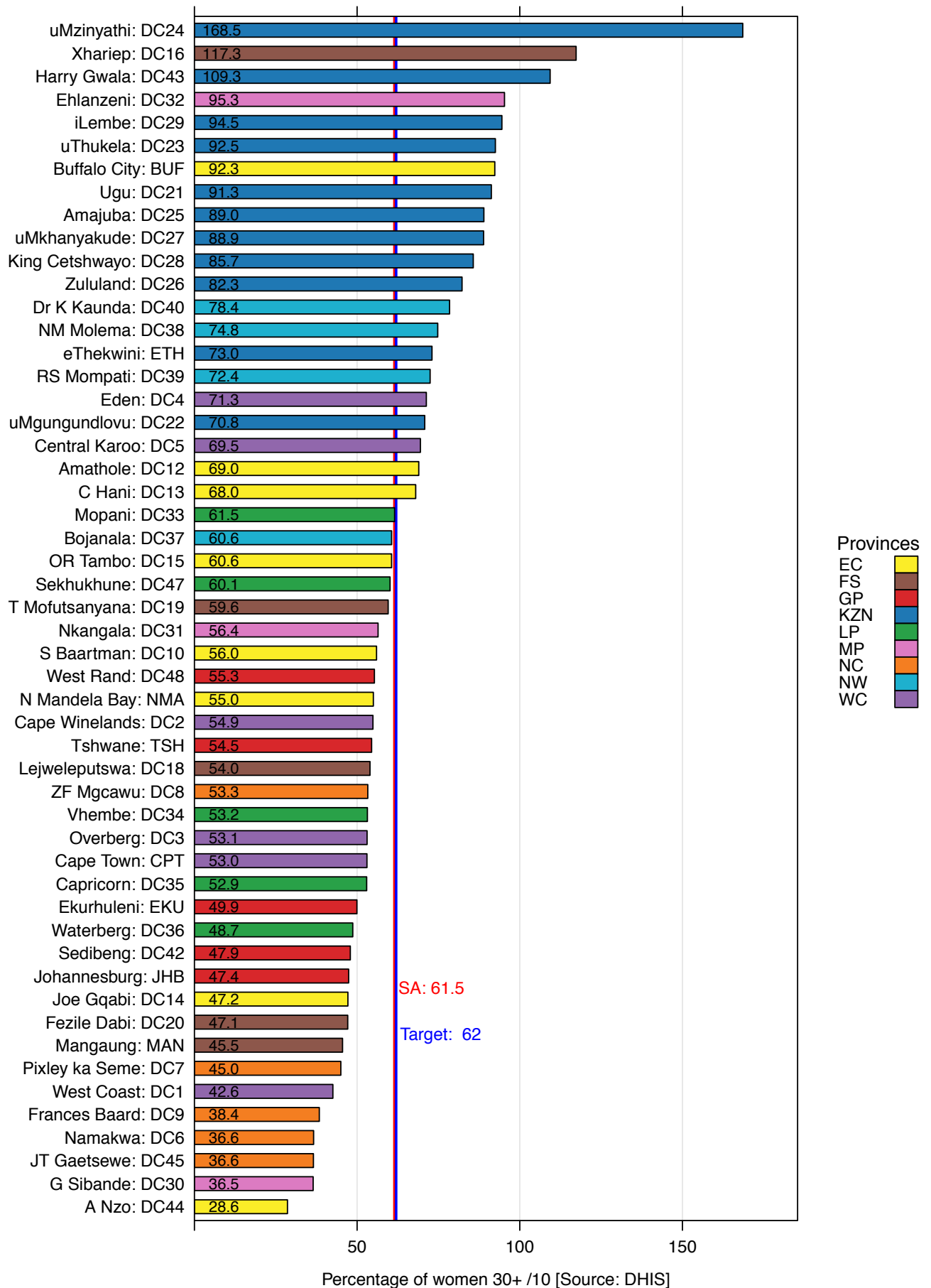
Figure 7: Cervical cancer screening coverage by province, 2016/17



District overview

Three districts had a cervical cancer screening coverage of more than 100% and 21 districts reached the national target of 62% (Figure 8). Two districts in KwaZulu-Natal showed huge increases in the cervical cancer screening coverage between 2015/16 and 2016/17, namely uMzinyathi with an increase of 59.3 percentage points, and Harry Gwala an increase of 39.0 percentage points. Central Karoo (WC) also showed an increase in coverage of 20.8 percentage points. Three districts had a decrease of more than 10 percentage points in the same period, namely Gert Sibande (MP) (15.5 percentage points), Joe Gqabi (EC) (14.4 percentage points) and Thabo Mofutsanyane (FS) (10.4 percentage points).

Figure 8: Cervical cancer screening coverage by district, 2016/17



Section A: Reproductive health

The majority of the sub-districts in Northern Cape had cervical cancer screening coverage below 50% (Map 2).

Map 2: Cervical cancer screening coverage by sub-district, 2016/17

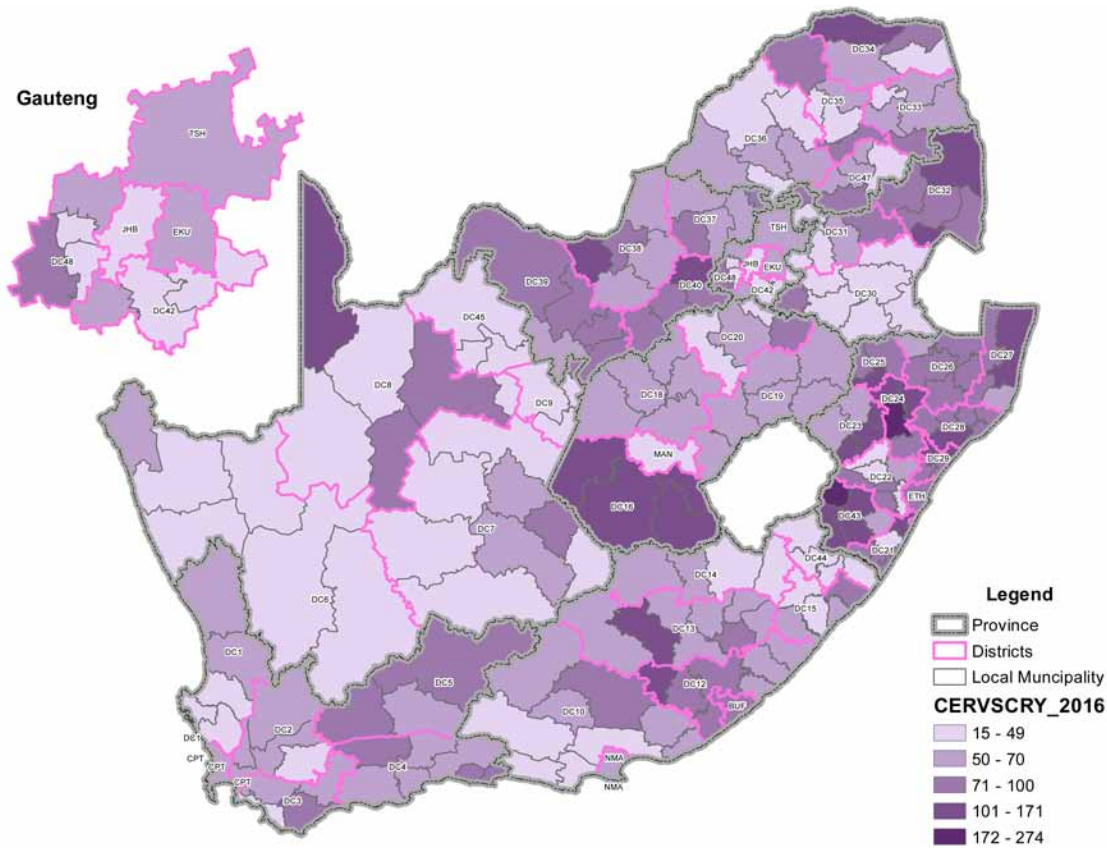
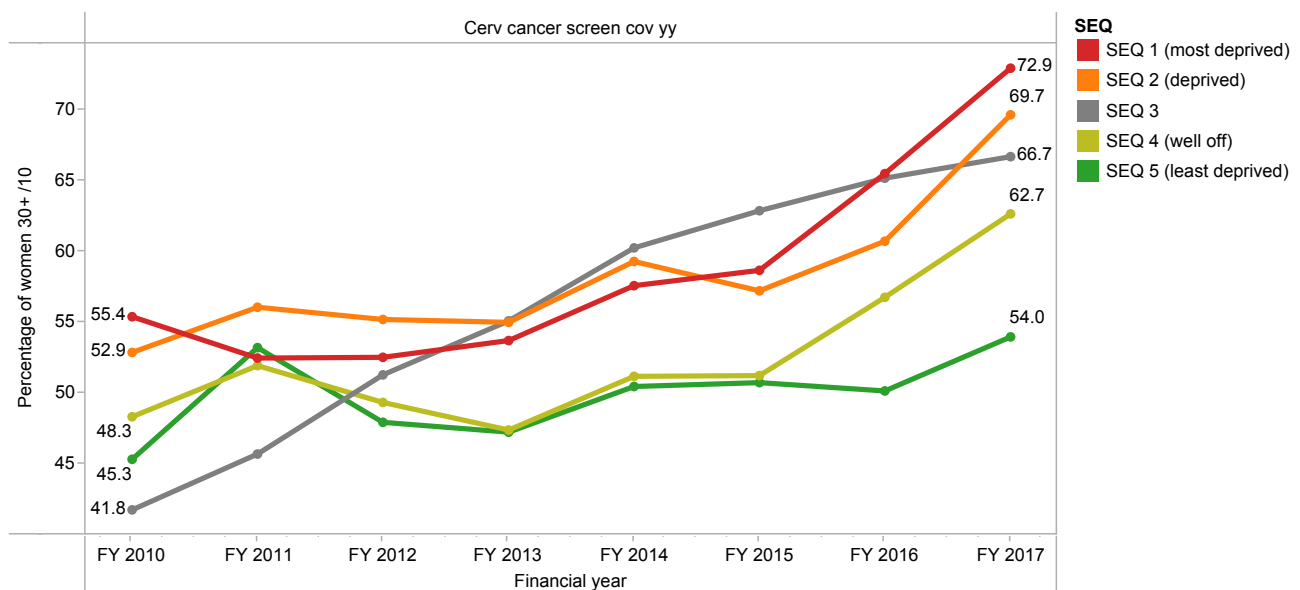


Figure 9 shows the average cervical cancer screening coverage over the past seven years by SEQ. Coverage was highest in SEQ1 (most deprived) and lowest in SEQ5 (least deprived). There was an increase in CYPR in all SEQs between 2015/16 and 2016/17.

Figure 9: Trends in average district values by SEQ for cervical cancer screening coverage, 2014/15–2016/17



Key findings

- ◆ The national cervical cancer screening coverage increased by 11.2 percentage points between 2012/13 and 2016/17 and the rate of 61.5% almost reached the national target of 62% in 2016/17.
- ◆ Only KwaZulu-Natal, North West and Mpumalanga reached the cervical cancer screening coverage national target of 62% and exceeded the national average of 61.5% in 2016/17.
- ◆ Three districts had a cervical cancer screening coverage of more than 100%. This might be due to poor data quality, an underestimation of the target population or women from other districts that made use of the service in these districts.
- ◆ Three districts had a decrease of more than 10 percentage points for cervical cancer screening coverage between 2015/16 and 2016/17, namely Gert Sibande (MP), Joe Gqabi (EC) and Thabo Mofutsanyana (FS).
- ◆ Three districts had an increase of more than 20 percentage points for cervical cancer screening coverage in the same period, namely uMzinyathi (KZN) (59.3 percentage points), Harry Gwala (KZN) (39.0 percentage points) and Central Karoo (WC) (20.8 percentage points).
- ◆ The CYPR was highest in SEQ1 (most deprived) and lowest in SEQ5 (least deprived) districts in 2016/17 with a 17.5 percentage point difference between the two SEQs.

Recommendation

- ◆ Each health facility should adhere to the 'Cervical cancer prevention and control policy' and strengthen the cervical cancer screening service.
- ◆ Each facility should have a monthly target, and performance should be monitored quarterly.
- ◆ Data collection for the data element 'Cervical cancer screening in woman 30 years and older' should be collected according to the 2017 National Indicator Data Set definition which should include all cervical screenings.
- ◆ All provinces and districts should attempt to reach the national target.
- ◆ The districts with a more than 100% cervical cancer screening coverage should investigate the reason for this, and if the reason is poor data quality, this challenge should be addressed.