Injectable Contraceptives in sub-Saharan Africa: Historical and Cultural Influences on Current Use

In many countries in sub-Saharan Africa, injectables have become the most popular contraceptive choice among both married and unmarried sexually active women. Several hypotheses as to this increasing preference have been postulated including long-lasting protection, low failure rates for typical use, and the possibility of clandestine administration. Furthermore, programmatic influences on contraceptive choice, such as availability and costs, may determine the utilization rates of various methods. However, the widespread popularity of injections as a preferred choice of pharmaceutical throughout Africa suggests historical and cultural influences in addition to country family planning programs and policies.

From a historical perspective, injections were first introduced into Africa during public health campaigns in the 1920's for the eradication of yaws and Kala-azar, and then again after the development of penicillin. Injections are often perceived to be more efficacious than other types of medicines including pills and capsules. This perception is based predominantly on beliefs of injection strength which include perceived quickness of action, pain and other side effects, and the symbolic conflation of injections with biomedical power. Furthermore, cultural beliefs such as the idea that medicine entering the body directly through the blood stream is more effective than medicine entering through the stomach influence the prevalence of injection use.

To investigate the underpinnings of injectable contraceptive preference, the following study will first use data from Demographic and Health Surveys to analyze trends in injectable contraceptive use rates throughout sub-Saharan Africa, focusing on determining characteristics of injectable users at individual, national, and regional levels. Five countries in particular, Ethiopia, Kenya, Malawi, Tanzania, and Uganda, will be used as case studies as these countries

exhibit the highest rates of injectable contraceptive use in sub-Saharan Africa. These countries have survey data from at least two different years and also show trends in increasing injectable contraceptive utilization.

Current Use of Injectable Contraceptives in Selected sub-Saharan African Countries (Percentages)

	Currently Married Women	Unmarried Sexually	Total
	-	Active Women	
Ethiopia	9.9	16.9	6.8
Kenya	14.3	18.9	10.5
Malawi	18.0	11.4	13.9
Tanzania	-	11.9	6.9
Uganda	-	13.4	7.7

Trends in Current Use of Injectable Contraceptives in Selected sub-Saharan African Countries (Percentages)

	All Women (15-49)	All Women (15-49)
Ethiopia	2.1 (2000)	6.8 (2005)
Kenya	8.8 (1998)	10.5 (2003)
Malawi	13.0 (2000)	13.9 (2004)
Tanzania	5.4 (1999)	6.9 (2004)
Uganda	5.0 (2000)	7.7 (2007)

Finally, to support data obtained from the Demographic and Health Surveys, evidence will also be drawn from family planning program data and anthropological literature on pharmaceutical use to explain the pervasiveness of injections throughout Africa, and specifically the high rates of injectable contraceptive use. Programmatic data will allow for an expanded understanding of contraceptive method mix for each country, including incentives and barriers to the utilization of various methods. Pragmatic concerns such as contraceptive price, availability, effectiveness, and convenience are salient factors in contraceptive decision-making and can be partly explained by the accessibility and quality of national family planning programs. Therefore an historical analysis of family planning programs within each of the selected countries will also help explain trends in contraceptive use over time. Lastly, anthropological literature will disentangle the apparent cultural predisposition towards injections seen throughout the African

continent. This study will serve as a basis for understanding the various influences underlying the increasing rates of injectable contraceptive use in sub-Saharan Africa and particularly historical and cultural factors.