South Africa

Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

1. Maternal mortality ratio: global, regional and country data, 2005

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100,000 live births per year. The ratio in South Africa is 400 per 100,000 live births, which is lower than the average of 900 per 100,000 live births in sub-Saharan Africa, and the same as the global average of 400 per 100,000 live births.

2. Lifetime risk of maternal death (1 in N), 2005

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in South Africa is 1 in 110 which is much lower than the average of 1 in 22 in sub-Saharan Africa, and lower than the global figure of 1 in 92.

Demographic and health data

3. Total population (in thousands)\(^1\)


A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Africa (for the period of 1997/2002) were haemorrhage (uncontrolled bleeding), sepsis or infections including HIV, hypertensive disorders (high blood pressure) and other causes. There are no country-specific data for South Africa.

5. Total fertility

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). According to a survey conducted in 2003, the total fertility rate was 2.9 per woman in South Africa.
6. Proportions of births by urban versus rural location

Among the women interviewed in a survey conducted in 2003, approximately 65% of births occurred in urban areas.

The total number of births (in thousands): 1,110 (2003)

7. Perinatal mortality rate

Perinatal mortality refers to deaths of fetuses in womb and newborn babies early after delivery. It includes (1) death of a fetus in the womb after 22 weeks of gestation and during childbirth, and (2) death of a live-born child within the first seven days of life. These deaths are considered a reflection of the availability and quality of both maternal and newborn health care. There are no country-specific data for South Africa.

8. Adolescent pregnancy rate by age for girls 15–19 years old

Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. According to a survey conducted in 2003 the rate differed across all age groups, with the highest rate among the 18 and 19 year old girls.

9. Adolescent pregnancy rate by urban versus rural location

In South Africa, a survey conducted in 2003 indicated that 2.3% of women aged 15–19 years were pregnant with their first child. The rate was higher in rural than in urban areas.

10. Adolescent pregnancy by subregion

Adolescent pregnancy rates vary between different parts of South Africa. According to a 2003 survey, the lowest overall rate was in KwaZulu Natal, while the highest rate was in Eastern Cape. Adolescent pregnancy rates can vary for many reasons including cultural norms, socioeconomic deprivation, education, access to sexual health information and contraceptive services and supplies.
11. Unmet need for family planning, 2003

The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing, but are not using contraceptives.


12. Family planning: modern contraceptive use by age group

Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. In general, according to a survey conducted in 2003, contraceptive use was highest in the 35-39 years age group.


13. Contraceptive use by urban versus rural location

In South Africa, according to a 2003 survey, contraceptive use was higher (about 66%) in the urban than in the rural areas (about 62%).

Source: Demographic and Health Surveys [web site], Calverton, MD, MEASURE DHS, Macro International Inc. (http://www.measuredhs.com/aboutsurveys/search/start.cfm).

14. Contraceptive use by subregion

The prevalence of contraceptive use varies in different subregions of South Africa. According to a 2003 survey, the prevalence was highest in KwaZulu-Natal, compared to all other regions of South Africa. The lowest rate was in Northern Province.


15. Antenatal care

Antenatal care visits (ANC) include all visits made by pregnant women for reasons relating to pregnancy. According to a survey conducted in 2003, approximately 92% of women received ANC for their latest pregnancy that ended in a live birth from a skilled provider at least once.


16. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. According to a survey conducted in 2003, 92% of childbirths were assisted by a skilled birth attendant.

17. Utilization of skilled birth attendants by wealth quintile, 2003

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. There are no country-specific data for South Africa.

18. Utilization of skilled birth attendants by subregion

The percentage of women giving birth with the assistance of a skilled attendant varies by regions within South Africa. According to a survey conducted in 1998, the coverage ranged from about 75% in Eastern Cape to about 96% in Western Cape.

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. A survey conducted in 2003 indicated that most pregnant women in South Africa (about 83%) gave birth in a health facility. Some women (about 14%) delivered at home with the associated risks.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman's abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. According to a survey conducted in 1998, about 16% of births were delivered by caesarean section in South Africa. The rate in the rural areas was lower (about 12%) than in the urban areas (about 19%).

21. Caesarean section by subregion

Caesarean section rates also vary between subregions in South Africa. According to a survey conducted in 1998, the caesarean section rate varied from about 10% in Mpumalanga to about 22% in Western Cape.

22. Low birth weight

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to a survey conducted in 1998, of those babies who were weighed at birth, about 8% were reported to weigh less than 2500 g (2.5 kg). In 2003, this value was 8%. Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity.
23. **Anaemia in pregnancy**

Anaemia refers to abnormally low levels (less than 110 g/l) of haemoglobin (iron-containing oxygen proteins) in the blood. Severe anaemia is an important contributing factor to deaths due to haemorrhage during childbirth. There are no country-specific data on anaemia in pregnancy for South Africa.

24. **Prevention of mother-to-child transmission of HIV**

The percentage of pregnant mothers living with HIV and receiving antiretroviral drugs (ARVs) to prevent the transmission of HIV to their child increased from 15% in 2004 to 50% in 2006.

25. **Equity – gap in coverage of four major interventions by wealth quintile**

This graph illustrates the gap in coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) by wealth. The coverage gap reflects the difference between the goal of universal coverage of everyone in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. The graph indicates that, in the Demographic and Health Surveys (DHS) conducted in 1998, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Overall, the coverage gap in 1998 was 23%. Achieving equity requires improving coverage levels in the poorest quintiles.

26. **Reproductive health**

- **Maternal health**

27. **Financial flow**

(Per capita expenditure on health, in US dollars) 2007: 748

28. **Human resources**

The work of at least 23 health workers (doctors, nurses or midwives) per 10,000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. South Africa, with about 49 health workers (as defined above) per 10,000 population, is above this minimum threshold and if spared from facing from facing this crisis daily, in mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health information and services, including skilled birth attendants.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.
29. Ratification of treaties and support of international consensus

<table>
<thead>
<tr>
<th>Treaty/Conference</th>
<th>Ratified?</th>
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<tbody>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
<td>Yes</td>
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<tr>
<td>Convention on the Rights of the Child</td>
<td>Yes</td>
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<tr>
<td>International Covenant on Economic, Social and Cultural Rights</td>
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<tr>
<td>International Conference on Population and Development</td>
<td>Yes</td>
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<tr>
<td>Fourth World Conference on Women</td>
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30. Other determinants of health: water, sanitation, communication and road networks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (Year)</th>
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<tbody>
<tr>
<td>Fixed-line and mobile phone subscribers (per 100 population)</td>
<td>94 (2006)</td>
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<tr>
<td>Internet users (per 100 population)</td>
<td>7.8 (2006)</td>
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<tr>
<td>Roads paved (% of total roads)</td>
<td>20 (2005)</td>
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<tr>
<td>Improved water source (% of population with access)</td>
<td>93 (2006)</td>
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<tr>
<td>Improved sanitation facilities (% of urban population with access)</td>
<td>66 (2006)</td>
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For further information, contact:

**Child and Adolescent Health and Development**
Tel: +41 22 791 3281  
E-mail: cah@who.int  
Web site: www.who.int/child_adolescent_health/en

**Gender, Women and Health**
Tel: +41 22 791 2394  
E-mail: genderandhealth@who.int  
Web site: www.who.int/gender

**Immunization, Vaccines and Biologicals**
Tel: +41 22 791 4612  
E-mail: vaccines@who.int  
Web site: www.who.int/immunization/en

**Making Pregnancy Safer**
Tel: +41 22 791 3966  
E-mail: MPSinfo@who.int  
Web site: www.who.int/making_pregnancy_safer/en

**Reproductive Health and Research**
Tel: +41 22 791 3372  
E-mail: reproductivehealth@who.int  
Web site: www.who.int/reproductive-health