

Contraceptive care and family planning in an urban general practice

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SUMMARY. A descriptive study of contraceptive and family planning methods used in an urban general practice is described. The marital status of the women was noted and information concerning women who were infertile or pregnant at the time of the survey was included. The results were compared with those of other published studies. It was noted that a large proportion of women in the older age groups used surgical contraception while in the younger age groups a large proportion used oral contraceptives. The general fertility and termination of pregnancy rates of the practice were compared with those for England and Wales. Contraceptive care can be recognized as being complementary to rather than synonymous with family planning.

Introduction

It has been argued that as general practitioners become increasingly involved in health education and practical preventive medicine contraceptive care will play an increasing part in general practice.¹ The provision of competent family planning advice and contraceptive care is becoming a sign of good medical care.² Nevertheless, although there is a great deal of published work on contraception and sexual behaviour, little of the research has come specifically from general practice.³

It has recently been recommended that studies be carried out to provide district managers with information on the contraceptive care provided by non-district health authority clinics, together with details of the incidence of births to women in particular age groups and the incidence of induced abortions.⁴ It is further recommended that in order to assess the need for district family planning services, information should be sought on family planning services provided by general practitioners.⁴ A recent survey carried out by the District Health Authority Family Planning Services in England and Wales also suggested the need for research in respect of the provision of general practitioner family planning services.⁵

The purpose of this paper is to present a descriptive study of contraceptive and family planning methods used in a general practice. Information concerning the marital status of the women in the practice and about those known to be either infertile or pregnant at the time of the study is included.

Method

The practice

The practice area, which is tightly delineated, lies just within the boundary of the City of Nottingham. The patients are of mixed social class, predominantly classes 2 and 3, and live in low to medium-priced private housing. The practice population of 4883 at the time of the study included 1465 women between the ages of 15 and 49 years (30.0% of the practice population). They were mainly European (of the family of Europeans⁶) in character. The practice has three principals — two men and one woman.

One of the partners (J.McC.) has been with the practice since it started 20 years ago. For the past 10 years the practice has been involved in undergraduate student teaching and has maintained increasingly accurate registers, including age-sex and disease and information registers which are regularly used for audit purposes.⁷ The accuracy of the registers has been reviewed and they have been updated during 1984, especially in respect of the data discussed here. The practice has access to a local district general hospital and each partner undertakes full responsibility for the maternity care of his or her patients. A comprehensive service of contraceptive care and family planning advice is available from the practice. Patients can seek such advice during routine consultative sessions or during a contraceptive care and cervical cytology clinic which is held each week. Only a small percentage of patients attend local community family planning clinics; those who do are readily identified from correspondence.

The study

On 1 January 1985 a point prevalence study was undertaken to determine the provision of contraceptive and family planning care being offered to the women in the practice, between the ages of 15 and 49 years. The study identified those women who were recorded as using contraception or who were pregnant at the time of the survey (that is, those women who had had their last menstrual period prior to 18 December 1984). Methods of contraception which were documented included oral contraception, the injectable contraceptive Depo-Provera (Upjohn), the intrauterine contraceptive device (IUCD), the diaphragm and surgical sterilization by tubal occlusion, hysterectomy or vasectomy of the partner. Information on couples known to be under active investigation of their infertility at the time of the study was included, as was the marital status of the women.

Details of women who became pregnant during 1984 were recorded. In addition the number of live births and legal abortions in the practice in 1984 were noted.

Results

Marital status

At the time of the survey, 75.6% of the women between the ages of 15 and 49 years were either married or cohabiting (Table 1). In the age group 15 to 19 years only 14 women (5.9%) were mar-

Table 1. Age distribution and marital status of the women in the practice population aged between 15 and 49 years.

Age (years)	Number of women	Number of women (%)	
		Married or cohabiting	Single, divorced or widowed
15-19	237	14 (5.9)	223 (94.1)
20-24	189	107 (56.5)	82 (43.4)
25-29	202	178 (88.1)	24 (11.9)
30-34	213	206 (96.7)	7 (3.3)
35-39	255	245 (96.1)	10 (3.9)
40-44	194	187 (96.4)	7 (3.6)
45-49	175	170 (97.1)	5 (2.9)
Total	1465	1107 (75.6)	358 (24.4)

ried or cohabiting while only 29 (3.5%) of the women between 30 and 49 years old were single, divorced or widowed. No accurate information was available to identify those who were separated — these women were classified as married.

Oral contraception (the 'pill')

The percentage of women using oral contraception decreased dramatically with age compared with other methods of contraception (Figure 1). Of women aged between 15 and 19 years, 99% of those using a documented method of contraception were using oral contraception (104 women). Five women were 15 years of age — no girl under the age of 15 years was known to be using oral contraception. In the age group 35 to 39 years, only 10 women (5.7% of users) were using oral contraception. All these women were examined at least every six months and they were all normotensive and non-smokers. Three of these women were using the progestogen-only pill, two had recently been referred for female sterilization and the husbands of a further two had been referred for vasectomy. Six women between 40 and 49 years of age were still using oral contraception — four were using the progestogen-only pill and the remaining two were attending a community family planning clinic and were thought to be using a low dosage combined pill.

Depo-Provera

Three women attended the practice regularly for injections of Depo-Provera (medroxyprogesterone acetate) as a contraceptive. There was one woman in each age group 20–24, 25–29 and 30–34 years. In the present study each has been recorded as a pill user. The oldest of the three was an unreliable pill taker who had specifically requested injection therapy. The youngest had also requested injection therapy as she was unhappy with other forms of contraception. The third woman was 28 years old, mentally handicapped and sexually active; past attempts at using oral contraception or an IUCD had failed.

Intrauterine contraceptive device (IUCD)

The proportion of women using the IUCD as a method of contraception increased steadily with age until the age group 40 to

44 years (Figure 1). In women between 35 and 39 years of age the IUCD is used more than oral contraception.

Diaphragm ('cap')

Since this practice began there has always been a woman doctor available for the fitting of diaphragms. Nonetheless, its use has never proved popular. Although in this study its use was recorded in all but the youngest age group, the percentage of women using this method of contraception is low for all ages (Figure 1).

Tubal occlusion

A steady increase in the proportion of women using tubal occlusion by age group was noted but the proportion fell for the age group 45 to 49 years (Figure 1). This drop is largely due to the definition of hysterectomy used in this study (see below).

Hysterectomy

Those women who were surgically sterilized in earlier age groups, but who subsequently required hysterectomy were categorized under hysterectomy. Women whose partners had had a vasectomy were not included in the category of hysterectomy. Although a hysterectomy is not carried out primarily for contraception it has been included here. It is undertaken for gynaecological reasons and as would be expected the proportion of women who had undergone a hysterectomy increased steadily with age (Figure 1).

Vasectomy

Male partner sterilization by vasectomy has been recorded here by reference to the age of the female partner. Only three vasectomies had been undertaken in the partners of those women aged less than 30 years. For women aged 35 years and over the use of vasectomy represented one third of all methods of contraception recorded in the practice (Figure 1).

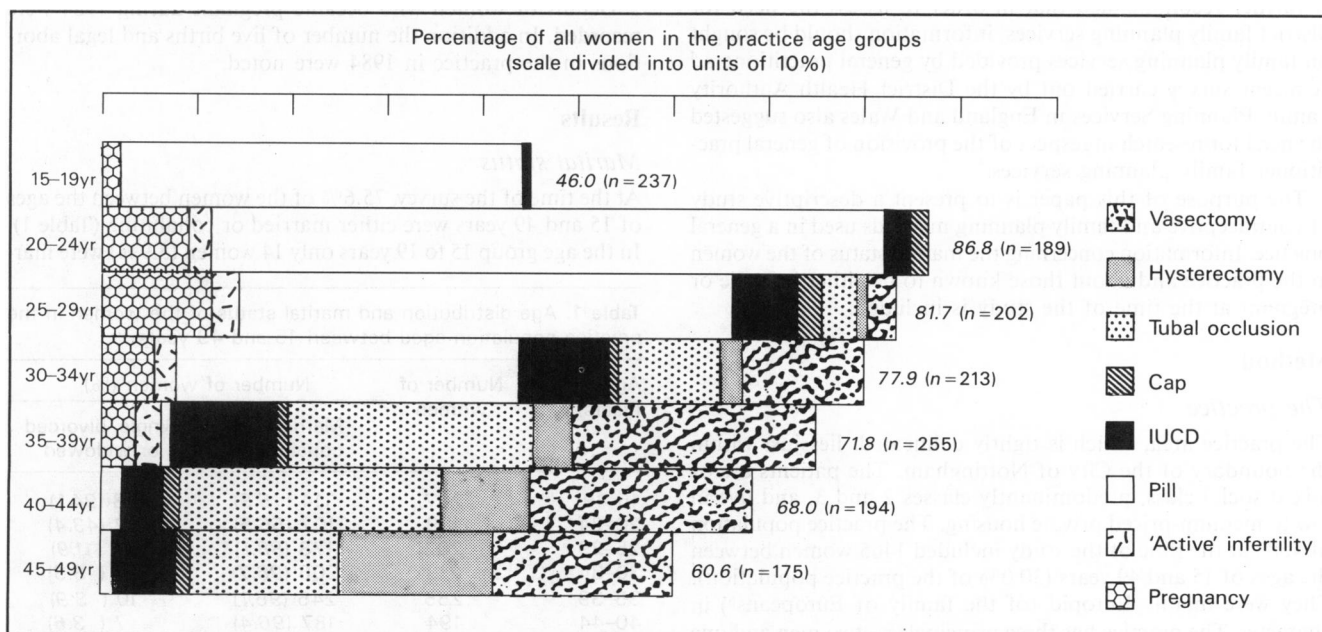


Figure 1. Age distribution of contraceptive users and women who are pregnant or 'actively' infertile. Bars show the percentage of women in each category as a percentage of all women in that age group. The total percentage of contraceptive users and women who are pregnant or 'actively' infertile is shown at the end of each bar, with the baseline number of women in the age group.

Infertility

Fifteen women (1% of all the women in the practice aged between 15 and 49 years) were recognized as being infertile to the point of seeking specific help in that respect. They were classified as being 'actively' infertile (Figure 1). Some were still under active investigation, others were using clomiphene therapy, two women were attending for artificial insemination (one by husband and one by donor) and others were intending to adopt children. The study was unable to accurately identify those women in the practice who were 'passively' infertile.

Pregnancy

At the time of study 64 women (4.4% of all the women in the practice aged between 15 and 49 years) were known to be pregnant or had been confined during the six weeks prior to 1 January 1985 (Figure 1).

One woman had sought a termination of her pregnancy. She had an IUCD in place and was already on the hospital waiting list for elective sterilization.

During 1984 a total of 87 women between the ages of 16 and 42 years became pregnant. Nine were referred for termination of pregnancy. One was referred because of anencephaly, the other eight for social reasons. Of the women in the practice aged between 15 and 19 years (242 in January 1984; 237 in January 1985) six (2.5%) became pregnant during 1984. One was 16 years old, three were 17 years old and two were 19 years old. Two were referred for termination of pregnancy; one of whom had been dissuaded by her mother from the use of oral contraception and had been using a condom at the time of her unwanted pregnancy. No woman under 16 years of age became pregnant.

There were 73 live births in the practice, resulting in a general fertility rate of 56.6 live births per 1000 women aged between 15 and 44 years.

Discussion

The literature relating to methods of contraception and family planning care provided by general practice is varied. However, few published studies on the services offered are available for comparison. Since the inception of a free contraceptive service within the National Health Service in July 1975, changing trends in contraceptive care in general practice have been identified,^{8,9} as have population trends in different city practices.^{10,11} National trends have also been discussed.¹² Other studies have evaluated particular aspects of contraceptive care.¹³⁻¹⁹ Studies carried out in general practice,²⁰⁻²² and in community family planning and other clinics²³⁻²⁶ relate the uptake of contraceptive care offered with care sought.

Community family planning clinics have reported that women use their services because of the convenience of clinic times,^{15,23} especially where general practices restrict such services to specific family planning sessions.⁸ Studies based on family planning clinics can provide details of the services sought but they are unable to identify why fewer women in older age groups seek the help of such clinics than do those in younger age groups. They have no direct access to information on sterilization rates by tubal occlusion, hysterectomy or vasectomy of the partner in the non-attenders so a high percentage use of oral contraception is reported.

Comparison of the present study results with those of previous reports

Oral contraception. The results of a questionnaire given to 600 women attending a general practice surgery for contraceptive advice showed that 61% of the women were using oral contraception at the time of the study.²⁰ The survey was carried out in an inner London general practice which provided contraceptive care for a comparably high percentage of young single women (63%) thus increasing the proportion using oral contraception. Only 2% of those questioned were sterilized.

In a general practice survey in Aberdeen,¹⁷ 21.9% of the women using contraceptives in the age group 15 to 19 years were recorded as using oral contraception; less than half as many as in the present study. For the age group 20 to 24 years the percentage of women was 38.4% in Aberdeen compared with 71.4% in the present study. Between 40 and 44 years of age, however, the percentage of contraceptive users using oral contraceptives in each practice was identical (2.6%).

Surgical contraception. Several authors have observed an increasing acceptance by couples of operative sterilization. In 1973 it was found that of a sample of 1457 mothers in England and Wales 4% had undergone sterilization operations.²⁷ In 1975 an Edinburgh practice, with a comparable percentage (81.4%) of married women to the study practice, found a sterilization prevalence of 17.2% for all women between the ages of 17 and 42 years.²¹ A further 2.3% had either had a hysterectomy or their male partner had been sterilized. In 1976 a Glenrothes practice found that of 216 married women (a one in 10 random sample) 18.6% of those between 21 and 50 years old had undergone sterilization;¹³ of 177 husbands, 4% were recorded as having had a vasectomy. In 1978 it was reliably estimated that one partner would be sterilized within five years in 25% of couples in which the wife was 35 years old or over.²⁸

The present study has shown that in a general practice in Nottingham 54.5% of women aged between 35 and 49 years had either themselves been surgically sterilized by tubal occlusion or hysterectomy or their male partners had been surgically sterilized by vasectomy. Of greater interest, it was shown that of all the methods of contraception recorded surgical sterilization accounted for 82.5% of contraception for those women over the age of 35 years. Even in those women between 30 and 34 years of age it accounted for 32.7% of the contraception used.

Infertility. In the survey of an Edinburgh general practice 6% of the women between the ages of 17 and 24 years were deemed not to be at risk of pregnancy as a result of non-contraceptive infertility.²¹ The low prevalence rate of infertility (1%) found in the present study results from differentiating between 'active' and 'passive' infertility.

Rates of fertility and termination of pregnancy. Although contraceptive care offers young women a full screening programme, its primary intention is to provide them with a means of family planning. The general fertility rate of 56.6 live births per 1000 women aged between 15 and 44 years found in the study practice in 1984 is not significantly different from the rate of 58.7 for England and Wales, during the June quarter of 1984.²⁹

This study suggests that, despite the high uptake of contraceptive care within the practice, intervention by termination of pregnancy as a means of family planning, was all too necessary. With nine terminations of pregnancy in women of all ages the practice rate of legal abortions was significantly higher than that for England and Wales during the June quarter of 1984³⁰ (chi-square = 4.72, one degree of freedom, $P < 0.05$) (Table 2). The number of terminations of pregnancy in the younger age groups was too small for formal testing (Table 2).

Table 2. Rates of legal abortion (number per 1000 women³⁰) for England and Wales and for the study practice.

Age (years)	Rate of legal abortion (number per 1000 women)		Chi-square
	England and Wales June quarter 1984	Study practice 1984	
All ages ³⁰	2.71	5.94	4.72 ($P < 0.05$)
<16	1.28	Nil	Not applicable
16-19	4.94	10.70	0.4 ($P > 0.05$)

Conclusion

It has been argued that the purpose of an effective family planning programme is not only to ensure 'freedom from the tyranny of excessive fertility'³¹ but also to ensure that 'every child is a wanted child'.³ Such planning is also cost effective: 'The public sector benefits of family planning services substantially exceeds their costs'.³²

Analysis of this practice survey suggests that contraceptive care is not synonymous with but is complementary to family planning.

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600	£2.50	6000	£6.00
700	£2.75	7000	£6.50
800	£2.75	8000	£7.00
900	£3.00	9000	£7.50
1000	£3.00	10000	£8.50

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3	£3.45	8	£5.70
4	£3.60	9	£6.85
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