RES MEDICA
Journal of the Royal Medical Society

Contraception

Nancy B. Loudon

Abstract

"Every Child a Wanted Child" — this was the stated ambition of a campaign launched by the Family Planning Association in June, 1969. Few enlightened people would disagree with this ideal, yet the majority give little thought as to how it can be achieved and most are quite unaware of how difficult it is for women, especially among the lower social groups, to obtain advice on contraception. Millions of pounds are spent each year in an attempt to stop the world population explosion, but in Great Britain, one of the most densely populated countries in the world and one which boasts of its Welfare Services, free Family Planning advice is available to only a small percentage of women. It is estimated that in Scotland as few as 25-35% of pregnancies are planned. One in three of babies born to mothers under the age of 20 are conceived before marriage. The illegitimacy rate is rising steadily. Add to these the number of abortions which are induced therapeutically or illegally each year and a dismal picture of unplanned pregnancy emerges.

ISSN: 2051-7580 (Online) ISSN: 0482-3206 (Print)
Res Medica is published by the Royal Medical Society, 5/5 Bristo Square, Edinburgh, EH8 9AL

Res Medica, Spring 1971, 6(5): 8-12
doi: 10.2218/resmedica.v6i5.872

CONTRACEPTION

Nancy B. Loudon

"Every Child a Wanted Child" — this was the stated ambition of a campaign launched by the Family Planning Association in June, 1969. Few enlightened people would disagree with this ideal, yet the majority give little thought as to how it can be achieved and most are quite unaware of how difficult it is for women, especially among the lower social groups, to obtain advice on contraception. Millions of pounds are spent each year in an attempt to stop the world population explosion, but in Great Britain, one of the most densely populated countries in the world and one which boasts of its Welfare Services, free Family Planning advice is available to only a small percentage of women. It is estimated that in Scotland as few as 25-35% of pregnancies are planned. One in three of babies born to mothers under the age of 20 are conceived before marriage. The illegitimacy rate is rising steadily. Add to these the number of abortions which are induced therapeutically or illegally each year and a dismal picture of unplanned pregnancy emerges.

Before the introduction of the National Health Service, Family Planning advice was provided on a pathetic scale by a few family doctors and private consultants or in clinics established by voluntary bodies. Seldom was it available in hospitals. Training in the subject in medical schools was practically nonexistent. As Sir John Peel rightly says the story of the provision of Family Planning and contraceptive services in this country is one of prolonged effort on the part of a dedicated voluntary service and Sir Theodore Fox cynically points out that they have developed in spite of the medical profession rather than because of it. However, family doctors, local authorities and hospitals are at long last involving themselves in this service although at the moment arrangements are often sketchy, confused and inadequate. Lip service may be paid to the idea of a comprehensive contraceptive programme — adequate implementation of it is rare. On June 1st, 1966, the Scottish Home and Health Department sent a circular on Family Planning to the local authorities in Scotland, the last paragraph of which read as follows:— "An adequate Family Planning service fully integrated to other community services will not only contribute

largely to the dispersal of ignorance and fear and to the increase of happy family life, but will also relieve the burdens placed on other local authority services by the physical ill-health and mental distress which so frequently arise from lack of knowledge and advice. The Secretary of State hopes, therefore, that local authorities will take all steps in their power to promote the welfare of their citizens in the ways outlined in this circular." Acting on this document many local authorities in Scotland provided Family Planning advice free to all *married* women in whom further pregnancy might be detrimental to health. On 28th June, 1967, the National Health Service (Family Planning) Act received the Royal Assent. Unfortunately, this Act applies only to England and Wales and similar provisions for Scotland were delayed until the passing of the Health Services and Public Health Act in July 1968. Section 15 of this Act conferred on local health authorities a general power with the Secretary of State's approval to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply of contraceptive substances and appliances for any persons who needed them on *social* grounds and not as hitherto only in *medical* cases. At last it seemed that it would be possible to provide free contraception to thousands of women in the country who because of social circumstances could not afford to pay for it and to bring it to those under-privileged and over-fertile mothers who were too apathetic to seek it. This was the encouragement and support which had been so long awaited. Joy was short-lived and hopes dashed as one read on — "In the light of the present *economic* position, however, it has been decided to defer for the present bringing this section into force and a separate circular on guidance about it will be issued to the authorities in due course." The position therefore in 1970 in Scotland is this. By law Local Authorities are empowered to provide Family Planning advice for women on both *medical* and *social* grounds but because of the economic situation they are discouraged from acting in the latter category. Could anything be more ridiculous or short sighted? We are back where we started and still unable to assist the very groups in the community who most require our help. Surely people in authority are still not blind to the fact that families who present social problems and who produce unwanted children year after year are a constant drain on the community resources in innumerable ways and that the more children produced into those families the greater the burden becomes. The Secretary of State himself in his first circular on the subject admitted the value of Family Planning in reducing this burden on the community; every doctor, health visitor, and social worker recognises it and yet the basic truth of it is ignored. The aim must be to reach such families with the necessary advice before they become "problems" at all. Many of them reach a stage of such despair that the effort to prevent further decline does not seem worth while. If you live in chaos with mounting debts and the child care officer and probation officer on your doorstep every week does it really matter if you produce one more baby? Can you be any worse off? Many family doctors help individual patients in these circumstances but others for a variety of reasons ignore their plight. The provision of free advice to these families is absolutely essential and all possible means must be employed to convey it to them. Indeed it has even been suggested that instead of paying family allowances to families of more than three children the most rewarding scheme would be to provide them with an allowance if they practised efficient contraception.

INDICATIONS — MEDICAL OR SOCIAL

How is one to differentiate between social and medical indications for giving contraceptive advice — this is what the Secretary of State asks us to do, but it is frequently impossible. Even to attempt to do so seems to make nonsense of the idea of a National Health Service. The anomaly is clearly demonstrated by two cases seen on the same day at a family planning clinic. A woman in social class 1, with two children had had a mitral valvotomy and it was considered that further pregnancy would be detrimental to her health. She attended the clinic, had an intra-uterine device inserted without payment, and will be able to attend regularly free of charge for the rest of her reproductive life. The second patient was a young girl of 17 who had one child of 14 months, and another of 2 months and whose husband was due to be released from prison the following week. No contraceptive advice had been offered to her by the Maternity Hospital and her family doctor refused to help on religious grounds. She was

living on National Assistance, could not afford to pay for advice and the local authority in that area is not empowered to make provision for women in such circumstances. Fortunately, a sympathetic health visitor came to her rescue and brought her to the clinic where she was seen without charge as part of the clinic's charitable function. Does it not seem disgraceful that this girl should be dependent on charity for contraceptive advice in Scotland in 1970. It is even more ridiculous when one thinks that should she become pregnant there is every likelihood that she would have the pregnancy terminated at considerable expense to the National Health Service, for she was determined to make every effort legally or criminally to have any future pregnancy aborted. Have not our priorities become rather confused? How can the Secretary of State for Scotland condone such a state of affairs? Every effort must be made to bring pressure upon him to rectify this absurd situation. In answer to a parliamentary question in July 1969 Mr. Ross asserted that there was no demand for such a service in Scotland. I hope that such a demand will now be made vociferously not only by interested members of the medical and nursing professions but by individuals and societies who appreciate the urgent need for the implementation of the Act. If there is doubt in anyone's mind as to the value of an integrated Family Planning Service they need go no further than Aberdeen for proof. Before the second world war a Family Planning Clinic was established there to give advice to the women of Aberdeen and in 1948 it was taken over by the Corporation and became the first Local Authority contraceptive clinic in Britain being euphemistically called the Gynaecological Advisory Clinic. In November 1966 the Local Authority made Family Planning advice available free of charge to anyone who wished it and thereby made Aberdeen the first and only city in Great Britain to provide a free Family Planning Service. In 1968 this service cost the authorities £10,600 and the benefits to the community have been obvious to anyone who studies the reports, fewer unwanted pregnancies, better maternal and child health and a vast saving on the cost to the Social Services. But even this example has failed to convince Local Authorities in Scotland that they should follow suit, and that such a service actually saves money.

Advice to the Unmarried:- In June 1967 the National Council of the Family Planning Association passed a resolution which enabled clinics, if they wished, to give contraceptive advice to the unmarried, but at that time one difficulty was that a fifth of local authorities refused to allow their premises to be used for this purpose. In October 1969 it became mandatory for all Family Planning Association Clinics to give contraceptive advice to all women irrespective of their marital status. Much earlier however, in the face of strong opposition, Mrs Helen Brook, exasperated by the inactivity of other bodies, had already set up advisory centres to provide contraception and advice for unmarried girls. These advisory clinics are now well established in the larger cities throughout the country. There is no evidence to suggest that giving contraceptive advice to the unmarried increases sexual promiscuity in any age group. The available evidence shows that the vast majority of young unmarried people coming for advice have a stable relationship with their partner and began their sexual relations before coming for advice. Surely in this group above all others the innocence of ignorance is not worth preserving and every effort must be made to prevent an unwanted pregnancy and all its tragic implications and results.

EDUCATION

If in time family planning facilities are freely provided by Local Auhorities, family doctors, hospital and family planning clinics, it matters not who give the advice as long as it is readily available, the next problem is to persuade women to use them. In Spite of the publicity given to the subject by the mass media in recent years many women are still ignorant of the facilities available and others are too shy to ask for advice. Vigorous campaigns must be launched to educate families. The husband as well as the wife has to be convinced of the benefits of family limitation. Opposition from the husband is often a major factor in the failure of the wife to persevere with contraceptive measures and the importance of this fact is too often ignored. Once a mother has been persuaded to practice contraception, continued support is essential but in some poorly motivated families this will necessitate domiciliary visiting by a member of a specially trained team of workers. Such a domiciliary scheme in Southampton reduced the number of pregnan-

cies in problem families from 142 per annum to 38 per annum, an estimated saving of £2,755 to the exchequer and £5,678 per annum to the Local Authorities on child care alone. Education must be directed especially towards the lower income groups who are usually as resistant and apathetic towards persuasion about the importance of family planning as they are to other services such as cervical cytology, immunisation and vaccination. Sporadic information is of no use at all. Advice must be constantly available throughout the whole of the child bearing years, for those unmarried girls who wish it, for the married woman who wants to space her children and for the older woman especially as she reaches the end of reproductive life. These years before the menopause are often fraught with fear of pregnancy especially as women in this age group often feel particularly shy about asking for advice on this subject. Publicity in the form of eye catching posters, free literature and films must be readily available. Well informed speakers, both medical and non-medical, must be trained to address groups and societies. Advertising information on family planning is a delicate subject and should only be carried out in the most circumspect way, but it is necessary to do it for ignorance to be dispelled. How, where and by whom are the questions. Surely the publication of the addresses and times of family planning clinics should offend no one. At one time the Post Office refused to publish the telephone number of the Edinburgh Family Planning Clinic, but now clinic numbers are accepted for inclusion in the yellow pages of the telephone directory. Advertising in newspapers and public places is often frowned upon and advertising of family planning on television is banned along with matrimonial agencies, fortune tellers and undertakers. Progress is slow and frustrating!

TRAINING OF DOCTORS AND NURSES

More comprehensive training in the subject must be introduced into the curricula of medical students, nurses and social workers and adequate post-graduate education must be provided for them. A survey among General Practitioners in Sheffield two years ago revealed that only 32% of doctors had received either undergraduate or post-graduate instruction in contraceptive techniques. However the Royal College of Obstetricians and Gynaecologists has now decided to include this topic in the syllabus for its Diploma examination in Obstetrics and the General Nursing Council have introduced it into its curriculum. In May 1969, Mr Richard Crossman announced a government grant of £20,000 per year for the next 5 years for training in family planning and last month he issued a circular encouraging hospitals to provide this service for their patients. As he did not however allocate any money to supplement the already overstretched hospital finances, to enable Hospital Boards to act effectively on his advice, it is doubtful if much significance can be placed on this gesture.

METHODS OF CONTRACEPTION

Finally, what methods of contraception are employed by couples today? Ancient methods, good and bad, are still used with varying degrees of success. New techniques are heralded as revolutionary and wonderful only to be abandoned for one reason or an another. Statistics as to safety vary depending on source and preference of the writer. The whole position is unsatisfactory and confusing. Some couples still practice long spells of abstinence for want of better knowledge. Others calculate the safe period with its pathetic results or resort to temperature recording which is inhibiting to the majority and laborious to all. Some even spend large sums of money buying expensive calculators only to be confused by their instructions, deceived by their promises and devastated by their failure. Coitus Interruptus is still the only refuge for many, with frustration even when successful and desperation when it fails. Chemicals alone are of little use and even modern aerosol preparations in spite of the claims made on their behalf do not offer an accepted degree of safety. Caps of varying types require pre-meditation, are messy to use, have to be fitted by a doctor and checked regularly. Their popularity is declining but they do offer a reliable means of contraception when used in conjunction with a chemical. The washable sheath has mercifully almost completely disappeared although a few husbands in the poorest section of the community are still condemned to its use in an attempt to limit their families. Disposable condoms offer a high degree of safety and are still the commonest form of contraception in

this country today, although many find them aesthetically unacceptable.

The intra-uterine device returned to vogue with the introduction of malleable plastics which enable devices of varying shapes to be made, all of which can be straightened out into a thin introducer and inserted unto the uterus without anaesthesia. Once inside the uterine cavity they immediately return to their original shape. Generally they are simple to insert but are not free from side effects. The pregnancy rate is approximately 3%, the expulsion rate varies with different devices and approximately 30% of users complain of heavy or irregular bleeding, pain or backache at some time in the cycle. However, this is the only form of reversible contraception at present available which requires no conscious effort on the part of the user and it may therefore be the method of choice in patients of low intelligence, or those who are poorly motivated to use contraceptives of any kind.

Female sterilization is increasing in popularity due to a more permissive attitude on the part of gynaecologists coupled with simplification of techniques and improvements in anaesthesia. Bilateral tubal diathermy through the laparoscope generally allows the patient to leave hospital 48 hours after the operation — a major consideration for a woman with a large family who would never consider tubal ligation when it involved a stay in hospital of 10 - 14 days. The effort of arranging for someone to look after her family at home during this time made it impossible. Male sterilization by vasectomy is also becoming more popular and the Simon Population Trust has done much to bring it to the attention of the public. A male sterilization clinic has been set up in Cardiff under the Family Planning Association and plans are afoot to extend this service. A patient must be made to realise that an operation for sterilization is virtually irreversible and can therefore only be considered when the family is complete. It should be performed only after frank and thorough discussion has ensured that both partners fully realise the implications of the step they are taking and have made the decision absolutely of their own free will.

Oral contraceptives now exist in bewildering array. In spite of fears about their dangers and the alarming reports in the press and television "The Pill" is still the method chosen by 1¼ million women in this country. These women want a contraceptive which will not fail — they consider the advantages and the risks and they choose the pill. Never has a drug received such wide publicity, such stringent testing or engendered such strong emotions, but it provides such a simple method of contraception that its discovery must still be regarded as a major therapeutic triumph. New pills are constantly being tested and approved; low dosage progestogen therapy offers high hopes of a reliable contraceptive regime free from the dangers of thromboembolic phenomena and other side effects. As these pills are taken continuously the confusion created by cyclical therapy is removed and it is much easier to follow instructions. More recently hormone therapy by injection monthly, 3 monthly and even 6 monthly has been submitted to clinical trial but so far no trials have been undertaken in this country.

Drugs are being used to try to stimulate ovulation at a time which can be calculated so that the safe period may be accurately determined and if successful this, one hopes, would at last provide a reliable contraceptive regime acceptable to the Roman Catholic Church.

Experiments are continuing with immunological methods of contraception and with pills and injections for men. The much talked of "Morning After Pill" has so far failed to materialise. Its development is a hope for the future and marks a new era in contraceptive history — for the first time a contraceptive will be available for use after the act of intercourse and for the first time a woman will be able in the cool light of dawn to change her mind.

When contraceptive methods fail and unplanned pregnancies occur women now turn to abortion and this has even been described as a method of contraception. This is a contradiction in terms and I hope will never be considered as an alternative to sound contraceptive methods. Until there is a comprehensive Family Planning Service in this country there will be all too many unplanned pregnancies.

There will be abortions therapeutic or illegal. Surely the most ridiculous anomaly of all is that in Scotland today a woman has to pay for her family planning advice and if it fails or is omitted she may well have the pregnancy terminated at the expense of the State. The time has now come for Family Planning services to be integrated into the National Health Service and not to be considered as an optional extra — at a price.