FAMILY PLANNING IN MEDICAL PRACTICE

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There is a large and growing body of knowledge about the popular use of contraception, and about the demographic, social, and psychological variables associated with fertility. Two of the most important studies in this field, The Growth of American Families, by Whelpton and Freedman, and The Future Fertility of Two-Child Families, by Westoff, Potter, and Sagi, are to be discussed here today. However, in one important area our knowledge has lagged. There has been almost no research into the relevant opinions and actions of the medical profession, a group in a strategic position to disseminate information and to influence popular views on contraception and family limitation.

A study of a national sample of obstetricians and general practitioners, conducted by Dr. Alan F. Guttmacher in 1945, indicated that the great majority of doctors approved of contraception, and recognized social and psychological as well as purely medical indications for its use. Unfortunately, however, this study had a return rate of only 22%, and, being based on a mail questionnaire, was necessarily limited in scope. Besides the questions of extent of approval and of accepted indications, there are other aspects of contraception-counseling in medicine that we should like to know about. For example, what are the circumstances under which a doctor will introduce the subject of contraception rather than waiting to be asked? How do doctors respond to patients' religious or moral problems concerning the use of contraception: and what personal, social, or professional characteristics are associated with different patterns of medical behavior in this area?

Our study was designed to explore some of these broader questions about family planning in medicine. It is based on interviews with 551 doctors in the three apparently most relevant fields of practice (those in which questions or problems concerning pregnancy, child spacing, and family size seem most likely to occur): Obstetrics-Gynecology, Internal Medicine, and General Practice. The interviews, which took on the average one-and-a-half hours, consisted mostly of check-list items, but included also a considerable number of open-end questions. The interviewing took place in summer, 1957, and was conducted by the field staff of the National Opinion Research Center. Nearly all respondents were classified by the interviewers as cooperative and interested, and only one doctor broke off the interview prior to completion.

In designing the study we were particularly interested in the possibility of contextual or environmental effects. We wanted to know, for example, whether rural doctors act differently, or have different opinions, from urban doctors, on whether doctors in areas with large Catholic populations differ from those where there are few Catholics. For this reason we selected six-sample areas, each representing a different demographic constellation. Two of the areas are cities with population over 300,000; two are small-town areas; two are rural. On each of these levels of urbanization the two areas are roughly comparable in median income, level of education, and birth rate; but one has a low proportion of Catholics in the population (from 5% to 23%), the other, a relatively high proportion (from 38% to 41%). (For the sake of brevity, we will hereafter refer to these as "non-Catholic" and "Catholic" sample-areas.) In the two large cities, the sample included all Obstetricians-Gynecologists and about one-third of the Internists and GPs. In the other four areas, all of the doctors in the three relevant fields of practice were included in the sample.

The over-all refusal rate was 12%: 9% among non-Catholics, 19% among Catholics.

In this report we consider some of the factors which are related to participation in counseling patients on family limitation and contraceptive procedures. As a measure of such participation or "involvement" we use an index composed of five items. These are: how often the doctor provides marital counseling for patients; how often he counsels brides on emotional and sexual adjustment in marriage; how often he is asked for information on contraception by patients generally and how often by brides; and, lastly, how often he himself introduces the subject of contraception in pre-marital examinations.

All of the items in the index are related. For example, doctors who say they frequently suggest contraception also tend to say they are frequently asked for it; doctors who say they seldom introduce the subject are likely to say they are seldom asked; and so on. Thus the Index reflects a high degree of correspondence between the doctor's behavior and that of his patients (or between the doctor's perceptions of both). This correspondence may be due to patient self-selection: patients may choose to go to doctors with values similar to their own and to avoid those with very different views. Or it may be that a receptive attitude on the doctor's part encourages patients to ask for information on contraception, while a less receptive attitude inhibits such requests. And, of course, the stimulation or inhibition may work in the other direction: for example, a doctor who wants to advise on contraception may hesitate if he feels the patient is uninterested or disapproves. Whichever pattern it follows, it seems likely that there is considerable mutual, i.e., doctor-patient, effect in this very sensitive area of practice.

The following are a few of our findings on variables related to doctors' involvement in family planning and contraception-counseling. Unless otherwise indicated, these findings hold in each of the six sample-areas.

1. Doctor's Religion. In answer to a question on whether or not they approved of chemical and mechanical contraception, 98% of the non-Catholics, and 27% of the Catholics, said they did. (The few non-Catholic doctors who did not approve--an older group than the sample as whole--expressed reservations on medical grounds, such as

fear that prolonged use might cause sterility, and in some cases a preference for some other, more "natural", method of birth control. The Catholics, by contrast, indicated disapproval primarily on moral or religious grounds.) In view of this great difference in approval of contraception, it does not seem surprising that religion itself produces the largest differences in Involvement in family-planning counseling. In each specialty-group, and in each sample-area, Catholic doctors are considerably less involved in counseling on family planning and limitation than non-Catholics. Thus, for the sample as a whole, 58% of the Catholics are low in involvement, and only 15% high, while for non-Catholics these figures are 29% and 36%, respectively (Table 1).

It is interesting that the Catholic doctors who do approve of chemical and mechanical contraception are only somewhat more likely than those who do not to be involved in contraception-counseling. (Fifty-three percent of those who approve are Moderate or High in involvement, compared with 40% of those who disapprove.) Thus, Catholic doctors' personal attitude toward "artificial" contraception (approval or disapproval) is not the sole, or even the major, variable in their low rate of involvement in counseling on family limitation.

2. Area or Locality. While we find a number of differences among the six sample-areas, there is only one area-related variable that has a consistent effect on involvement, and this appears only among Catholics. Involvement rates among Catholic doctors are always higher in non-Catholic than in Catholic areas. That is, in the large cities, small-towns, and rural counties, Catholic doctors' involvement in giving advice on contraception and related questions is always higher in the non-Catholic than in the paired Catholic area. For example, in the large city with few Catholics in the population, 37% of the Catholic doctors are low in involvement; while in the other city, of the same size, comparable median income, etc., but with a high proportion of Catholics, 68% are low in involvement. In the three non-Catholic areas, an average of 33% of Catholic doctors are low in involvement; in the three Catholic areas, an average of 70% (Table 2.)

Moreover, this is not simply a function of the larger proportion of Catholic patients in the doctor's practice in Catholic areas: when proportion-of-practice Catholic is controlled, Catholic doctors in the non-Catholic sample areas still appear to be more involved in family planning than those in Catholic areas. Thus it seems to be the general religious climate of the community, and not sheer frequency of interaction with Catholic patients, that influences doctors' behavior. And, as the Involvement Index also reflects patient-behavior (and Catholic doctors in our sample tend to have predominantly Catholic practices), this finding suggests that Catholic patients themselves may feel or act differently about contraception and family limitation, depending on the "Catholicity" of the area in which they live.

3. Age. We find that older doctors -- particularly those over 55 -- are less likely to be involved in contraception-counseling than younger doctors (Table 3). An age difference appears in each specialty-group. However, among non-Catholics, the only important difference is between doctors over 55 and those under this age, while young and middle-age doctors are about the same in involvement. Among Catholics, however, there is a steady decline in involvement with age. Thus the youngest Catholic doctors (those under 40) are most involved, the middle group (doctors between 40 and 54) are less so, and the oldest doctors (those 55 and over), are least involved.

Several factors may be at work here. Perhaps the younger doctor is personally closer to problems of family size and child-spacing, and therefore most interested or sympathetic. Perhaps patients find it easier to discuss such problems with younger doctors. Or it may be that the sharp drop in involvment among doctors over 55 is simply part of the more general narrowing of interests and activities that comes with age. Finally, it also seems possible that this relationship may reflect a trend, in the society as a whole, toward fuller acceptance of birth control, and a parallel trend within the medical profession toward greater recognition of its importance. (A general societal trend toward greater acceptance of birth control may have begun earlier, or have reached a peak earlier, among non-Catholics than among Catholics. This would account for the different age patterns observed in the two groups.)

4. Status. It seemed particularly important to know whether doctors who are prominent in the profession differ from others in their views on family planning and contraception-counseling. High status doctors are likely to be the most influential, and therefore this, too, could provide a clue to trends and tendencies within the profession. The index used to measure status was composed of such items as the nature of the doctor's hospital affiliation (senior or chief, active or associate, etc.), having formal accreditation in his specialty, and holding offices in professional societies. As Table 4 shows, status is related to involvement: the higher the doctor's professional status, the more involved he is likely to be in giving advice on contraception.

In part this finding reflects specialty-group differences, because, in general, specialists have both higher involvement rates and higher status than GPs. However, the relationship between status and involvement remains when we control for specialty; i.e., it is found within each specialty-group, and in fact is strongest among (non-Catholic) Internists.

Thus the association of status with involvement suggests that participation in contraception-counseling, or the medical orientation it implies, is a positive value in the medical groups sampled, and that the higher the doctor's professional standing, the more likely he is to have incorporated into his professional behavior the role of adviser on family planning and contraception.

Summary. This paper reports some initial findings in a study of physicians' attitudes and behavior in advising patients' on birth control and contraception. It is based on interviews with 551 doctors, in Obstetrics-Gynecology, Internal Medicine, and General Practice, in six different areas of the country.

An Index of Involvement in Family Planning and Contraception-Counseling, composed of five interview-items on the frequency with which the doctor is approached for advice on contraception and family planning, and with which he gives or offers such advice, showed the following relationships:

1. Involvement in contraception and related counseling is considerably higher among non-Catholic doctors than among Catholics.

2. Among Catholics, involvement is only slightly affected by the doctor's own approval or disapproval of chemical and mechanical contraception; i.e., even among approving Catholics, involvement is lower than among non-Catholics.

3. Involvement among Catholic doctors is significantly related to the "Catholicity" of the area; it is always higher in areas where Catholics are a small minority, and lower where they are a larger proportion of the population. This relationship remains even when the proportion of Catholics in the doctor's practice is controlled. ("Catholicity" of area has no significant or consistent effect on the involvement rates of non-Catholic doctors.)

4. Both among non-Catholics and Catholics, younger doctors are more likely to be involved in counseling on family-planning than older doctors. Among non-Catholics, however, the main difference is between doctors 55 years or older, and those less; among Catholics, there is a more marked trend; Catholics under 40 are the most involved.

5. Doctors of higher professional status, as measured by an Index using nature of hospital appointment, formal accreditations, office-holding, etc. are more likely to be involved in counseling on family planning than doctors of lower professional status. This relationship is found in each specialty-group and among Catholics as well as non-Catholics.

These findings suggest the following tentative interpretations:

1. The fact that the more prominent doctors are most involved in family planning, and that younger doctors are more involved than older ones suggests that the profession generally may be moving toward greater acceptance of counseling on birth control and family planning, as significant medical functions.

2. Despite their obvious and important differences in regard to birth control and contraception in medicine, Catholic and non-Catholic doctors alike may be subject to similar pressures, and similar societal and professional trends. (This is suggested by the relation of involvement to age and status; among both non-Catholic and Catholic doctors - and among Catholics, its relation to religious environment: cf. Points 3, 4, and 5 above.)

Table 1. INVOLVEMENT IN CONTRACEPTION - COUNSELING, BY DOCTORS' RELIGION

Percent in Each Involvement Group

	Low	Moderate	High
Non-Catholics (417)	29	35	36
Catholics (134)	58	27	15

Table 2. CATHOLIC DOCTORS' INVOLVEMENT IN CONTRACEPTION - COUNSELING, IN NON-CATHOLIC AND CATHOLIC AREAS

Percent in Each Involvement Group

	Low	Moderate	High
Cities:			
Non-Cath. (19)	37	21	42
Catholic (44)	68	21	11
Towns:			
Non-Cath. (17)	41	41	18
Catholic (16)	81	6	12
Rural:			
Non-Cath. (14)	21	65	14
Catholic (24)	67	29	4
Mean:			
Non-Cath.	33	40	27
Catholic	70	20	10

Table 3. INVOLVEMENT BY AGE

Percent in Each Involvement Group

	Non-Catholics			Catholics		
Age	Low	Mod.	High	Low	Mod.	High
39 (114)	26	35	38 (42)	50	31	19
40-54 (184)	22	35	43 (67)	55	27	18
55+ (118)	43	34	23 (25)	72	24	4

All Doctors

	Low	Moderate	High
39 (156)	32	34	33
40-54 (251)	31	32	37
55+ (143)	50	32	18

Table 4. INVOLVEMENT AND STATUS

Percent in Each Involvement Group

	Non-Catholics			Catholics		
Status	Low	Mod.	High	Low	Mod.	High
Low (105)	44	39	17	(35) 71	23	6
Mod. (183)	32	34	34	(72) 53	32	15
High (75)	15	38	47	(22) 46	27	27
Very high (53)	11	23	67	(5)		

	All Doctors		
	Low	Moderate	High
Low (140)	51	35	14
Moderate (255)	38	33	29
High (97)	21	36	43
Very high(58)	14	21	65