Contemporary Themes

Domiciliary Family Planning Service in Glasgow

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British Medical Journal, 1971, 4, 731-733

Summary

In the first year of the operation of a domiciliary family planning service 50 deprived families accepted contraceptive advice offered in their homes. Associated factors were poverty, unemployment, overcrowding, alcoholism, debt, and disease. The women had previously averaged one pregnancy every 19 months but during the period under review there were only two pregnancies, in contrast to the 37 that would otherwise have been expected. Though the service is expensive in professional time, the overall saving in costs to the community by the prevention of unwanted pregnancies in socially inadequate families fully justifies the scheme.

Introduction

Glasgow has a long history of unemployment, poverty, and inadequate housing. Today these problems are present to a greater degree than anywhere else in the United Kingdom. A recent report¹ highlighted the disparity in infant mortality rate between west central Scotland and England and Wales. High parity and insufficient use by the mothers of available maternity and child welfare services are indicted as major factors contributing to these depressing figures. It is well known that those most in need are usually the very people who are least able to seek help for themselves. A contraceptive service brought into the patient's home would tackle these two problems simultaneously.

Successful domiciliary contraceptive services have been running for many years in Newcastle,² Southampton,³ and York,⁴ and more than 30 others have been started subsequently, mostly in London. Some of these have closed down for lack of referrals. Support by local health visitors, social workers, and general practitioners is vital to their success.

The situation in Glasgow is complicated as 27% of the population are Roman Catholic⁵ and, to the devout, contraception presents an immediate dilemma. This applies not only to the patients but also to their medical advisers, who on conscientious grounds may feel unable to participate in any family planning programme. In spite of these difficulties, however, the West of Scotland Branch of the Family Planning Association started a domiciliary service in February 1970 with financial support from the Corporation. A wedge-shaped sector in the north and west of the city was chosen with the approval of the medical officer of health. The main Family Planning Association clinic is at the apex of this area. As this was a pilot scheme it was important to concentrate resources as far as

possible. This is an account of the first year's work, from 1 February 1970 to 31 January 1971, and of the subsequent follow-up of these families until 30 September 1971.

Five important principles were defined and explained to general practitioners, health visitors, and social workers in the area who were asked to co-operate in the scheme, especially by referring patients. (1) Families had to be referred initially by a doctor, nurse, or social worker; (2) the patient's full agreement had to be obtained before a visit; (3) the service would be free to the recipient; (4) each patient's general practitioner would be contacted before a home visit was made; and (5) both the general practitioner and the person referring the patient would be informed of any action proposed or taken.

Patients Seen

Sixty patients were referred in the first 12 months, mostly by health or school health visitors. One individual sent 30 patients. Hospital consultants sent us to four families and medical social workers to two others. General practitioners did not refer any.

Of the 59 patients who had been visited by the end of the year nine did not wish to accept our help. Three of these were already receiving adequate advice—two from their general practitioners and one from the Brook Advisory Centre for the unmarried. A further six refused help, though in every case another child was not wanted by at least one or even both parents. Two men refused to allow their wives to practice contraception on religious grounds. Two of the women were educationally subnormal; one always wanted to have a baby in the house, though she was unable to care for the six children she had already. She subsequently became pregnant and was sterilized after the child's birth. The other became hysterical at any reference to further pregnancies. Two couples, both of whom had had at least one unintentional pregnancy, wished to continue practising coitus interruptus.

Our help was accepted by 50 couples. The youngest mother was aged 18 and three were in their early 40s. Most were aged between 26 and 35, with a mean of 30 years. Twenty-six mothers were Protestant, 23 Roman Catholic, and there was one Moslem couple. Only eight women were not living with their husbands—six were living with another man and two had never married but had regular consorts. These two had eight children between them. One 22-year-old girl had nine children, including two sets of twins. She had married at 16 when she was pregnant for the second time and divorced her husband two years later. Almost immediately she remarried him and then left him for the second time to cohabit with her present partner.

Social and Associated Problems

Employment.—Altogether 27 husbands were unemployed at the time of the first visit. Most of these have not worked officially since then.

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unsuitable. One had menorrhagia and it had to be removed, and the other was psychotic and insisted that her husband took out the coil at 2 a.m. one morning. This he successfully did using a pair of eyebrow tweezers (boiled for three minutes beforehand, he said). One devout Roman Catholic couple, the parents of nine children, have used a simple form of safe period based on a marked calendar over the past 20 months. It is too soon to know whether this will prove successful over a longer period.

Very few of the men would use condoms even if provided free. Most felt that contraception was the woman's problem and would not even practise withdrawal.

Visits

Frequency of Home Visits.—The number of visits made to each family varied greatly and depended particularly on the method chosen and the intelligence and persistence of the mother. Patients requesting sterilization required frequent visiting over a relatively short period and then the case was closed. Patients on the pill required regular supervision but for those of reasonable intelligence the visits became more widely spaced as they became established on the method. The more socially incompetent the family the more visits were required, especially for oral contraception. With the intrauterine device fewer home visits were required, but the initial effort is greater as the patient must be brought to the clinic for its insertion. The rhythm method has so far been the most costly of professional time. The patient is well intentioned but not well endowed mentally and it has taken nearly a year of monthly visits to enable her to understand the very simple calculation involved. Patients using condoms needed only occasional brief visits to hand in supplies and check that no alternative method was wanted.

Patients Visiting the Clinic.—More than half of the women were persuaded to attend the clinic at least once for a thorough medical examination including cervical cytology. These included the 11 who had intrauterine contraceptive devices inserted. Two men attended for vasectomy. We know from previous experience that once a mother has her youngest child at school and is confident that further pregnancies will not occur she becomes more able to organize her life outside the immediate confines of her home. Her self respect increases and she no longer wishes to have everything done for her. Several of our patients were already showing signs of this increased self-confidence and were beginning to attend the clinic for follow-up or at least volunteering to do so. They were more likely to come if they could be assured that the doctor they knew would see them herself. It was also helpful to be able to offer a day or evening session, especially if they had "got a wee job" (usually from 8.30 a.m. to 6 p.m.).

Success of Contraception

There were no pregnancies in the first year but two occurred in the subsequent eight months. Before the initiation of this service each woman had conceived on average once every 19 months. The total number of months that these women were under our care was 712, so that probably about 37 conceptions would have occurred during this time.

Discussion

In rural and suburban areas this type of service can be given by the general practitioner as he will have only a few such families on his list. In the decaying centres and sprawling housing estates of large cities it is impossible to expect the family doctor to give the necessary time to this specialized service however much it will benefit him in the long run. It was disappointing in this first year that no general practitioner invited our help, but there have been a few since then and we hope that their confidence in the service will grow.

The average cost per family was £12.50 and this was largely the price of professional time. It would have been higher if the administration had not been by voluntary service. It has been calculated that the cost to the community of a healthy child is about £1,800.⁸ If the child is unwanted and born into a socially deprived family this figure is very much greater. The cost in human misery of unplanned pregnancies and unwanted children is uncountable but may be read in the faces of young women old before their time.

The increasingly liberal attitude of gynaecologists towards sterilization will in time effectively diminish the number of women having more than four children, but there will always remain a hard core who will not accept this solution. This may be from conviction but with many it will be due to fear and apathy. In addition there are those who can barely manage to care for one or two children but in whom permanent sterility cannot be advocated. They will always require individual and sympathetic family planning advice brought to them in their homes.

I would like to thank the other members of our team, Mrs. M. Wallace, and Mrs. P. M. Taylor, who have given their time and energy unstintingly to make the service a success. We are indebted to Dr. A. Millar and Dr. M. E. Barron, of the Glasgow Corporation Health Department, for their advice and support; those health visitors, school health visitors, social workers, and consultants who referred patients; the general practitioners and the hospital staff, who dealt sympathetically and expeditiously with our requests for sterilization; and to the social work department of Glasgow Corporation for help with the care of children while the mother was in hospital. We are grateful to this department and to the School Health Service for help in tracing families who moved without leaving an address. We also wish to thank the many members of the Family Planning Association, paid and voluntary, who have willingly given extra time and care to those of our domiciliary patients who have attended the clinic. Finally, this project could not have been undertaken without financial support from Glasgow Corporation.

References

- ¹ Richards, G., *Scottish Health Service Studies*, No. 16. London, Scottish Home and Health Department, 1971.
- ² Peberdy, M., in *Biological Aspects of Social Problems*, ed. J. E. Meade and A. S. Parks. Edinburgh, Oliver and Boyd, 1965.
- ³ Morgan, D., in *Family Planning*, p. 95. London, Royal Society of Health, 1968.
- ⁴ Domiciliary Services in York, *Family Planning*, 1967, 16, 68.
- ⁵ *Catholic Directory for Clergy and Laity in Scotland*. Glasgow, Burns, 1971.
- ⁶ Steptoe, P. C., in *Proceedings of 5th World Congress on Fertility*, Stockholm, International Congress Series No. 133, p. 1183. Amsterdam, Excerpta Medica, 1966.
- ⁷ Cohen, Melvin R., Taylor, Marshall Bennett, and Kass, Martin B., *American Journal of Obstetrics and Gynecology*, 1970, 108, 458.
- ⁸ Brook, Caspar, in *Family Planning Miscellany*: information sheet. London, F.P.A., 1968.