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PERSPECTIVES OF PHYSICIANS IN THE PHILIPPINES ON PERIODIC ABSTINENCE METHODS OF FAMILY PLANNING

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SUMMARY

Since physicians influence both national family planning policy and individual contraceptive choice, a survey was conducted to learn about the perspectives of Philippine physicians regarding periodic abstinence (PA) methods of family planning. A purposive sample of 100 physicians likely to be in a position to provide family planning advice was selected and face to face interviews were given. The data suggest that religious (Catholic) influence plays a role in a physician's decision to provide PA methods. Physicians who considered themselves to be strong Catholics were more likely to provide PA methods than the remaining physicians (90% vs 60%). Physicians under the age of 40 were fairly evenly divided among PA-providers (56%) and non-providers (44%), while their older colleagues were more likely to be PA-providers (75% vs 25%). Half of the PA method providers had personal experience with the calendar method while fewer than a third of non-providers had ever used this method. The physicians displayed a high degree of knowledge about PA methods, particularly the calendar method; 82 percent of PA-providers and 72 percent of non-providers demonstrated either a moderate or high level of knowledge about this method. The physicians appeared to be supportive of PA methods with 96 percent of PA-providers and 79 percent of non-providers responding that they would like to see their clients use one of the PA methods in the future.

INTRODUCTION

The Philippines has one of the highest known rates of periodic abstinence (PA) method use in the

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world (PA defined in the methodology section below). The Commission on Population (POPCOM) included the calendar rhythm method as an official program method in 1971, when promotion of family planning first became sanctioned government policy (1). However, it was not until 1978 that the Special Review Committee reassessed the calendar rhythm method and recommended that efforts should be made to actively promote the method (2,3). The Republic of the Philippines Fertility Survey (RPFS) conducted in 1978 showed PA to be the second most widely used family planning method among currently married women 15-44 years of age. The most recent figures reflect the success of the active promotion of PA in the past decade and it now ranks as the most popular form of family planning among married women in the Philippines with 11.6% using the method (4). Withdrawal (9%) and oral contraceptives (6.2%) are the next most commonly used methods of family planning in the Philippines.

Periodic abstinence methods have only recently received close scientific scrutiny, and the international family planning community is still debating whether these methods of contraception should be actively promoted. Critics argue that PA lacks practical feasibility, and point to studies that show the methods to have unacceptably low use - effectiveness rates (5). Proponents counter that PA, especially combined use of PA and withdrawal, has higher annual continuation rates than the more effective modern methods (6). Laing used a cross-sectional (a non-lifetable) approach and found that Philippine couples using PA combined with withdrawal had an annual continuation rate of 73% vs the pill's 42%. As a result, PA methods may potentially have a greater impact on population reduction in the long run than methods that have high use-effectiveness rates as well as high discontinuation rates. Proponents further argue that PA is a natural method of contraception, in tune with one's body and environment. Another possible appeal of PA is that it is the only form of family planning officially supported by the Catholic Church. Clearly, further research on method acceptability and continuation is needed in a variety of settings in order for the family planning

community to be able to reach a consensus on whether to advocate periodic abstinence methods in the future.

According to several recent studies, a couple's level of motivation and perception of PA are two main factors which will influence method use-effectiveness (7). Motivation and perception can be largely influenced by the method of PA training employed. A major benefit of PA is that it does not require supervision and training from medical personnel, an expensive and limited resource in most developing countries. Lay lecturers and other more experienced users can train small groups of interested couples to identify the fertile period. However, PA users often receive inadequate instruction. One study showed that the duration of instruction for two thirds of a sample of Philippine women was less than one hour (8).

Although PA does not rely on medical personnel for its training, it does require the support of physicians if it is to have a prominent place in a national family planning program. Physician's opinions are highly valued in most societies and they are often the final authority on medical matters. Physicians' beliefs and perceptions about contraceptive methods can influence a couple's method choice (9). In a recent Philippine study, women who had consulted physicians for family planning advice were more likely to use contraception than women who had turned to other sources for information (10). Physicians also play an important role at a policy level in deciding what methods of family planning will be emphasized in national family planning programs.

This study set out to determine physicians' levels of knowledge, their attitudes and behavioral intentions regarding PA. The results are intended to be of particular interest to family planning program managers, policy makers and others concerned with raising the awareness of the medical community about periodic abstinence.

METHODOLOGY

This paper is based on the findings from one setting in a multi-country study; the remaining countries were Mauritius, Peru and Sri Lanka (11). These 4 countries were selected because of their high prevalence of PA methods. The study was supported by Family Health International and coordinated by the Institute of Population Studies at the University of Exeter.

Definition of Terms

In this study, periodic abstinence refers to the following four methods of contraception which are based

on fertility awareness and/or periodic abstinence: 1) the calendar rhythm method, 2) the Billings method (ovulation method), 3) the temperature method (basal body temperature) and 4) the sympto-thermal method (temperature, cervical mucus and secondary fertility observations).

Some advocates of PA argue that the calendar method should not be grouped with the other three, since it does not take current physiological signs of fertility into account. Rather, it relies on probability and previous cycle lengths. However, the calendar method was included in the study because many physicians in the Philippines equated it with PA during a pretest. They were far less familiar with the remaining methods, and questions concerning the calendar method served as a useful introduction into the different sections of the interview.

"PA providers" refers to those physicians who had ever given periodic abstinence advice to a patient. "Strong Catholics" describes physicians who identified themselves as Catholics and reported that their views with respect to PA methods were influenced by their religious beliefs.

The physicians interviewed for this study were classified into three medical specialties: general practitioners (physicians responsible for the general health of families and individuals), clinicians (physicians working in specialized clinics) and obstetricians/gynecologists (specialists in obstetrics and gynecology). These three medical specialties were selected because physicians in such practices were thought to be most likely to provide family planning services.]

Sample

This descriptive study of physicians' perceptions about PA methods was carried out in six of the thirteen regions of the Philippines. The six regions (I, III, V, VII, VIII, and XII) were randomly selected. According to the POPCOM Regional Population Fact Sheets, 1984, of the thirteen regions, these six have comparatively high rates of PA use. One hundred physicians were sought for the study and regional officers of the Ministry of Health helped identify the eligible respondents. The survey data were collected by means of a 14 page questionnaire written in English. The interviews lasted, on average, 25 minutes. The purposive sample consisted of 69 general practitioners, 7 clinicians and 24 gynecologists.

RESULTS

Two-thirds (66%) of the physicians interviewed were PA-providers while one-third (34%) were non-

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According to several recent studies, a couple's level of motivation and perception of PA are two main factors which will influence method use-effectiveness (7). Motivation and perception can be largely influenced by the method of PA training employed. A major benefit of PA is that it does not require supervision and training from medical personnel, an expensive and limited resource in most developing countries. Lay lecturers and other more experienced users can train small groups of interested couples to identify the fertile period. However, PA users often receive inadequate instruction. One study showed that the duration of instruction for two thirds of a sample of Philippine women was less than one hour (8).

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RESULTS

Two-thirds (66%) of the physicians interviewed were PA-providers while one-third (34%) were non-

providers. The goal of this study was to examine differences between these two groups in six main areas:

1. Socio-demographic Characteristics

Four socio-demographic variables were examined for differences between the PA-providers and non-providers; age, gender, medical specialty and religious influence (Table I). The physicians under the age of 40 were more evenly divided among PA-providers (56%) and non-providers (44%) than the older physicians, who were much more likely to be PA-providers (75%) than non-providers (25%). The religion variable displayed an association with provider status. Physicians who said they were strongly influenced by the position of the Catholic Church ("Strong Catholics") were more likely to provide PA than the other physicians (90% vs 60%). Only one-fifth of all physicians, however, were identified as "Strong Catholics".

Table I. Socio-demographic Characteristics by PA* Provider Status

| Characteristic | PA Providers n = 66 | | Non-Providers n = 34 | |
|----------------------|------------------------|------|-------------------------|------|
| | n | (%) | n | (%) |
| Age | | | | |
| (| 27 | (56) | 21 | (44) |
| 40+ | 39 | (75) | 13 | (25) |
| Sex | | | | |
| Female | 41 | (65) | 22 | (35) |
| Male | 25 | (68) | 12 | (32) |
| Medical Specialty | | | | |
| General Practitioner | 47 | (68) | 22 | (32) |
| Clinician | 5 | (71) | 2 | (29) |
| Gynecologist | 14 | (58) | 10 | (42) |
| Religious Influence | | | | |
| Strong Catholic | 18 | (90) | 2 | (10) |
| Other | 48 | (60) | 32 | (40) |

*A PA provider is a physician who has provided periodic abstinence advice to a patient on at least one occasion.

2. Family Planning Services Provided

Both groups of physicians mentioned the pill as the form of contraception they most frequently provided their clients (PA providers 35% vs non-providers 58%) (Table II). Female sterilization and the IUD were also methods popular in both groups of physicians. Twenty-three percent of PA-providers most frequently recommended the calendar method and six percent most often advised their clients to use the Billings method. Of the physicians who offered PA methods (n = 66, almost all had provided the calen-

dar method (95%). The temperature method and Billings method had been offered by very few providers.

Table II. Family Planning Characteristics by PA Provider Status

| Method | PA-Provider (n = 66) % | Non-Provider (n = 34) % |
|---|------------------------------|-------------------------------|
| FP method most frequently provided by physicians ^{1,2} | | |
| Pill | 35 | 58 |
| Female Sterilization | 23 | 19 |
| IUD | 10 | 22 |
| Calendar rhythm | 23 | - |
| Billings | 6 | - |
| Percent of physicians who provided each PA method ³ | | |
| Calendar rhythm | 95 | - |
| Temperature | 34 | - |
| Billings | 64 | - |
| Combination of PA methods | 974 | - |
| Family planning methods ever personally used ⁵ | | |
| Pill | 29 | 38 |
| IUD | 15 | 15 |
| Condom | - | - |
| Calendar | 50 | 29 |
| Temperature | - | - |
| Billings | 3 | 3 |
| Sympto-thermal | 2 | 3 |

¹Only the top five most frequently mentioned methods are listed.

²Two providers and three non-providers missing.

³Percents do not sum to 100% since some physicians provided more than one method.

⁴Two providers missing.

⁵Percents do not sum to 100% since some physicians had used more than one method.

3. Personal Use of Methods

The two groups of physicians differed with regard to the contraceptives they had ever personally used. The calendar method was the most popular method among PA-providers, with 50 percent having ever used it. The pill was the second most frequently mentioned method of contraception ever used by PA-providers (29%). For non-providers, the pill was ever used the calendar method. Fifteen percent of both groups of physicians (or their partners) had ever used an IUD.

4. Knowledge about Period Abstinence Methods

The physicians were asked to describe their knowledge of each of the three most frequently mentioned forms of PA (the calendar rhythm, temperature and Billings method) as to whether they had no knowledge of the method, knew it by name only, knew the basic principles or possessed detailed knowledge.

One one respondent, a non-provider claimed no knowledge of the calendar method (Table III). Providers of PA were more likely than non-providers to claim that they possessed detailed knowledge of the calendar method (48% vs 29%), while non-providers were more likely to report that they understood the basic principles of the method (68% vs 52%). Similar patterns, but lower proportions were found for the claimed knowledge of the temperature and Billings methods.

Table III. Percent Distribution of Physicians Claimed/Demonstrated Knowledge of Three PA Methods by PA Provider Status

| Level of Knowledge | PA-Providers | Non-Providers |
|------------------------------------|---------------|---------------|
| | (n = 66) % | (n = 34) % |
| Claimed Knowledge | | |
| Calendar Rhythm | | |
| none | - | 3 |
| name only | - | - |
| basic principals | 52 | 68 |
| detailed knowledge | 48 | 29 |
| Temperature | | |
| none | - | 3 |
| name only | 6 | 3 |
| basic principals | 49 | 65 |
| detailed knowledge | 45 | 29 |
| Billings | | |
| none | 11 | 9 |
| name only | 5 | 6 |
| basic principals | 44 | 65 |
| detailed knowledge | 41 | 21 |
| Demonstrated Knowledge | | |
| Calendar Rhythm¹ | | |
| none | - | 3 |
| low | 18 | 25 |
| moderate | 23 | 34 |
| high | 59 | 38 |
| Temperature² | | |
| none | 22 | 30 |
| low | 5 | 3 |
| moderate | 14 | 27 |
| high | 59 | 39 |
| Billings³ | | |
| none | 27 | 39 |
| low | 3 | 3 |
| moderate | 5 | 10 |
| high | 64 | 48 |

¹Two non-providers missing

²Two providers, one non-providers missing

³Seven providers, three non-providers missing

To evaluate actual knowledge, the physicians were asked to describe the methods as they would to a prospective user. A list of the most important features of the three methods had been compiled and a simple cumulation of points for each important feature of the PA method that was mentioned was taken as a reflection

of the physicians' level of knowledge (12).

The PA-providers consistently displayed greater knowledge than non-providers. The physicians demonstrated the highest level of knowledge about the calendar method with 82 percent of PA-providers and 72 percent of non-providers displaying moderate or high knowledge of the calendar method. The physicians knew least about the Billings method; still, well over half of both groups displayed moderate or high knowledge of this method (69% of PA-providers and 58% of non-providers).

5. Perceived usefulness of periodic abstinence methods

Very few physicians in either group responded that PA methods were "not useful" (8% of PA-providers and 6% of non-providers). Providers were twice as likely as non-providers to believe the methods to be "very useful" (30% vs 15%). A majority of both groups believed the methods to be "useful" (62% of providers and 79% of non-providers).

6. Intention to provide periodic abstinence methods in the future

Almost all the PA-providers (96%) and most non-providers (79%) responded that they would like to see their clients use one of the PA methods in the future.

Table IV shows the physicians' willingness to discuss the different forms of PA methods with their clients. The majority of physicians were either willing to initiate discussions or respond to inquiries about the four different methods (calendar, temperature, Billings and sympto-thermal). Generally, PA-providers were slightly more likely to initiate discussions than were non-providers. Physicians were most likely to initiate conversations about the calendar method (65% of PA-providers vs 47% of non-providers) and least likely to introduce discussion about the sympto-thermal method (31% PA-providers vs 24% non-providers). Almost a third of the physicians (30% of PA-providers vs 27% non-providers) said they would not be willing to discuss the sympto-thermal method, even if the client initiated the conversation.

DISCUSSION

This study is based on a purposive sample of 100 physicians likely to be in the position to provide family planning advice to their clients. The extent to which the findings are applicable to the total population of physicians in the Philippines is not known.

Age and religion appeared to influence provider status. The older physicians were much more likely to

Table IV. Percent Distribution¹ of Physicians' Willingness to Discuss PA Methods with their Patients by PA provider Status and by PA Method

| Willingness | Calendar | | Temperature | | Billings ² | | Sympto-thermal ³ | |
|-------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-----------------------------|--------------------------|
| | PA Providers (n = 66) % | Non-Providers (n = 34) % | PA Providers (n = 66) % | Non-Providers (n = 34) % | PA Providers (n = 66) % | Non-Providers (n = 34) % | PA Providers (n = 66) % | Non-Providers (n = 34) % |
| To initiate discussion | 65 | 47 | 41 | 41 | 47 | 32 | 31 | 34 |
| To respond to inquiries | 35 | 53 | 57 | 44 | 39 | 56 | 39 | 50 |
| Not willing to discuss | | | 2 | 15 | 14 | 12 | 30 | 27 |

¹due to rounding, columns do not always add to 100%

²two PA providers missing

³five PA providers missing

be PA-providers than their younger colleagues (75% vs 56%). A possible explanation for this is that the older physicians, attended medical school at a time when PA methods were virtually the only forms of family planning being taught. In addition, many of these older physicians undoubtedly used PA methods in young adulthood and early marriage because they lacked the alternatives now available to the younger generation of physicians. If information on PA methods is not included in medical school curricula or in post-degree educational programs, as older physicians retire, the interest in PA methods may decline among the community of physicians. However, a study conducted in the United States found an inverse relationship between physicians' age and their knowledge about PA (14). The explanation given was that PA is a social movement which has the largest support among the younger segment of the American population.

A focus group study carried out in 1980-81 with 30 contraceptive users from a poor rural area and 8 from an urban setting revealed that the Catholic Church did not appear to influence the participants' decision to use PA methods (2). However, our data suggest that physicians who consider themselves to be strong Catholics are more likely to provide PA methods than then the other physicians (90% vs 60%). The Catholic Church's influence on the provision and use of PA methods requires further examination in order to better understand its role.

The pill was the most frequently recommended form of contraception both among PA-providers and non-providers (35% vs 58%). However, PA-providers were most likely to have personally used the calendar method (50%), while non-providers most frequently made use of the pill (38%). It is interesting to note that

almost a third (29%) of the non-providers had personal experience with the calendar method. It is not known why these physicians who had personal experience with the calendar method were not providing their clients with this method.

Knowledge about the three most popular PA methods was good; 82 percent of PA-providers and 72 percent of non-providers demonstrated a moderate or high level of knowledge about the calendar method. This suggests that the PA advice received from the medical community is likely to be accurate.

Almost all the physicians (92% of PA-providers and 94% of non-providers) said that PA methods were either useful or very useful. Similarly high proportions (96% of PA-providers and 79% of non-providers) would like to see their clients use one of the PA methods in the future. However, only 38 percent of PA-providers and 17 percent of non-providers said they had future intentions of providing PA advice themselves. Although this sample of physicians viewed PA favorably, they played a less active role in sharing their knowledge with their clients than their attitudes would have predicted.

Many factors have contributed to the popularity of PA methods in the Philippines. As in most medical matters, physicians have undoubtedly played a role in the promotion of PA. However, with their thorough knowledge of the methods and their apparently favorable views towards PA, the potential for physicians to play an even greater role clearly exists.

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12. The following factors were identified as essential to the proper use of the respective methods:

Calendar method:

1. Knowledge of the menstrual cycle required.
2. Calculate length of cycles.
3. Over period 6-12 months.
4. Calculate shortest cycle length.
5. Subtract 19 or 20 days.
6. This marks beginning of fertile period.
7. Calculate longest cycle length.
8. Subtract 10 or 11 days.
9. This marks the end of the fertile period.
10. Record days of fertile period on chart.
11. No sexual intercourse during the fertile days.

Level of Knowledge: 0 identified = none, 1-4 = low, 5-7 = moderate and 8+ = high.

Temperature method:

1. Knowledge of the menstrual cycle required.
2. Own a special thermometer.
3. Use thermometer each day.
4. Use thermometer about same time each day.
5. Use thermometer in morning each day.
6. Mark a temperature chart.
7. Notice rise in temperature.
8. Avoid sexual intercourse until temperature is raised for three consecutive days.
9. The "three over six" rule.
10. No sexual intercourse during fertile days.

Level of Knowledge: 0 identified = none, 1-3 = low, 4-7 = moderate and 8+ = high.

Billings method:

1. Knowledge of the menstrual cycle required.
2. Bleeding/dry/thick, cloudy mucus/thin, clear, mucus.1. Identify peak mucus day.
4. Add three days to mark end of fertile days.
5. Thick, cloudy mucus marks beginning of fertile days.
6. No sexual intercourse during fertile days.

Level of Knowledge: 0 identified = none, 1-2 = low, 3-4 = moderate and 5+ = high

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