

Family planning in Russia: experience and attitudes of gynecologists

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Abstract

A survey was made of 375 Russian gynecologists. The questionnaire on family planning and contraceptives was distributed at the beginning of three local educational symposia. Almost all participants filled in the questionnaire on attitudes, knowledge and experience with family planning. The sample consisted of departmental specialists and heads of departments/clinics, working mainly at in- or out-patient women's health clinics. The mean age was 37 years; 83% were women, living in medium-sized or large cities (80%). Half of them had been working as a gynecologist for more than 10 years. Only 55% had been trained in family planning. The main reasons mentioned for the high abortion rate in Russia were the lack of education, non-involvement of male partner, and lack of modern contraceptives. Most of the gynecologists were in favor of special family planning clinics with special attention to services for the users. About half of the physicians knew how the pill works and estimated that 41% of women know that the pill contains estrogens. Sixty-two percent found that patients are badly informed about available contraception. Main sources of information on contraception were journals/books, colleagues and mass media. The majority reported having a directive style of patient counseling, and stated that parents should be informed of their teenagers' sexual experiences. The more experienced physicians with a training in family planning were better informed on contraception and showed a more patient-concerned attitude. It is concluded that health care providers should be the main target group of training and education in family planning, and need the support of Western European family planning organizations.

Introduction

Induced abortion has been the main method of birth control in the former USSR. Remennick [1] indicates that more than 9 million pregnancy terminations were performed annually. Other studies mention a figure of 12 million, indicating 112

abortions per 1000 women of fertile age [2]. Surveys performed in the 1980s showed that most couples used traditional contraceptive methods, which have high failure rates [3]. Rhythm and condom were the most frequently used contraceptive methods, but methods like vaginal douches and coitus interruptus were also used by many women. Modern contraceptives, like the IUD and the pill, were used only by about 15% of the women. More recent studies [4,5] indicate that traditional methods still prevail. Possible causes of this situation are the traditional orientation of the Soviet health care system to termination rather than prevention of pregnancy, the negative opinion of gynecologists on modern family planning, insufficient supplies and financial limitations [1]. Training of physicians and the introduction of sex education are important conditions to modernize family planning in the former USSR. In order to promote these developments, it is crucial to obtain more information about the attitudes and knowledge of physicians toward family planning. In this article a part of the results of such a study among gynecologists in Russia is reported. The study was initiated by the International Health Foundation.

Methods

A survey was held among 375 Russian physicians. A questionnaire was distributed at the beginning of three local symposia on family planning and human reproduction. The courses were held in Tomsk (35.5% of the respondents), Moscow (40%) and Tzhevsk (24.5). The participants filled in the questionnaire before the lectures started. The questionnaire covered general personal and professional characteristics, experience in family planning, opinion on the needed changes in this field, practice, knowledge and attitude concerning contraception. Parts of the questionnaire were also used in studies of women [5,6].

Results

Almost all interviewed doctors (92.9%) were specialists in obstetrics and/or gynecology. Table 1 presents some of the background characteristics. The sample consists of departmental specialists (36.5%) and heads of a department or clinic (26.4%), junior doctors and doctors in training (30.2%). Most respondents (82.4%) worked in clinical medicine, either out- or in-patient based. A quarter had been working as a gynecologist for 0 to 5 years; 20.8% for longer than 20 years. Two-thirds (66.7%) had no experience in family planning, and 44.5% had no training in family planning. Doctors with training got their family planning education mainly during pregraduate courses. The mean age was 37 years; 83.2% were women, mainly living in medium-sized or large cities (82.2%). The data indicate that the sample consisted of young gynecologists with limited experience in family planning.

Table 1. Background characteristics of the respondents (n = 375) (%)

<i>1. Position</i>		<i>5. Training in family planning</i>	
Junior doctor	9.1	No training	44.5
Doctor in training	21.1	Pregraduate	36.9
Department specialist	36.5	Postgraduate	0.3
Head of department	21.1	Course by trained doctor	11.2
Head of clinic	5.3	Other	3.4
Other	6.9	No answer	6.1
<i>2. Professional activity</i>		<i>6. Sex</i>	
Medical research	9.1	Female	83.2
Treatment of clinic patients	41.3	Male	14.9
Out-patient female clinic	41.1	No answer	1.9
Other	8.5		
<i>3. Experience in speciality</i>		<i>7. Age</i>	
0-5 years	25.1	≤29 years	22.2
6-10 years	16.8	30-39 years	36.0
11-20 years	35.5	40-49 years	26.1
>20 years	20.8	≥50 years	12.8
No answer	1.8	No answer	2.9
<i>4. Years involved in family planning</i>		<i>8. Place of living</i>	
No experience	66.1	Rural area	8.3
1-2 years	10.1	Small town	5.6
3-10 years	9.6	Medium-sized town	66.4
>10 years	10.9	Big city	15.8
No answer	3.2	No answer	4.0

Attitudes toward abortion

The gynecologists mentioned several reasons for the high abortion rate in their republic (Table 2). The main perceived reasons (more than 45%) were: absence of sex education, non-participation of males in birth control, and lack of modern contraceptives. The following reasons for the high abortion rate were mentioned less often (25-30%): non-use of contraceptives, early onset of sex life, use of traditional contraceptives, and the culturally determined prevalence of termination of pregnancy instead of prevention. The physicians with a training in family planning mentioned more frequently the lack of sex education and the younger physicians stressed the lack of modern contraceptives as reasons for the high abortion figures in their republic. Two-thirds (67.4%) of the gynecologists rejected abortion as a birth control method, stating that having an abortion is always more detrimental to health than using any form of contraception; 11.4% expressed the opinion that abstinence is more detrimental. Only 5% indicated that the use of contraception causes more harm to women's health than abortion.

Table 2. Perceived reasons for high abortion rate in Russia (%)*

Lack of sex education	69.5
Non-participation of males in birth control	45.3
Lack of modern contraceptives	44.9
Non-use of contraception	31.3
Early onset of sex life of adolescents	28.7
Orientation to termination of pregnancy rather than prevention	25.5
Use of traditional contraceptives with high failure rates	23.9
Low number of children desired	18.6
Sexual permissiveness	10.5

*More than one answer possible

Table 3. Perceived attitude of women toward abortion and the use of contraceptives (%)

All women would much rather use contraception instead of having abortions	48.3
Some women would rather have an abortion than use contraception	38.1
Women would rather have an abortion than use contraception	5.6
No idea, no answer	8.0

Concerning a question to the providers on the perceived attitudes of the women, the results show that 38.1% of the physicians think that some women would rather have an abortion than use contraception; however, 48.3% of the physicians think that all women prefer to use contraception. Only 5.6% of the physicians suppose that women usually prefer abortion instead of using contraception (Table 3).

There is a rather strong consensus among the physicians concerning the perceived attitude of women on abortion. More physicians in rural areas perceived that women prefer abortion over the use of contraception than in urban areas (18% and 3%, respectively).

Organization of family planning

Almost all of the gynecologists (95%) expressed the opinion that women in their country need a special service dealing with family planning (providing contraceptives, counseling and sex education); 5% stated 'no' or had no clear opinion. Several ideas were offered about the organization of such family planning services (Table 4). About two-thirds (63.5%) of the gynecologists thought this service should be a part of the existing local structure, both the hospital out-patient clinic and the maternity centers and polyclinics, or a part of the marriage counseling centers (44.3%). However, a quarter preferred special family planning clinics. There was a widespread consensus among the physicians concerning the future organization of the family planning services. The several background characteristics were not related to the opinions on the structure of the family planning.

Table 4. Organization of the family planning service (%)*

Hospital out-patient clinic	20.0
Local maternity center and polyclinics	43.5
Special family planning clinics	25.9
Part of the marriage counseling centers	44.3
No opinion, no answer	5.9

**n* = 375; more than one answer possible

Table 5. Opinion on family planning for teenagers (%)

<i>1. The best way to provide family planning for teenagers</i>	
Teenagers should not use contraception at all	3.5
Teenagers should be seen at the same family planning service as adults	8.5
There should be special clinic hours for teenagers, integrated in the existing family planning service	55.2
There should be a special contraceptive service for teenagers	26.4
No opinion, no answer	6.4
<i>2. Parents of a teenage girl seeking contraception or abortion should be informed of her sexual experience</i>	
Yes, always	40.0
Yes, in some cases	45.6
No	10.9
No opinion, no answer	3.5

Services for teenagers

An important target group for effective family planning is teenagers. Some questions on this special target group (Table 5) show that the majority (55%) felt that teenagers should attend a currently existing family planning service during special clinic hours. The physicians with less experience in their job (≤ 10 years) more strongly stressed the importance of special hours for teenagers in existing clinics (14%) than did the more experienced colleagues (47%). Only a few physicians (3.5%) denied teenagers the freedom to use contraception. However, 85.6% of the physicians stated that parents should be informed of the sexual experience of teenage girls. Older physicians have a more conservative attitude about the role of the parents; 60% of the physicians above 50 years of age stated that the parents should always be informed of the sexual experience of their teenagers; 31% of the physicians below the age of 30 shared this opinion.

Fees for family planning services

Political changes influence the financing of health care. Family planning services were always free of charge. Should the patients now be charged for such services? Figure 1 shows that more than 40% of the physicians stated that family planning services should be free of charge; 43.7% thought that the patients should pay only a nominal fee. Few physicians felt that the patients should pay the full price of contraceptives. The junior doctors less frequently mentioned that the family planning services should be free of charge (12%) but most felt that the patients should pay a nominal fee (70%). The same was true for doctors with less experience (27% and 61% respectively) and for male physicians (20% and 54%).

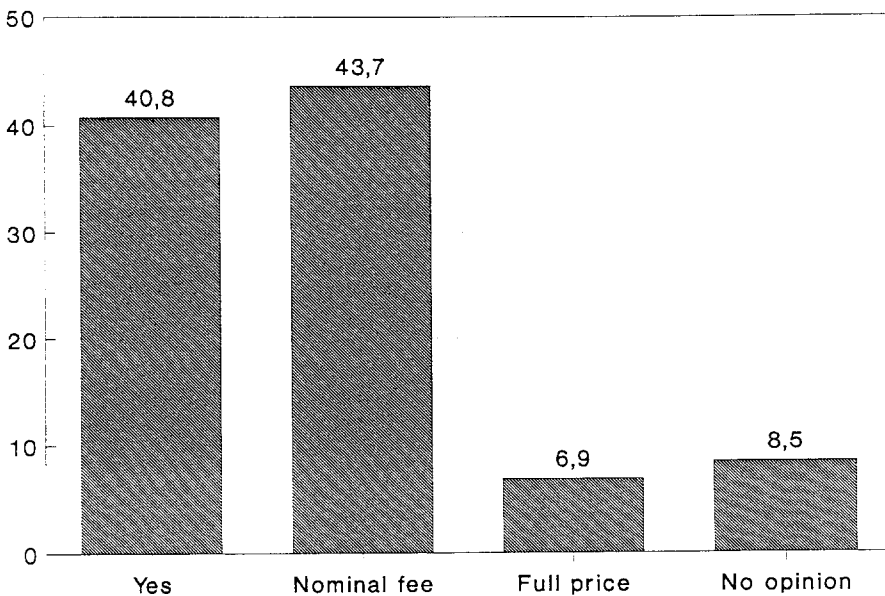


Figure 1. Should family planning service be free of charge? (%)

Knowledge and communication

Introduction of family planning requires knowledge of modern contraceptive options and an open communication with the patients. Figure 2 shows that for three-quarters of the physicians, medical journals and books were the main sources of knowledge about contraceptives. They stressed the importance of information supplied by colleagues, pharmaceutical firms, training courses and mass media.

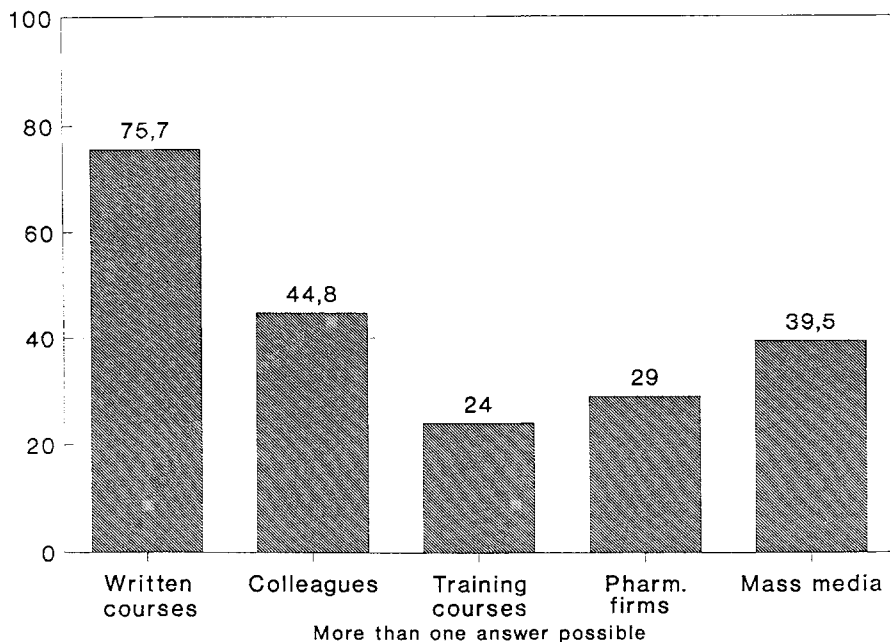
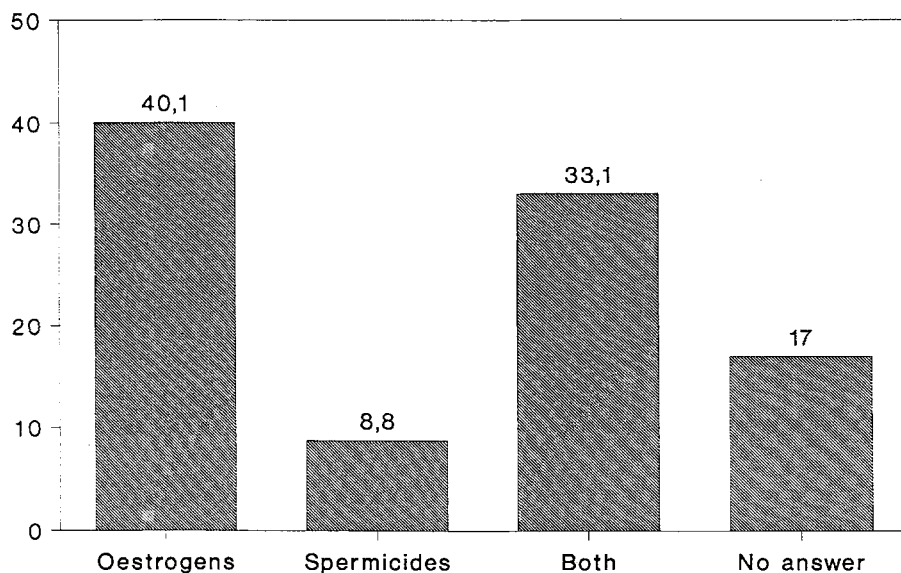


Figure 2. Main sources of knowledge about contraceptives (%)



(n=375)

Figure 3. What do you suppose most women think that the pill contains?

Table 6. Knowledge of modern contraceptives (%)

<i>1. If one of your patients asked how the pill works, what would you answer?</i>	
Changes cervical mucus to make it impermeable for sperm	9.3
Stops ovulation	43.2
Changes the endometrium making it unsuitable for implantation	4.3
All these three answers	37.1
No answer	6.1
<i>2. For what groups of women do you think the modern low-dose combined oral contraceptive pill is safe?*</i>	
Non-smoker below 35 years	64.8
Smoker below 35 years	16.5
Non-smoker above 35 years	33.5
Smoker above 35 years	1.6
None, the pill is never safe	13.4

**n* = 375; more than one answer possible

For reasons of tact, the gynecologists' knowledge about oral contraception was estimated indirectly. Table 6 gives an impression of the doctor's knowledge about the pill. The results show that 37.1% of the physicians were familiar with the mechanisms of hormonal contraception. The less experienced physicians (<10 years) and those who did not have training in family planning had a lower level of knowledge of how the pill works (35% and 34%, respectively) than did the more experienced physicians with training (43% and 44%, respectively). The answers on the second question indicate that 13.4% of the physicians held the opinion that the pill is never safe for health. Approximately two-thirds (64%) of them stated that the low-dose combined oral contraceptive pill is safe for non-smokers below 35 years of age.

Two questions concerned the perceived knowledge possessed by women. Figure 3 shows that 40.1% of the physicians supposed that most of the women know correctly what the pill contains. More than half of the physicians perceived that most of the patients have a vague and erroneous notion about the available contraceptives (Figure 4). The results indicate that the younger physicians (≤ 29 years) with less work experience (0–5 years) more frequently supposed that women know what the pill contains (58%) than did the older (≥ 50 years) and more experienced (≥ 20 years) gynecologists (38% and 39%, respectively).

One-fifth (20.5%) of the physicians described the mode of communication with patients seeking contraceptive help as uncomfortable, while half of the physicians (53%) indicate that most of the women feel at ease. A quarter of the physicians (26.4%) never gave it a special thought or had no opinion on the communication with their patients. The older (≥ 50 years) and more experienced physicians (11–20 years) who received training in family planning reported more frequently that most patients feel at ease during contraceptive counseling (73%, 71% and 61%, respectively) than

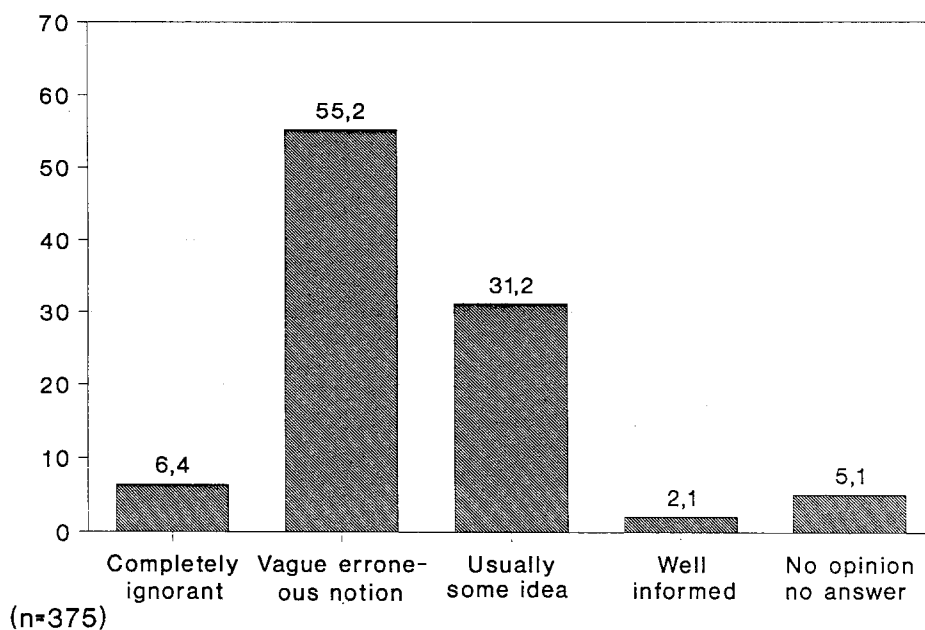


Figure 4. Information possessed by women <35 years (%) about available contraceptives

did the younger (≤ 29 years), less experienced (≤ 11 years) and physicians who had not received such training (41%, 50%, 45%, respectively).

When counseling patients requesting advice on contraceptive issues, half of the physicians would leave the final choice to the patients, after discussing the possibilities and suggesting a method (Table 7). One-third of the physicians would use the directive 'tell and sell' method. However, in case of contraindications a majority of the physicians chose directive counseling. The less experienced doctors (<10 years) preferred the directive style of counseling (46%).

Table 7. Style of counseling about contraception (n=375) (%)

Style of counseling	In a normal situation	With contra-indications
Patient's free choice	3.7	1.9
Directive counseling, but free choice	53.9	34.9
Free information, but limited choice	30.1	46.4
Limited information and restricted choice	3.2	9.6
Doctor's choice	5.1	4.0

Counseling on contraception may also concern the partner. Almost all physicians indicated that the male patient should always (48.8%) or in some cases (39.2%) be involved in consultations on the choice and/or use of contraceptives. Only 8% gave negative answers or no answer (4%). Male and female doctors expressed the same opinion on the involvement of the male patient in contraceptive counseling.

Discussion

This survey of gynecologists studied the most urgent problems in providers' education and provision of family planning services in Russia. This information is important for improving both the availability and the quality of the services, and hence the gradual transition from abortion as the primary method of birth control to efficient modern contraception [2,3]. The opinion of the doctors is crucial, since they are a primary source of information for women. It should be pointed out that the study is not based on a random sample. Due to practical limitations only gynecologists taking an educational course filled in the questionnaire. This implies that the sample consists of highly motivated, young, well-educated physicians. More than 50% of the respondents were employed in clinical care or medical research, which means they are more advanced and able than physicians working in primary outpatient care. As such, the sample may be indicative of the future trends.

All the responding gynecologists stressed the need for special family planning services. However, they did not agree on the organizational setting of such a clinic. Most of them preferred either the traditional polyclinics or the existing marriage counseling centers. The first choice seemed to indicate a medical orientation, while the second was based on a psychosocial perspective. Another point of disagreement was the financing of modern family planning methods. Approximately 40% of the gynecologists stated that the contraceptives should be free of charge, while the others would like a nominal fee to be collected from the patients. In both cases the gynecologists underlined the importance of paying special attention to contraceptive care for teenagers. Almost all gynecologists felt teenagers should inform their parents about their sexual behavior and use of contraceptives. This rather paternalistic attitude was evident in the tendency to urge the patient to use a certain type of contraceptive. Russian doctors seem to need training in counseling techniques.

The doctors' knowledge concerning the pill was rather low. The more experienced doctors who followed a training in family planning showed a more family planning centered attitude. They were better informed and used more professional information sources; however, they were more pessimistic (or perhaps realistic) about the low level of knowledge of patients on contraceptives.

The survey seems to indicate serious gaps in the training of Russian gynecologists. More attention should be paid to the knowledge on modern contraceptives, a non-directive style of counseling, and integration of family planning services into the existing health care system.

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MS received 23 Feb. 93.

Accepted for publication 15 Mar. 93.

Resumé

Une enquête a été menée auprès de 375 gynécologues russes. Un questionnaire portant sur le planning familial et les contraceptifs a été distribué au début de trois colloques éducatifs locaux. Les participants ont presque tous rempli ce questionnaire sur les attitudes, les connaissances et les expériences en matière de planning familial. L'échantillon est composé de spécialistes de services et de chefs de services/cliniques travaillant pour la plupart dans des cliniques pour femmes en consultations externes ou internes. L'âge moyen était de 37 ans; 83% étaient des femmes vivant dans des villes de taille moyenne ou grande (80%). La moitié d'entre eux étaient gynécologues depuis plus de 10 ans. A peine 55% avaient reçu une formation en matière de planning familial. La principale raison évoquée pour expliquer le pourcentage élevé d'avortements en Russie concernait le manque d'éducation, le désengagement du partenaire masculin et le manque de contraceptifs modernes. La plupart des gynécologues se sont prononcés en faveur de cliniques spécialisées en planning familial, particulièrement orientées vers l'assistance à fournir aux utilisatrices. Environ la moitié des cliniciens savent comment fonctionne la pilule. Ils supposent que 41% des femmes savent que la pilule contient des oestrogènes. L'expérience de 62% d'entre eux laisse penser que les patientes sont mal informées sur la contraception mise à leur disposition. Les principales sources d'information sur la contraception dont dispose le médecin sont les revues/livres, les collègues et les médias. La majorité d'entre eux a indiqué que leur rôle était de conseiller les patients et que les parents des jeunes devraient être informés des expériences sexuelles de ceux-ci. Les cliniciens les plus expérimentés, qui ont bénéficié d'une formation en matière de planning familial, sont mieux informés au sujet de la contraception et font preuve d'une attitude plus ouverte à l'égard des patientes. L'exposé conclut que ceux qui dispensent les soins de santé doivent constituer le principal groupe cible pour l'éducation et la formation en matière de planning familial et qu'ils ont besoin d'être appuyés par les organisations de planning familial d'Europe occidentale.

Resumen

Se realizó un estudio entre 375 ginecólogos rusos. Un cuestionario sobre planificación familiar y anticonceptivos se distribuyó al principio de tres simposios educativos locales. Casi todos los participantes llenaron el cuestionario sobre actitudes, conocimientos y experiencia en materia de planificación familiar. La muestra consistió en especialistas de departamentos y jefes de departamento/clínicas, que trabajaban principalmente en clínicas de mujeres con consultas internas y externas. La edad media era 37 años; el 83% eran mujeres que vivían en ciudades de tamaño mediano o grande (80%). La mitad eran ginecólogos desde hacía más de 10 años. Sólo el 55% había sido capacitado en materia de planificación familiar. Las principales razones citadas para explicar el alto porcentaje de abortos en Rusia se referían a la falta de educación, la falta de interés del compañero y la escasez de anticonceptivos modernos. La mayoría de los ginecólogos se mostraron a favor de clínicas especializadas en planificación familiar, orientadas en particular a los servicios prestados a las usuarias. Alrededor de la mitad de los médicos clínicos saben cómo funciona la píldora. Suponen que el 41% de las mujeres saben que la píldora contiene estrógenos. La experiencia del 62% de ellos indica que las pacientes están mal informadas acerca de los anticonceptivos disponibles. Las principales fuentes de información sobre anticonceptivos de que

disponen los médicos son las revistas/libros, los colegas y los medios de difusión. La mayoría señaló que orienta a las pacientes y que los padres de adolescentes debían estar informados de las experiencias sexuales de éstas. Los médicos de más experiencia, que habían sido capacitados en materia de planificación familiar, están mejor informados sobre los anticonceptivos y manifiestan una actitud más abierta con respecto a las pacientes. Se llega a la conclusión de que los proveedores de atención de la salud deben constituir el principal grupo a alcanzar en la esfera de la capacitación y educación sobre planificación familiar, y que se necesita el apoyo de organizaciones de planificación familiar de Europa Occidental.