Characteristics of Clinic Personnel May Influence Family Planning Acceptance

DONALD W. MacCORQUODALE, MD, MSPH

Dr. MacCorquodale is an associate professor of comprehensive medicine, College of Medicine, University of South Florida. At the time of the study he was population officer, U.S. Agency for International Development, Philippines. Tearsheet requests to Donald W. MacCorquodale, MD, College of Medicine, University of South Florida, Tampa, Fla. 33620.

Currently demographers generally agree that present rates of increases in population growth constitute a serious threat to the well-being of mankind. They do not, however, agree as to whether or not birth control programs, or family planning programs as they are more commonly called, offer any real hope of providing a solution to this genuine problem. Those demographers who are somewhat more optimistic regarding the possibilities of success of family planning programs point out that women throughout the world appear to want fewer children than they are actually having, and that knowledge of the availability of family planning services is spreading rapidly among the peoples of the world.

It is not, however, my intention to advocate the merits of one viewpoint or the other regarding the role of family planning programs as a possible solution to what is popularly referred to as the population explosion. It is rather to suggest that the characteristics of the medical and

nonmedical personnel responsible for implementing such programs may be as crucial to their success or failure as societal factors, the importance of which few would care to deny.

For example, in a large private family planning program in South America, there is a remarkably consistent pattern in the number of new acceptors seeking services each month in many of the free-standing clinics presently operating. There is a steady increase in the number of new acceptors for an average period of 14.5 months (S.D. ± 3.0). At this point, there is a slight decline in the number of new acceptors for an average period of 2.1 months (S.D. ± 1.2). Then, the number of new acceptors per month tends to reach a plateau. The average number of months required to achieve the maximum number of new acceptors and the average number of months of decline in numbers of new acceptors per month before reaching a plateau are as follows.

Clinic	*Average number of months—* *to reach maximum number per month* ($\bar{x}$ = 14.5 ±3.0)	*of decline in numbers per month before plateau* ($\bar{x}$ = 2.1 ±1.2)
1.....	13	2
2.....	14	2
3.....	20	2
4.....	16	1
5.....	11	2
6.....	12	1
7.....	12	2
8.....	18	5

A typical clinic record is shown in figure 1. The remainder of the clinics studied in this particular program do not show a consistent pattern of development, and, hence, monthly variations in the number of new acceptors are difficult to interpret. In those clinics which do show the "normal" pattern, the number of new acceptors per month frequently mirrored faithfully events which involved clinic personnel, particularly the physician.

The experience of a clinic in a city of some 170,000 inhabitants is shown in figure 2. At point A on the chart, physician X was given a contract to start a family planning program. Following an initial rise, the number of new acceptors remained relatively constant for the next 4 months.

The program administrators were convinced that this physician had little or no interest in the program, and they believed he was using it primarily to encourage patients to come to his private office for medical care. He was discharged at point B, and physician Y was hired. Again following an initial rise in new acceptors, the number per month fell markedly. Physician Y, who was notorious for coming to work late or not at all, was discharged at point C, and physician Z was hired.

Physician Z is young and energetic, and he feels strongly that family planning is important for the well-being of his patients and for the future development of his country. His manner in dealing with his patients is courteous and pleasant. Since he has started to work in the program, the number of new acceptors per month has followed the typical pattern.

The number of new acceptors per month in a clinic in a city of 200,000 people is shown in figure 3. During the first 6 months of the program, physician X was at the clinic. His supervisors said he was overbearing and arrogant in his manner toward his patients. At point A on the figure, physician X was discharged, and the services of physician Y were contracted.

For more than a year, there was a marked and consistent increase in the number of new acceptors, except for April 1969, which is represented by point B on figure 3. During that month, physician Y was attending a course in family planning administration in another country, and a substitute physician served in his place. When physician Y returned, there was an immediate and sustained increase in the number of new acceptors.

The course of events following the initiation in 1968 of private family planning clinics within this same program in two cities, which I shall call Campo Verde and Ciudad Real, form an interesting study in contrasts.

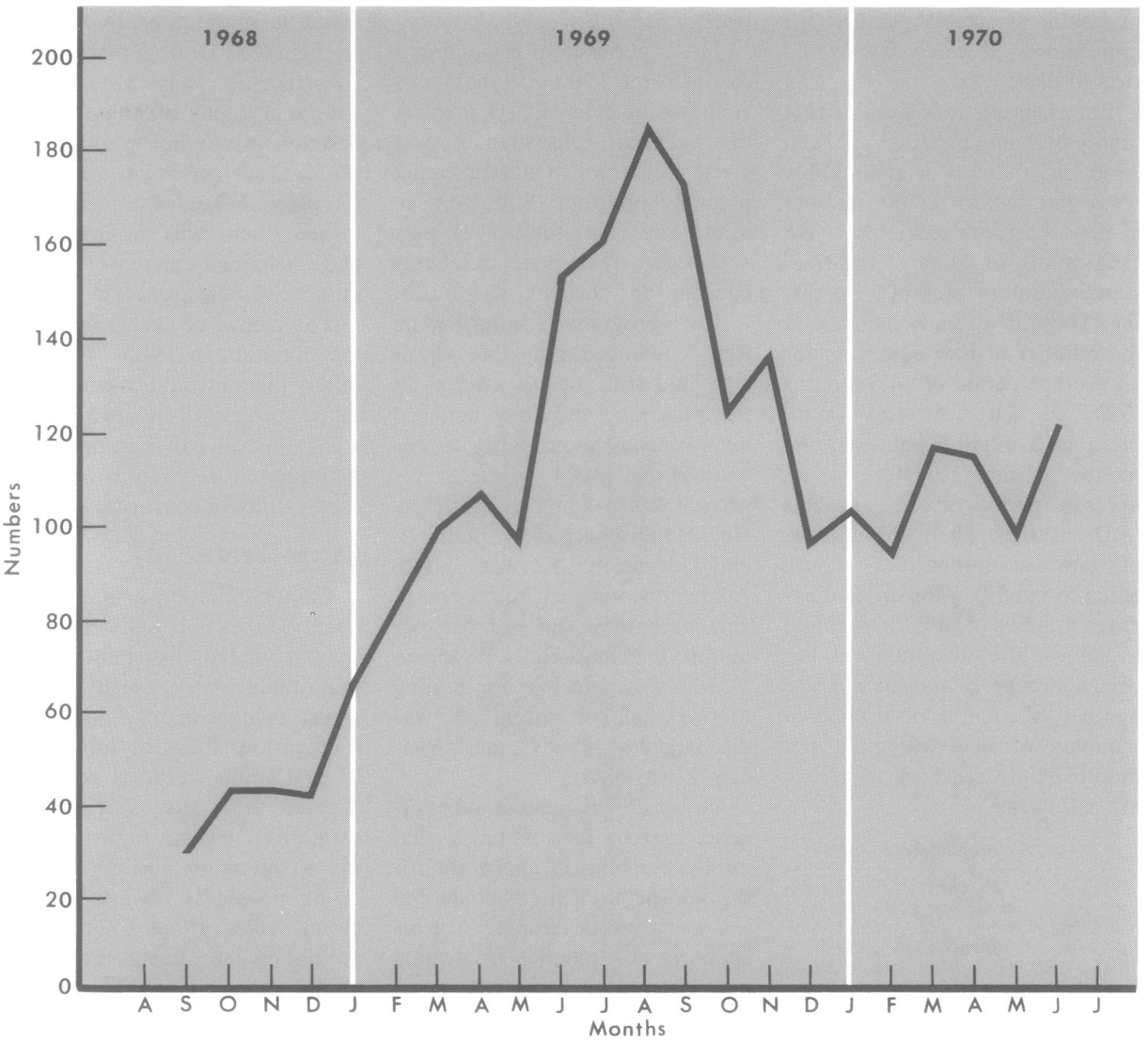
Campo Verde

Campo Verde is a city of about 100,000 people. The city is surrounded by innumerable minifundia (very small farms), whose owners manage to sustain a precarious living at subsistence level. Campo Verde is relatively isolated from the rest of the country. It has no industry worthy of the name, and the poverty of its people is obvious to the casual visitor. It has a nationwide reputation of being extremely conservative in both the religious and political sense of the word.

To say that the ambience of Campo Verde is not particularly propitious for family planning is an understatement. A local Catholic priest who owns several radio stations uses them continuously to attack family planning in general and the local private clinic in particular.

Family planning in Campo Verde is subject not only to the unremitting hostility of the local clergy, but it is also the object of the unanimous enmity of the medical profession. When the private family planning associa-

Figure 1. Number of new acceptors per month in a "typical" family planning clinic



tion was planning to open its clinic there, it was discovered that not one of the 50 physicians in the city was willing to assume the position of medical director, despite the excellent salary offered. A physician was finally imported from a distant major city.

Ciudad Real

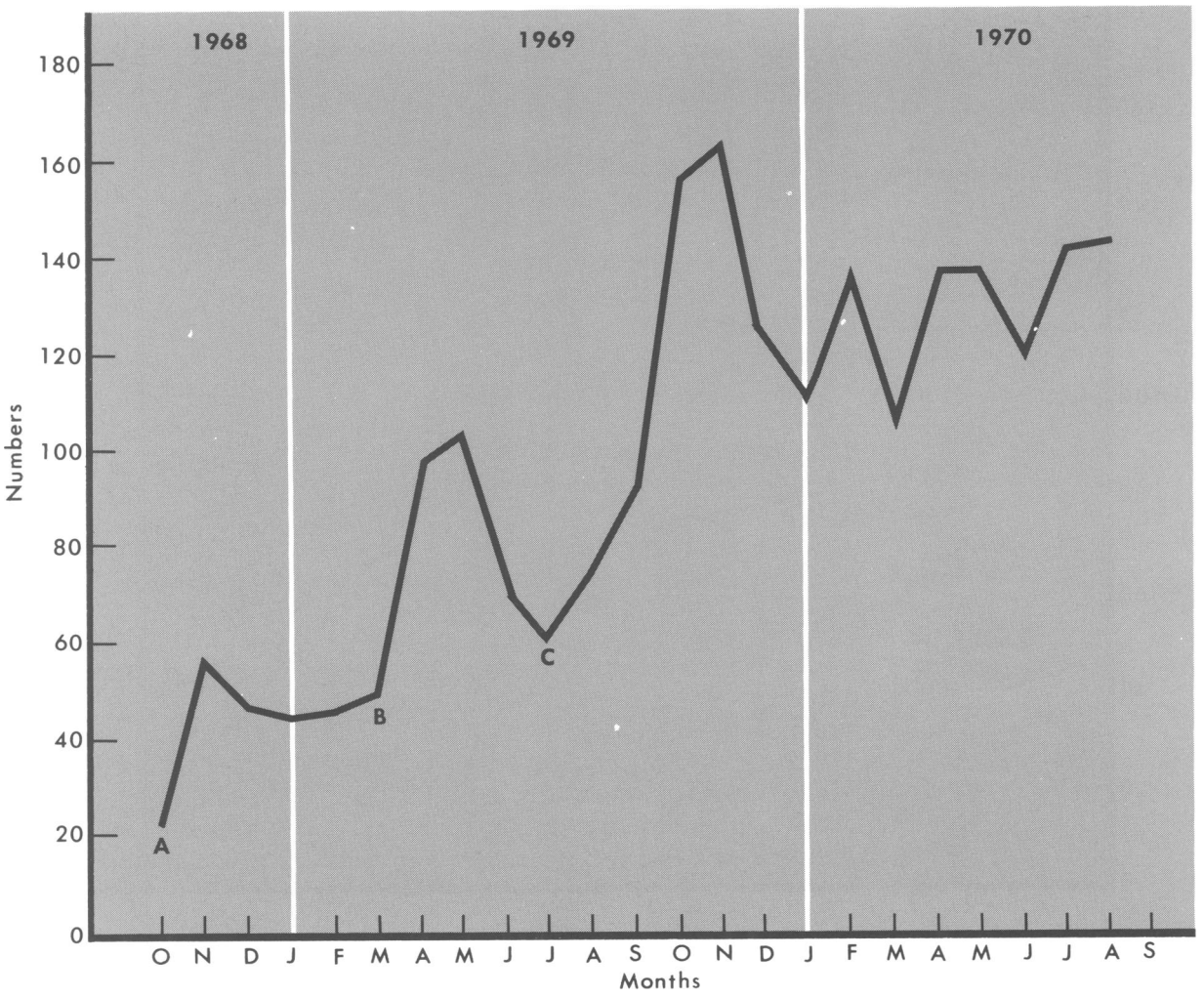
Ciudad Real is a city of about 70,000 people. Although it, too, is surrounded by minifundia which are characterized by subsistence level farming, it does have several heavy industries, which employ several thousands of workers.

Family planning has received little or no opposition from the Catholic clergy in Ciudad Real. In fact, one of the most respected priests of the city has made it clear to his parishioners that he regards family planning a matter of the individual consciences of couples and not an issue to be raised in the confessional.

The local private family planning clinic has received considerable support from the medical profession, and physicians in private practice, especially pediatricians, refer patients regularly to the clinic for services.

Interestingly enough, the family planning program in Campo Verde has been as successful as that in Ciudad Real, at least in the percentage of women who have sought services during the first 2 years (1968–69) of operation of the clinics. The clinic in Campo Verde reached 9.3 percent of the women in the repro-

Figure 2. Number of new acceptors per month in a city of 170,000 inhabitants



ductive ages in the first 2 years, and the clinic in Ciudad Real reached 8.6 percent. Unfortunately, continuation rates of contraceptive practice are not known for Ciudad Real. We know, however, that continuation rates for all methods among the acceptors of the Campo Verde clinic exceeded 85 percent during 1968, an impressive accomplishment.

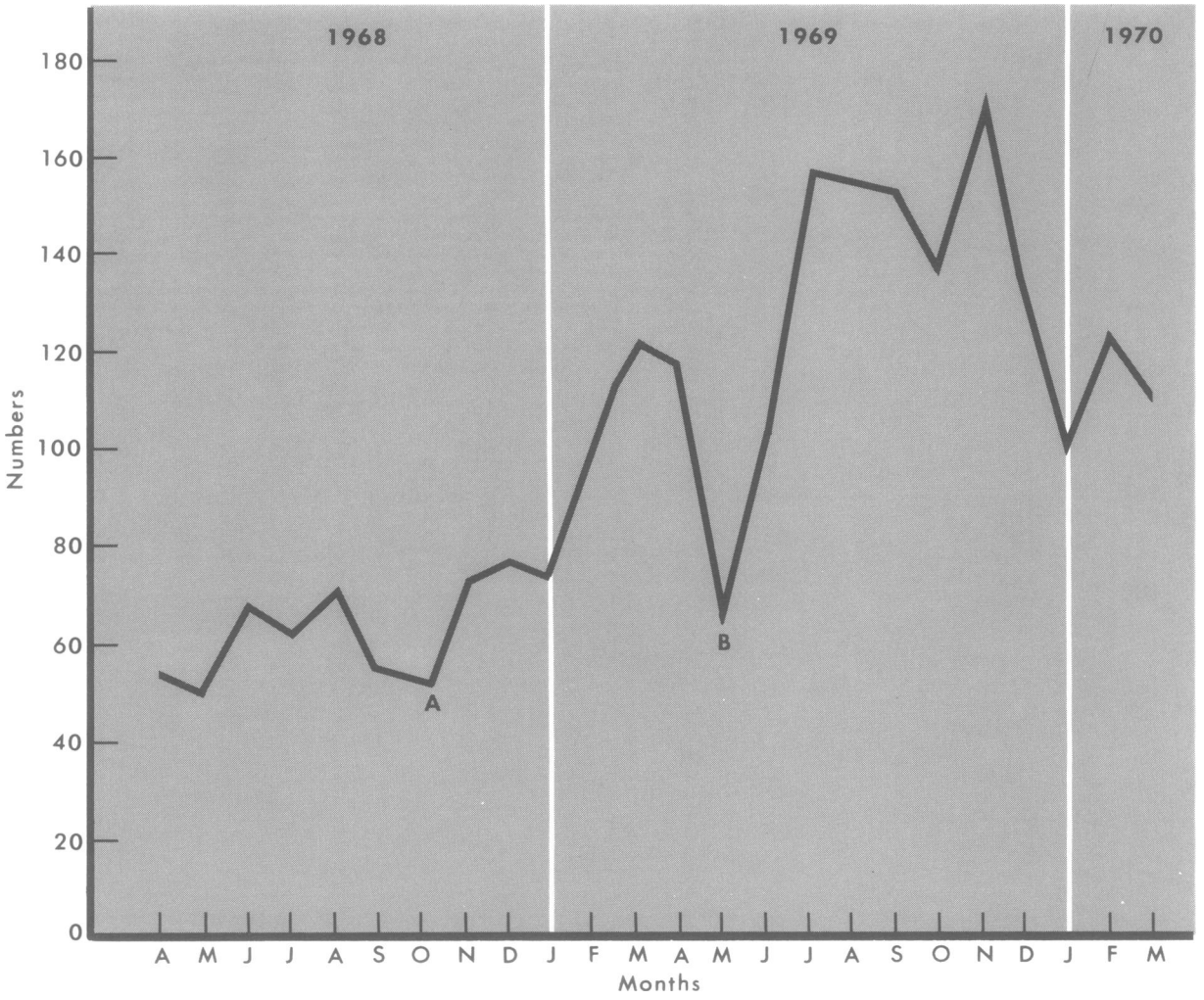
There are, of course, so many variables that influence the outcome of family planning programs that I am reluctant to attribute favorable or unfavorable results to any given factor. In any event, the characteristics of some of the key personnel of these two clinics are interesting.

Key Personnel of Clinics

The motivadoras. The middle aged motivadora (perhaps "family planning educator" might be the nearest equivalent in English) of the Campo Verde clinic has particularly impressed her supervisors by her performance. She began her work in the clinic by compiling a dictionary of euphemisms for parts of the body and physiological functions that are used by the clinic's patients so she could communicate more effectively with them.

She interviews personally each potential new acceptor, and during the interview she carefully explains the advantages of various contraceptive methods and their possible adverse side effects. When patients fail to keep appointments, she visits their homes, and after chatting at

Figure 3. Number of new acceptors per month in a city of 200,000 inhabitants



some length about unrelated matters, she offers to make another appointment at the clinic. I believe that the high continuation rates of patients of Campo Verde clinic are related to her efforts.

The motivadora of the clinic in Ciudad Real is young and recently married. She reputedly has shown little initiative and makes only the minimal effort required by her job, which is largely that of offering lectures on family planning methods to groups of women who have sought services at the clinic.

The medical directors. The supervisors of the medical director of Campo Verde clinic say he has a particularly pleasant and patient manner in dealing with his patients, although they do not regard him as being particularly dynamic.

The medical director of the clinic in Ciudad Real, however, although a pleasant person, is regarded by his supervisors as more interested in his social standing in the community and in his private practice than he is in the family planning program.

It is clearly possible that I, as well as the administrators of this particular program, may be indulging in the post hoc ergo propter hoc fallacy when variations in the performance of individual clinics are attributed to the personality characteristics of clinic personnel. Nonetheless, the strikingly consistent manner in which the performance of many clinics reflects what is known about clinic personnel suggests that personalities play a crucial role in the success or failure in the recruiting of new acceptors. Certainly, a more thorough investigation of the role personality and motivation of clinic personnel play in achieving successful results through family planning programs is warranted.