Family Planning Services in Virginia

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EVIDENCE of the State of Virginia's interest in family planning is demonstrated by the progression of events in the evolution of voluntary and official family planning services in the State. In 1929, Dr. H. Hudnall Ware, Jr., head of the department of obstetrics and gynecology at the Medical College of Virginia, introduced contraceptive services into the maternal welfare clinics of the college hospital and began teaching contraceptive techniques to medical students.

The first organization in Virginia publicly to support birth control was the Virginia Federation of Women's Clubs, which endorsed it in 1936. Six years later, the Medical Society of Virginia and the Virginia Tuberculosis Association passed separate formal resolutions approving the concept of planned parenthood.

In August 1940, the Virginia League for Planned Parenthood, Inc., was chartered. In 1945, through the efforts of Dr. A. L. Carson, Jr., director of the bureau of maternal and child health, Virginia State Department of Health, local health departments were permitted to provide birth control services in their clinics with products supplied by the league.

In 1956, the State health department assumed financial responsibility for all contraceptives distributed by the maternal and child health clinics in local health departments.

In its 1962 session, the General Assembly of Virginia enacted legislation permitting the performance of "voluntary sterilizations," and on July 1 of that year, Dr. Mack I. Shanholtz, State commissioner of health, issued the following policy statement regarding family planning services: (*1*)

> Family planning will be considered an integral part of family health services. Local health departments will be expected to take positive action to implement this activity.
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> Patients under the supervision of local maternal and child health clinics will be provided with such contraceptive equipment and supplies as may be prescribed by the acting clinician, provided the prescribed equipment and supplies appear on a list approved by the medical advisory committee of the Virginia League for Planned Parenthood. Such equipment and supplies will be furnished by the Virginia State Department of Health on the request of the local director.
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> Health education materials relative to family plan ning will be provided on request to local health departments through the Bureau of Health Education.

In 1966, the Virginia General Assembly appropriated funds specifically designated for the provision of family planning services through the State health department.

This history shows the magnitude and speed of changes in public opinion in Virginia about family planning—changes evidenced in the recent assumption by an official health agency of a leading role.

Current Activities

Today, there is a rapidly expanding program of organized family planning services in Virginia. The Virginia League for Planned Parenthood, Inc., in cooperation with the State health department, has assumed a primary responsibility for informing the general public of the purpose and availability of these services. The Virginia State Department of Health and the local health departments have the responsi-

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bility of providing the services to anyone who requests assistance and is unable to obtain it through other resources.

Every city and county in Virginia has a local health department, staffed by full-time personnel. Operating through these State-affiliated departments, 101 maternal and child health clinics provide family planning information and clinic services.

Each clinic offers prenatal and postnatal care to maternity patients referred by private practitioners through public health nurses and local departments of public welfare. The clinics are scheduled at intervals consistent with the available local staff and the community's needs. In 1965, there were 3,025 clinic sessions scheduled, with an estimated average attendance of 3,240 patients per month. Although no formal means test is applied, the patients' family physicians must approve referrals to the clinics.

Since 1960, family planning information and services have been incorporated into all maternal and child health clinics to a progressively increasing degree. Although almost all maternity patients request and receive family planning services, each year an increasing number of patients are referred to the clinic for family planning services only. The number referred for only family planning services has approximately doubled for each year since 1960; the number receiving these services in 1966 was 100 times the 1960 total (see table).

There are 573 public health nurses staffing the State-affiliated local health departments in Virginia. In compliance with the policy of the State health department, these nurses have also increased their activities outside the clinics in order to make family planning an integral part of family health services. The estimated number of patients receiving these services in 1966 was four times the number in 1960 (see table).

Another indication of the growth of the family planning services provided through the official health agency in Virginia is found in the increase in yearly expenditures for contraceptive supplies and equipment purchased through the Virginia State Department of Health. Before fiscal year 1960, these expenditures totaled less than $2,500 per year. Since that time, the use of these supplies has shown a remarkable increase as demonstrated by the increased expenditures for such items (see table). This cost-service index can be fully appreciated only when one notes that the cost of each patient-month supply of drugs—the largest cost item—has gradually been reduced so that in 1966 the unit cost is less than one-half that of 1962. The cost of a patient-month supply of oral contraceptive drugs in 1962 averaged $1.80; in 1966, 80 cents.

In January 1964, a pilot clinic providing for insertion of intrauterine contraceptive devices was established in the Virginia Beach Health Department. Based on this experience, 32 other clinics have now added this service.

A total of 895 intrauterine contraceptive devices had been inserted in these 33 clinics by July 1, 1966. A review of the clinics' experience reveals 58 failures among the 895 patients. In 16 patients, the device was removed for medical reasons; in 14, the patients decided to discontinue its use. The other 28 patients apparently represent a failure of the method. Expansion of this service depends primarily on the training of clinicians to provide the necessary professional services.

The reported activities of the official health agency do not, of course, give the complete pic-

Patients receiving maternity and family planning services and annual expenditures by the Virginia State Department of Health for contraceptive supplies and equipment, 1960–66

Fiscal year	Estimated number [1] of patients receiving services			Expenditures
	Maternity and family planning	Family planning only	From public health nurse outside clinics	
1960	34, 020	250	40, 010	[2] $3, 000. 00
1961	35, 550	525	41, 250	[2] 3, 500. 00
1962	30, 627	1, 525	60, 545	[2] 9, 500. 00
1963	31, 262	2, 253	63, 124	[2] 10, 000. 00
1964	38, 504	6, 606	80, 250	10, 936. 54
1965	43, 593	12, 745	100, 110	49, 494. 12
1966	37, 918	25, 198	165, 261	67, 587. 55

[1] Estimate based on patient visits to clinics and daily activity reports of public health nurses. Only patients requiring continuing nursing services were taken under public health nursing supervision.
[2] Estimated.

ture. Private practitioners of medicine have apparently experienced a parallel trend upward in the number of family planning services requested and supplied. The division of local health services of the Virginia State Department of Health surveyed 1,065 private practitioners in July and August 1966 by a mail questionnaire, which provided some interesting information. The survey group consisted of a sample of every fourth licensed physician listed in the Virginia roster of practitioners of the health arts. Four hundred eleven, or 39 percent of the total number polled, returned usable answers. Of the physicians reporting, 28 (100 percent) of the obstetricians, 100 (88 percent) of the general practitioners, 41 (37 percent) of the internists, 53 (30 percent) of the surgeons, and 28 (25 percent) of the psychiatrists indicated that they prescribe contraceptives.

In addition, the physicians reporting stated that 262 of their male patients and 1,092 of their female patients had received surgical sterilizations during the preceding year.

Demographic Factors

There were 89,139 live births to Virginia residents during calendar year 1965, representing a decrease of 7,827 births (8.1 percent) from the 1964 total. The 1965 birth rate of 20.1 per 1,000 estimated population was the lowest rate recorded in Virginia since the mid-depression year of 1936.

During the past half century, the highest birth rate was recorded in 1921, when a value of 30.3 was registered, which was substantially higher than in the so-called baby boom year of 1947, when the rate was 27.0.

Since recognized factors—economic conditions, marriage rates, distribution of the population by age and geographic factors, and the like—which have influenced increased birth rates in the past, continue to affect them, other factors are apparently playing a major part in the decline. One of these is almost certainly an increased emphasis on family planning. In the decade before 1962, there was little change in the birth rate in Virginia. Since then, however, a positive family planning policy has been initia-

Figure 1. Birth and marriage rates, Virginia, 1913–65

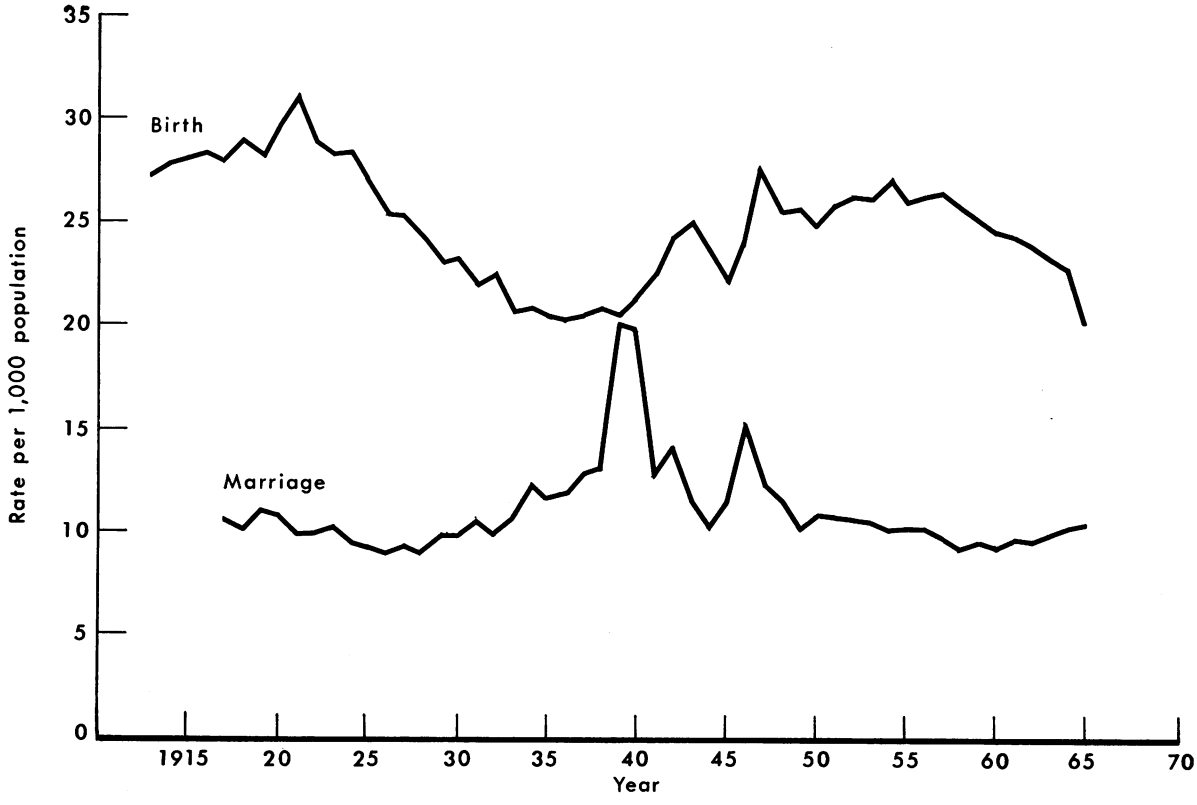
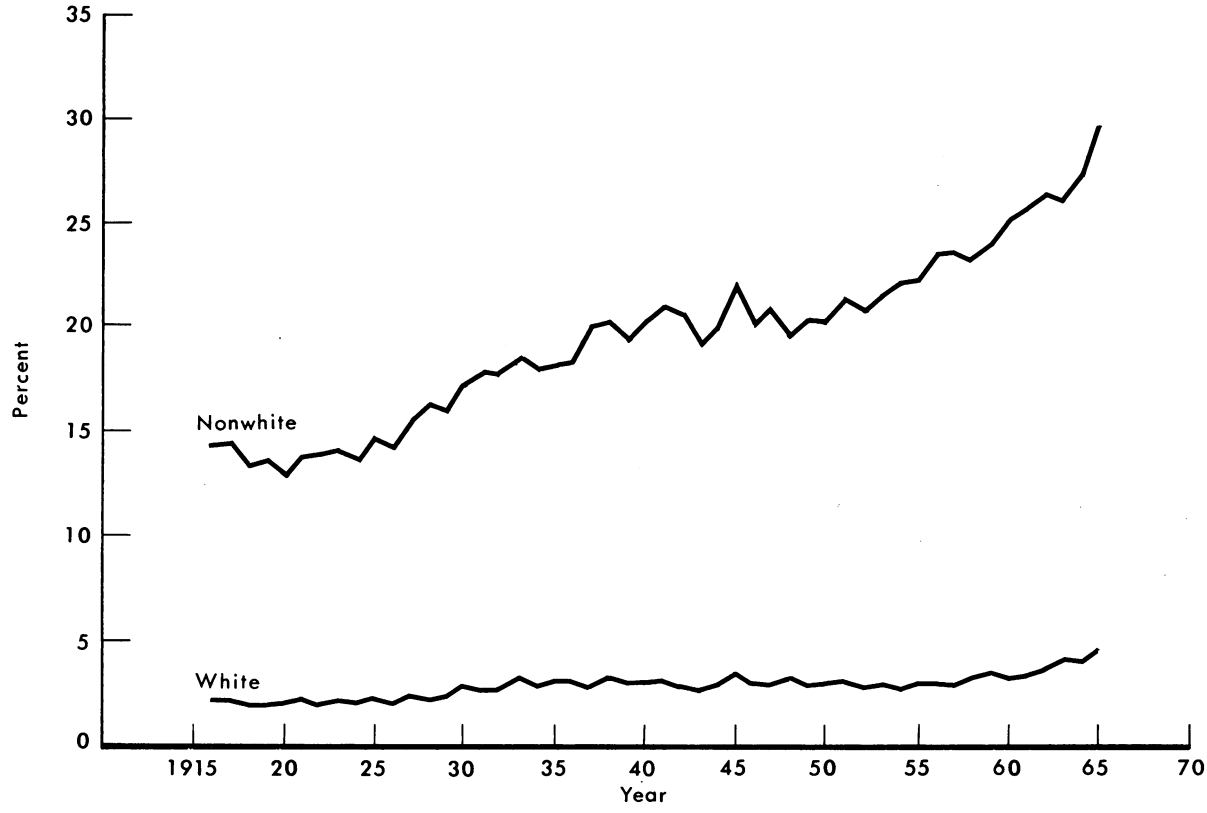


Figure 2. Percent of births to Virginia residents that were illegitimate, 1916–65



ted, and there has been a downward trend. In 1962, the birth rate was 23.4; in 1963, 22.9; in 1964, 22.5; in 1965, 20.1; and in the first 6 months of 1966, 18.3 (fig. 1).

The probability that family planning services have contributed to this decline is further substantiated by the current inverse proportion of birth rates to marriage rates. In the 1940's, the pattern was for increases in the marriage rate to be followed by increases in the birth rate (fig. 1). In the 5 years from 1960 through 1965, however, the marriage rate increased from 9.6 to 10.4 while the birth rate dropped from 23.4 to 20.1. The inference is that newlywed couples have deliberately delayed beginning their families by using contraceptive means.

There were 8,900 illegitimate births to Virginia residents during 1965, compared to 8,633 during 1964, an increase of 3 percent. The ratio of illegitimate births to all births increased from 8.9 percent in 1964 to 10.0 percent in 1965, or to 1 of every 10 children born in 1965. The larger percentage increase occurred in the whites—6.6 percent as compared to 1.6 percent in the nonwhites (fig. 2). The incidence of illegitimate births among the nonwhites, however, is still far greater than among the whites. The illegitimacy ratio among nonwhites is approximately 1 birth in 4, while among the whites the ratio is slightly less than 1 birth in 26. The number of illegitimate fetal deaths rose from 800 in 1964 to 947 in 1965, an increase of 18.4 percent.

Discussion

The record of illegitimate births in Virginia clearly demonstrates a basic fault in Virginia's family planning program. In fact, the concept of family planning itself may be faulty. Even though practical application of the existing policy is based on its broadest interpretation, the very use of the words family planning tends to negate a positive approach to birth control outside the family setting. Perhaps the abandonment of such definitive terms as birth control and contraception in deference to certain sensitivities and the substitution of the euphemistic phrases of family planning and planned

parenthood has led to acceptance of a policy not wholly consistent with reality.

The primary objective of the health agency in family health services should be the promotion of the health of both the woman of childbearing age and her offspring. Positive use of this concept would ignore socioeconomic or marital status and would allow a practical and realistic approach to be used. Birth control information and contraceptive services would then be made available to every woman of childbearing age. Ideally, the opportunity to obtain birth control information and services would be offered to each person at the earliest time when comprehension of the information and conception was possible. If educational agencies continue to neglect this function, official health agencies possibly should assume the responsibility. In any event, more thought is needed to determine just what objectives are desirable and what role various agencies should play. Such determinations should be factual and pragmatic.

To serve those who are not being reached, it will be necessary to go to these people rather than to wait for them to come to the health services. The Virginia League for Planned Parenthood has applied for a project grant from the U.S. Office of Economic Opportunity which will allow its workers to make such approaches. The league, through the proposed project, will promote the use of available services and encourage people to seek assistance. The role of the health departments will continue to be the provision of services to those unable to obtain them from private practitioners.

This activity will materially increase the already growing demand for clinic services. New clinics will have to be created and existing ones expanded. Evening clinic sessions are probably indicated. Obtaining manpower to operate clinics is difficult, particularly in locations where it is hoped programs for insertion of intrauterine contraceptive devices can be initiated. Training opportunities must be offered to private physicians in the use of new contraceptive methods and techniques.

These projected expansions of birth control services alone will not provide Virginia with a complete family planning program. The full exercise of the physician's right and competence in protecting and promoting the health and well-being of his patient must be made possible by the removal of existing legal barriers. In my opinion, the professional concept of birth control in Virginia has now reached the stage where consideration can be given to liberalization of the State law which now prohibits therapeutic abortions except in instances intended to save the life of the woman. Appropriate legislative changes in the law would allow the State of Virginia to maintain the position she has so long enjoyed as a leader in family planning services.

Summary

The history of the State of Virginia shows the magnitude and speed of changes in public opinion about family planning. Today, there is a rapidly expanding program of organized family planning services in the State. The program is based on a positive family planning policy of the State health department, through which State-affiliated local health departments make clinic services available to those who are unable to obtain them through other resources. The Virginia League for Planned Parenthood, Inc., assuming a cooperative role, informs the general public of the purpose and availability of these services.

The birth rate in Virginia for the calendar year 1965 was 20.1 per 1,000 estimated population, the lowest rate recorded in the State since the mid-depression year of 1936. The decline in the birth rate is apparently related to the increased emphasis on family planning. An increasing ratio of illegitimate births to all births may reflect a basic fault in the concept of family planning. Further changes in concept and program content seem indicated, including possible liberalization of the current State law which prohibits therapeutic abortion except to save the life of the mother.

REFERENCE

(1) Family planning. Virginia Health Bulletin. Vol. 18, ser. 2, No. 11, March 1966. State Department of Health, Richmond.