

THE USE OF CONTRACEPTIVE DIAPHRAGMS: A FOLLOW-UP STUDY OF A GROUP OF WOMEN

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The Institute of Family and Community Health of the University of Natal** provides a comprehensive health and medical care programme to an urban African and Indian community on the outskirts of Durban.¹ With the assistance of the South African National Council for Maternal and Family Welfare it has been possible to provide a number of women with contraceptive diaphragms. This report analyses the results of a questionnaire administered by 2 nurses on the staff of the Institute to 137 of these women whom it was possible to trace and contact. Relevant features of this group are tabulated in Table I. Discrepancies in the totals are due to incomplete returns.

FINDINGS

The suggestion that birth control should be used came from the husband and wife (57 cases), a doctor or nurse (48 cases), the woman herself (16 cases), or the husband alone (12 cases).

Sixteen women said they understood how to use the diaphragm only partly or not at all. The commonest difficulty was not understanding how to insert it or for how long it should be retained. Thirteen women had used the cap only 3 times or less; 33 women had used the cap irregularly, and 86 women said they had used it consistently.

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** Since this article was written, this Institute closed down on 31 January 1961.

TABLE I. SOME RELEVANT FEATURES OF THE GROUP STUDIED

<i>Relevant features</i>	<i>No. of women</i>
Period since issue:	
4 or more years	38
3 years	39
6 months - 2 years	46
Age at fitting:	
Under 30 years	54
30 - 39 years	70
40 years and over	12
No. of living children:	
4 or less	63
More than 4	74
Educational standard:	
4 or less years of schooling	75
More than 4 years	60
Family monthly income:	
Less than £10	11
£10 - £19	64
£20 and over	56

TABLE II. DETAILS OF USE OF THE DIAPHRAGM BY 112 WOMEN

<i>Diaphragm used for</i>	<i>No. of women</i>
Less than 3 months	23
3 - 6 months	21
6 months - 1 year	15
1 - 2 years	27
More than 2 years	26

Table II deals with the length of use of the cap by 112 women who gave this information. The commonest reasons given by the women for not using the cap were, in order of frequency: fear of becoming pregnant, pain, the husband preferred other methods or changed his mind about birth control, lack of privacy, fear, lack of under-

standing, and the fact that the diaphragm had become hard.

At the time of the investigation 46 women were using the diaphragms and 83 women were not. The cap size or condition had not been checked by 107 women and only 13 women had new caps since the first ones were issued to them. Fifty-seven women stated that when they used the caps they did not always use jelly as well.

Among the total group, 20 said they did not have enough time to insert the cap, 35 disliked inserting it, 15 found it difficult to insert, 23 experienced discomfort with the cap, 16 found it difficult to remove, 12 thought the use of the cap would harm their health, 6 thought the use of the cap would harm their husbands' health, 1 thought the use of the cap would produce a deformed child, 10 and 9 women respectively thought that the use of a cap was selfish and sinful, 104 thought that to use a cap was sensible and modern, 11 said their husbands complained that the cap interfered, and 26 had been afraid that the cap would disappear into their bodies. Another fear was of developing cancer of the uterus.

The husbands of 18 of the women approved only partly, or not at all, of their use of the cap, and 34 women were now using other contraceptive methods.

In order of frequency, the methods replacing diaphragms were: coitus interruptus, salpingo-ligation, tablets and pessaries, and a sponge.

The reasons for choosing these methods were, in order of frequency: their greater safety, admitted laziness, less bother, and being more aesthetic.

Table III lists the pregnancies which have occurred since the diaphragms were issued. Sixteen women said they

TABLE III. PREGNANCIES WHICH OCCURRED SINCE ISSUE OF THE DIAPHRAGMS

Period since issue	Total in group	No. of pregnancies	No. of women pregnant	% of women pregnant
4 or more years ..	38	0	8	21.0
		1	21	55.3
		2+	9	23.7
3 years	36	0	14	38.9
		1	9	25.0
		2+	13	36.1
2 years or less ..	38	0	18	47.4
		1	18	47.4
		2+	2	5.2

had wanted the pregnancies which followed the issue of the cap, 46 did not.

The use of a cap had been recommended by 44 women to others and only 1 woman said she had advised against its use. The use of the cap had caused strife between 8 women and their husbands, 4 women said it had made

matters better, and 99 reported no difference. Sixty women said they would tell their daughters about family planning, while 37 would not, mostly because of shyness. The commonest advantages of birth control they advanced, in order of frequency, were: to increase spacing, to limit the number of children, to avoid the suffering the mothers had been through, and to avoid suffering if anything happened to their husbands.

The reasons given by 100 women, who said that the Institute should do more about family planning, were, in order of frequency: economic, spacing, health of mother, to promote the health and care of the children, and difficulties of caring for large families.

DISCUSSION

For many women the process of cap fitting and use probably involves motivation intense enough to overcome a certain amount of modesty, embarrassment and fear of the unknown. This possibly applies in even greater degree in the case of those African and Indian women who are the pioneers in the use of mechanical methods of birth control in their relatively unsophisticated communities. Having been through the process of cap fitting, 1 out of 10 women used it no more than 3 times. Of the women who had their caps for more than 2 years 1 out of 3 had used them for at least 2 years. Only one-third of the women were using their caps at the time of the investigation.

That the fear of becoming pregnant was the commonest reason for not using the cap indicates a rather low degree of security felt by these African and Indian women with the use of this contraceptive device. After lack of confidence, the husband was the next commonest determinant.

Approximately 1 out of 4 of the women had resorted to other contraceptives, of which non-mechanical and surgical methods were the commonest. Only about 1 out of 3 of the pregnancies which followed the issue of the cap were desired. It could be submitted that reduction of undesired pregnancies constitutes a pragmatic criterion of the success of a family-limitation programme.

In spite of their own poor use of the caps and their replacement by other methods, about one-third of the women had recommended its use by others, and at least two-thirds of the mothers would tell their daughters about family planning. Spacing, rather than limitation, appears to be the main objective of birth control, and economic reasons provide the major motivation among the African and Indian women of these 2 communities.

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REFERENCE

1. Kark, S. L. and Steuart, G. W. (1957): *Hlth Educ. J.*, 15, 131.

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