

CHANGING PATTERNS OF CONTRACEPTIVE USE IN MALTA*

Robin G. Milne & Robert E. Wright

INTRODUCTION

In 1971 the first author carried out a family planning survey in Malta (Milne, 1973).¹ In 1993 a similar survey was carried out. This paper reports the main findings of the *1993 Survey of Family Planning in Malta* and compares these findings to the 1971 survey. The main aim is to examine the changes in the extent of contraceptive use and to evaluate the degree to which more efficient modern methods of family planning have replaced traditional methods.

METHOD

In the 1993 survey, the methodology used to collect the data was very similar to that used in 1971. In particular, family doctors were asked to interview a modest number of their patients on a confidential basis. The questionnaire is reproduced in appendix 1. In the 1971 survey, 34 general medical practitioners were approached and asked to interview up to 30 patients each. In the majority of cases, these general practitioners were government-employed district medical officers. In total, 19 doctors supplied information on 331 married women.

Since 1971 the organisation of general medical services has greatly changed in Malta. Although general medical practitioners still exist, the class of "district medical officer" has disappeared. Our solution to this problem of constructing the sampling frame was to seek the support of the *Malta College of Family Doctors*. We asked its Council to endorse our survey and supply us with a list of its current membership. Most generously, the College agreed to both requests and supplied the detailed information needed to construct the sampling frame.

The questionnaires were mailed out from Glasgow in March, 1993. The authors visited Malta in March/April in order to follow up those doctors who had not responded to the survey. At that time, completed questionnaires were collected from St Luke's Hospital. In addition, "reminders" were sent out and completed questionnaires were examined. The last questionnaires were received in July, 1993.

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There are several advantages associated with directing the survey through the College. First, the group of doctors is well defined in terms of appropriateness for a survey of family planning, given that more than 1,000 doctors are on the *Register of the Medical Council of Malta* (Medical Council, 1993). Second, even though membership in the College is voluntary, 144 doctors in general practice are currently members. This large number of doctors created the potential for a large sample, without making excessive demands on individual doctors participating in the survey. Third, and possibly of greatest significance to this study, the College defines as one of its most important roles, the promotion of continuing medical education among its members. Participation in studies such as this one is seen as an important element of continuing education and contributes to the accreditation of doctors and their membership of the College.

We sent questionnaires to all 144 family doctors and received replies from 98 (a response rate of 68%). Of these, 86 provided information on up to 15 patients, which resulted in a sample size of 1,011 women. Since the identity of non-respondents was known, the overwhelming majority of non-respondents were either: (a) doctors who held a government post and therefore were self-employed as part-time family doctors with small practices or (b) full-time family doctors with a practice which had few married women in the age group under 45 years of age. Therefore, few members of the College, without suitable groups of patients for our survey, failed to participate; and our "true" response rate is in excess of the 60% implied by the 86 doctors who provided information.

The purpose of the survey was to collect information on current and past contraceptive use and to relate it to certain demographic and educational data in respect of the person interviewed. This paper, however, concentrates upon the basic question of family planning practice, reviewing the variety of possible contraceptive methods used.

RESULTS

Altogether completed questionnaires were received for 1,011 women. Some women were excluded from our calculations. Since the illegitimate birth rate in Malta is very low, 10 unmarried women were excluded from the sample.² A further 6 women had hysterectomies for medical reasons. These women are quite different to those women who were sterilised for purposes of fertility control and therefore were excluded. In the sample, 16 were pregnant at the time of the interview and were also excluded. Since the questions relating to current contraceptive use are not relevant to these women, they were also excluded from the sample.

Women under the age of 20 and women over the age of 45 were not included in the calculations. The main advantage of restricting the age group studied to 20-44 years is that it corresponds to those studied in 1971. Of the 1,011 women, 73 were outside this age range (one of whom was also pregnant). Thus a total of 104 women were dropped from the analysis, leaving 907 for further study.

One check for possible sample bias resulting from the way in which the sample was drawn, is to compare the age distribution of the sample with the known age distribution of the population. Information on the latter is taken from the 1985 population census. These distributions are shown in Table 1. A Chi-square test suggests that the difference between these two distributions (the sample and the population) is not statistically significant at the 5% level. Therefore, we believe our sample to be a representative sample of married Maltese women.

TABLE 1: AGE DISTRIBUTION OF 1993 SURVEY AND 1985 POPULATION CENSUS

Age Group	1985		1993	
	N	%	N	%
20-24	4298	9.0	61	6.7
25-29	10612	22.2	185	20.4
30-34	11459	24.0	282	31.1
35-39	12481	26.1	227	25.0
40-44	8893	18.6	152	16.8
20-44	47743	100	907	100

Note: Total may not sum to 100% due to rounding.

Sources: 1993 Survey on Family Planning in Malta; 1985 Maltese Census (Central Office of Statistics, 1986)

Information on the proportion of the 907 women not practising some form of contraception, and the proportions practising each of the identified forms of contraception, is shown in Table 2. Comparative information is shown for the 1971 survey where possible. Two points are immediately evident.

**TABLE 2: CURRENT CONTRACEPTIVE USE BY METHOD:
1971 AND 1993 (PERCENTAGE)**

Method	1971	1993
None	12	14.2
Abstinence	1	7.9
Rhythm	40	19.4
<i>Coitus interruptus</i>	70	40.6
Condom	12	21.9
Diaphragm	*	1.0
Oral Contraceptive	2	15.8
IUCD	*	2.9
Abortion	*	0.1
Sterilisation (wife)	1	2.2
Vasectomy	1	2.2
Other	*	0.2

Note: *Indicates a small level of use.

Sources: 1971 Survey on Family Planning in Malta and 1993 Survey on Family Planning in Malta.

First, there has been very little change in the proportion currently practising family limitation. In both years, about one-in-seven married couples were not currently practising some form of contraception. In the 1993 survey we also asked whether contraception had been used in the past. Of the 129 who were not currently using contraception, 31 indicated that they had used some method in the past. Therefore, of the 907 women, only 10.8% reported they had never used any method of contraception.

The second point immediately evident from Table 2 is that those trying to limit family size often used more than one method of contraception. Of those reporting positive evidence of practice in 1993 – 778 in all – only 549 (71%) reported using one method; 202 (26%), 25 (3%) and 2 (0.3%) reported using two, three and four methods, respectively. None reported using five or more methods currently.

There has been a decline in abstinence and rhythm from 41% in 1971 to 27.3% in 1993. Among other methods we see the replacement of *coitus interruptus* by condom use and oral contraceptives. Invasive methods such as diaphragms and IUCD's are still not popular in Malta. Nor are abortions, if one can trust – as seems plausible – the reporting of patients to their doctor. On the other hand, the sterilisation of husband or wife is non-trivial, being a method used by nearly one-in-twenty (4.4%) couples.

We now report the use of the different methods, taking into account that, while it is more common for couples to use only one method of contraception at any one time, it is not uncommon for two or more to be used concurrently. Some idea of the frequency that combinations of methods are used (by method) is shown in Table 3.

TABLE 3: CURRENT CONTRACEPTIVE USE BY METHOD: 1993 (TOTALS)

Method	Sole Method	Used in Combination
Abstinence	10	62
Rhythm	70	106
<i>Coitus interruptus</i>	192	176
Condom	94	105
Diaphragm	5	4
Oral contraceptive	113	30
IUCD	24	2
Abortion	0	1
Sterilisation (wife)	20	0
Vasectomy	20	0
Other	1	1

Source: 1993 Survey on Family Planning in Malta.

One important point to note before drawing conclusions from Table 3, is the interruption of what constitutes a "current method". Questions on the survey were primarily concerned with current methods (i.e. methods being used at the time of survey). However, it does seem likely that doctors, in some cases, also recorded other methods that were used in the past. For example, when the husband or wife had been sterilised, they would clearly not need to use other forms of contraception, but the doctor may have recorded methods used prior to sterilisation.

It is possible that similar confusions occurred in other less obvious circumstances. However, in these cases no attempt was made by us to correct the information provided, and the reader is left in a position to give his or her own interpretation. Nevertheless, it seemed entirely plausible to us that couples might use more than one method, especially if they did not have full confidence in a single method which was also readily available. This might be described as the "belt and braces" approach to family planning.

Adopting the "belt and braces" hypothesis, we find evidence of confidence in the use of oral contraceptives and the IUCD, in that these methods were commonly used alone rather than in combination with some other method. There appears to be much less confidence in rhythm, *coitus interruptus* and condoms.

In Table 4, we identify the most frequent combinations used by married couples. As is shown in Table 3, these are likely to be restricted to five methods: (a) abstinence, (b) rhythm, (c) *coitus interruptus*, (d) condoms and (e) oral contraceptives. In some cases a third or even a fourth method is also reported as being currently in use.

TABLE 4: COMBINATIONS OF METHODS OF CONTRACEPTION USED: 1993 (TOTALS)

Method	Abstinence	Rhythm	<i>Coitus interruptus</i>	Condom
Rhythm	21			
<i>Coitus interruptus</i>	38	72		
Condom	18	26	67	
Oral contraceptive	3	4	19	11

Notes: The table shows pairwise combinations. In some cases three or four methods are reported as currently in use. In the case of the combination of abstinence with rhythm, 11 women reported using only this pair and 9 reported using a third and 1 a fourth method.

Source: 1993 Survey on Family Planning in Malta.

In terms of frequency, *coitus interruptus* is the method most commonly used in combination with other methods. It seems to be used intermittently with all four of the other identified methods. Few of those abstaining or using one of the rhythm methods used them alone, or as the sole combination. Of the population at risk of 907, 778 reported they were currently practising some form

of contraception. Of these, the numbers reporting abstinence or the rhythm method alone were 10 and 70, respectively (Table 3). Of the 21 reporting using both these methods (see Table 4), 11 do so without recourse to any other method. Thus 91 married women, some 12%, of those practising contraception did so in a manner consistent with the Catholic Church's teaching.

CONCLUSION

The decline in Maltese fertility has not been accompanied by an increase in the overall level of contraceptive use, but by a change in the methods used. While a significant proportion of couples still use abstinence and rhythm, the proportion doing so is declining. Modern methods are replacing traditional methods, with oral contraceptives being the most popular. Sterilisation is a method adopted by a small but significant proportion of couples. Abortion is virtually non-existent.

Dr Robin G. Milne and Dr Robert E. Wright are lecturers in the Department of Political Economy, University of Glasgow (Scotland).

Notes

1. Malta is understood to refer to the group of islands of which Malta, Gozo and Comino are inhabited.
2. For example, in 1990, only 1.7% of births occurred to unmarried women (Central Office of Statistics, 1990).

References

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QUESTIONNAIRE ON FAMILY PLANNING - 1993

APPENDIX

- Question Answer
- A. Date of Birth (give year of birth)
- B. Women's educational attainment
(Tick in the appropriate box)
- (1) Did not attend primary school (1)
- (2) Attended but did not complete primary school course (2)
- (3) Completed up to class 3 at the secondary level (3)
- (4) Completed secondary education beyond Class 3, but terminated education at secondary level (4)
- (5) Attended third level (5)
- C. Date of marriage (give year)

- For University Use Only
- 1-4
- 5-6
- 7
- 8-11

D. Live births and stillbirths, date of birth, is baby surviving or dead?

Date of Birth Month Year	Live birth Surviving (1) Died (2)	Stillbirth (3)
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

- 12-15 16
- 17-20 21
- 22-25 26
- 27-30 31
- 32-35 36
- 37-40 41
- 42-45 46
- 47-50 51
- 52-55 56
- 57-60 61

Give details of date of birth. Indicate by ticking whether live or stillbirth, and whether the live births are still surviving?

- E. Are you currently practising family limitation? Yes
(Tick in appropriate box) No
- F. If 'Yes' to question 5, what method are you now using?
Indicate if more than one type is being used, eg (b) and (g).
(Tick in appropriate box and give details for answer (h))
- (a) Abstinence (a)
- (b) Rhythm (thermometer and calendar) (b)
- (c) Coitus interruptus (c)
- (d) Condom used by husband (d)
- (e) Diaphragm (e)
- (f) Combined oral contraceptive (f)
- (g) Progestogen only pill (POP) (g)
- (h) IUCD (h)
- (i) Abortion (i)
- (j) Sterilization of wife (j)
- (k) Vasectomy (k)
- (l) Other method, please state (l)
- G. When did you first regularly practise some form of family limitation? (give year)

- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75-78