

## **The past, present and future of Family Planning in Portugal**

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### **Context**

The concept of Family Planning, created in the thirties to replace the designation "birth control", has been suffering some changes in the last decades. For some time this concept was wrongly considered as a synonym of contraception, but Family Planning must be considered as a philosophy of life that is related to a rational and healthy way of spacing births, and also includes infertility and sexuality.

As discussed in the International Conference of Population and Development (Cairo, 1994), Family Planning is nowadays a concept that is more related with reproductive health and considered as an important component of delivering reproductive health services.

### **1. Some juridical aspects concerning Family Planning in Portugal**

The year 1976 was fundamental for the introduction of Family Planning in Portugal as a law was published establishing Family Planning consultations in health centres integrated in the maternal-infant health services.

We can not forget the major work done by the Portuguese non-governmental organization "Association for the Planning of Family", established in 1967 and federated in the International Planned Parenthood Federation (I.P.P.F.), that has struggled against all political and religious adversities that existed in Portugal until 1974. After the April 1974 revolution, this Association has increased their strength, and is nowadays an important interlocutor in defining the national politics concerning Family Planning and other politics related with health and the welfare of the family.

On the other hand, and as expected, it was a doctor that profited from the political scenery and from the fact of being a member of the government, which legislated Family Planning in Portugal. This well-known doctor, Dr. Albino Aroso, is recognised as the Father of Family Planning in Portugal, and he was the President of the Portuguese "Association for the Planning of Family" between 1970 and 1981.

Still in 1976 it was established in the Portuguese Constitution that Family Planning is a right of all citizens. But the introduction of Family Planning consultations in health centres

was slow, and only by the end of the seventies the majority of health centres had this kind of service.

Subsequently, other important laws, concerning Sexual Education and Family Planning, were approved in 1984 and 1985. The year 1984 was particularly good, assisting to the ratification of several important laws: n° 3/84, focusing on Sexual Education and Family Planning; n° 4/84, focusing on Protection of Maternity and Paternity; and n° 6/84, focusing on abortion.

In law n° 3/84 the Portuguese government guarantees the right to Sexual Education and assumes the responsibility of promoting the free access to Family Planning consultations and to birth control methods. But we had to wait until 1985 for the application of the 1984 law in what concerns the access of adolescents to Centres of Attendance created specially for them.

Although the free providing of contraceptive methods was established in the Portuguese Constitution, in the late nineties it was widely disclosed in the media the irregular distribution of these methods. Besides, the persons in charge of the Department for Maternal-Infant and Adolescent Health of the General Health Services (Ministry of Health) admitted in the press that, for several reasons, sometimes there were no contraceptive methods in the Health Centres.

It's important to remember that Law n° 3/84 establishes that school programmes should have scientific information about anatomy, physiology, genetics and human sexuality. But, until this day, not much was accomplished. The adolescents are still insufficiently informed, and the only information they receive is mainly about anatomic and physiologic subjects.

The late nineties were a period of reinforcement of the juridical documents approved in the eighties, as a consequence of an important debate born with the referendum about abortion (the first national referendum held in Portugal), which was held in 28 June 1998. We also assisted to the approval of Law n° 120/99, reinforcing the right to Reproductive Health, of Law by Decree n° 259/2000 (regulating Law n° 120/99), and to the publication of the Chart of Sexual and Reproductive Rights in the sequence of the important Deliberation of the Ministers Council n° 7/99, that approved the Plan for a Global Politic of the Family.

We think that finally the government has invested in a global and integrated politics for the family, although this Plan has not been very publicized. It is a daring juridical document that considers ten items, with special emphasis on education, culture, health, habitation, urbanism and environment.

In the item of health, we must remark the 2.5 deliberation, which is related with an increase of the geographical access to consultations of Family Planning, especially to the adolescents and young people.

In what concerns Law n° 120/99, the government wanted to improve the access to Family Planning and to contraceptive methods, having for main objectives, the prevention of non-planned pregnancies and of sexually transmitted diseases (mostly AIDS and hepatitis B and C). This Law focused on the effective teaching of Sexual Education at schools, but as its regulation is very recent (Law by Decree n° 259/2000, 17th October), until the moment we cannot judge on its effectiveness.

In our opinion, one of the handicaps of this legislation is not having predicted the creation of a discipline named Sexual Education. Instead of that the government betted on an interdisciplinary and transdisciplinary methodology, that in the past has shown few results.

## **2. Studies made in Portugal about Family Planning**

### **2.1 Main results**

Only recently it was possible to have a portrait of the behaviour of the Portuguese in what concerns the Family Planning, because the first Portuguese Fertility Survey was done only in 1980, framed in the World Fertility Survey.

If we focus our attention in the use of contraceptive methods, which is an important piece of Family Planning, we identify other studies done in Portugal in the eighties and nineties, such as:

- National Health Survey (1987);
- a study done, between 1985 and 1991, by the Primary Health Care Department of the Ministry of Health and named "Necessities in Maternal Health and Family Planning: a study done in 1990/91" (1992);
- a survey made by us in the Northwest of Portugal (1994-95);
- the Portuguese Fertility and Family Survey (1997) done in sequence after the Portuguese Fertility Survey (1980).

These studies are not comparable, because they have different objectives, different sizes of samples, and because part of these studies concentrated their work only in a part of the population, such as married women at the moment of the inquiry or women that had been married before the inquiry.

Nevertheless, we can make some conclusions. In the first place, the pill continues to be the most used method among the Portuguese women and the condom is beginning to be widely used by the youngest generations. In 1980, only 30% of the women interviewed used the pill, but in the nineties the rate rose to 60%. While in 1980 only 8% of the population used the condom in 1997 the rate rose to 10-30% (as we take into account different studies).

This outcome doesn't match the scenery normally built for the South of Europe of having a low use of the condom, if we take into account the point of view that Geographer Peter Gould issued in 1993, when he tried to do a "Geography of the Condom".

We also witnessed in Portugal to a significant reduction of the percentage of women using the coitus interruptus as a contraceptive method, which is a high fallible method and in Portugal is popularly known as "the husband must be very careful". While in 1980 38% of the population used this method, at the end of eighties the percentage had fallen to 20%, and in the nineties we had between 8 and 15%, depending on the territories considered. Nevertheless, the percentage is still high if we take into account the realities of other countries such as France, Netherlands, United Kingdom, Italy, Japan or U.S.A., where the rate is no more than 5% (Pramilla Senanayake, Malcolm Potts, 1995).

### **2.2. Some socio-cultural aspects underlying these studies**

Even if we have witnessed significant changes in the behaviour of the Portuguese population for the last decades, there are still many women that don't plan their pregnancies. For instance, in the nineties the percentage in Lisbon was 32%, in Bragança (Northeast of Portugal) was 47% and in our sample (Northwest of Portugal) was 37%. These are very high percentages if we take into account 25 years of implementation of a Family Planning policy. In our opinion the percentages are higher, at least in the four

municipalities we studied in the Northwest of Portugal, because in this investigation we studied only the environmental conditions of each newborn and didn't took into account the licit or illicit abortions or unsuccessful pregnancies.

We must remind that the investigation we have done studied the territorial and social contrasts of infant morbidity and infant mortality in four municipalities of the Braga district - Guimarães, Fafe, Cabeceiras de Basto and Celorico de Basto.

As infant mortality is quite rare in Portugal, we focused the attention on the parent's risk behaviour (specially on the mother) and on the identification of the profile of the families with higher risk.

We started with a conceptual model that demonstrates the influence of territorial factors in what are considered the major risks of infant mortality: the low birthweight and the prematurity.

This mainly empiric work was based on interviews with the female population in two different moments, one year apart, between the ending of 1994 and the middle of 1996. This corresponds to a coorte of 1412 children born in the four municipalities of Braga district, allowing the compilation of information about almost 160 variables, being the Family Planning one of these variables.

In what concerns the high percentage of women living in the Northwest of Portugal that don't have planned their pregnancies, we know that 14,7% of women didn't used any contraceptive method (Table 1).

**Table 1 — Contraceptive method used by women interviewed, 1994-95**

<b>CONTRACPTIVE METHOD USED</b>	<b>Nº</b>	<b>%</b>
1-None	208	14,7
2-Pill	927	65,7
3-Male condom	44	3,1
4-Coitus interruptus	198	14,0
5-Other method	35	2,5
<b>TOTAL</b>	<b>1412</b>	<b>100,0</b>

**Source:** Interviews done between 1994 and 1995.

This number is lower than the rate published in the National Health Survey (1987) and concerning the North of Portugal, where the percentage was 25,7%.

On the other hand, the coitus interruptus is still a contraceptive used by 14,0% of the Northwest population and only 2% of the women went to a pre-conception consultation.

Also, the use of the male condom was very low (3,1%), and the female condom had no expression.

If we take into account the national reality, the percentage of women that didn't used any contraceptive method was 22% in 1980 and it is not possible to obtain more recent results because the Family Planning is no more studied in the National Health Survey, the last study having being done in 1995/96.

The reasons given by women for not using contraceptive methods, were related mostly with the reason "she was not yet interested in avoiding having children" (49,0% - Table 2).

**Table 2 — Reasons given by women for not using contraceptive methods, 1994-95**

<b>REASONS GIVEN BY WOMEN FOR NOT USING CONTRACEPTIVE METHODS</b>	<b>Nº</b>	<b>%</b>
1-She doesn't know the methods to use	4	1,9
2-The husband/companion doesn't permit or is not able to use any method	54	26,0
3-She is afraid of the contra-indications of the contraceptive methods (she thinks that some of them causes infertility, cancer,...]	7	3,4
4-Because of their religious practices	1	0,5
5-She is not yet interested in avoiding having children	102	49,0
6-Because she has irregular sexual relations	14	6,7
7-Another reason	26	12,5
<b>TOTAL</b>	<b>208</b>	<b>100,0</b>

**Source:** Interviews done between 1994 and 1995.

A reasonable number of women (n=102) didn't used contraceptive methods until they had one or two children. So they had a non-controlled fertility in the first years of their marriage (until they had the desirable number of children) and only then they try to get some information to choose some contraceptive method.

In Portugal, and specially in the Northwest area, there is a culture that the woman must show her fecundity immediately after marriage, due to very strong familiar pressures or as the result of some fears that are instilled on them. This is one of the most important reasons for the short period of time between the day of marriage and the birth of the first child. Having no children or having just one can be considered, in some societies or cultures, as a sign of weakness or of male impotence. The woman and the man try to affirm their fertility and capacity of reproduction by having children.

On the other hand, it is important to remind that the reason "The husband/companion doesn't permit or is not able to use any method" was mentioned by 26,0% of women (Table 2), revealing a low degree of emancipation of the women living in this territory. There must be several motives for this fact, but we think that one of them is cultural. There are some evidences that the men fear the women could have more easily extra-conjugal sexual

relations if they adopt a safe contraceptive method as the pill. This is also a hypothesis pointed out by the health professionals that in their clinic practice pay more attention to the cultural aspects that can determine the behaviours in reproductive health.

In what concerns the women that don't used contraceptive methods, we heard some narratives, *ipsis verbis*:

*I don't know. God gave me four children. I hope God don't give me any more!... (36 years old woman, with four children, the last one unplanned, with four years of instruction, unemployed).*

*I was pregnant immediately after my marriage, because my family told me that I was infertile for being a twin and had born from pelvis. So, I wanted to certify if it was truth!... (25 years old woman, worker).*

*I was pregnant immediately after the honeymoon, because in my point of view, to be happy at marriage, women must be pregnant immediately after marriage and have three children !... (21 years old woman, having six years of instruction and non worker).*

Other women didn't use any contraceptive method because their boyfriend didn't permit it, as in his point of view the pill would harm her. Some other women use the pill but tend to become somatic and have headaches, pain in sexual relations, *et cetera*. On the other hand, the pill, for many women, can even "paralyse" the function of the ovaries!

Other times women are afraid that the blood climbs up into their heads if they take the pill. So, sometimes women stop taking the pill, by their own choice, to "clean" their body, as is sometimes mentioned. Besides, of the women interviewed in the Northwest of Portugal that regularly used the pill and that became pregnant, almost 36% of the cases resulted from the fact that they stopped taking the pill by their own choice or by medical indication.

It is important to remind the role of the health professionals in this issue, as there are still physicians that advise the women to stop taking the pill and "rest", although such advice doesn't exist in the more recent manuals of reproductive medicine.

In relation to the fear of the blood climbing up into their heads if the women take the pill, it is interesting to understand this point of view. The use of the pill has several collateral effects, most of them without consequences to the woman's health, one of them being the modification of the menstrual blood, with a reduction in the quantity and duration of the blood flow. In consequence, the women are afraid that the blood "surplus" climbs to their head. This influence is more pronounced in women with up to four years of instruction,

because they have less scientific knowledge about anatomy, physiology and human sexuality.

The information about these subjects is included in the *curricula* only after the fourth year in school. So, it's natural that these women have little understanding of how their body works, being badly prepared to assimilate the information about the way certain contraceptive methods act. On this issue, the health professionals have an important role in preventing these fears and believes. They must transmit more intensely the advantages of contraceptive methods and be more careful with the speech they use to present this type of information. Some of the physicians continue to believe that it is sufficient to prescribe the contraceptive method without any kind of explication, thinking that the woman will do a more detailed reading of the information that is in the package. Other times, the routine and the high number of consultations makes it difficult to transmit or leads to the forgetfulness of the transmission of this information.

### 3. Conclusion

Portugal has finally created the juridical documents for Sexual Education and Family Planning to become reality. It is becoming clear that the school is substituting the educator function that is the competence, in the first place, of the parents.

In our point of view, it is evident that if the parents are not prepared and engaged in this process, the success will be very low. On the other hand, the behaviours we diagnosed let us think that there is much to do to change some socio-cultural aspects that are embedded in the studied population and that must disappear.

In parallel, some physicians, specially the Family Doctor, must be informed by the General Health Services, about the more recent practices of contraception in reproductive health, demystify ancient concepts and inform them of the need to take into account, in their clinical practice, some socio-cultural aspects.

The Ministry of Health has proposed a plan aimed at having, by the year 2002, 80% of women in fertile age and sexually active (or their companions) using a safe contraceptive method if they don't want to be pregnant. The scenery we diagnosed let us think that this plan is not feasible, and that we must wait to the end of the decade to see this plan fully materialized!

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