

THE CURRENT SITUATION OF FAMILY PLANNING

IN THE STATE OF SPAIN

A report prepared by the State Managing
Committee for Family Planning.

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Our gratitude to the High Council of
Corunna for organizing and sponsoring this
"2nd State Congress on Family Planning",
and our acknowledgement of the work and
dedication of the family planning teams
of this city, without whom this meeting
would not have been possible.

Between the "first Congress" on Family Planning at Gijon in November 1982 and now, family planning in the State has continued to progress, although not entirely without difficulties, in its aim to define a standardized service, to make its organization into a movement, to create new family planning centres, etc. Both the State Managing Committee for Family Planning and the National Family Planning have been involved in this process of advancement. Both have developed alongside each other thereby influencing each other.

The Congress at Gijon in November 1982 was the first State meeting of the professionals in this sector to take place.

In order to understand the procedure that was followed at the Congress and the conclusions that were arrived at, we must first go into a little of the background.

The Councils, owing to their democratic nature and because they were the institutions closest to the population, were the ones to whom the feminist and citizens' movements presented their claims. They therefore created a network of family planning service alongside a network of primary health care in which a type of professional emerged who tried to provide, not only a health service, but also an answer to the problems of sexuality and fertility that faced the female population. Thus, in the "1st Congress" we met with professionals of various backgrounds: some from traditional medicine and others from municipal centres who understood that family planning was more a matter of health education than *a medical service*.

Family planning, which concerned each one of the various professional groups and feminist citizen movements, was the reason for having, for the first time, a State meeting of a multidisciplinary nature. The unusualness of this joint effort evoked a problematic situation among the various professional groups which served only to bring to light the uncertainty of a

movement still very much in its early years, and also the difficulty that some professionals had in letting go of the "power" that they had historically held.

Doctor Elvira Mendez, in her report "Family Planning: a general problem and the situation in Spain", analyses the causes of this instability in the following way:

"The answer to the inherent needs of the family planning field ~~has~~ produced in a semi-automatic fashion that ~~left~~ little room for the consideration of objectives, for the careful shaping of the services, ~~for~~ the preparation of a minimal strategy in relation to the standardized health care network".

In any case, the Congress closed on a very positive note with regard to participation and content which remains reflected in its conclusions. Below we deal with the basic content ~~alongside~~ ^{in conjunction with} the conclusions of the different meetings and/or working days that took place at the end of 1983 and the beginning of 1984 among the different peoples and/or regions of the Spanish State. The objectives that remain are:

- the need to achieve a universal service in a single network of health care,
- the joint taking on, by the professionals of the sector, of the design of a standardized ^{care service} health based on the promotion of health.

Some questions remain, however, to be resolved:

- the legislative situation regarding voluntary interruption of pregnancy and voluntary sterilization.

In order to pursue the progress of realizing these objectives, the need arises to coordinate the professionals of the sector within a structure that could make known the conclusions of the Congress and initiate an ~~organized~~ process of organization.

Thus the State Managing Committee was created and in its make-up, attempts to reflect the associative reality of the different communities of the country. It is therefore made up of three representatives for Madrid, two for the Basqueland, one for Asturias, one for Galicia, one for the Balearic Islands, three for Catalonia and two for Andalusia.

The Managing Committee, even in its first meeting, proposed three main lines of action:

- To find out the extent of existing resources of all types
- To work to achieve a single network of services
- To promote participation and communication in each one of the Autonomous Communities

To our understanding, the three above-mentioned lines of action reflect the maturing of the movement which began at the "1st Congress". *This* has been a slow process ^{of development,} ~~raising,~~ at the same time, new questions to which the movement will have to find answers.

To find out the extent of resources That is, to find out: the population to be covered, which areas are the least well served, what level of institutional dependancy we have, etc.

To achieve a single network, ^{discouraging duplication} ~~encouraging~~ no duplicity of the network, and ^{promoting nationwide} ~~attaining a universality of~~ services

To promote greater organization reflecting the need of the professionals to share and confont the search for valid alternatives to the problems facing the Family Planning Movement.

We shall not hesitate to explain how far these three main lines of action have developed:

To find out the extent of existing resources

Following the working out of a survey based on division of the whole of Spain by geographical regions, and after conversations with the Ministry for Public and Consumer Health

and the Women's Institute, it was agreed with the latter that an edition of a "Guide to Family Planning resources" ^{for the whole State} would appear soon. The study made at the same time gives the details for the situation as it is in 1985.

Under juridicial title, we have:

- Private, non-profit making	7
- Private	15
- Others	14
- Municipal and county council	5
- Municipal	120
- Municipal and Autonomous Communities	7
- Municipal and "Insalud"	3
- County councils	17
- County councils and Autonomous Communities	1
- County councils and Insalud	1
- Ministry for Public Health	6
- INSALUD	56
- Insalud and Autonomous Communities	3
- Autonomous communities	34
<u>TOTAL</u>	<u>289</u>

Of all these centres, 55 belong to the Plan for Family Orientation Centres which, as we will explain later, has not opened all those that it had intended.

In 1983, the total number of centres was 193 of which 55.54% were municipal. Currently, of the existing 289, 120 (41.52%) are municipal.

As we can see, there exists a great diversity of juridicial offices, and an unequal division of resources throughout the State. We can, however, define some of the basic characteristics common to the majority of Family Planning Centres:

- a. that they were begun in answer to popular demand
- b. that the user-type of these services is the healthy woman demanding a more preventive and educational type of service than a health service as such.

(This educational objective of the user and non-user population has been present, in one way or another, in the more developed work.)

- c. that multidisciplinary teams are trying to establish links between the different techniques in order to attain common objectives.

It is important to ascertain the nature of the basic services which ~~is~~ ^{are} given in the centres, while making the point that not all ~~the~~ services are available in all the centres.

In general, the types of service are as follows:

- Information for groups or individuals
- Contraceptive service
- Health care with regard to sexuality
- Antenatal and genetic advice
- Service for matters regarding sterility
- Prevention of genital and breast cancer.
- Education of mothers
- Detection and care of sexually transmitted diseases
- Care of and reasons for voluntary interruption of pregnancy and contraceptive and psycho-social help following abortion

These characteristics common to the family planning centres suggest a method of health care based on prevention and education for health. At the same time ~~it~~ ^{is made} possible for this sector (only if it isolates itself from the public network of primary health care) to become a renewed movement from what has, up till now, been considered to be primary health care in this country.

To work to achieve a single network of services

One of the basic claims made clear in the "1st Congress" was that family planning should be included in a single network of health care as a means of achieving a universal system for the

population, thereby permitting all citizens who want it, to have easy access at no financial cost to a service throughout the country depending on the needs of the population.

For all that, a fundamental question is the relationship of the movement with the Institutions which, it can be said in passing, have not greatly facilitated communication, with the exception of the Women's Institute and the General Sub-committee^{for} Health Promotion and Programmes (under the direction of Dr Elvira Mendez). We must emphasize also that such contacts have always been begun by the professionals having been, on the whole, avoided by the Institutions.

In 1983, the General Sub-committee^{for} Health Promotion and Programmes presented its "Plan for Family Orientation Centres", the first and only document to be drawn up by the Ministry of Public and Consumer Health. It was of legislative and innovative value in this sector.

In spite of the obvious limitations, this Plan, by contemplating the creation of multidisciplinary teams that could offer family planning services within the network of Insalud, would open up the possibility of stimulating cooperation among centres of other juridicial status - *at the moment* mostly municipal - as well as activating other aspects of primary health care in the public network.

At the same time, by offering contraceptive services from Insalud, pending problems would be brought to light, such as whether contraceptive services should be free and whether the same institute would take over tube tying, vasectomy, and voluntary interruption of pregnancy. By the same token, the way in which adolescents might present themselves at these services will also stretch the limitations dictated ~~by the law~~ by the law on this matter. This could set the ball rolling with institutional answers to these problems.

In fact, a smaller number of centres has been established than was foreseen. However, the establishment of those that were has, in many cases, resulted in a duplicity of the network.

Taking all that has been previously said regarding the Plan for Family Orientation Centres on a world scale, we believe to be appropriate the three main lines proposed by the Women's Institute in the above-mentioned document, which states:

"...It is not merely a matter of opening centres ^{although this} - ~~which~~ is without doubt necessary - but it is also fundamental to achieve adequate follow-up of the work, to train professionals working in the centres, to benefit from the existing experience of this country regarding family planning and to achieve education and information for the population which takes into account a lower cultural level. This will not be possible for as long as the management capacity necessary is not provided by the Administration. That is, it is not sufficient to allocate budgets to the field; people capable of doing the work are also needed as well as administrative units."

We would add to the above mentioned proposals that it is also necessary for the professionals of the sector to initiate clear and definite procedures in collaboration with the Insalud centres to establish ever-increasing areas of joint action that would allow us to attain a unique working network and a single standard of service.

To promote participation

^{As we see it} ~~To our understanding~~, and as we have shown ^{previously, since} ~~at~~ the "Gijon Congress" a process of maturing has begun in family planning ~~because it is~~. ^{time} At this conjunction that clear indications of awareness, on the part of the professionals of the existence of family planning as a movement and of the need to consider the main questions that are being put to us which require us to be able to give the most appropriate answers, are beginning to appear.

As a reflection of this situation, the State Managing Committee proposes and supports the organization of working days and/or seminars in the various regions of the Spanish State to facilitate places for

the exchange of ideas and

experiences in the professional field and to ^{begin} to draw up the main themes for discussion *at* this "2nd Congress".

Working from this ^{perspective,} the following took place between December 1983 and March 1984:

- "Initial working days on family planning in the Community of Valencia" organized by the High Council of Elche, 19-20 December 1983.
- "Initial seminar on family planning on Catalonia, Aragon and the Balearics" organized by the "Catalan Family Planning Association" sponsored by the High Council of Cerdanyola del Valles, 16-18 February 1984.
- "Initial working days on family planning in Galicia, Asturias and Cantabria" organized by the High Council of Corunna, 25 and 26 February 1984
- "Initial working days on family planning" organized by the "Co-ordinator of Family Planning Centres in the Madrid-Region". Sponsored by the Autonomous Community and the High Council of Madrid, 28-30 March 1984.

We have prepared this report, not without some difficulties owing to the great diversity of plans and formulations for solutions that exist in the various conclusions drawn by different regional meetings. In spite of this, we have managed to establish common points not merely reflecting on the great wealth of plans that are active today in family planning but also ~~by finding~~ ^{therefore} common conclusions: we have ~~been~~ able to put forward here today, the lines of work in this enriching and diverse movement which we have grouped into nine wide subjects *areas*:

- Definition of health
- Health care standards in family planning
- Health education
- Training for professionals
- Sexuality
- Contraceptive methods
- Voluntary sterilization and voluntary interruption of pregnancy

- Conclusions of the Plan for Family Orientation Centres
- The Family Planning Movement

Definition of health

In general, from the different conclusions an integral conception of health emerged; that is, "as a way of life and not merely as a prevention of illness". Linked to this is sexuality as a manifestation, more than ^{as} the way of life of the individual.

This concept of health is noticeable in the development of most of the conclusions of the various seminars.

Health care standardization

To place family planning within the parameters of public health considering family planning services as integral in the health and primary health care programmes.

- This would be the integral conclusion of the "Gijon Congress". There have been no subsequent more global conclusions.
- Within the framework of the National Health Service, the role of the Councils must be defined in the ambit of management and control of the promotion side of health, preventive and primary health care, given that it is the first level of the Administration and the closest to the Community.
- To co-ordinate all the existing resources in family planning to advance the attainment of a single working network as a means of achieving universality of service.
- To unify working and health care standards as well as record systems with the aim of facilitating the exchange of knowledge and experience.
- To encourage the training of interdisciplinary teams able to take on all aspects of family planning (biological, psychological, social) emphasizing the role of monitors/consultants as health representatives for the population.

There is a series of conclusions that refer to the importance of including fixed services in family planning care:

- to offer psycho-sexual help
- the prevention of female cancer
- programmes for maternal and child health

Health education

Starting with the definition given at Gijon " to provide more than just health care in family planning", the need has continually arisen in subsequent conclusions to introduce concepts of health education in family planning programmes. And, so that these ~~works~~^{might} be truly linked to the needs of the community, the levels of user and non-user participation must be taken into consideration.

Thus, the method of work in family planning programmes forms itself along the following lines:

- Once the epidemiologic profile of the population on which action is going to be taken has been studied, the objectives to be achieved can be determined, thereby putting into action work procedures most able to achieve the ends proposed, considering as fundamental the continued evaluation of the efficiency of the procedures.

It is ^{an} area of concern that adolescents and other risk groups should be reached. This therefore demands a reform of the limits on access of adolescents and physically handicapped to family planning programmes.

Training

To assure the continued training of personnel working in the field of family planning.

Concern that health education and community participation (as the sole means of effecting changes of attitude) should be included ^{in family planning programmes} ~~to make~~ professionals aware of the need for continued training given the limited ^{ation of the} work that has developed up to the present day, and in search of answer to questions that these limitations pose.

Sexuality

As we have previously said, there exists a need for psycho-sexual care, greater than that currently offered by family planning services. But sexual health care needs to go beyond the users of the service; sexual education must be carried out for all sectors of the population: infants, youth, adults and old people. A key point in this is that it should be included in school programmes.

Voluntary sterilization and voluntary interruption of pregnancy

In the "1st Congress" the family planning movement declared itself to be in favour of the depenalization and legalization of Voluntary interruption of pregnancies and voluntary sterilization.

In March 1983, the Government Party proposed the depenalization in three sections: eugenics, therapeutics and ethics of voluntary interruption of pregnancy.

In June 1983, irreversible contraception was legalized, thereby modifying Section 428 of the Penal Code on this subject.

The changes regarding decisions in these matters have caused, on the one hand, serious difficulties for public hospital services to cope with the demand and, on the other hand, a need for the State Administration to find urgent means to guarantee that a voluntary sterilization service will be included within the public health system.

With regard to abortion: it is considered important to equate the awareness of the real situation of abortions in our country with public opinion.

Other conclusions support the proposal of the State Managing Committee for Family Planning of collecting all the data considered to be of social and health interest regarding abortion, throughout the whole of Spain, in collaboration with a ministerial body.

Also being set up is the "revision of the law on partial decriminalization of abortion as it is presently considered insufficient to resolve the health problems

that abortion poses",.

And "to establish controlled standards on conscientious objection to voluntary sterilization and voluntary interruption of pregnancy which would lead to guaranteeing *satisfaction of* demand, finding a means of *sanctioning* over those who declare themselves to be objectors but ~~who~~ do not follow the same criteria in personal practice".

Evidently, "it is one of the important tasks of the family planning services" to provide care before and after abortion.

Conclusions *vs.* the Plan for Family Orientation Centres

With reference to the Plan for Centres, we draw the following conclusions:

1. "To modify the Bill of Insalud which refers to temporary workforce contracts in so far as it inhibits the training of satisfactory teams."
2. "To revise the number of Family Orientation Centres proposed by the Ministry for Public and Consumer Health, which aggravates still more the confusion over family planning boundaries, currently through being so limited."

Also, "the official recognition of the function of health monitors and teachers and the finding of a mechanism for relevant training."

The Family Planning Movement

Referring to the family planning movement, the following conclusion was drawn from the "1st Congress":

"To establish co-ordination regarding family planning, assuring a continuation of this Congress with a view to preparing for and holding a "2nd national Congress on family planning" *or under another such* title considered to be the most appropriate with regard to the focus and concepts *currently in* family planning."

In the majority of regional meetings, the desire and need for co-ordination between professionals, as much at a regional level as at a national level, has been expressed in one way or another.

By way of conclusion

Now, two years after the "1st Congress", the situation has changed considerably. From what has been said above, we can conclude the following:

- If the existence of ^{two} separate and incompatible networks of family planning services have ^s not been completely consolidated, ~~thanks are~~ ^{this is} due to the effort towards unification made in many cases by the workers in the municipal centres or other dependant groups not integrated in Insalud.
- Nor has a unique and universal network been provided for the population, and in the little that it has, it has not included the existing centres.
- The Bill of Law concerning the depenalization of Voluntary interruption of pregnancy, considered to be totally inadequate, still has not overcome administrative hurdles.
- The legalization of voluntary sterilization has not been credited with a service from Insalud; in many areas it appears to affect private services only.
- Primary health care in the public service, apart from small attempts, continues to be dehumanized. The preventive ideal is still far from existence in our national health clinics.

In spite of everything

- Family planning teams continue to follow the path towards establishing a type of health care that, within or outside of Insalud, would seem to be more economic and more efficient in the prevention of illness, and ^{therefore} of greater use to the population that it seeks to serve.

One step forward regarding the "1st Congress" and the transformation of the traditional health service system is reflected in:

- Adequate services for population demands;
- Attempts to achieve continued training of professionals

- Participation of the population in health programmes
- Increased team work
- Study of ratios of working levels to ascertain accreditation of family planning services.
- Relations with other primary health care services.
- And the continuation of establishment of relations with central and autonomous organizations at all levels.

We therefore believe that the conclusions of this "2nd Congress" should include:

That there remains a real need :

To achieve a single working network

To make concrete a preventive standard of health services in the family planning programmes

To have a continuous training of those working in the institutional sector

To have, for all the states, legalization of voluntary interruption of pregnancy as a service available from public health service establishments alongside voluntary sterilization

To have a civic movement broad enough to co-ordinate the efforts and stimulate action to achieve these objectives.

Barcelona, March 1985