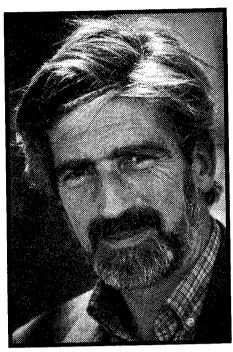
Falling fertility in Spain's Third World

Andalusia is Spain's Third World. Its eight provinces in the south of the country, with a population of 6.5 million, are the poorest, with the highest fertility. Patriarchal attitudes are strongest there, and women's status lowest. Yet here, as elsewhere in Spain, family planning provision is expanding fast. When Franco died in 1975, contraception was illegal. Today there are hundreds of family planning centres throughout the country, provided mainly by local authorities and the social security network, and contraceptives can even be found in some supermarkets. In Andalusia there are now over 140 centres, as Federico Goyarts and Concha Martin report from Granada. Pictures by Caroline Penn.

Centuries-old customs dating back to the Moorish occupation still persist today in Andalusia, throwing some light on the position of women in the society of Southern Spain. In Almeria and some parts of Granada province, a young man will still 'abduct' his intended bride (with her consent) from her parents' house during the night, and only after they have spent some days together is the engagement announced.

The revenge of a husband deceived by his wife is to "wash his honour in the blood of the man who deceived him". Andalusian newspapers frequently carry accounts of such crimes of passion, like the recent case of a well-known bull-fighter, Rafael de Paula, who was arrested for the attempted murder of his wife's lover.

Such customs still prevail because they receive wide popular approval, reflecting the strong patriarchal influence in Andalusian society and a repressive view of women both inside and outside the family. Paradoxically, there exists at the same time a certain contempt for the institution of marriage,



Federico Goyarts



Concha Martin

reflected in very early sexual relations before marriage and frequent promiscuity, amounting almost to covert polygamy, on the part of the men of the family.

Andalusia is the largest of the 17 'autonomous regions' into which Spain was divided under the 1978 Constitu-

tion. Like the others, it elects its own Parliament, which sits in Seville, and to which many former functions of central government, including health care provision, have been devolved.

Andalusian women marry young—at an average age of 20, three years earlier than in the rest of Spain. There are also more children per family, probably both because of the demand for hands to help the father on the land and provide support in old age, and also to provide Andalusian men with social proof of their virility. In Granada province 25 per cent of all married women of childbearing age have four or more children, visible reinforcement of their social role as wives and mothers.

Not surprisingly, the birth rate is higher in Andalusia than in the rest of Spain. It has fallen from 23.6 per thousand in 1960 to 17.1 in 1980, while in Spain as a whole it fell from 20.9 to 14.1 over the same period. Population growth has only been modest, however, because there was a high rate of emigration during the 1960s and 1970s.

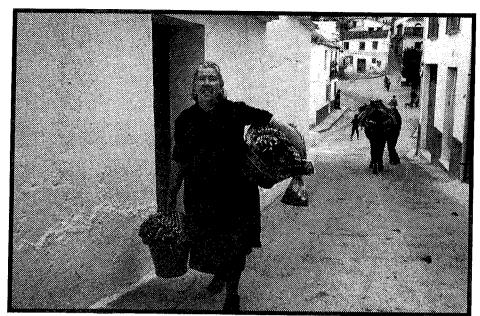
Women are also kept in their place by the economic situation. Andalusia is an economically depressed area, with higher unemployment and lower industrial development than the rest of the country—which already has the highest rate of unemployment in Western Europe. This high unemployment means fewer job openings for women and lower family income.

For all these reasons, the demand for family planning is smaller than in other. Spanish regions, but service provision is growing fast. In 1982, family planning services only covered 4 per cent of Andalusia's 1.5 million women of child-bearing age. In 1984, the Andalusian Government launched a programme to provide family planning coverage of the whole region.

Today, there are 84 first-level family planning centres, staffed by a general practitioner and a nurse, and 27 second-level centres staffed by a gynaecologis. There are also 15 hospital family planning centres with facilities for male and female sterilization, high-risk cases infertility problems and related diagnostic services. Thirty-one other centres are run by provincial and municipal sterilization.



Young couple outside a family planning clinic in Guadix, Andalusia.



Woman returning from the wash-house, near Granada.



Extended family in the evening, Baza.



Woman with six children gets advice on an IUD.

cipal authorities, making a total of 142 first and second-level centres, plus the 15 hospital centres. Initially, this new network will cover 25 per cent of all women of childbearing age. Some non-governmental and feminist organizations provide additional services and sex education materials.

Until very recently, then, access to contraception was restricted to what could be purchased at certain pharmacies (not all) and a few family planning centres. Now almost all types of contraceptives (except occasionally IUDs) can be found in all pharmacies. In some bars in Seville, there are machines selling condoms, curiously situated in the ladies' toilets; condoms can also be bought in some supermarkets, following a television and radio campaign.

The 1977 Spanish Fertility Survey found that withdrawal was the method most commonly used in Spain. This is probably still the case, but the use of other methods is increasing fast. The big fall in the birth rate of recent decades has no doubt been mainly achieved by this method, backed up by abortion. Young people nowadays, particularly in the urban areas, do not want to have children too young, and we have the impression that the number of abortions (and of adolescent pregnancies) is increasing. Abortion is still illegal in Spain, so no statistics are available, but it is known that over 20,000 women travel to England for abortions every year; certainly a number go to France for the same purpose; and women's organizations estimate that some 100,000 abortions are carried out in Spain every year, which would imply 20,000 in Andalusia.

There is thus clearly still a need for better family planning services in Southern Spain, but important progress is being made. Although the high level of unemployment, which means that many families live in very precarious conditions, is an important factor inhibiting the change of attitudes, the general climate is now favourable towards contraception. There are still ill-informed fears about the health effects of family planning, especially regarding vases tomy and the Pill. But the subject is frequently discussed in the Press and broadcasting media, and this will no doubt lead to better acceptance in the long run

Concha Martin is Co-ordinator of the family planning programme of the Health Delegation of Granada. Dr Goyarts is Secretary of the Andalusian Family Planning Association.

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