

The Family Planning movement in Spain during the democratic transition¹

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Health activism, understood as a form of social mobilisation for improving health and health care, started in Spain in the 1970s, a decade marked by the last years of the Francoist regime and the democratic transition. It focused on two fields of action: the reform of primary health services (Fajardo 2007) and the legalisation of contraception. In both cases the goal was to transform the laws and improve the public health system. Its legal success was at the same time its failure, for most of the alternative proposals implemented by such activist practice ceased under the new official conditions.

In this paper we will study the family planning movement, which was organised in Spain during the 1970s. Despite the fact that this movement was active until it accomplished the partial legalisation of abortion in 1985, we focus here on the initial stage of its development, namely the period between 1970 and 1980, years during which the movement successfully promoted the legalisation of all contraceptive methods. We base our study on the analysis of general and feminist press from this period, personal in-depth interviews with different activists which the research team conducted in 2009 and 2010 (among them fifteen women and two men), as well as

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unpublished archival materials such as manifestos, internal reports and general documents of national and international organisations working in the field of family planning.

Family planning in Spain during Francoism

Contraception was forbidden in Spain from January 1941, just six months after the victory of Franco's army over the republican State, when the newly constituted regime established a law on "the protection of natality, against abortion and contraceptionist propaganda". The law, which remained valid until 1978, three years after the dictator's death, was part of wider legal regulations that aimed to reconstruct the country with the help of, among other things, pro-natalist policies (Barrachina 2003, 82 & 90; Di Febo 2003).

Article 14 of the 1941 Law penalised with imprisonment and a fine any form of distribution of the methods or practices aimed at "avoiding procreation", as well as any form of contraceptive propaganda.² The Spanish Penal Code, which was updated several times between 1944 and 1978 detailed and actualised the monetary and incarceration penalties applied to health professionals, manufacturers and individuals who sold or distributed information on contraceptives. Contraception and abortion, together with infanticide were penalised within the same chapter on crimes against persons (Cuello Calón 1967, 471). Article 416 of the Penal Code established prison sentences and fines for anyone who used medicine or objects to provoke an abortion or avoid conception, connecting these as faults of an apparently similar weight. Also, the Penal Code's article 343 bis defined penalties for those who distributed medicines without permission (Abella & Abella 1974, 210 & 174). However, contrary to the case

² "The publicity, in any form it may take, of methods or practices in order to avoid the procreation, as well as all kinds of contraceptive propaganda, will be punished with close arrest and the fine between five hundred and five thousand pesetas. The same penalty will be applied to those who expose publicly and offer to sell objects aimed at avoiding the conception. Law of 24th January 1941 for the protection of natality, against abortion and the contraceptionist propaganda, quoted in *Evolució de la legislació espanyola sobre l'avortament*. Barrachina (2003 91), talks about "assimilation" and "cheap pro-natalist policy".

of abortion, the use of contraceptives was not persecuted, and, until now, we have not found any information on legal actions taken against the users or providers of contraceptives (Sanchez Carazo 1998).³

It is worth remarking, though, that the pro-natalist policies were not as successful as could be expected. Spain's birth rate had become stable in the post-war period and in the 1970s remained one of the highest in Europe, while following the general downward trend observed in Europe from the end of the nineteenth century (Díez Nicolás 1971). It is difficult to evaluate the role played by the contraceptive methods in this drop before the 1970s, but it seems clear that the prohibition of advertising and selling contraceptives failed to prevent Spanish women and couples, especially those from the middle class, from taking actions to determine the size of their families. After 1965, well-off urban women could afford to turn to private gynaecological practice authorised to prescribe oral contraception for "menstrual irregularities." (Ministerio de Gobernación, Orden de 14 de agosto por la que se dictan normas para la dispensación de medicamentos, BOE 235/1965; Jones 1977). The pill, distributed in such a semi-legal manner was produced in Spain from 1964 and was easier to obtain than the female-controlled barrier methods, which could only be smuggled from abroad (Jones 1977, AV 2010, 14 & 16, PJ 2010). Also, condoms were relatively unpopular as a method of contraception by couples due to their association with prostitution (Jones 1977; AJ 2010, 22:28-31). In 1977, a fertility survey reported that most Spanish women knew of at least one effective method of contraception and more than half of women exposed to pregnancy practiced some form of birth control, however, the most commonly used method was withdrawal, followed by the pill (Fertility survey in Spain 1977. A summary of findings. World Fertility Survey. 23 (1980). Quoted in Jones and Toss 1987, 44). The sale and advertisement of contraceptives, except for the IUD, was finally legalised at the end of 1978, after an intense campaign by the feminist movement. This was when the "Real Decreto

³ In 1972, there is doubt about the truthfulness of the supposed legal actions taken against a pharmacist who sold the pill without a prescription (López Sancho 1972, 14).

3033/1978", adopted on 15 December 1978, separated abortion and contraception, and removed parts regarding the latter from the Penal Code. However, methods such as IUD and sterilization remained illegal until 1980.

The fight for the right to contraception in Spain

Family planning activism began in Spain simultaneously in health care and feminist circles in the early 1970s. Such a fight was part of a broader and generalised interest in Spanish society for changing the existing legal and social order. The social interest in family planning started in the preceding decade, when the commercialisation of the contraceptive pill, and the publication of the encyclical *Humanae Vitae* in 1968, began to generate a lively debate on contraceptive methods (Ortiz, Ignaciuk and Castillo 2009, 9; Castillo 2010). A good example of this would be the actions of a precursor of family planning activism, Elisa Lamas, a writer and Catholic mother of several children, who in the mid sixties published some articles in the daily and periodical press, opposing Pope Paul's VI encyclical and pronouncing herself in favour of the legalisation of contraception and even abortion. Her bold ideas subjected her to legal action, and her publications were often censored or banned (Levine and Waldman 1980, 102).

In the seventies, health care professionals and the feminist movement had different long-term goals and manners of acting, but they shared a consciousness that women in Spain needed to be provided with help on how to plan (or avoid) their pregnancies and improve their sexual relations.

In a broad sense, it can be affirmed that the family planning activism in Spain began with the first outpatient clinics created in public hospitals in the years 1971 and 1972 to counsel birth control to women with serious health problems. They were established before the legalisation of contraceptives and even before Franco's death. At first such clinics were founded within the university (clinical) hospitals: *San Pau* Hospital of Barcelona in 1971 (Bodoque 1996), *La Paz* Hospital in Madrid in 1972 and

the *Clinic* Hospital in Barcelona in 1972, and were followed by other university hospital clinics in cities such as Granada (1975) and Seville (1975).

All these outpatient family planning clinics were organised in a similar way. Their names were not directly connected to family planning (puerperal clinic in La Paz or sterility clinic in Granada) and their target patients were women whose difficult pregnancies or labours were attended in the same hospital. The clinics were commonly established by gynaecologists with some training abroad but managed by young female doctors, who were given great autonomy in their functions.

Doctor Amalia Jiménez set up a family planning and sterility outpatient clinic upon the initiative of Doctor Francisco Vergara and professor Vicente Salvatierra, of the Department of Gynaecology at the *Clínico* Hospital in Granada (AJ 2010, 3:4-20):

Francisco Vergara was my mentor in gynaecology. [And] my almost first assistance activity was as a clinical associate, with him as the head of section, when we opened the family planning clinic. (...) Paco Vergara went to Paris and brought back information about contraceptive methods that were unknown here. In his clinical sessions he showed us the novelties he had brought back: vaginal sponges (...), diaphragms, IUDs. Paco gave us information about all of this. And the initiative belonged to Paco Vergara and Don Vicente [Salvatierra]. It was in 1975 because Franco was still alive. The first clinic was clandestine.

In Sevilla, doctor Silvia de los Reyes, was designated to organise the clinic at the Macarena Clinical Hospital in Seville by Professor Jose Maria Bedoya, the chair of gynaecology and obstetrics (2009, 2:25-28). As she recalls:

The only thing he had left us was the space, but he gave us no instructions at all; I initiated everything without any instructions (SR 2009, 2:27-28).

In a short period of time, these centres began to be referred to by women from within (female employees, students of medicine) and outside the hospital, who by word of mouth learned about their existence, and especially about the easy access to

services such as prescriptions for oral contraceptives and medical exams. Also, they were attracted by the fact that the staff treated women with respect and understanding of their demands for contraceptives, which was unusual in a context where general gynaecological practice was patronising if not hostile towards unmarried women who had sexual relations.

Reyes Hernández, a nurse at the Granada *Clínico* hospital (2010, 3:17-21) who benefited from the clinic's establishment recalls:

During those times, as far as I remember, you couldn't go to a gynaecologist. I mean, for a woman who was not married and accompanied by her husband, it was a rather traumatic experience. Women should be able to choose a gynaecologist (...) who would not offend them.

The daily routine in the clinics frequently had staff get around hospital norms, especially by counseling women who were not registered for this particular health care unit or did not request contraception for health reasons. Also, the demand for the services, which was much higher than could be attended to within the established timetables, almost always implied that staff worked extra time. However, from a professional perspective, this type of practice was attractive because it was an extremely new field, and provoked an instant sense of social commitment, if this had not already been the pre-existing reason to get involved.

Health professionals, especially gynaecologists and obstetricians, who staffed almost all of these early clinics, were involved (or later got involved) in other family planning activities beyond the hospital, collaborated with the feminist activists in their struggle for the legalisation of contraceptives, participated in the first associations or networks of family planning and also founded the first official family planning centres, which were established in Spain in 1979 and 1980. For example, Doctor Asunción Villatoro, who was leading the clinic at the Clinic Hospital in Barcelona, organised the first public family planning centre by the provincial legislature of Barcelona. Also, she was the initiator and the first chairwoman of the Spanish Association of Family

Planning, constituted in Zaragoza in 1977. Doctor Amalia Jiménez, the head of the first outpatient family planning clinic in Granada, also played a very active role in the establishment of this association and in 1979 served the first official family planning centre in the city of Granada.

It is worth emphasising that this type of clinic was not common in Spanish hospitals and their creation was the result of a direct intervention by directors of the departments of obstetrics. Also, some departments expressed extreme hostility towards the provision of family planning services, sometimes within the same hospital. This resistance was not only the result of ideological reasoning, which prevented more conservative doctors from accepting family planning, but also due to financial factors, because the clinics provided free services which women would otherwise possibly seek in private practices (SR 2009, 5: 18-23). The personnel of those clinics were conscious of the pioneering and risk involved in their work and recall them as “clandestine” (AJ 2010, 3:20). Despite these difficulties, in daily practice incidents were rare. The permissiveness sometimes also reached the operating rooms. While we know of no abortions being performed, personnel recall induced abortions being terminated at the hospital without informing the authorities:

You had the thing [abortion] started and you could say, “all right, I will go to the hospital now,” because they had to attend to you. If you were unlucky, you could get a really rude head of service, who would inform the police. But it was not so in the majority of cases. Once it [the abortion] had begun, they would finish it. This was the trick (EA 2010)..

Feminist activism. Family planning movement in Madrid (1970-1976)

Feminist activism for reproductive rights began in Spain in the mid 1970s, slightly later than in neighboring countries, but not much later if we consider that Spain was a country undergoing a transition to democracy from dictatorship, while countries such as France or Italy had been established democracies for decades (Latham 2002;

Ignaciuk 2009). However, if compared with the United Kingdom or the United States, the delay in obtaining feminist reproductive rights was of almost a century (Hoggart 2003; Gordon 2002).

From the beginning of the Francoist regime in the 1940s to the early 1970s, the history of the Spanish feminist movement was rather short. One of the early organizations established during the 1960s was the *Movimiento Democrático de Mujeres* (MDM) [Women's Democratic Movement], affiliated to the still illegal Communist Party. However, the MDM did not express a specific interest in women's health issues or family planning, and neither did the other few independent women's organizations that existed in the country.

Nevertheless, at the beginning of the 1970s, women started organizing themselves into new groups. Many of them had a feminist consciousness and their organizational forms were closer to the feminism of their time:

I started working with a group of women three or four years ago [1971-1972] (...). We started to form small discussion groups, following the American (...) model, where we tried to talk about our personal experience, break down barriers, start a conversation among women, start experiencing together to create a kind of feeling of solidarity, and bring up different subjects as they appeared, without any formal organisation at all (Charo Ema, interviewed in 1974 by Levine and Waldman 1980, 52).

I started meeting with people who were interested in the topic, and who had more of a feminist background. I met most of the people with whom we later started to do family planning at Frente de Liberación de la Mujer (FLM) [Women's Liberation Front], of which I was a member. Before that, well, I also got to know people through other channels, other more or less feminist meetings, but it was rather embryonic, movements that had not later become anything important, rather just us women meeting. And then we started, without being really organized, to give small talks, and so forth (EA 2010).

These women, feminist undergraduate students, were affiliated to the legal *Asociación Española de Mujeres Universitarias* (AEMU) [Spanish University Women's Association] and in early 1976, they established within the AEMU the *Frente de Liberación de la Mujer* (Borreguero et al. 1986, 36; Di Febo 1979, 199). The FLM, an anticapitalist and independent group, defended and practiced double militancy: both in the anti-Francoist parties and in the FLM. This double activity was understood as a form of challenging the two main systems of oppression: class and patriarchy (Amorós 2009, 196-197). Organized in commissions, or thematic discussion groups, one of them was called "Contraception and abortion group". After an initial phase of in-depth collective study of the topic and internal debate, the members of the group decided to adopt a more intense social involvement and changed its name to "Family Planning Group". They pursued an intense activity of disseminating information about contraceptive methods and feminism in working-class neighborhoods, parishes and also in waiting rooms of Social Security gynecological clinics, where they distributed booklets and materials. They gave talks in working-class peripheral neighborhoods of Madrid (Entrevías, Vallecas, El Pozo...), which they often visited accompanied by collaborating male MDs. They usually enjoyed support of local social leaders opposed to the Francoist regime, who often provided them with spaces they used to deliver talks and organize meetings with women.

So then, in the Front, a few of us got a bit tired of abstraction and the philosophical approach to the topic, and decided we had to do something immediately. And well, for me it was clear that the most urgent thing was for women to be able to control [their pregnancies], because if they couldn't, there was no freedom, no work, nothing at all (EA 2010).

We were going together [with doctor Angel Sopeña] to give talks in different neighbourhoods. Do you know what it meant to them? He was such a wise person, such a good person, this elderly doctor. [He was] so adorable. The two of us, in those neighbourhoods. The two of us, walking in Entrevías, to some parish lost in there, to give our talks. And I gave talks in churches, in benches of churches. In parishes, in nurseries, in schools. In small rooms of the parish's halls, where neighbours' associations had their offices (PJ 2009).

[We were supported] by the left-wing priests. By the whole movement of working-class priests who worked in those neighbourhoods... women from Christian movements... And many people who were involved with the left... All of that meant for us a space where [our activity] made sense. Because we talked to them about feminism, we talked to them about women's liberation, about women's rights, about abortion. Basically, we talked about everything, and also about contraceptive methods (PJ 2009).

But we couldn't go to a church or to a parish and say: "look, we are from the Abortion Commission, and we came to do this and that". Instead, we said: "we are from the Family Planning Group, and we came to talk to women about this and that" and, well, it [sounded much better]. It was much easier for women to come and listen. It was much easier to organize it with the pastors. But we couldn't have done this, if we had come along saying "we are from the Abortion Commission" (PJ 2009).

The group also used other more intellectual spaces in the center of Madrid, seeking public recognition and media response, which, despite the efforts, was rather poor (Castillo 2010):

It must have been in 1974 or 1975. Our first talk on family planning was given here in Almagro, at the Boston Institute, which was then the headquarters of the University Women's [Association]. And it was delivered by Santiago Dexeus, a Catalanian gynecologist, and myself. And well, we said everything we wanted (...). There were many people and it was a great success, but afterwards, surprisingly, nothing happened. But this conference we organized was a milestone in Madrid. (EA 2010)

Several months later, still in 1976, the group took its activity a step further. First, they opened a family planning center which is considered to be the first of its kind in Spain (Martínez Salmeán 1979; Parra 1986; Bannel, Suzel & Pérez Serrano, 1999). Second, they intensified efforts to disseminate their ideas beyond feminist and women's forums and they went to congresses and professionals meetings of different disciplines.

The center was established in a flat in a middle class neighborhood, near Cuatro Caminos Square. Due to its clandestine character, it was not given a proper name.

However, it soon started to be known as Centro de Mujeres Federico Rubio [Federico Rubio Women's Center], in reference to the street it was on. It could be opened thanks to numerous small donations from friends and family of the founders, and, above all, to a considerable donation given by a foreign woman living in Spain and the wife of a known businessman, which was used to pay the rent for several months, as well as to buy second-hand furniture and instruments. The center, which did not have an opening license, functioned without disturbance for more than a year.

We thought we had to open a center where they [women] could get attention. Because no [attention] was given in hospitals. What is more, contraception was legally prohibited and penalized. It was penalized. And so we decided to open the center (...). It was the most important thing. If women could not control their sexuality, it was difficult for them to continue studying, it was difficult for them to continue advancing, it was difficult for them to be autonomous, it was difficult for them to choose. So the first thing for them was to be able control their sexuality, so that everything else could come afterwards (DB 2010).

Like feminist health clinics established in the United States in the 1970s (Morgen 2002, 70-105), the center was managed by its founders, FLM (female) activists. It was staffed by male and female health professionals, FLM activists without previous medical training and female medical students, all of them working on a voluntary basis. The center provided contraceptive and gynecological assistance, as well as basic feminist, self-examination and self-genital exploration training. Moreover, every week some of the clinic's staff accompanied women to have abortions in London, at the private clinic of Doctor Timothy Rutter (DB 2010; EA 2010; CMP 2010; CMT 2010), with whom the group had been collaborating since 1972 (DB 2010) despite their radically different goals and ideology:

We didn't like people who performed abortions. We just needed them. But they weren't our people, they didn't share our struggle. They earned money. We didn't. We fought for women's liberation and autonomy. They had powerful clinics and lots of money. This was not our case (DB 2010).

Further than expected, their involvement as abortion intermediaries, which had started even before the establishment of the center, could have contributed to the fact that it was tolerated and had never been persecuted by the authorities:

We sent women who didn't have money through women who did have it. Widely known women, with connections to the regime, which back then was still a dictatorship. Through this, we had immense power, we had their cards, their names, but we never blackmailed any of them (...) We didn't promote abortion, but we didn't want any women to die because of an abortion either (DB 2010).

Although Federico Rubio family planning centre was open to all kinds of women, single and married, it mainly served working class women from poor neighborhoods and young, sexually active female students, who did not have access to private gynecologists (DB 2010). The center established a unique style of practice, radically different from standard gynecology of that time. Its main goal was not only to provide women with much demanded contraception, but also to teach them basic notions of feminism and provide them with knowledge regarding the female body and sexuality. Each gynecological consultation was preceded by a collective talk about feminism, sexuality, contraceptive methods and genital anatomy and physiology.

Above it all, we designed the scheme of the consultation ourselves. And at a certain hour there was a common talk about why we were doing this, why we were doing it as women, why we were feminists. And what was the place of women's ability and potential for self-determination (and decision-making) within feminism. And later we provided information about contraceptives, and about information they could get at the centre. And later still, we would provide a medical history/examination individually to those who wanted one (PJ 2009).

Further, some group members who practiced self-exploration used their own bodies as tools/props to demonstrate the techniques to women.

After the women had had the interviews, I took my clothes off and showed them how to self-examine their breasts, and I explained what a vagina looked like, with labia, labia minora, and where the clitoris was located. It was mad because back then I hadn't had an orgasm myself yet.

I showed them what I didn't know [laughs]. (...) It worked, but I always ended up very tired, because I was spending four hours naked (DB 2010).

All of the center's employees, both those with and without previous medical training, participated in the design of the center's unique medical history, which they considered radically innovative and very different from the model commonly used in the health system. This medical history had become a model they later applied in other professional contexts.

So, when I started to practice my speciality [at the hospital, in 1978], I could place IUDs, I was helping to examine women and also with self-exploration. I learned all about it at Federico Rubio: what it was to see the cervix, to explain that it was fine. I remember women saying: "but I don't want to see myself" [laughs]. And we were really convinced that overcoming ignorance was really critical to overcoming rejection. And so it was very important to self-explore, and to show the cervix with the speculum, and explain everything really well. This first clinical history, [that's why I'm emphasizing it], when I started working at the city hall's [health center], I took this clinical history with me. And I implemented it at the places I worked. [During the clinical history] we asked about sexuality, we asked about contraceptive methods, and we talked about sexuality (CMT 2010).

The female medical students who worked at Federico Rubio represented a generation of women who during the 1970s started to massively enrol at universities. Many of them studied medicine and chose psychiatry or obstetrics and gynaecology as their specialities. It was especially difficult for women to study the latter, as many Professors of gynaecology had close ties to the Francoist dictatorship and expressed misogynist attitudes and disseminated concepts of female body, femininity and motherhood ideologically close to those espoused by Franco's regime (De Miguel 1979; Sánchez 1999). Thus, many of the young medical residents completed their education and early practice in harsh conditions. However, those who were involved in the family planning movement were able to recognise and interpret the signs of discrimination they experienced. Also, they were able to gain experience inaccessible through regular education and develop their own style of practice, inspired by

feminism and the experiences and needs of their female patients and colleagues. Nevertheless, young Spanish female gynaecologists involved in feminist family planning were a minority. According to Morgen, who studied their American counterparts, out of the growing number of female medical students and physicians in the 1970s, only a small fraction had become active in the women's health movement (2009, 168). However, the ongoing practice of those who did get involved had been deeply affected by this experience.

Under the name of *Comisión por la Planificación Familiar* [Family Planning Commission] of the Spanish University Women's Association, the group participated in a cycle of conferences on mental health organized at the Gran Hospital in Madrid in May 1976. They presented a paper on their ideas and activities from a historical and international perspective. The text began with an explanation of the new name adopted, which did not completely satisfy them as it seemed to contradict their goals.

We accepted the term "family planning" because in the context of all the ignorance there is around the topic, this was the most suggestive term, even if the ability to control the number of children, though important, was not what we wanted to emphasise (...) (Comisión 1976).

They did understand family planning in an original way, radically different from that proposed by the WHO in contemporary documents (WHO, 1971)

Family planning is a new sexual ethics, a totally different and revolutionary form of understanding interpersonal relations, taking as a starting point a healthy, non-traumatized identity, free of guilt in relation to our own body and other people's bodies (Comisión 1976).

In line with their anti-capitalist feminist ideals the Commission even claimed that "family planning must be a decisive weapon used to destruct the institution of the family" -- a declaration that must have sounded either too radical or strategically inadequate in any unknown moment, as it was crossed out in the copy of the document we have used.

Two years later, during a multidisciplinary seminar dedicated to communication in Madrid in 1978, they also presented a paper on “the communication between the doctor and the patient”, in which they thoroughly criticized the traditional gynecological practice and defended their own model of attention (Centro de Mujeres 1979). In the paper they focused on several issues. First, the fact that gynecology considered women to be “inherently ill or prone to illness”. This was not the case at their center, where they “attempted to make women see their sexuality and maternity as a part of their daily lives, as issues that must be understood, considered and about which decisions needed to be made”. They also claimed that “at the Center there were no patients, only women who were seeking information (...)”. Thus, the group intended to make women “understand that their contraception or their pregnancy may require advice but not a diagnosis”. Second, they argued against impersonal gynecological practice, in which women were treated only for physiological problems, an approach that would completely ignore their social and family context. On the contrary, at the center women were treated as “whole persons” and were encouraged to share and discuss their experiences. Third, they criticized the fact that in the traditional gynecological practice women were expected to be passive and surrender to “the doctor: shaman, father and god, who makes the decisions and plans but keeps the women ignorant, so he can enjoy the power of his “magic solution” over her”. Last but not least, the paper criticized the misinformation often provided by doctors and the coldness of the traditional clinics.

Professional and interdisciplinary meetings were used as spaces in which to mobilize and exchange their ideas and alternative models of practice. A dimension of activism that also had to be taken into consideration, because most of the feminist activists for family planning during these early years were in favor of integration of family planning in the national health service and wanted to reach medical professionals, both male and female.

The Spanish family planning movement during the democratic transition. The legalization of contraceptives

In December 1975 and in May 1976, Spanish feminists gathered together during the first feminist meetings in the country: first came the conference for women's liberation in Madrid and then the Catalan conference on woman ((Jornadas por la Liberación de la Mujer y Jornades catalans de la Dona respectively). During both meetings, feminists formed working groups to fight for "free contraceptives, free sexuality separated from procreation and the right to abortion (Ferreira 2008). From this point on, the actions directed to achieving this goal multiplied and intensified.

One of the organizations that exemplifies this intensification in Barcelona was DAIA (Dones per el Autoconoeiment i la Anticoncepció [Women for Self-exploration and Contraception), which according to the historian Mary Nash was the main agent vindicating free sexuality, birth control and the legalization of abortion. From 1977 the first family planning centers started to be established in the towns of Barcelona's metropolitan area (Nash 2007; Ferreira 2008).

During 1977 and 1978, after the first democratic elections, the left-wing parties included the legalization of contraceptives in their political agenda. This led to a frenetic activity in the field of family planning which included attempts to establish a Spanish Association of Family Planning (Zaragoza 1977; Granada 1978?), demonstrations in most Spanish towns for the legalizationalization of contraception, or publication of books on self-help, self-exploration and contraception (Taboada 1978; Dexeus & Riviere, 1978; Bohm & Korflur, 1979). Further, there was an intensification of the relations with the international family planning movement, especially with the British Family Planning Association and the European regional branch of the International Planned Parenthood Federation, some of their representatives, as Maggie Jones visited Spain in years 1977 and 1978 (Jones 1978).

By mid 1977, the Federico Rubio Women's Center disappeared. Some of its medical staff moved to create new centres. While FRCW was intentionally an

independent feminist initiative (PJ Dialogos 39(19) 1999, 9), the next centres to be established in Madrid, Instituto de Medicina Social and Pablo Iglesias, were related, respectively to the communist (PCE) and socialists party (PSOE). The involvement with these clinics was seen as a mean of supporting political mainstreaming of family planning (EA 14:35-42; Jones 1978, 3).

New family planning centers appeared in Madrid, Barcelona, Seville, Granada, Salamanca and many others places during the two next two or three years, founded by feminist groups or by democratic institutions, such as political parties, city halls or provincial governments. These new centers were also staffed by psychologists and social workers. Most of them managed to keep alive the spirit of Federico Rubio and its women-centered practice. In public centers operated by municipal and provincial administration and sanitary delegations), feminist training talks and self-exploration practice were excluded from the model of assistance. The collaboration between the health professionals who worked in the new public centers and women activists from the feminist movement was fluid in general during these first years.

Most of the new centers continued the habit of referring women to abortion clinics abroad. While this referral practice remained unofficial, the clinics openly provided post-abortion revisions and contraceptive counseling to women coming back from abortion clinics. In the early 1980s, in some autonomous Spanish communities, family planning centers disappeared as this service was integrated into the primary health care system by the first socialist government. Feminist doctors who worked in some of the above mentioned family planning centers played an important role designing this integration, as was the case of Concha Martin Perpiñán, a feminist gynecologist who served at the *Instituto de Medicina Social* in 1978-79 and participated in the health system reforms in Andalucía.

Conclusions

The early 1980s was a turning point in family planning activism, which since then focused on the fight for the legalization of abortion, as well as the establishment of groups that could perform abortions in decent conditions in Spain, without the need to travel abroad.

During the next five years, family planning activism grew up simultaneously in some public hospitals and in feminist circles. The family planning movement accomplished the rapid legalization of contraceptives, the establishment and consolidation of private and public family planning centers, and the promotion of more respectful models of doctor-women and doctor-patients relationships. It also most certainly succeeded in raising the consciousness of women and helping them “to find themselves once again” (Luzán 1977, 19). It contributed in the making of a new citizenship for women and the creation of new female identities based on personal independency and the separation between sexuality and reproduction.

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