

# Contraception policies in Panama: advances and setbacks

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In Panama, the government's concerns over fertility regulation and contraception go back to the start of the 1940s, to a social and political backdrop in which women accomplished important social demands as well as the recognition of basic civil rights<sup>3</sup>, and the problems of the population's health started to occupy a more important position on the government's agenda. Accordingly, the first actions involving female contraception policy, undertaken by the State, particularly those relating to the voluntary sterilization of women, were not directly determined by the existence of a population policy with the explicit aims of regulating births and reducing demographic growth<sup>4</sup>. The growth of the population, inasmuch as it "did not disturb" sustained economic performance, was not a priority public policy issue. In this regard, it should be mentioned that the issue of family planning was initially dealt with by the Panamanian Family Planning Association (APLAFA), a private entity formed around the middle of the 1960s.

The challenges to fertility and contraception policies in Panama are still considerable, particularly the latter. Even though numerous efforts may be observed by the Panamanian government to implement and defend sexual and reproductive rights, of those that have obtained clear progress with the systematic reduction in fertility, there are still obstacles and limitations in terms of their execution. The advances in this area come up against players with conflicting interests. Policies concentrating on the reduction in maternal mortality and those relating to family

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<sup>3</sup> In Panama, women's suffrage was included for the first time in the Political Constitution of 1941, though with certain restrictions and limitations in the instances of participation. Law 98 of July 5 brought it into effect. Subsequently, the Political Constitution of 1946 put women on an equal footing with men in terms of their rights as citizens.

<sup>4</sup> In addition, in the 1960s "practically none of the most important national sectors deemed it necessary for the rate of population growth to diminish", given the low average density of the population and the growth of the economy (Technical Committee for Population, 1994).

planning and contraceptive methods in the country have been backed by various international entities, such as the UN Population Fund and the Pan American Health Organization as well as civil and non-governmental organizations. Nevertheless, other factors which have had a negative impact on the creation of more efficient state actions include the “traditional” values of the social structures, the patriarchal culture, and the ideology promoted by the Catholic Church.

In this context, demographic changes and their consequences for the structure of the population have created new and perhaps more complex challenges. Population growth still constitutes a significant risk to the health system. Despite the fall in fertility, the higher proportion of women of childbearing age is an important factor in the demographic dynamic, with direct consequences for the orientation of the health services. The decline in fertility should be reflected in a relative reduction in the demand for maternal and infant services, however, due to the “demographic inertia” effect and the increased number of women of childbearing ages that were born in the previous conditions of high fertility, this decline in the absolute number of births is lagging behind the drop in fertility.

The history of birth regulation and family planning policies in the country may be regarded as relatively recent. It was only in the 1970s that it assumed greater importance in the programs of economic and social development. Though it is true that laws relating to fertility regulation can be traced back to the beginning of the 1940s, essentially under Law No. 48 of May 13, 1941 (Gaceta Oficial, 1941), through which voluntary surgical sterilization was permitted across the whole country, and which in 1965, through the APLAFA (as previously mentioned, a privately run organization), family planning was introduced to the country, it was not until the end of the decade that public policies began to present a demographic approach, in which the topic received specific content and objectives. Initiatives like the Health and Population Act, signed by APLAFA and a number of government areas including the Ministry of Labor, Social Security and Public Health, and the Ministry of Health, had a sizeable effect at a national level, such as with the broadening of family planning, preventive health actions directed at women, as well as the development of the first initiatives involving sex education and specialized adolescent health care.

The antecedents of the government’s demographic policies on fertility, contraception and family planning is intertwined with the development of the APLAFA, thereby representing the harmonization of government and non-government sectors which is characteristic of the country in this area. Even though, from the 1970s onwards, the Ministry of Health began to provide the population with family planning services, the work begun by APLAFA was no less important. Dedicated to turning itself into the main organization responsible for providing the

services of health and sex and reproductive education in the country, derived decisive actions to enable this goals to be met, including the foundation of the Centro Modelo Maraón, the first family planning clinic in the country, founded in 1966; the creation of the First Comprehensive Health Care Center for Adolescents in 1979; and the forming of the National Committee for Sexual and Reproductive Health in 1999. In 1981, APLAFA became the first non-government entity to be included in the Technical Committee for Population (COTEPO), under the coordination of the Ministry of Planning and Economic Policy (today's Ministry of Economy and Finance). In the same decade, it became part of the First National Population and Development Program, dedicated to educating the population, it led the shaping of the First Panamanian Parliamentary Group on Population and Development, and also took part in International Conferences such as Population and Development in Mexico in 1984 and ten years later the International Population and Development Conference, which was held in Cairo (APLAFA, 2009).

In Panama, as in the rest of Latin America, demographic behavior has changed for the benefit of society, showing a fall in mortality, a decline in fertility and an increased life expectancy for its people. The Panamanian population reached maximum growth in the period between 1960 and 1965, with an average annual rate of growth of 3 percent; between 1965 and 1970 the growth was still 2.9 percent, and dropped to 2.2 between 1980 and 1985, and maintained a sustained decline, falling to a growth of just 1.7 percent in 2005. The country is going through the advanced stages of demographic transition in which it is demonstrating a relatively low mortality and a strong, sustained reduction in fertility. In the period between 1950 and 1955, it had a gross mortality rate of 13.3 deaths per thousand inhabitants, which fell to a rate of 5.1 deaths per thousand inhabitants between 2000 and 2005. In the same period, the birth rate fell significantly. The gross birth rate went from 39.9 to 22.7 births per thousand inhabitants. Fertility declined steadily, moving from an overall rate of 5.7 to 2.7 children per woman of childbearing age over these five decades. The reduction in the total fertility rate in the country is considerable, showing a drop of more than 50 per cent in the last 60 years, representing one of the lowest fertility rates in Central America. However, there exists in the country a high demographic diversity, a high level of fertility in the poor, rural and native communities and a lower level of education. Life expectancy rose in this period from 55.3 to 74.7 years, 72.3 for men and 77.3 for women (Celade, 2004).

The Panamanian government's concerns over the demographic context and the need to push ahead with a comprehensive population policy was reflected in the creation, in 1969, of the National Demographic Policy Commission (CONAPODE), restructured five years later with the capacity to "formulate and adopt decisions

related to the size, growth, structure and geographical distribution of the population which are best adapted to the national objectives”, the integration of COTEPO, at the beginning of the 1980s and its institutionalization in 1987, and the addition of Article 108 to the Political Constitution of the Republic in 1983, in which it was determined that “It is a duty of the State to establish a population policy that caters to the needs of economic and social development in the country”; as well as other actions directed towards the definitive integration of demographic elements in the economic and social development plans at different levels, with direct effects on the State’s regulation of fertility and contraception, directed towards specific programs and groups such as women and adolescents (COTEPO, 1994).

In the country, decisions on the number and spacing of children, as well as the voluntary sterilization of women, was officially a free decision as far back as the first half of the twentieth century. The aforementioned Law No. 48 of May 13, 1941, even though it permitted sterilization throughout the country, subjects it to certain conditions that this law so determines such as the authorization of a Sterilization Council, formed amongst others by the director of the Public Health Section, the president of the National Medical Council, the Nation’s attorney-general and a deputy appointed by the National Assembly. Nevertheless, the scenario in which sexual and reproductive rights in Panama are exercised has serious contradictions. The numbers relating to fertility, awareness and use of contraceptives, teen pregnancy, etc., are extremely inconsistent across the different social segments and regions of the country. Even though it is clear that there has been a significant drop in fertility over the last few decades, a product of cultural, social and economic change, there has also been an evidently varied picture within the different geographic, social and economic groupings.

Certainly in Panama, contraception initiatives are in appreciable, albeit somewhat limited. To a certain degree, the country is experiencing a situation of stagnation and recession, when seen in the light of achievements realized in other countries in the region, in terms of the regulatory framework and the recognition of sexual and reproductive rights. The Comprehensive Health Program for Women, created by the Ministry of Health in 2007, presents major goals concerning this subject, especially in its section on family planning, among which are stated people’s choice to elect their reproductive preferences, as well as to promote the dissemination of reproductive rights and informed demand on reproductive health and family planning, ensuring access without discrimination to quality care and establish technical and administrative procedures for care in family planning services, among others (MINSa, 2007). Similarly, Executive decree No. 2 of February 9, 1999, through which the creation of the National Commission on Sexual and Reproductive

Health was established, represented one of the most important achievements and developments on the topic in recent times, with actions such as the proposal of Bill of Law 442 and the drafting of the National Sexual and Reproductive Health Plan which would bring partial improvements in areas such as the reproductive health of adolescents and young people and safe maternity, becoming one of the entities with the heaviest involvement in the subject. Nevertheless, the rejection of Bill of Law 442, which in effect sought to introduce “measures to establish and protect human rights in terms of sexuality and reproductive health and promote education, information and sexual and reproductive health care”, marks a significant setback in the history of such policies in the country.

One of the key groups towards which contraception and fertility policies should be directed is that of adolescents and young people. The figures for teen pregnancies have increased rather than diminished, not to mention the fact that they are occurring at increasingly earlier ages (MEDUCA, 2009). Programs driven by diverse bodies such as the National Youth Council, the UN Population Fund (UNFPA), APLAFA, amongst other government and non-government organizations, as well as the Panamanian Public Youth Policy, promoted by the Ministry of Youth, Women, Children and Families, whose aim is to “Guarantee the right to comprehensive health and an equitable, quality sexual and reproductive health for young boys and girls, that contributes to their human development”, seek to achieve goals such as involvement of mothers and fathers in the sexual and reproductive health programs, access to information in this area for all youngsters, no matter how vulnerable they may or may not be, specialized teenage sex health care, amongst others. In the same way, Law 29 of June 13, 2002, “Education and Health of the Pregnant Teen” seeks to “guarantee the pregnant teenager the right to receive comprehensive health care, their right to remain in the education system and legal protection in cases where it may be required”.

The most recent discussions of note, in respect of sexual and reproductive rights, took place at the end of 2008 with the previously mentioned proposal of Law 442, on the part of the Ministry of Health, whose central objective is to “establish the overall regulatory bases for the recognition, guarantee, protection and care of sexual and reproductive health, with an emphasis on the all-round formation of the individual, while respecting human dignity, their rights, culture and the values that characterize it, in compliance with the Political Constitution, the laws of the Republic of Panama and International Agreements” and its counterpart, Bill No. 380, “Through which the fortification of the family institution in the education system is promoted as a regenerating feature of society and through which sundry other provisions are prescribed”, a product of the civil initiative that seeks to create a Program of affective

sex education built around marriage and family, developed by the Ministry of Education and various members of society, including religious associations.

In conclusion, government policies and actions with regard to fertility and female contraception are varied, with some notable results, particularly in the reduction of maternal and infant mortality, the dissemination and accessibility of information on family planning and the use of contraceptive methods, with programs especially directed towards adolescents, the native population and to some highly marginalized groups. The emphasis of recent actions has accorded special treatment to the problems of adolescent pregnancy and the planning and development of suitable sex education which, in keeping with the outlined goals, still provides only partial results for which reason greater efforts and intervention by the State, non-government organizations and civil society are required. The lack of comprehensive sex education from an early age, the inadequate supply of free or low-cost contraceptive methods, in environments where elements of a strongly rooted traditional culture predominate, have represented a serious obstacle to the better development of family planning which, on the one hand has translated into head-on opposition to the practice of abortion and its potential legalization, and on the other hand, to the resistance from males to the use of contraceptive methods. These are just some of the socio-cultural factors that bear witness to the setbacks in this area.

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