European Commission

The EU Mutual Learning Programme in Gender Equality

Sexual and Reproductive Health and Rights

France, 29-30 November 2022

Comments paper – Portugal

ösb Consulting
Ein Unternehmen der ÖSB Gruppe.

Justice

This publication is supported by the European Union Citizens, Equality, Rights and Values Programme (2021-2027).

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Sexual and reproductive health and rights in Portugal

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Abstract:

The first activities ad debates related to S&RH&R in Portugal occurred yet in the time of dictatorship. The Portuguese Family Planning association – APF – was created in 1967 by health professionals and other citizens and constituted a first limited space and opportunity to approach and to discuss publicly issues related to the so called at time “Family Planning”. Contraception was the most urgent issue to discuss. Only after the democratic revolution of 25th April 1974 that public debates and public policies were held all over the country. High levels of maternal and child mortality, massive use of illegal and unsafe abortion, progresses on women rights and a high level of women involvement on the labour market were then, the main factors that pushed for the first policies on “family planning”.

Since then, the policies related to what we, now, call S&RH&R, had wide progresses in Portugal, of course always followed by public debates, namely in issues such as youth access to contraceptives, school sex education, emergency contraception, access to legal abortion or sexual diversity. However, political actors, professional organisations, social movements, together with the Portuguese State, were able to produce a quite complete and strong legal framework on sexual and reproductive health and rights. Despite of these, a specific National Strategy on S&RH should exist (similarly to other existent health issues such as Mental Health or Diabetes).

1. Country Situation

1.1 Contraception

1.1.1 Legislation and policies

Family planning is a human right guaranteed by the Portuguese Constitution (Art. 67 d). In March 1984, a new law was approved in Parliament – Law 3/84 – called “The right to sex education and family planning”. This law allowed young people (since its fertile age) to access to family planning consultations. Contraception, infertility, STIs prevention, counselling on sexuality are in the definition of family planning. This law was reinforced by the parliament in 1999, after the 1st referendum on abortion that refused abortion on request, approving the law 110/99. In 2001, parliament approved Law 12/2001 on EC sale over the counter.

1.1.2 Access and contraceptive use

Dispatch on 16 March 1976, first guaranteed the access to family planning in the family planning consultations in some health centres. This access was not universal. Only 1979 this access became universal with the creation of the National Health Service (NHS). Contraception is totally free of charge, for all ages, in the NHS. Nowadays, 94% of sexually active, not pregnant or planning to be pregnant Portuguese women, use a modern contraceptive. The pill (58,1%), the condom (14,3%) and the IUD (11,8%) were the most used methods.

1.1.3 Main barriers

On one hand, male contraceptive use is very law. Vasectomy is used by 0,4% of the man. On the other hand, data on unwanted pregnancies and abortions show that the percentage of migrant women are less educated about contraceptives and have less access to health services. Finally, data on unwanted pregnancies and legal abortions also show that more than 55% of abortions are performed on women up to 29 years of age. This suggests that there are still a considerable number of young people who do not use contraceptives or do not use them consistently.

Good practice: Universal and free of charge access to contraceptives in the NHS network.

1.2 Abortion

1.2.1 Legislation and policies

Until 1984, abortion was totally illegal in Portugal. However, illegal abortions were widely used by Portuguese women. In 1984, Parliament approved a law – Law 6/84 – allowing abortion in very limited situations. In consequence, illegal and unsafe abortion continued until the referendum of 2007 permitted the change of the law, integrating abortion on request until 10 weeks of pregnancy (law 16/2007). In Portugal, induced abortion is free of charge in public hospitals, as all the health cares related to pregnancy and maternal health. On the other side, according to the law hospitals must refer women to a family planning service.

1.2.2 Access and data

The implementation of the law was very successful, and most of the Portuguese public hospitals started doing abortion on request in July 2007. In case of inexistent legal abortion service (mainly due for conscience objection) the hospital is obliged to guide the woman to another hospital or private service. According to the last data (DGS, 2022) since 2012, the number of legal abortions has been decreasing every year. Portugal abortion rate is 177,34 abortions by 1000 births, thus under the European average which is 229,64/1000 births. Legal and safe abortion services produced important changes on the maternal health indicators showing very significant decreases on post abortion complications are very low.

1.2.3 Main barriers

Despite the successful implementation of the law, conscience objection and the limited time limit (10 weeks) of the law remain an obstacle. There are regions in Portugal where women are underserved. There are still some women traveling to Spain because of the time limits. There is a compulsory 3-day period of decision making before abortion.

Good practice: there is no compulsory counselling.
Good practice: if there is no answer in a hospital, it is obligatory to refer women to another hospital or private service with the respective payment.
Good practice: annual reports on abortion services and data.

1.3 Infertility, pregnancy, and birth

1.3.1 Legislation and policies

By law, all the health care related to pregnancy and maternal health are provided free of charge by the NHS. This includes pregnancy supervision, childbirth, infertility treatments and other related situations.

1.3.2 Access and data

Indeed, most of pregnant women are supervised by their family doctors in the NHS and have childbirth in the public hospitals. Maternal deaths in Portugal are quite rare and child mortality is very law.

1.3.3 Main barriers

Access to infertility treatments is difficult.
Recently, the issue of obstetric violence has been raised by several NGO.

Good practice: universal pregnancy surveillance by family doctor.
Good practice: infertility treatment partially paid by the State.

1.4 Sexuality Education

1.4.1 Legislation and policies

First law on school sex education was approved by the parliament in 1984. However, it was never regulated, this remaining limited to the teachers motivation to do it. In 1991, the Ministry of Education created a Health Education Programme. However, sexuality, and reproductive health was rarely approached. Programme was ended in 2002. In 1998, the Portuguese Institute for Youth started a help line on sexuality. This helpline attended dozens of thousands of phone calls. Later, this service created a website on sexuality and contraception, which included emails answering.

Law 120/99 and dispatch 259/2000 that made sex education compulsory in schools, the MoE celebrated and agreement with APF and most of the Portuguese schools were supported with teachers training and technical advice.

In 2005-2007 the MoE created a task force to design a new Health Education Strategy in schools: each school is obliged to integrate a specific health promotion Project in its annual Project, schools have to create a health education team and must have a

health education coordinator and a health cabinet. Sexuality is one of the 4 areas of the programme.

In 2009, the Parliament approved a specific law on school Sexuality education – Law 60/2009. The law was very important on the definition of a holistic Sex education model and clear objectives, as well in the model of organization. More schools were involved in this.

In 2017, the MoE introduced a new compulsory subject along all the school cycles curricula called “Citizenship and Development” and sexuality is one of the issues.

1.4.2 Access and data

In 2007 and 2021, 2 research were developed by APF and the Lisbon University Social Sciences institute on the knowledge levels and sources of information on sexuality of secondary school students.

Using a knowledge scale on different sex education issues, it was possible to know that in 2007, 57,6% of the adolescents had a good or very good level of knowledge on sexual issues and in 2021, 69,1% of the youth had a good or very good level of knowledge on sexual issues.

1.4.3 Main barriers

Sex education is still a controversial issue in many European countries, this includes Portugal. Policies on school sex education vary according to the different political backgrounds of governments. However, even when a good legislation exists, school culture remains centred in academic progress but forgets other important areas of life, and for school boards, involvement on health and citizenship issues are not yet a priority.

Good practice: integration of the subject “Citizenship and development” along the school curricula
Good practice: Portuguese Youth institute Helpline and website “Sexualidade em Linha”

1.5 Sexual problems, counselling and therapy

1.5.1 Legislation and policies

No specific legislation exists on this issue despite being considered part of the definition of family planning cares by the Law 3/84.

1.5.2 Access and data

According to the existent data (Vendeira et al, 2011; 2005; Vilar, 2010) a significant percent of the male population and female population (around 40%) have problems in their sexual performance. There are few public services on sexual therapy, and they are mainly concentrated in the central hospitals of Lisbon, North and Centre regions. The helpline “Sexualidade em Linha” (IPDJ) provides counseling on sexual problems when requested.

1.5.3 Main barriers

Probably the main problem is that there is no public policy on this issue. Thus, there are no guidelines for health professionals, neither sexual health is part of the National Health Plan. There are frequent inadequate proceedings in institutionalized people such elderly and handicapped persons.

1.6 Sexual Transmitted diseases

1.6.1 Legislation and policies

According to Law 3/84, STI diagnostic is one of the activities in the family planning cares and consultations. Since the eighties, it exists a national programme on HIV and HPV is part of the national vaccination programme. Only in 2019, a task force was organized by the DGS (Health General Directorate) for defining a national plan of prevention and treatment of other STI.

1.6.2 Access and data

According to the most recent data (INS, 2017) on the population aged 18-35, 2,7% is positive for Chlamydia, 2,4% is positive for syphilis, 0,1% is HIV positive and 0,3% is positive for hepatitis C. There are specific consultations in hospitals and some few health centres, but systematic diagnosis is not frequent.

1.6.3 Main barriers

There have been campaigns for HIV, Hepatitis C and HPV. However, no campaigns ever existed on the other STIs so it remains a very law level of knowledge about STI in Portugal.

Good practice: GAT App on STI, directed to men that have sex with men.

1.7 Sexual diversity

1.7.1 Legislation and policies

Since 2004, the Portuguese Constitution (Art.13) guarantees the same rights for all citizens no matter be their sexual orientation. The Law 17/2016 permitted women access to Assisted Medical Procreation, no matter is her sexual orientation.

1.7.2 Main barriers

In spite of the progresses on the rights of LGBTI+ people, homosexuality and other transexual or transgender remain a subject of negative attitudes and discriminatory behaviour that are pointed out by LGBTI+ NGO in specific situations (such as blood donation). According to the 2nd Survey LGBTI+ of the EU FRA (2020), in Portugal, 40% of people surveyed admit they felt discriminated against in at least one of their everyday contexts,

Good practice: ILGA Observatory on discrimination of LGBTI+ people

1.8 Sexual violence

1.8.1 Legislation and policies

The Portuguese State has several plans of action regarding Sexual violence and FGM. These plans are coordinated by CIG – Commission for Gender Equity and Citizenship. These plans are being put together by several State departments and accredited NGO working on the different fields.

1.8.2 Access and data

A signalisation system on FGM victims was organised within the health information system. Projects of several NGO are supported by the Portuguese State or EU funds directed to more vulnerable communities, to promote awareness and to prevent FGM. Some evidenced cases of FGM were presented to justice.

Good practice: FGM data collection included in the health services data system
Good practice: National Strategy on FGM.

2. Policy debate

Currently, there is no relevant policy debates on S&RH&R in Portugal. There have been some debates in the NHS internal organization. Recently there were public debates about the temporary closure of obstetric urgency services in many hospitals in the country because the lack of obstetricians. Also, there are debates on the lack of family doctors in many health centres in the country, also because of the lack of family doctors. Of course, these problems may affect the quality of the answer on some of the areas of S&RH.

3. Good practices

For each S&RH&R issues good practices have been pointed when existent.

4. Transferability aspects

4.1 France

As it is already said, despite of all the sectorial and general progresses on S&RH&R in Portugal (and maybe because of these sectorial progresses), a National Strategy is missing. A national strategy such as the existent in France (and other European countries) could bring better coordination between services, better diagnostic which should include the identification of more vulnerable groups, and better synergies could emerge as well with better practices of impact evaluation. Indeed, sexuality and reproductive life and choices are linked aspects in human life and its intimacy. Therefore, sectorial programs should all be part of a holistic approach.

EVARS are an interesting and useful experience. Indeed, local actors are necessary to implement this national strategy.

According to the Portuguese NHS, in each ACES (local organizations that groups the health services in a certain area) could be identified a responsible on the services related to S&RH and a specific task force to put together different local actors in those fields.

As it was referred before, a toll-free number of IPDJ (Portuguese Youth Institute) exists in Portugal since 1998 and provide counselling information on S&RH&R although it is directed to youth (until 29). SNS24 (the NHS toll free number) also give information on some medical issues of S&RH, namely contraception and STI.

As it was said, a systematic data collection on FGM was introduced in the NHS data collection system.

4.2 Belgium

Any tools to increase contraceptive awareness are welcome. In Portugal, despite the high contraceptive use, the quality of this use could be improved, for instance, increasing the use of LARC methods and decreasing the pill use which is associated to more contraceptive accidents (high levels of forgetfulness).

On the other side, the access to the internet, the apps use, and the use of social media, should be more used in sexuality and contraceptive education. Furthermore, it should be used more for more vulnerable publics including migrants (because language or other social barriers) as well for professionals from several backgrounds and working with several social groups.

That's why the Belgian websites are good instruments that follow the big social changes on the human communication.

All these instruments have high levels of transferability.

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