A STUDY OF THE FAMILY PLANNING ACTIVITIES IN STATE AND SOCIAL SECURITY HEALTH SERVICES IN RIO DE JANEIRO (DRAFT PROPOSAL)

INTRODUCTION AND RATIONALE

. The Brazilian Government, until the middle of the last decade, maintained what can be termed as a traditional pronatalist position in relation to population policies.

The statement at the World Population Conference held in Bucarest in 1974, theoretically marked the beginning of a new era.

"Being able to resort to birth control measures should not be a privilege reserved for families that are well off, and therefore it is the responsability of the state to provide the information and the means that may be required by families of limited income ....." (Statement by the Brazilian representative) (1).

The change in the political climate was further strengthened by the Second National Plan for Development, also issued in 1974 (2). Later in 1978 the first definite step toward implementing the new policy was taken, when the Ministry of Health proposed a programme for the prevention of High Risk Pregnancies, within an expanded maternal and child health care programme(3). The initial goal aimed at providing family planning services to an estimated 53.607 high and medium risk women during the first four years of the programme.

However, it has become increasingly clear over the last few years that this earlier pronatalist attitude, has in fact been replaced by a situation of laissez-faire, although, at the same time the government favours a democratization of access to family planning services and information.

It is important to point out that health care in Brazil is offered by a number of different types of institutions, belonging basically to the public and private sectors. The public medical services are administered through Social Security Organizations and through State or Municipal Secretariats of Health.

The most relevant is the National Social Security Institute (INAMPS), that theoretically provides medical care for about 80% of the population. But besides the poor distribution of these services, the access of the population is further limited by institutional and economic barriers. It has been estimated that 40 million Brazilians

are not covered by the medical care system (4). Hence, it is very difficult to imagine how a democratization of Family Planning Services can be achieved, within a system already subject to such selective processes, and also, within a system which lacks institutional measures to reinforce the present government policy.

Recent demographic and economic events are exerting a considerable influence and could in fact pressurize the Government into taking a more definite position in the near future. More specifically, estimates of the total fertility rate for 1970 and 1976 indicate that the rate fell by 25% over this period (5). Clearly such an unprecedented fall implies that not only the upper social classes, but also those at the lower end of the scale are deliberately controlling their fertility. This has been confirmed by Berquó (6), who has recently shown, that families earning less than the minimum salary reduced their family size by 20% during the same period.

A number of investigations have indicated that the recent change in reproductive behaviour can be characterized by a more prevalent use of efficient contrapeceptive methods, despite the lack of an organized Government Programme (7) (8).

In the State of São Paulo, in 1978, 62% of the married women between 15-49 years of age were found to be practicing birth control of these, 47,2% were found to be using efficient contraceptive methods. (sterilization 14,7%, pill 25,2%% and condom 5,9%) (7). An important finding was that in relation to the source of contraceptive methods. (pharmacies 59%, private doctors 16,5%, INAMPS 13,3%, State Hospitals and Health Posts 8,4%). The pharmacies were found to be supplying 89% of the pill users. The results for female sterilizations show a very different picture. (INAMPS 36% private practices 34%, State and Municipal Hospitals 23%).

These findings can be seen to contrast with those of a similar survey carried out in the State of Piauí in 1979 (8). In this State, 70% of the women received contraceptive methods from the public medical services, compared to only 20% in the State of São Paulo. Also, the public medical service sector was responsible for performing 95% of the sterilizations, and only 6,2% were conducted by private doctors. Again the pharmacies were found to be supplying a large proportion of pill users (50%).

These surveys suggest that the public medical services play an active part in providing the irreversible method, namely tubectomy, and that non-medical entities are largely responsible for providing the reversible methods, principally oral contraceptives.

In short, the spontaneous increase in the use of contraceptive methods by the Brasilian population over the last few years, and the persistent laissez-faire policy of the Government is giving rise to a confused situation. The medical institutions are expected to face the responsability of providing Family Planning services and at the same time are free to develop these activities according to individual policies. The general lack of control leads to a state in which no information is available about the type of services being provided and whether these services are in fact responding to the needs of the population.

This study proposes to analyse various aspects related to the family planning activities in the Social Security, and State Health Services, in order to provide the basic information necessary for the elaboration of a national policy and the subsequent implementation of an adequate family planning programme in the public medical services. This study can be considered as a complementary part to the investigation already proposed by ENSP into "Family Planning practices in a low income comunity "(9).

OVERALL OBJECTIVE

To provide basic information for a rational family planning policy in Public Medical Services, that will lead to the elaboration of an adequate Family Planning programme.

SPECIFIC OBJECTIVES

1. Analyse the Family Planning policy and the role played by Public Medical Services in the provision of Family Planning activities.
2. Study the practice of Family Planning activities in these services, and the characteristics of the users.
3. Study the contraceptive practice of the users
4. Evaluate the adequacy of different health personnel in the provision of family planning activities.

HYPOTHESES TO BE TESTED

1. Family Planning activities are offered in a desorganized and spontaneous basis by the Public Medical Health Services, without a proper policy and evaluation.

2. The information and variety of methods offered are insufficient and inadequate to meet the users needs.

3. The limited access to reversible methods leads to a high demand for sterilization.

4. Unnecessary caesarian surgeries are carried out in the purpose of sterilization,

5. The Health Personnel are not adequately prepared to perform Family Planning activities.

6. The users follow-up is deficient.

7. The hypotheses listed above lead to:

   a) high discontinuity rates
   b) high failure rates
   c) unwanted pregnancies
   d) provoked abortions
   e) uncontrolled side effects

OVERALL STUDY DESIGN

a) Study area

The main public medical services covering the population of the X Administrative Area of the city of Rio de Janeiro have been chosen for study.

The X Administrative Area of Rio is an industrial, poor and low middle class residential area, with a large number of slums.

The National School of Public Health is located within this area.

This study complements the one already proposed by researchers of ENSP, "Family Behaviour in a low Income Community" (9).

b) Public Medical Services to be studied

1) - Hospital de Bonsucesso

It is the largest Social Security hospital in Brazil

with 616 beds. In 1980, a total of 16.658 hospital admissions took place, of which 5454 were of obstetrics patients.

The out patient monthly consultation average was:

obstetrics: 1837,0
gynaecology: 1249,4
pediatrics: 3829,5

2) Hospital Salgado Filho

Is one of the main city hospitals, with emergency, in-patients and out patient departments.

3) Health Center Germano Sinval Faria

Is the training Health Center of the National School of Public Health. In 1980 were attended 2.800 women of the age group of 15 to 49 years.

(4) Federal University Teaching Hospital. (5) Private clinic with convenio INAMPS

c) Study population

1) A sample of women aged 15 to 49 years attending, obstetric, pre-natal, gynaecologic and pediatric clinics.

2) All health personnel involved with Family Planning activities.

3) All decision makers in each institution responsible for Family Planning policies and heads of Services and clinics selected for study.

d) Sampling

The service users for this study will be selected by a random sampling method, the size of the sample will be determined later.

e) Data collection

For collecting data the following methodology will be employed.

a) Survey of the existing data and information
b) Interviews with policy makers of the Institutions, the heads of services and clinics (gynaecology, obstetrics and pediatrics).
c) Questionaire:

1. For all the health personnel involved in Family Planning activities.

2. For a sample of Services users.

f) Interviewers

The interviewers will be selected from pos-graduate students of the National School of Public Health. They will be specially trained for this purpose.

g) Data processing and analysis

The data will be submitted to computer anelysis, tabulated and analysed statistically.

Estimated cost: US$ 40.000,00

TIME TABLE

YEARS	FIRST													SECOND										
MONTHS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Research of exhisting data	/	/																						
Questionaire elaboration			/																					
Training of Interviewers				/	/																			
- Pre-Test -					/																			
Pre-Test Analysis						/																		
Collection of data							/	/	/	/														
Processing											/	/	/											
Data Analysis														/	/	/	/	/	/					
Elaboration of the final report																				/	/	/	/	/

R E F E R E N C E S

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