



KNOWLEDGE OF PREGNANT WOMEN ABOUT FAMILY PLANNING ASSOCIATED WITH CONTRACEPTIVE METHODS IN THE MUNICIPALITY OF CACOAL/RO

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SUMMARY

Family planning is defined as the right to autonomy to choose whether or not to reproduce and the freedom to choose when and how many times to have children. This planning must be monitored by Primary Health Care (PHC) professionals, who provide specialized and individualized assistance. Therefore, this article is a qualitative and quantitative field study with a descriptive and cross-sectional approach, with the aim of describing the knowledge of pregnant women in the city of Cacoal/RO about family planning associated with contraceptive methods available in the Unified Health System (SUS). The project was approved by the CEP under CAAE: 80007124.0.0000.5298. The sample consisted of 18 pregnant women who were undergoing prenatal care in the city. Data collection occurred after signing the informed consent form (ICF), where a questionnaire with 19 questions was applied. The average age of the participants was 26.5 years; Of the 18 pregnant women, 10 (56%) knew what family and reproductive planning was and 8 (44%) said they did not know; regarding the provision of contraceptive methods by the SUS, 10 (56%) knew about the distribution of oral contraceptives, 6 (33%) knew about the provision of injectable contraceptives, 15 (83%) knew about the distribution of condoms, 13 (72%) knew about IUD and tubal ligation, 2 (11%) knew about Implanon and 8 (44%) knew about the morning-after pill. It is concluded that this study showed that most women know about family planning methods, but do not use the service because they do not know its importance and the benefits it brings to maternal and child health.

Keywords:Family planning. Contraceptive methods. Pregnant women.

ABSTRACT

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the distribution of condoms, 13 (72%) knew about IUD and tubal ligation, 2 (11%) knew about Implanon and 8 (44%) knew about the morning-after pill. It is concluded that this study showed that most women know about family planning methods, but do not use the service because they do not know its importance and the benefits it brings to maternal and child health.

Keywords: Family planning. Contraceptive methods. Pregnant.

INTRODUCTION

Family planning or reproductive planning is defined as the right to have autonomy to choose whether or not to reproduce and the freedom to choose when and how many times to have children. This choice must be accompanied by primary health care professionals, providing specialized and individualized assistance (Brasil, 1996; Silva *et al.*, 2016).

According to federal law 9.263/96, reproductive planning is available to all citizens, through the Primary Health Care Family Planning Program (APS). This law imposes equal access to conception and contraception assistance, prenatal care, childbirth and puerperium, as well as the control of sexually transmitted infections (STIs), cervical-uterine, breast, prostate and penile cancers (Brazil, 1996).

Family planning is a right guaranteed by the Brazilian Federal Constitution, playing a fundamental role in reproductive health and in promoting the well-being of families. It involves a set of actions and methods that enable informed choices about the appropriate time to conceive, the spacing between pregnancies and the number of children desired, contributing to improving the quality of life of women and their families (Brazil, 1988; Brazil, 1996).

Within this context, contraceptive methods play an essential role, as they ensure that these choices are made safely and effectively. There are several contraceptive methods, among which the reversible methods include injectable hormonal contraceptives and combined pills, intrauterine devices (IUDs), male and female condoms. Among them, the most commonly used are oral hormonal contraceptives, which contain hormones that are naturally produced by women and thus can control ovulation and hinder the fertilization process (Luz, Barros and Branco, 2021). There are also irreversible methods available, such as tubal ligation and vasectomy, for which it is necessary to follow the criteria established by law (Brasil, 2022).

Solo and Festin (2019) add that family planning is associated with contraceptive methods in such a way that their use allows couples to have a safe and satisfactory sex life, and they can seek PHC in order to carry out their planning, from the use or interruption of the method used, preconception consultation, prenatal monitoring, delivery and postpartum monitoring in order to avoid a new pregnancy before the two-year period established by the World Health Organization (WHO).

Although it is a right guaranteed by law, knowledge about different contraceptive methods can still be limited, especially in regions with less access to health services. This scenario can directly impact pregnant women, who often do not receive sufficient guidance on family planning during the prenatal period. The lack of information can result in unplanned pregnancies, increased risks to maternal and child health, and compromise families' ability to organize themselves financially and emotionally.

Given this reality, the study sought to verify the knowledge of pregnant women in the municipality of Cacoal/RO, regarding knowledge and dissemination of consultations on family planning, information about the available contraceptive methods offered by the SUS and assistance in choosing the most appropriate one for patients of reproductive age. Thus, the research becomes relevant and justified because understanding how pregnant women are being informed about the topic and what their perceptions are regarding contraceptive options will allow identifying gaps and opportunities for promoting more effective interventions by health professionals, especially nurses, in the guidance and education of pregnant women and may help health service professionals to create a set of individual and collective strategies aimed at the family context, since reproductive planning allows women to plan their pregnancies according to their health conditions and life circumstances, which contributes to reducing complications during pregnancy and childbirth, as well as improving the health outcomes of babies.

Given the above, the objective of the research was to verify the knowledge of pregnant women about the plan-family planning associated with contraceptive methods in the municipality of Cacoal/RO.

MATERIALS AND METHODS

This is a qualitative-quantitative field study, with a descriptive and cross-sectional approach, carried out with pregnant women treated at the Cacoal Municipal Maternal and Child Hospital (HMMI), which aimed to assess the level of knowledge of pregnant women in the municipality of Cacoal/RO about family planning and contraceptive methods available in the SUS.

After a survey conducted with the Primary Care Coordination at the Municipal Health Department of Cacoal, a population of 615 pregnant women registered in SisPreNatal in the municipality of Cacoal was identified. The study sample was selected by convenience, consisting of 18 pregnant women. The following inclusion and exclusion criteria were used to select the sample, with the following inclusion criteria: Women aged 18 or over; Availability to answer the questionnaire; Women residing in the municipality of Cacoal and users of the SUS; Agreeing to the objective and procedures of these studies, authorizing their participation by signing the Informed Consent Form; and exclusion criteria: Non-pregnant women and/or women in the postpartum period; Unwilling to participate as volunteers, without financial return or benefit; Not present at the location on the days of data collection; Who answered the questionnaire incompletely.

Data collection was carried out through the application of a structured questionnaire prepared by the researchers in an interview format, containing 19 questions, 15 of which were objective and 4 descriptive, where the participants were identified by numbering, carried out in the afternoon period in July 2024, with pregnant women treated at the HMMI. When the participants were approached, all their doubts were clarified and the interview was only carried out after they signed the Free and Informed Consent Form (FICF). At the end of the data collection, an explanatory folder about family planning and the existing contraceptive methods offered by the Unified Health System (SUS) was given, with the aim of providing health education on the topic for the respondents.

After data collection, the quantitative data were tabulated and presented descriptively and in tables, using average, relative and absolute frequency. For this, the Microsoft Word® 2010 and Microsoft Excel® 2010 programs were used and the qualitative data were analyzed through discourse analysis, relating them to the theme.

The research was carried out after assessment and approval by the CEP - Ethics and Research Committee of the Cacoal Educational Institution - UNINASSAU, cited in Resolution No. 466, of December 12, 2012 and Resolution No. 510, of April 7, 2016 of the CNS - National Health Council, according to the CAA approval protocol. AND: 80007124.0.0000.5298.

RESULTS

The study sample consisted of 18 (100%) pregnant women treated at the Municipal Maternal and Child Hospital (HMMI) in Cacoal/RO, where the pregnant women had an average age of 26.5 years, with the youngest being 18 years old and the oldest being 39 years old.

Regarding race, it is observed that 12 (67%) of the pregnant women are brown, followed by 3 (17%) black, 2 (11%) yellow and 1 (5%) white.

Regarding the marital status of the pregnant women, it was observed that 9 (50%) were married, followed by 5 (28%) living in a stable union, 3 (17%) single and 1 (5%) divorced.

Regarding education, it is observed that 9 (50%) of the pregnant women have completed secondary education, followed by 3 (17%) with completed higher education, 2 (11%) with incomplete primary education, 3 (17%) with completed primary education and 1 (5%) with incomplete higher education.

Table 1 shows the sociodemographic profile of pregnant women in relation to age, race, marital status and education.

Table 1 - Sociodemographic profile of pregnant women in relation to age, race, marital status and education. Cacoal/RO 2024.

| Age | n | % |
|------------------------------|----|----|
| From 18 to 22 years old | 7 | 39 |
| From 23 to 27 years old | 3 | 17 |
| From 28 to 32 years old | 5 | 28 |
| From 33 to 37 years old | 2 | 11 |
| From 38 to 42 years old | 1 | 5 |
| Race | | |
| Brown | 12 | 67 |
| Black | 3 | 17 |
| Yellow | 2 | 11 |
| White | 1 | 5 |
| Marital status | | |
| Married | 9 | 50 |
| Stable union | 5 | 28 |
| Single | 3 | 17 |
| Divorced | 1 | 5 |
| Education | | |
| Incomplete elementary school | 2 | 11 |
| Complete elementary | 3 | 17 |
| Complete medium | 9 | 50 |
| incomplete higher education | 1 | 5 |
| Completed higher education | 3 | 17 |

Source: Moutinho, Silva, Rossow and Romanholo (2024).

Table 2 shows the Basic Health Unit of origin of the pregnant women, their knowledge about family planning and their participation in educational activities about family planning.

When asked about their UBS of origin, 4 (22%) responded that they were from the area covered by UBS Nova Esperança, 3 (16%) were from UBS Joaquim Gonçalves Ledo, UBS São Marcos there were 2 (11%), 2 (11%) from UBS Edmur José Marchioli, another 2 (11%) from UBS Cristo Rei, 2 (11%) from UBS São Judas Tadeu, 1 (6%) from UBS Morada do Bosque, from UBS Habitar Brasil 1 (6%) and finally 1 (6%) pregnant woman from UBS in the Village do Sol neighborhood.

Regarding their knowledge about family and reproductive planning, 10 (56%) responded that they knew what family and reproductive planning was and the other 8 (44%) said they did not know what family and reproductive planning was.

Regarding participation in educational activities on family planning at their UBS of origin, 2 (11%) said they had already participated in these activities at some point and 16 (89%) had never participated in educational activities on family planning.

Table 2 – Basic Health Unit of origin of pregnant women, knowledge about family planning and participation in educational actions on family planning. Cacoal/RO 2024.

| Basic health unit | n | % |
|---|----------|----------|
| Saint Mark | 2 | 11 |
| New Hope | 4 | 22 |
| Edmur Jose Marchioli | 2 | 11 |
| Christ the King | 2 | 11 |
| Joaquim Goncalves Ledo | 3 | 16 |
| Forest Home | 1 | 6 |
| Inhabit Brazil | 1 | 6 |
| Saint Jude Thaddeus | 2 | 11 |
| Village of the Sun | 1 | 6 |
| Knowledge about family and reproductive planning | n | % |
| Yes | 10 | 56 |
| No | 8 | 44 |
| Participation in educational activities at UBS | n | % |
| Yes | 2 | 11 |
| No | 16 | 89 |

Source: Moutinho, Silva, Rossow and Romanholo (2024).

When asked about the use of contraceptive methods before the current pregnancy, 11 (56%) said they used some method and 7 (39%) did not use any contraceptive method and when asked about planning the current pregnancy, 8 (44%) planned the pregnancy and 10 (55%) said they had not planned the pregnancy (Table 3).

Table 3 – Pregnant women who used contraceptive methods and planning of the current pregnancy. Cacoal/RO 2024.

| Use of contraceptive method before current pregnancy | n | % |
|---|----------|----------|
| Yes | 11 | 61 |
| No | 7 | 39 |
| Planning the current pregnancy | n | % |
| Yes | 8 | 44 |
| No | 10 | 56 |

Source: Moutinho, Silva, Rossow and Romanholo (2024).

Table 4 shows the knowledge of the pregnant women interviewed regarding contraceptive methods. Regarding the free distribution of oral contraceptives offered by the SUS, just over half of the pregnant women (10) (56%) reported knowing about the distribution of oral contraceptives, in relation to monthly and quarterly injectable contraceptives, less than half (6) (33%) knew about their distribution by the SUS, when asked about male and female condoms, the majority (15) (83%) said they knew about their distribution by the SUS, in relation to the IUD and tubal ligation, 13 (72%) knew about their supply by the SUS, regarding vasectomy, 5 (28%) of the pregnant women reported

knowing about the offer by the SUS, when asked about implanon only 2 (11%) knew about the offer by the SUS and finally when asked about the morning after pill 8 (44%) said they knew about the offer by the SUS.

Table 4 – Contraceptive methods that the pregnant women interviewed know are available through the SUS. Cacoal/RO 2024.

| Contraceptive methods | n | % |
|------------------------------------|----|----|
| Oral contraceptive | 10 | 56 |
| Injectable contraceptive | 6 | 33 |
| Quarterly injectable contraceptive | 6 | 33 |
| Male and female condoms | 15 | 83 |
| IUD | 13 | 72 |
| Tubal ligation | 13 | 72 |
| Vasectomy | 5 | 28 |
| Implanon | 2 | 11 |
| Morning after pill | 8 | 44 |

Moutinho, Silva, Rossow and Romanholo (2024).

DISCUSSION

The results of this study show a comprehensive view of the sociodemographic profile of pregnant women attended at the HMMI in the municipality of Cacoal/RO, as well as the knowledge of these pregnant women regarding family planning and the use of contraceptive methods, essential elements for the development of more effective reproductive health policies.

The average age of pregnant women was 26.5 years, with a range ranging from 18 and 42 years, which reflects a predominantly young sample, a characteristic observed in studies similar to those on reproductive health in Brazil (Sousa et al., 2023, p. 12478 - 12483). The young age group reinforces the importance of educational actions in family planning for this group, given that the active reproductive phase is concentrated precisely at this age. These data are in agreement with other studies carried out in similar regions, in which the beginning of motherhood tends to occur at younger ages. Wonforme Melo, Soares and Silva, (2020 p. 181-188) pregnancy in younger age groups can present greater vulnerabilities in biological, economic, epidemiological and social terms, also reflecting in unsafe sexual practices.

According to the census carried out by the Brazilian Institute of Geography and Statistics (IBGE 2022), in the great northern region of Brazil, 67.2% of the population declares themselves to be brown, in line with the present study that in Regarding race, 67% of pregnant women self-identified as brown. This highlights the importance of family planning actions that consider the cultural and social specificities of the brown population, which may face challenges related to access to quality reproductive health and education.

Regarding marital status, 50% of pregnant women are married, while 28% lived in a stable union. These data reflect the marital stability among participants and can influence decision-making related to family planning and the use of contraceptives. According to studies carried out by Pedro et al. (2021), if the idea that a steady partner with the pregnant woman ensures greater involvement with the reproductive planning, since family decisions about the number of children and the spacing between pregnancies are usually decided jointly, being a factor that offers advantages in relation to psychological and emotional health, providing a better family financial structure, which can be disadvantaged with pregnancy and later with the arrival of a baby.

Education also emerges as a relevant factor, with 50% of pregnant women having completed high school and 17% higher education. Educational level is directly related to understanding and access to information about reproductive health, which can influence the use of contraceptive methods and in participation in educational actions on family planning. However, the presence of 11% of pregnant women

with incomplete primary education suggests the need to reinforce educational campaigns to reach segments with less education, since these groups tend to have less access to reproductive health information. The present study shows a scenario similar to the study by Reis et al., (2020) which identified that the educational level directly influences the understanding of the contraceptive methods used, in the search for knowledge and information about family planning, where the lower the level of education, the lower the perspective of understanding about the family and the importance of reproductive health.

Regarding knowledge about family planning, 56% of pregnant women said they knew what family planning was, while 44% reported being unaware of the topic. This data indicates a significant gap in reproductive knowledge, which may be aggravated by the low participation of pregnant women in educational activities: only 11% of participants had ever participated in some activity about family planning in their Basic Health Units (UBS). According to the Ministry of Health, health professionals must learn about the different family structures and dynamics, seeking to carry out educational actions with approaches that consider the social, economic, environmental, cultural aspects, among others, that play a fundamental role in disseminating information on reproductive health and contraceptive methods (Brazil, 2013).

Brazil has one of the highest rates of unplanned pregnancies in the world. Experts say this is the result of flaws in contraception policy, such as the low availability of long-term contraceptive methods (Passarinho and Franco, 2018). This study confirms the national reality, as it obtained data that 55% of pregnancies were not planned, what corroborates the low level of knowledge and participation in family planning actions. This fact is worrying, since unplanned pregnancies are associated with higher risks of complications during pregnancy and in the postpartum period, in addition to representing a socioeconomic challenge for many families (Almeida et al., 2020. p. 31173 - 31183).

Regarding the use of contraceptive methods before the current pregnancy, 56% of pregnant women reported using some method, while 39% did not use contraceptives. These numbers, associated with the high percentage of unplanned pregnancies, highlight the need to reinforce education about the importance of continued use of contraceptive methods, especially among those who do not wish to become pregnant at the moment., education on the use of contraception presupposes the provision of information, counseling, clinical monitoring and a range of scientifically accepted contraceptive methods and techniques that do not put people's lives and health at risk, in a context of free and informed choice, offering different options of contraceptive methods for all stages of reproductive life, so that people have the possibility of choosing the method most appropriate to their needs and life circumstances (Brazil, 2013).

Regarding the knowledge of pregnant women regarding the contraceptive methods offered by the SUS, it was observed that the majority knew about the provision of male and female condoms (83%), IUD and tubal ligation (72%). However, knowledge about other methods such as oral contraceptives (56%), injectables (33%) and vasectomy (28%) was limited, and only 11% knew about the provision of Implanon, a long-acting contraceptive method. And according to Silva and Costa (2023), and this discrepancy indicates a failure in communication between health services and pregnant women, since the SUS offers a wide range of contraceptive methods free of charge, However, not all of these methods are easily obtained due to shortages and difficulties in access, and some require specific characteristics to be made available, such as age and having living children, leaving a large group of women uncovered by assistance.

The lack of knowledge about family planning is attributed by some pregnant women to the lack of information in the UBS, which can be observed in the speech of participant 13, where she says *"Instead of using pictures just for decoration, they should put up informative posters about having free contraceptives and how to get them."* participant 17 says *"Prenatal consultations are quick and provide little information."*

Finally, the low participation of pregnant women in educational activities and the lack of knowledge about the availability of modern contraceptive methods suggest the need for more effective communication and health education. Increasing the availability of educational materials, awareness-raising campaigns and training health professionals to provide more comprehensive and personalized approaches are measures that can be taken to improve women's access to information on reproductive health.

FINAL CONSIDERATIONS

It is concluded that it is essential to intensify health education initiatives in UBS, qualifying professionals to offer more comprehensive and individual monitoring on family planning.

military and the provision of a continuous educational program associated with more effective communication can increase the population's understanding of contraceptive methods that contribute to women's autonomy, strengthening their life projects.

This study showed that most women are aware of the means of family planning, but do not use the service because they are unaware of its importance and the benefits it brings to maternal and child health.

Primary health care providers are advised to publicize the services they offer through informative posters, educational campaigns and actions, and marketing on social media, as cited by the respondents. In addition, they should highlight the risks and benefits of using contraceptive methods and, consequently, reduce the number of unplanned pregnancies.

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