Women in Vulnerability: Perceptions About Family and Reproductive Planning Policy

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ABSTRACT

Introduction: *The family and reproductive planning program is offered in the instances of the Unified Health System (SUS), and makes free contraceptive methods and devices available to the entire population, seeking to make people aware of the advantages and disadvantages of each method. Despite citizens' rights, some communities live in a situation of vulnerability and have greater difficulty in accessing public services, as in that program.* ***Objective:*** *To analyze the knowledge and adherence of women to the family and reproductive planning program and contraceptive methods, in addition to carrying out health education activities on the subject, focusing on the copper IUD.* ***Methodology:*** *This is an action research, with random sampling and a quantitative-descriptive approach for data analysis and description. The target population is made up of women of childbearing age, or who have already started sex. The collection was carried out in the field by means of a questionnaire prepared by the researchers based on a literature review.* ***Results:*** *195 (98%) women reported not knowing the reproductive planning program and, of these, 116 (59.5%) had at least one unwanted pregnancy; The contraceptive method of most frequent choice among women is ligation, of the 200 women 60 (30.5%) opted for it; and 30% of the population has had at least one abortion in their lifetime.* ***Conclusion:*** *There was little knowledge and low adherence to reproductive planning and contraceptive methods in this population, possibly due to the segregation of low-income, mixed-race and black women, with low education, who are marginalized, suggesting difficulty in accessing health services, lack knowledge and family structure, in addition to demonstrating gaps in the health system.*

Keywords: Family planning; Women's health; Social vulnerability; Perception.

INTRODUCTION

Brazil has be faced in recent years the largest housing deficit ever observed in the country, where, about 7 million families do not enjoy adequate housing due, mainly, to low income, causing the lack of financial conditions to sustain the high costs of a house, such as rent, energy bills, water, beyond financing difficulties for its purchase (BRASIL, 2018). On the other hand, 6 million properties are without occupation in the country due to their irregularities, abandonments, construction interruption, among other reasons (IBGE, 2010), which has caused the increase of urban occupations throughout the country.

Although the right of access to housing is provided for in the federal constitution, as several families do not find other solutions to get a house, these people have chosen to occupy abandoned places, unused land and spaces that are irregular (IPEA, 2016), what follows from the emergence of socioeconomic, educational and health problems, and considering that the regularization process of these dwellings occurs slowly, these communities tend to live in a precarious and vulnerable way.

In the search to solve or minimize some of these diverse social problems, public policies emerge, which constitute a set of actions, deliberations and programs determined by the public power and guaranteed by the federal constitution, which exists to guarantee the fulfillment of citizens' rights. , such as education, housing, health, food, leisure, transport and security (RITT; OLIVEIRA, 2016), but the incorrect application of these policies, which aggravates the various social problems mentioned, motivated

the union of groups of people dissatisfied with the State, a union that aims to propose transformations and claim rights before the duties of the State, giving rise to a social movement called Movement of Street Workers (MTST). "Currently, according to estimates of the movement itself, 50 thousand families live in some type of occupation or are organized in nuclei". (TOMIZAKI, 2016).

When understanding the housing situation in Brazil, it is observed that public policies play a fundamental role in helping this population, which needs attention in all social spheres due to on the use of precarious housing, lack of basic sanitation, social exclusion, prejudice and xenophobia, resulting from the pejorative vision of forming an "invasive" and not legitimate community. All of these issues make it difficult to claim rights and generate greater reluctance by the population to seek care in public services, including health, providing a situation of greater vulnerability to the disease, unwanted or unprepared pregnancy, nutritional deficit, among others. (KESSLER, 2012). Thus, it is believed that one of the government projects of great relevance to the community is the family and reproductive planning program, which is part of comprehensive health care, and comprises the actions developed in the Unified Health System (SUS), in the search for adhering to the principles of equity, integrality and universality of service to the population, (BRASIL, 2013).

The reproductive planning policy provided for by Law n° 9263 of 12 January 1996, among several functions, provides for a set of educational and information actions that seeks to promote contraception and fecundity regulation, in addition to guaranteeing the sexual right of women and couples, and preparing them for the beginning and maintenance of healthy sexual life (BRAZIL, 2013). Among the actions established in the program, several contraceptive methods are offered free of charge to women of childbearing age, from 10 to 49 years, in the search to minimize some public health problems that exhibit an increase in their incidence, such as unwanted pregnancy, causing around 22 million unsafe abortions per year (WHO, 2013), and the transmission of sexually transmitted infections (STI), which every day presents 1 million new cases, equivalent to 376 million cases per year. (WHO, 2019).

The SUS provides several contraceptive methods, such as contraceptive pills, injectable contraception, the subdermal implant, male and female condoms, the Intrauterine Device - IUD - ofcopper, ligation and vasectomy, and presents through the meeting of reproductive planning the percentage of efficacy, the advantages and disadvantages of all methods, and the criteria determined for their use, besides referencing the service for patient follow-up, what makes this program extremely necessary and important to give autonomy to women and the couple about the choice of the method to be used by them(BRASIL, 2013).

Among all the contraceptive methods available by SUS, the only ones that prevent sexually transmitted infections are condoms, however, according to the Ministry of Health, the 380A Copper Intrauterine Device has been the best use option to avoid an unwanted pregnancy, since it is not   a hormonal base, has long durability of up to 10 years, has a low cost as it is offered by the public service, is a reversible method and does not cause any problem on fertility, besides being able to be adopted in the postpartum and immediate postabortion, decreasing the chances of a new pregnancy at an inappropriate time (BRASIL, 2018). Despite all the benefits and justifications, the IUD still has a membership rate of only 1.9% in Brazil, according to the National Policy of Child and Women's Demography and Health, because people still have several doubts about the method, reaffirming the importance of population accessibility to the reproductive planning program.

The existence of various contraceptive methods should be comforting, however, even if there are various ways of avoiding unwanted pregnancy, or a sexually transmitted infection, an estimated 222 million women who wish to have no children at the moment, do not make use of any contraceptive method, due to the failure of accessibility of the health service mainly by poor populations, young people and living in rural areas or urban slums. (WHO, 2014).

The objective of this study was to analyze the knowledge and adherence of women in vulnerability to the Ministry of Health's family and reproductive planning program and the contraceptive methods offered by SUS, in addition to carrying out health education activities on the subject, focusing on the copper IUD recommended by the World Health Organization and made available free of charge by SUS.

METHODOLOGY

Type of Study

This is it an action research defined as a methodological procedure that is based on carrying out the research simultaneously with the execution of the action, in this case, of the health education. This method aims to encourage reflections about the problems related to a professional practice, and with this find suitable and effective solutions to such problems, in addition to enabling the development and sharing of knowledge significant by individuals involved in the given environment. (MONTEIRO, 2010). A quantitative-descriptive approach was used in relation to the analysis and description of the data, chosen because it seeks to understand the reality from the raw data, and to propose an analysis of them mathematically, and concomitantly seeks to detail the data and phenomena observed and obtained accurately instruments. (GERHARDT, 2009).

Site and population

The research was carried out in the field, in an occupation area in the city of Uberlândia-MG, in July 2020. The population was composed of 200 women, a sample necessary for 95% reliability with a margin of error of 5%, according to G * Power (FAUL et al., 2007), aged between 10 and 49 years old, living in the occupation area, who have reached the childbearing age or have already started their sexual life. The choice of participants was made by random sampling.

Data Collect

Data collection was performed using a semi-structured questionnaire prepared by the researchers based on a literature review, containing 11 questions that covered the research objectives.

The recruitment of the 200 women was done verbally through a group or individual approach with women after their participation in general assemblies organized by community leaders. During recruitment confidentiality about the person's identification was guaranteed, in addition to being informed about the objectives, risks and benefits of participating in research.

After accepting to participate in the research, each woman signed the Free and Informed Consent Term (FICT) in two copies, one remaining with the researcher and the other with the participant. Minors

who consented to participate signed the consent form of the minor between 12 and 18 years of age and their guardian signed the consent form of the guardian for those under 18 years old.

After completing the questionnaires, guidance on contraceptive methods and on the reproductive planning program and the importance of the debate on the topic were presented, and other questions were discussed.

Inclusion, exclusion and ethical aspects

Women who had already started their sexual life or entered the fertile period (10 to 49 years) were included and agreed to participate in the research by signing the Informed Consent Form. We excluded all women who refused to participate or did not meet the inclusion criteria.

This project was approved by the Research Ethics Committee of the Federal University of Uberlândia, CAAE: 32023820.6.0000.5152 and Opinion Number: 4.104.083.

Statistical analysis

The research methodology comprises an approach with quantitative-descriptive variables, in which the analysis of the data obtained through the questionnaire was performed using the Statistical Package for the Social Science (SPSS) software, version 21.0, which has several advantages for quantitative research, such as performing tests simultaneously, creating a database, ease of data entry, among others. (SANTOS, 2018).

RESULTS

The results described below are derived from the analysis of 200 survey respondents, and will be presented by means of tables and graphs.

Table 1 presents the sociodemographic characteristics of the women participating in the study. It was observed that of the total of 200 participants 109 (54.5%) women are in the age group of 20 to 34 years, 86 (43%) of them did not complete elementary school, 114 (57%) self-declared as brown, 68 (34%) are single, 102 (51%) do not work with professional activity (from home) and 85(42.5%) are evangelical.

Table 1 - Socio-demographic characteristics of women living in the settlement, Uberlândia-MG, 2020 (n=200).

Variable	n	%
Age(years)		
20 a 34	109	54,5
35 a 49	75	37,5
Schooling		
Incomplete Elementary School	86	43
Complete High School	56	28
Coloured		

Black	49	24,5
Brown	114	57
White	25	12,5
Marital status		
Unmarried	68	34
Married	64	32
Stable union	57	28,5
Profession		
Housewife	102	51
General services assistant	18	9
Domestic	11	5,5
Student	11	5,5
Religion		
Evangelical	85	42,5
Protestant	63	31,5
Catholic	44	22

Source: The author.

Table 2 shows the nominal quantitative variables about the relationship between the amount of unwanted pregnancies and the knowledge or not of the reproductive planning program, showing that 195 (98%) women reported not knowing the reproductive planning program, and of these, 116 (59.5%) had at least one unwanted pregnancy.

Table 2 - Analysis of the relationship between the number of unwanted pregnancies and the number of women who know or do not know the reproductive planning program, Uberlândia-MG, 2020 (n=199).

Variable	**Unwanted pregnancy (n)**								**Total**	**%**
You know the reproductive planning program	No	1	2	3	4	5	6	7		
Yes	2	-	1	-	-	-	-	1	4	2
No	79	46	24	29	9	6	1	1	195	98
Total	81	46	25	29	9	6	1	2	199	100

Source: The author.

Table 3 shows the quantitative variables in relation to contraceptive methods of choice of the population and the frequency of women who opt for each, it is observed that the contraceptive method of choice most frequent among women is ligation (60/30.5%) while the least chosen was the IUD (5/2.5%), on the other hand 52 (26%) of the women reported not using any contraceptive method despite having an active sex life.

Table 3 - Contraceptive methods of choice of the population and the frequency of women who choose each one, Uberlândia-MG, 2020 (n=199).

Variable	Contraceptive method of choice	
	n	%
No	52	26
Male condom	19	9,5
Birth control pill	33	16,5
Injectable contraceptive	24	12
Intrauterine device	5	2,5
Subdermal implant	6	3
Ligature	61	30,5
Total	199	100

Source: The author.

Table 4 expresses the quantitative variables related to contraceptive methods best known by the population. Among the 200 women surveyed, male condoms were cited by 195 (97.5%) followed by contraceptive pills (191/95.5%), injectable contraceptives (168/ 84%), and ligation (165/ 82.5%).

Table 4 - Contraceptive methods best known by the population, Uberlândia-MG, 2020 (n=200).

Variable	Best known contraceptive methods	
	n	%
Male condom	195	97,5
Female condom	136	68
Birth control pill	191	95,5
Injectable contraceptive	168	84
Intrauterine device	154	77
Subdermal implant	42	21
Vasectomy	136	68
Ligature	165	82,5
Tabelinha	76	38
Coitus interruptus	69	34,5

Source: The author.

Table 5 presents the nominal quantitative variables related to the number of women who know or do not know the reproductive planning program, and the women who would or would not use the IUD.

Of the 200 women participating in the survey, 195 (97.5%) reported not knowing the reproductive planning program, and 107 (55%) would not use the IUD, for various reasons, such as having a preference for another method, because they reported having many complications, among others.

Table 5 - Relationship between the number of women who know or do not know the reproductive planning program, and women who would or would not use the IUD, Uberlândia-MG, 2020 (n=199).

Variable	Would use the IUD							
You know the reproductive planning program	Yes	No, I prefer the pill	No, there are complications	No, I don't know	No, it doesn't work	No, I don't feel like it	No, it must be uncomfortable	No, I'm afraid
Yes	2	2	-	-	-	-	-	-
No	88	6	21	17	23	5	3	11
Total	90	8	21	17	23	5	3	11

Source: The author.

No, pejudice, it hurts	No, I want kids	No, I think it bothers	No, I don't have a husband	No, I don't have a uterus	No, my husband is vasectomized	Total	%
-	-	-	-	-	-	4	2
4	4	9	1	2	1	195	98
4	4	9	1	2	1	199	100

Source: The author.

Table 6 shows a relationship between the variables of women's ages and the number of children that each one already has. It can be observed that of the 16 women aged 14 to 19, 10 (65%) of them have at least one child, of the 50 women aged 40 to 49 21 (42%) of them have at least 4 children, and finally of the 199 women who answered the question, 95 (48%) has at least 3 children.

Table 6 - Relationship between women's ages and the number of children each has, Uberlândia-MG, 2020 (n = 199).

Variable	Number of children										Total
Age	No	1	2	3	4	5	6	7	8	9	
14 a 19	6	9	1	-	-	-	-	-	-	-	16
20 a 24	10	11	6	5	1	0	0	0	0	0	33
25 a 29	2	6	17	9	3	1	0	0	0	0	38
30 a 34	2	8	6	13	3	3	2	0	0	0	37
35 a 39	1	1	5	11	4	1	0	2	0	0	25

40 a 44	3	2	2	5	10	2	2	0	0	1	27
45 a 49	0	0	6	11	0	3	0	1	1	1	23
Total	24	37	43	54	21	10	4	3	1	2	199

Source: The author.

Table 7 shows the variable related to the number of abortions suffered by women. It was found that 60 (30%) of the interviews reported having suffered at least one abortion in their lifetime.

Table 7 - Number of abortion reported by women, Uberlândia-MG, 2020 (n=199).

Variable	n	%
Abortion suffered in life, amount		
No	139	69,5
1	45	22,5
2	12	6
3	2	1
14	1	0,5
Total	199	100

Source: The author.

DISCUSSION

Sociodemographic profile in the settlement

Generally speaking, the socio-demographic profile of the population of this study, which showed that the majority of residents had self-declared brown, had incomplete elementary school education, and were engaged in informal work or in poor pay, is in agreement with a study conducted by Bacelar, and collaborators (2019), in which it was identified that 48.7% of the residents of the settlement were brown and 62% had no education or had incomplete elementary education, likewise, the Institute of Economic and Applied Research (Ipea) in 2016, it presents similar socio-demographic data, in which a large part of the population that lives in the settlements performs informal and low-paid work activities or are domestic, in addition to the population being composed mostly of pardos or blacks.

Analysis of the relationship between the number of unwanted pregnancies and the woman's knowledge of the reproductive planning program

The data from this study showed that almost all of the respondent population had at least one unwanted pregnancy, on what, of these women, most of them did not know the family and reproductive planning program. A survey of 36 countries conducted by the United Nations (UN) in 2018 found that more than half of women who did not intend to be mothers stopped using contraceptives on their own and for various reasons based on common sense, among them, almost 85% had a pregnancy in the same year of interruption of the use of the method, corroborating this study by reinforcing the idea that the lack of provision of family and reproductive planning services including guidance on contraceptive methods contributes to the increase of unwanted pregnancies in various contexts**.**

Contraceptive method of choice

In the analysis of the data, we observed that tubal ligation is the contraceptive method most chosen by the community, while the IUD, despite being the most recommended method in recent years by the Ministry of Health, recommended as the gold standard by WHO (2018) was the least chosen, and even more worrying, a portion of women who have an active sex life do not use any contraceptive method even if they do not choose to have a pregnancy at the moment. In a study by Abílio (2018), 98 patients who underwent tubal ligation sought the health service to reverse the procedure, with the aim of having more children, due to a new marriage, the loss of a child, among other reasons, a study also revealed that the average age at which they were performed as tubal ligations was 25 years, according to the criteria adopted by law.

One of the causes of the high rates of ligation found, and also of the high rates of regret, stems from the failure to implement the family and reproductive planning program, as it was observed that many of these women regret not having been well informed about the existing methods, their advantages, disadvantages and consequences (PEREIRA, 2018).

Contraceptive methods best known by the population

In this research it was also possible to observe the prevalence of male condoms, oral contraceptives and ligation as the most known contraceptive methods among women, although a lack of understanding about the other methods was also observed, its effectiveness, advantages and disadvantages. Similar results were also obtained in a study by Fernandes and collaborators (2018)noting that condoms together with oral contraceptives were the most well-known methods used by women prior to participation in reproductive planning meetings, with a rate of 25% and 12,5%, respectively, and ligation with a rate of 10.25%   in third place in the preference for use, however, after the participation of these same women in the reproductive planning meeting,   24% from them reported that they would use a different method to what they previously knew. (FERNANDES et al. 2018), demonstrating that the implementation of the reproductive planning program influences the conscious choice of the method to be used, but requires greater dissemination and adherence.

Relationship between knowledge of the reproductive planning program and the use of the IUD

The data obtained in Table 5 reinforce the idea that women's awareness of contraceptive methods is important, since the interviewees' negative responses to the use of the IUD refer to the lack of knowledge about the method, and the common sense that the IUD it causes discomfort, it is not an effective method, will cause complication, among other reasons without scientific basis, which contradicts the fact that the copper IUD is currently the method recommended by WHO as the gold standard, and encouraged by the Ministry of Health, being distributed free by SUS, presents several advantages.

Ferreira and collaborators (2018) showed in their study that most of the women surveyed showed a lack of knowledge about contraceptive methods, and this lack of knowledge was related to sociodemographic issues with findings equivalent to those of this study, in which, women have low schooling, are mostly brown and black, "from home" or do not have work with registered license (HALL, et al, 2016), in addition to stating that the information obtained in relation to the methods and mainly to the IUD, came from experiences of use by friends, and family members, and not from orientations made by

health professionals or any reliable information vehicle, thus the choice of use of the method for these women is based on personal opinions, which is not effective due to the uniqueness of each organism and each physiological response.

Relationship between women's ages and the number of children each has

From the results of this study, it was possible to observe that most women had their first pregnancy before aging, and most of them have at least four children. Equivalent data was found in na analysis carried out by the UM Population Fund in 2016, which showed that 20% of Brazilian women become mothers before age 20, 40% of them dropped out of school and 46% of their pregnancies were not planned for. The moment, relating low education and the difficulty of social coexistence due to early pregnancy and the need to care for the newborn, in addition to depending on the partner or the help of family members to maintain themselves.

Number of abortions reported by women

Finally, the study showed that abortion is apparent in almost half of the interviewees in this population, which could be partially avoided with the implementation of the actions of the reproductive planning program and guidance on contraceptive methods and pregnancy itself. Spontaneous abortion occurs due to several problems such as fetal problems, congenital malformations, hereditary diseases, sexually transmitted infections or not, pregnancy in young women, among other problems (DULAY, 2017). Some of the possible causes of abortion can be treated with monitoring and awareness of how to avoid pregnancy, or by prenatal care to observe nutritional status, baby development, disease prevention, among others, which is a problem in vulnerable populations Due to the stigma of women and the difficulty of accessing health services. In addition, considering all cases of desired or unwanted pregnancies in the 25 to 49 age group, 31% of pregnancies in Brazil are terminated by spontaneous or induced abortion, that is, 3.7 out of 100 women will have at least one abortion in the life (DUARTE, 2015), na index that could be reduced by the incisive activity of family and reproductive planning.

CONCLUSION

From the data obtained and the literature review, which presented data similar to this study, it was possible to show ignorance and low adherence to the reproductive planning program and contraceptive methods among the population studied, possibly, due to the segregation of women in situations of vulnerability, residents of the settlement area, poor, brown and black, with low schooling. These conditions raise the difficulties of access to the health service, coupled with the lack of knowledge and life prospects that perpetuate situations of risk and harm to sexual and reproductive health.

The results only reinforce the hypothesis that these people do not receive the necessary care and care with their health and their health family, which is provided by law and should cover the entire population as a principle of universality and integrality. On the other hand, it shows the gaps in the system and the persistent care gaps in our health service network, in addition to revealing the great challenge for professionals who are at the forefront of care as well as health managers and authorities.

It should be noted that the family planning program of the Ministry of Health, established since 1996, aims, among other aspects, to establish a relationship of autonomy and choice, guaranteeing equal rights for the constitution, limitation or expansion of children by women, men or the couple . The Brazilian Unified Health System is responsible for promoting the training of human resources, with an emphasis on the training of technical personnel, aiming to promote actions of attention to reproductive health, promoting resources and conditions of information, educational, technical and scientific that guarantee free exercise family planning. In this sense, it is suggested a closer approximation between the academy and the service by strengthening and expanding extension and research projects, including professional training on the subject, strengthening research and teaching extension.

These strategies and initiatives are powerful tools from the point of view of expanding the dissemination / guidance and access of the community to a type of legally supported service, which has positive consequences and impacts on health.

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