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Use of contraceptive methods by users of a family health strategy of Rondonópolis - MT

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Abstract. Knowing the contraceptive strategies used by women in a given population allows for better planning of guidance actions and distribution of methods by health teams. The purpose of this study was to analyze the use of contraceptive methods by users of a Family Health Strategy (FHS) in Rondonópolis, MT. This is a prospective, cross-sectional and quantitative study. FHS André Maggi users, aged between 18 and 49 years, were included. The sampling was by convenience, being included women who attended the health unit during the data collection period, from February 1st to May 13th, 2021. Data were collected through a structured questionnaire containing information on sociodemographic aspects, clinical trials and use of contraceptives. 110 women participated in the study, with a mean age of 29.1 years. A frequency of 78.38% (n=88) women use contraceptive methods, with a predominance of oral contraceptives (54.55%), injectable contraceptives (13.64%) and male condoms (12.50%). The indication of contraceptive methods was mostly performed by Doctors (47.72%) and Nurses (20.45%). A total of 83 (75.45%) women received guidance on contraception. The users of the FHS studied showed a high prevalence of use of contraceptive methods. It is necessary that the entire multidisciplinary team of the FHS is involved in the use of strategies that seek to promote family planning, taking into account the characteristics of women in the area covered by the unit.

Keywords: contraceptives, women, women's health, Family Health Strategy.

Introduction

Contraception is an important asset in family planning for the conscientious formation of desired and programmed offspring. Family planning consists of planning the birth of children, both in relation to the desired number and the most comfortable time to have them. This can be achieved through contraceptive techniques and methods. A reliable contraceptive method is one that offers safety, protecting the woman from pregnancy and not presenting health risks, in addition to being in accordance with the couple's ethical, moral and religious concepts (REGO, et al., 2014; CARVALHO, 2017).

Contraceptive methods can be classified as irreversible or definitive (mechanical), hormonal, barrier and natural. Among such methods, one can mention the male and female condom, oral hormonal contraceptive, injectable contraceptive, adhesive, intrauterine device (IUD), hormonal IUD,

diaphragm, vaginal ring, spermicide, tubal ligation, vasectomy, table and withdrawal (BRASIL, 201). Freedom of choice is essential in the area of fertility regulation, and to choose a contraceptive method in a free and informed way, women need to know and have access to them. For this to occur, it is necessary that the Health Unic System (SUS) is always available so that women can choose the most appropriate method for their physiological needs and also for their lifestyle (MELO et al., 2020). The Family Health Program demonstrates that family health is one of the priorities for public health, among its actions is family planning (REGO et al., 2014). For the family planning program to be successful, it is necessary that health professionals know each woman's life story, her reality and the local demand. Multiprofessional teams must work with the enrolled population aiming to form a bond between the service and the community (SILVA et al., 2019). It is of fundamental importance that there

is better guidance for women and easier access to actions aimed at contraceptive methods offered in the Family Health Strategy (FHS) (LELIS et al., 2019).

For family planning promotion strategies to be effective, it is essential that the actions to be developed are guided by the profile of the enrolled population, taking into account the particularities of each location. In this sense, understanding the profile of FHS users and the use of contraceptive methods is necessary for the adoption of more effective measures that contribute both to women's health and to family planning. The aim of this study was to evaluate the use of contraceptive methods by users of an FHS in the city of Rondonópolis, MT.

Materials and Methods

A cross-sectional, prospective and quantitative study was carried out. Users of the one FHS from the Municipality of Rondonópolis, MT, participated in the survey. Approximately 500 women of childbearing age are registered at this Basic Health Unit (UBS).

Participants were recruited from a convenience sample when they sought the services of the FHS, being informed about the objectives, risks and benefits of the study. Users aged between 18 and 49 years who attended the UBS during the period of data collection were included. This age group was chosen because it is considered a childbearing age according to the Ministry of Health (BRASIL, 2020). Women unable to answer the questionnaire due to health problems and those who refused to participate in the study were excluded.

Data collection was carried out between February 1st and May 31st, 2021 in a reserved environment at the UBS. A structured questionnaire consisting of closed questions was applied, covering information regarding sociodemographic and clinical aspects and the use of contraceptive methods. A pilot test was carried out with women who were not included in the survey in order to adjust the data collection instrument.

The variables studied were age, education, self-reported color, marital status, family income, home ownership, number of children, number of pregnancies, Pap smear test, use of contraceptive methods, indication of use of the method, professional guidance and source of obtaining of contraceptives. Data were tabulated in Excel 2016 and analyzed using Jeffrey's Amazing Statistics Program (JASP®) version 0.14.1. Descriptive statistics were applied.

This work followed the ethical precepts in research in accordance with CNS Resolution No. 466 of December 12, 2012 of the National Health Council of the Ministry of Health for research with human beings and was approved by the Research Ethics Committee of the University of Cuiabá, number 4,559,928. All research participants signed the Informed Consent Form.

Results and discussion

During the study period, 113 women were invited to participate in the research, there were 3 refusals, totaling 110 users. The mean age was 29.1 years (SD: 14.23, minimum 18 years and maximum 47 years). Women aged 18 to 30 years (61.82%), self-reported brown (58.18%), who had more than 8 years of schooling (86.36%), with a monthly family income greater than or equal to at 2 minimum wages (70.91%), with a partner (72.73%) and who lived in their own home (64.54%). Table 1 shows the sociodemographic profile of the women included in the study.

As for the clinical characteristics, 27.27% (n=30) had no children, 23.63% (n=26) had no history of pregnancy and 21.82% (n=24) had undergone the Pap smear test less than 1 year. The average number of children was 1.48 (SD: 1.20, minimum: 0 and maximum: 4) and the average number of pregnancies was 1.74 (SD: 1.39, minimum: 0 and maximum: 5).

A frequency of 78.38% (n=88) of women reported using some contraceptive method. Table 2 describes the contraceptive methods used by FHS users André Maggi, predominantly oral contraceptive (54.55%), injectable contraceptive (13.64%) and male herbal (12.50%).

When asked about who indicated the method used, most reported doctors (n=42, 47.72%), nurses (n=18, 20.45%) and neighbor/family member (n=17, 19.32%). A prevalence of 75.45% (n=83) of users received guidance on contraceptive methods, and this guidance was predominantly provided by physicians (n=48, 57.83%) and nurses (n=21, 25.30%).

The main places of purchase of contraceptives are private pharmacy (69.88%), primary health care unit pharmacy (19.28%) and hospital (6.02%). A total of 20 (18.19%) women reported that the COVID-19 pandemic interfered with the adoption of contraceptive methods, they lost interest or ended up forgetting to use any method as a result of the pandemic.

In this research, 78.38% of the interviewees were using some contraceptive method. A similar result was found in the study by Gonçalves et al., (2019), carried out with women from São Leopoldo, RS, in which the frequency of use of contraceptive methods was 78.4%. In the survey carried out by Lago et al. (2020) it was observed that 84.4% of women in the city of São Paulo, SP used contraceptive methods. Research by Penaforte et al. (2010) with women who attended a Basic Unit of the Family Health Program in Teresópolis, RJ found that 86.7% used some contraceptive method. According to the author, the quality of care in family planning has been recognized as a fundamental factor for the initiation and continuity of the use of the contraceptive method (PENAFORTE et al., 2010).

Table 1. Sociodemographic characteristics of FHS users aged between 18 and 47 years. Rondonópolis, MT. 2021. N=110

Variables	N	%	CI
age in years			
18-30	68	61.82	51.7 – 70.6
31-47	42	38.18	
self-declared color			
White	20	18.18	48.4 - 67.5
brown	64	58.18	
black	20	18.18	
yellow	6	5.46	
education			
Up to 8 years of study	15	13.64	78.5 – 92.2
More than 8 years of study	95	86.36	
Income (minimum wage)			
≤1	30	27.27	19.6 – 37.2
≥2	78	70.91	
DA	02	1.82	
marital status			
with partner	80	72.73	62.8 - 80.4
no partner	30	27.27	
Own home			
No	35	31.82	58.6 – 76.7
Yes	71	64.54	

DA: Didn't answer; CI: Confidence Interval

Table 2: Contraceptive methods used by FHS users aged between 18 and 47 years. Rondonópolis, MT. 2021

Contraceptive method	N	%
Oral contraceptive	48	54.55
Injectable contraceptive	12	13.64
male condom	11	12.50
tubal ligation	10	11.36
Female condom	3	3.40
table	2	2.27
Interrupted Coitus	1	1.14
Intra uterine device	1	1.14

The methods most used by women from the FHS André Maggi in Rondonópolis, MT were oral contraceptives, injectable contraceptives and male condoms. A cross-sectional population-based study with women aged between 20 and 49 years identified that oral contraceptives, tubal ligation and male condoms were the most used contraceptives (GONÇALVES et al., 2019). A survey conducted with women assisted in an FHS determined that the most used contraceptive methods were oral contraceptives, male condoms, followed by injectable contraceptives (LEMOS et al., 2011). A descriptive-exploratory study carried out with women of childbearing age carried out by Penaforte et al. (2010), found that the most frequent methods were oral contraceptives, oral contraceptives associated with a male condom and, in isolation, the male condom. The contraceptive profile can be influenced both by differences in access to these inputs, contact with reproductive health actions, as well as by the contraceptive convenience, efficiency and effectiveness of the chosen method (BRANDT et al., 2018; GONÇALVES et al., 2018).

In Brazil, hormonal pills are the most used reversible method, approximately 25% of women of reproductive age seek this strategy for family

planning (CARMO, 2018). Oral contraceptives, as they are more practical, effective and distributed by the SUS, have a greater number of adherents (BRANDT et al., 2018; CARMO, 2018). It is important to remember that oral contraceptives, in addition to being used as medication to prevent unwanted pregnancy, can also be used associated with reducing the intensity of menstrual flow, regulating the menstrual cycle, treating acne and mood disorders related to the menstrual cycle (NUCCI, 2012; FELIPE et al., 2013).

As with any drug, oral hormonal contraceptives are capable of causing numerous adverse effects, such as: immunological, metabolic, nutritional, psychiatric, vascular, ocular, gastrointestinal, hepatobiliary, cutaneous-subcutaneous, renal/urinary, hearing and nervous system disorders central. The regularity of adverse effects resulting from contraceptives can be reduced with the choice of the contraceptive method according to the individual health condition, which contributes to treatment adherence (COUTO et al., 2020).

The choice of contraceptive method must be carried out with the accompaniment of a specialized health professional to inform and prescribe the

medication. Therefore, it will help in the selection of an individualized method according to the characteristics of the woman, her family planning and the health service offered (OLIVEIRA et al., 2021). The majority (75.45%) of the survey participants reported having received information about the use of contraceptive methods, and this information was predominantly provided by doctors and nurses (83.13%). A survey carried out with women in the city of São José do Calçado, ES found that 63% chose the contraceptive method under the guidance of a health professional, including physicians, nurses and pharmacists (FONSECA, GOMES, BARRETO, 2015). A study carried out by Silva et al. (2018) found that 65% of the total number of respondents were guided by a health professional in choosing the method, most of them doctors and nurses. In order to freely choose and choose the contraceptive method, women need to receive specialized technical information about available methods, such as their contraindications and the support they can obtain from the health service (FONSECA, 2015).

In the context of the FHS, one should remember the role of Community Health Agents (CHA) as participants in the guidance process regarding contraceptive strategies. The ACS assumes great importance in the health team, as they are the professionals who most deal with the problems that affect the population enrolled in a particular FHS. Sometimes the CHA is not seen as fundamental in the development of actions developed in the FHS, however, this professional resides in the area covered by the unit and is directly in contact with the adversities encountered by the community. It is indispensably essential for effective communication between the population and the FHS (ZAMBONIN et al., 2017).

Reproductive planning is still a challenge for health professionals, especially with regard to women from lower social classes, with few years of schooling and little or no space to share their doubts and concerns. In this context, there is a need to promote reflections on reproductive planning and encourage incentives both related to sex education aimed at the sexually active population in a way to prevent unwanted pregnancies and the prevention of STIs (TINTORI, 2016).

The population studied obtains contraceptive methods predominantly in private pharmacy, a result similar to that observed in the study by Durante et al., (2012), according to the author, the ease of access in these places justifies the search for this place. The pharmacy was the dominant source of all contraceptives, although there is free availability of these methods in basic health units. The lack of information about this offer and the lack of agility for the acquisition were the main barriers. The financing of contraception through the SUS would make life much easier for users (DURANTE et al., 2012). In this sense, the population must be informed about the products

available through the SUS, thus contributing to women's access to these supplies.

As limitations of the study, it can be mentioned that it is a broader sample with all women of reproductive age, including those under 18 years of age, which can impact the representativeness of the sample. Future studies involving users of other FHS and seeking to determine the factors associated with the use of contraceptive methods should be carried out.

Conclusion

The users of the FHS studied showed a high prevalence of use of contraceptive methods, the most used were oral contraceptives, injectable contraceptives and male condoms. Most women received guidance on contraceptive strategies and this guidance was mediated by doctors and nurses. It is important that the entire FHS multidisciplinary team is involved in the adoption of strategies that seek to promote family planning, as well as the expansion of these actions in the studied population.

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