



PROFESSIONAL PRACTICES IN REPRODUCTIVE PLANNING AT THE FAMILY HEALTH STRATEGY

PRÁTICAS PROFISSIONAIS EM PLANEJAMENTO REPRODUTIVO NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

PRÁCTICAS PROFESIONALES EN LA PLANIFICACIÓN REPRODUCTIVA EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

Sheila Milena Pessoa dos Santos¹, Thalyta Francisca Rodrigues de Medeiros², Fernanda Láisy Pereira de Sousa³, Laís Vasconcelos Santos⁴, Saulo Rios Mariz⁵, Alana Gonçalves Xavier⁶

ABSTRACT

Objective: analyzing the professional practices in reproductive planning in Family Health Strategy. **Method:** a descriptive, exploratory study of a qualitative approach. There were held 21 interviews with health professionals. The analysis was funded by the Technique of Content Analysis. The Research Ethics Committee approved the project, CAAE nº 03466612.7.0000.5182. **Results:** the assistance is restricted to contraception and oral contraceptive use, no space for qualified listening and counselling to users of the service. It was found as a gap the absence of man in practices involving reproductive planning. **Conclusion:** the study showed the need for changes in care practices to foster and promote professional skills to support improvements in assistance in the integral shaft. **Descriptors:** Sexual and Reproductive Rights; Women's Health; Family Health Strategy.

RESUMO

Objetivo: analisar as práticas profissionais em planejamento reprodutivo na Estratégia Saúde da Família. **Método:** estudo descritivo, exploratório, abordagem qualitativa. Foram realizadas 21 entrevistas com profissionais de saúde. A análise foi subsidiada pela Técnica de Análise de Conteúdo. O Comitê de Ética em Pesquisa aprovou o projeto, CAAE nº 03466612.7.0000.5182. **Resultados:** a assistência é restrita à contracepção e ao uso de contraceptivos orais, inexistindo espaço para a escuta qualificada e o aconselhamento aos usuários do serviço. Verificou-se como lacuna a ausência do homem nas práticas que envolvem o planejamento reprodutivo. **Conclusão:** o estudo mostrou a necessidade de mudanças das práticas assistenciais no sentido de fomentar e promover competências profissionais que corroborem melhorias na assistência sob o eixo da integralidade. **Descritores:** Direitos Sexuais e Reprodutivos; Saúde da Mulher; Estratégia Saúde da Família.

RESUMEN

Objetivo: analizar las prácticas profesionales en la planificación reproductiva en la Estrategia de Salud de la Familia. **Método:** un estudio descriptivo, exploratorio de enfoque cualitativo. Se realizaron 21 entrevistas con profesionales de la salud. El análisis fue financiado por la Técnica de Análisis de Contenido. El Comité de Ética en la Investigación aprobó el proyecto, CAAE nº 03466612.7.0000.5182. **Resultados:** la ayuda se limita a la anticoncepción y al uso de anticonceptivos orales, con no espacio para la escucha calificada y el asesoramiento a los usuarios del servicio. Se encontró como una brecha la ausencia del hombre en las prácticas que implican la planificación reproductiva. **Conclusión:** el estudio demostró la necesidad de cambios en las prácticas de atención para fomentar y promover las competencias profesionales de apoyo a la mejora de la asistencia en el eje integral. **Descriptor:** Derechos Sexuales y Reprodutivos; La Salud de la Mujer; Estrategia de Salud de la Familia.

¹Graduate Student of Nursing, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. Email: thalyta_cg@hotmail.com; ²Nurse, Master Teacher, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. Email: sheila.milena@gmail.com; ³Graduate Student of Nursing, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. Email: nandalaisy@gmail.com; ⁴Graduate Student of Nursing, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. Email: lais_lvs@hotmail.com; ⁵Pharmacist, Doctorate, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. Email: sjmariz22@hotmail.com; ⁶Graduate Student of Nursing, Federal University of Campina Grande/UFCG. Campina Grande (PB), Brazil. Email: alanaxavierr@gmail.com

INTRODUCTION

Reproductive planning is a right of the citizen, approved by the 1988 Federal Constitution, Article 226, leaving the State to provide the resources to access in full. According to Law 9.263/96, it is by the managing health authorities ensuring the provision of assistance in full.¹ In the context of sexual rights and reproductive rights, comprehensive care includes care for women and men in different contexts and life cycles also linking up to sexuality.

Regarding reproductive rights, attention involves more than the supply of methods and techniques for contraception and conception, as it covers the provision of information in a context of free and informed choice, from a service involving counseling and educational activities to promoting the autonomy and empowerment of users;² however, difficulties in the effective implementation of reproductive planning, with regard to delivery of methods and information are checked in some Brazilian cities.¹

Under the attention to the female population, Integral Assistance Program to Women's Health (PAISM) calls attention in reproductive planning for all stages of life, and the right to exercise their sexuality freely and securely.³

For this, the assistance must meet the demands of the subjects involved in the process, also promoting the effective involvement of man⁴ culturally neglected in practice assists in reproductive health. Therefore, according to the National Policy on Human Health (PNASH) it is necessary to implement the accountability of women about contraceptive practices, promoting male participation in reproductive planning.⁵

Considering the Family Health Strategy (FHS) as a gateway to the National Health System, shares in reproductive planning, provided for in PAISM and PNASH should be included following the principles of comprehensive care.⁶

Although all legal backrests, reproductive planning remains neglected in the FHS, which still occurs in highly controlled ways, restricted in range of offered methods and focusing only on assistance in women.⁷

Given the above, the question is: What are the practices of professionals in reproductive planning? Thus, the study aimed to analyzing professional practices in reproductive planning in the FHS. This analysis has relevance for handling practices, seized and incorporated into the professional routine,

which could lead to reflections and strategies for improving assistance to users in the reproductive planning.

METHOD

This is a field study with descriptive and exploratory methodological guidance, of qualitative character. By opting for this approach sought to appropriation of subjectivity and contexts from the perceptions and opinions of participants.⁸

The scenario chosen was the municipality of Lagoa Seca-PB. The participants were health professionals from three teams of the FHS, being one unit located in the countryside and the others in the urban area of the municipality.

There were interviewed 21 professionals, among nurses (3), nursing technicians (3), physicians (3), dentists (3), Community Health Agents (6) and technicians in oral health (3). For composition analysis corpus there was used semi-structured interview technique containing guiding questions of openness. The questions aimed to characterize the respondents and respond to the research objectives. The application of the interviews took place individually, the corresponding services in the period between January and May 2013.

Prior to the interviews, the subjects were thoroughly informed about the aims and contributions of the study and then agreed to participate voluntarily in the same by signing the Informed Consent Form, Free and Clear. The interviews were recorded in order to allow the literal transcription and maximize the reliability of the statements in the exhibition. During the tabulation of data and display these perceptions in the study, sequential numbers for teams and respondents were assigned, reiterating the confidentiality and anonymity.

For the examination of the material there was used the technique of Thematic Content Analysis, fulfilling the following steps: pre-analysis: close reading of the collected data; material exploration: at this stage the data were organized and categorized focused on guiding question of the study; *results and interpretation*: the categories were analyzed and interpreted according to the theoretical framework.⁸

The study followed the ethical and legal principles based on the Resolution 196/96 of the National Health Council, in force at the time, and that guides research involving human subjects and was approved by the Research Ethics Committee of the University

Hospital Alcides Carneiro, CAAE
03466612.7.0000.5182.

RESULTS AND DISCUSSION

To assessing the care provided in reproductive planning in health professionals' view, there was created a central category called: Practices in reproductive planning in the FHS and, from this category, two sub-categories were created: The care practices in contraception and the invisibility of participation of men in reproductive planning.

♦ Characterization of the participants

Among the professional, there is a predominance of women (16) than men (5). The age range was of 25-63 years old, predominant age group 29-42 (13). All professionals reported having effective link in the city, working for at least three years and a maximum of 18 years in the FHS, with an average of 8.7 years of work. Schooling ranges from medium level (6), technical (4) and upper (10), the greater the number of people with higher education due to the requirement and specific assistance. Among the top-level professionals, the minority has graduate (3), in the following specialties: Family health (2) and Public health (1). The predominant religion is Catholic (12), followed by Evangelical (5). About marital status, they declared themselves married (18) and singles (3).

It was observed that there is a different view in the context of attention to reproductive planning, considering the variables. Noteworthy is only that the interest in this topic was more prevalent among nurses and mid-level professionals in the category of Community Health Agent (CHA), revealing that the subject is little known among other members of the healthcare team.

♦ Social assistance practices in contraception

From the analysis, it was noticed the lack of understanding of the goals of reproductive planning broadly, because the focus of the assistance is narrowly in contraceptive care.

With this approach, reproductive planning assistance is addressed only by providing methods, especially oral contraceptive.

When the medication came had one day to planning, because it had a method: the offer. There, now it's over, no longer, when it is not compressed, it does not have a method for us to offer. Then it was losing [...] did not yield more to do. (P1.1)

The focus on use of oral contraceptives limited assistance increasing vulnerability to unplanned pregnancies and abortions, for

example.⁹ Moreover, among the main problems related to the use of oral contraceptives are risk factors associated with their use and adverse effects which may result in the interruption of the method or misuse, and limiting its use tends to increase rates of indiscriminate use of sterilization, irreversible method that should be used as an exception.¹⁰

Moreover, the lack of opportunity of free choice of contraceptive method enables the user attended the service, adherence to methods that can generate regrets and health risks.¹¹

Professional practices with an emphasis on reproductive planning, when realized, are focused on clinical consultation, restrictively, since only are evaluated weight, blood pressure and any complaints reported by women.

We do the setting up appointments every month, here they come, is made screening, weight, pressure, and then the query is made even to know if you have any complaints if something happened that month. (P3.1)

As attention is focused on offering oral contraceptive, failing that, practically nonexistent attention in reproductive planning, consequently clinical activities, counseling and health education are absent.

Respondents reported professional guide users about the reproductive planning:

Guide to go to the health center and the nurse will say what better method to her [the user]. (P3.6)

Although most professionals assume that perform guidance, it was observed that some are excluded and transfer responsibility for this practice to the nurse, denouncing the absence of a work outlined in multidisciplinary, and accountability of the unit's nursing professional.

Only thus we know as a woman, right, guide, but I prefer to go to the nurse because she is responsible for this, right? (P1. 3)

A grounded assistance in the multidisciplinary team becomes a big element value in the FHS as it allows the provision of comprehensive care, making significant practices in the emotional relationships between the stakeholders (professionals and users).¹²

The role of professionals in contraception assistance should promote interactions between health team members in order to allow the participation of the various elements in the activities, according to the responsibility required in every situation.¹ However, it was found that there is no

definition of roles of professionals who make up the team, perceiving themselves therefore a gap between the proposed by health policies and practice in the FHS.

The guidance of professionals, especially mid-level and dentists are only of individual educational nature or referral to professionals with expertise to prescription.

We're always guiding, because the CHA work is prevention and guidance, right? We're always directing family planning [...] and always seek the gynecologist to see proper birth to her taking. (P2.7)

No professional quoted participate in educational activities or updates about the subject of reproductive planning. This conception anchored in traditional practices or resistance on the part of professionals, to develop health education activities. Despite the social advancement of healthcare professions, this also emphasizes the institutional and instrumental aspects of care.¹¹

Surely, you can improve a lot [educational activity] as a nurse I often dwell on the issue of assistance, because I have goals to meet, have a lot to do, there is the issue of health education as well. (P2.1)

Although attention in reproductive planning to be among the goals and priorities of the FHS, it is observed that this assistance is not yet seen as a priority in health services, no different in the context analyzed in this study.

Professionals, when asked about the assistance provided under the reproductive planning, said they considered as good (8), although they reported all the delivery methods were deficient. The limited understanding of the extent of sexual and reproductive health and, consequently, reproductive planning, contributes to invisibility of consequences of poor care practice.

It was not mentioned by any professional assistance to infertility. Thus, it appears that attention to this health problem in primary care is absent or poor solutions. On the other hand, the nursing and medical consultations could include counseling actions, guidance on the fertile period, and provide examinations and necessary referrals to the investigation of infertility or sterility.¹³

There is also as a gap in care practices in reproductive planning the lack of inclusion of diversity that characterizes the profile of women and men in the analyzed scenario. In fact, one of the challenges faced by PAISM is attention to socio-cultural, economic and epidemiological diversity that characterizes the population¹⁴, neglecting assistance to

excluded groups such as teenagers, people with disabilities, sex workers, and homoaffective in prison situation, violence and climacteric.

♦ The invisibility of the participation of men in reproductive planning

Health services generally do not assist or offer activities guided by the promotion, prevention organized to human health. Usually lies in the FHS demands designed to meet the child, woman, elderly. Male users are welcomed in a curative/medicalized perspective as pathology that led to demand for care.¹⁵ This practice reflects the lack of preparation of health professionals to give up common sense, viewing the subject more from the disease than by their gender, generating lack of attention and care especially in approaches related to sexuality.¹⁶

When asked about how to talk to people about male contraception, the answer, in a unanimous basis, it was that there is a barrier between the men and the FHS. And when it comes to contraception, the barrier becomes greater.

There is a great blockade about it, including up to get a condom, what we have here, they do not come, and they sometimes look for the doorman, because they know the doorman who is from the community. (P2.1)

Stands out the importance of male responsibility in promoting and effecting involvement regarding responsible parenthood and sexual and reproductive behavior.¹⁷

Assuming that the design is a natural and sexual outcome between men and women, it is expected that contraception be a phenomenon resulting from the joint efforts of the partners also covered in this relation.¹⁸ But we see that it does not.

Compared to men, I think they do not participate much not; it is something more so, as if the whole responsibility was the woman unfortunately falls on the woman. (P1.4)

You see the influence of gender issues in overlapping speech, revealing the understanding of professionals about the couple's responsibility, but the reports indicate female overload the contraceptive function.

I think it has a very high strength of man yet, that traditionalism, man is always free, the woman not; they have all responsibilities, right? (P2.3)

Said male activities, not including contraception, strengthen man's neglect of aspects related to reproductive planning, which reproduces on the speech:

It's happened up to blame the woman for getting pregnant. When a woman starts to say 'I think I'm pregnant', they start to pick an argument, saying that you not even take care in. (P1.6)

Gender relations giving the man freedom with regard to sexual practices, which take place unhindered, and as a result, there is up to the woman the responsibility of methods used for contraception.¹⁹ And her guilt if something does not come out as drawn by man.

The usual standards seized by men and women, socially seen as natural and unquestionable and passed down from generation to generation, still remain, despite the changes that have occurred in recent decades, influencing practices in sexual and reproductive field.²⁰

Reproductive planning is a strategy of prevention and intervention in the health of participants in the process, so you should consider the family unit and not just women. The stage of the family life cycle should be evaluated, as well as their beliefs, traditions and customs. Planning should be conducted dynamically, with tasks to make the active process for users.²¹

From the questioning whether men should become more involved in contraception issues, all professionals have a confirmatory answer.

Yes, they should come more to the unit, get more information, I think as much as women have doubts, they should also have. (P2.1)

However, when questioned about the development of activities in reproductive planning aimed at male audience, the professionals were unanimous that such practice does not occur.

For the man, it's complicated because he has no time! It's so much I know almost all women here, but men, their husbands, I do not know who. (P1.3)

In accordance with other studies, in these speeches we observed that the concept of bringing man to the forefront of discussions in reproductive planning groups exists as proposed in the policy, but the effectiveness is flawed. Notes the need for collective action to promote social responsibility and man integration policy.⁷

The hegemonic conceptions of masculinity, played in professional practices, have weaknesses that need to be focused. The low participation of men in the service is traditionally related by professional resistance of men to come to services. However, generally do not recognize the low male inclusion in care proposals.²²

The implementation of reproductive planning difficulties should be identified and implemented for the effective use of these services. The assistance panorama design can contribute to the planning and programming of activities in order to review priorities, aiding decision making and collaborating to achieve better results¹² as the inclusion of man's participation in care practices in reproductive planning.

CONCLUSION

It appears that the assistance in reproductive planning in the FHS is not perceived as a priority by health professionals. This fact is reflected in the limited assistance to contraception and oral contraceptive use, and the absence of space for qualified listening and advising users of the service. It was found as a gap in assistance the lack of participation of men on issues involving the reproductive planning, as well as the absence of activities from professionals that enter in this context.

Considering the FHS team skills, it was found that attention to reproductive planning does not involve the counseling activities, clinical activities and education in health, according to the precepts of the SUS and the principle of comprehensiveness of health care. It is noteworthy that the professional profile, such as age, experience and effective link in the FHS, favor the guided assistance in full, however, these characteristics did not contribute to an effective attention to reproductive planning.

The results show the need to invest in strategies that discuss issues related to sexual and reproductive health and promoting assistance based on comprehensive care and autonomy of the subjects involved. One should invest so that man takes the commitment to contraceptive choices, with the same intensity with which invests in women. Therefore, health services must assume the role of welcoming the demands on health, providing and ensuring effective sexual and reproductive health as part of comprehensive care.

This study has as analysis of the restriction limiting the/health professionals, but indicates the need for changes in care practices to foster and promote professional skills in support of improvements in assistance to users/to those under the integral shaft.

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Corresponding Address

Thalyta Francisca Rodrigues de Medeiros
Universidade Federal de Campina Grande
Centro de Ciências Biológicas e da Saúde
Graduação em Enfermagem
Rua Juvêncio Arruda, 795
Bairro Bodocongó
CEP 58430-800 – Campina Grande (PB), Brazil