EDUCATIONAL GROUP ON REPRODUCTIVE PLANNING: EXPERIENCE DURING RESIDENCY IN OBSTETRICAL NURSING

ABSTRACT

Objectives: to report the experience of holding a group of reproductive planning; inform barrier contraceptive methods and discuss their use, identifying and solving doubts of the participants. Method: a descriptive study type experience report, developed from an educational activity, addressed to a group of reproductive planning. The setting was the Amphitheatre of The Health of the National Institute of Women, Children and Adolescents Fernandes Figueira, the Oswaldo Cruz / IFF / FIOCRUZ Foundation. Ten people participated in the activity. Results: the disadvantages of barrier methods often outweigh the advantages, which stimulates their destruction. Barrier contraception and reproductive planning still have deficits when it comes to their correct understanding by the population and access. Conclusion: it is essential that the educational activities implemented in primary care units are valued and constantly search for strategies to attract men, women and couples. Descriptors: Contraception; Health Education; Obstetric Nursing; Family Planning; Public Health.

RESUMO

Objetivos: relatar a experiência da realização de um grupo de planejamento reprodutivo; informar os métodos contraceptivos de barreira e debater sobre a utilização dos mesmos, identificando e sanando dúvidas dos participantes. Método: estudo descritivo, tipo relato de experiência, desenvolvido para a realização de um grupo de planejamento reprodutivo. O cenário foi o Anfiteatro A do Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira da Fundação Oswaldo Cruz /IFF/FIOCRUZ. Participaram da atividade 10 pessoas. Resultados: as desvantagens dos métodos de barreira muitas vezes superam as vantagens, o que estimula sua inutilização. Os métodos contraceptivos de barreira e planejamento reprodutivo ainda apresentam déficit quando se fala do seu conhecimento corret e pelo população e seu acesso. Conclusão: é fundamental que as atividades educativas implementadas em unidades de atenção básica sejam mais valorizadas e em constante busca de estratégias para a captação de homens, mulheres e casais. Descriptores: Anticoncepção; Educação em Saúde; Enfermagem Obstétrica; Planejamento Familiar; Saúde Pública.
INTRODUCTION

When it comes to sexual and reproductive health, it approaches a broad scenario which includes discussions, among many, about empowerment, health, sexuality, freedom and the future of a nation. Not keeping a society well-informed about their rights and about their own health, leads to a serious public health problem.1

Regarding sexually transmitted infections / human immunodeficiency syndrome (STI / AIDS), for example, only in Brazil were identified in 2009, young people between 13 and 24 infected with the human immunodeficiency virus (HIV) with AIDS has developed, caused by sexual exposure. So it would be impossible to deny the importance of good guidance, prevention and promotion of health.1

Given the importance of developing educational activities, this work is justified by trying to inform users about family planning, their rights and the resources that are available for free so that they can avoid unwanted pregnancy and STIs, including HIV / AIDS, by that the population understands the need to use the methods separately and as a means of dual protection, in case of correct association of contraception.

In Brazil, public policies have as one of the early milestones in this area the preparation of the Comprehensive Care Program for Women's Health (CCPWH) in 1984, which included family planning, targeting actions to comprehensive care to women's health. Until then, there was, in Brazil, a policy instituted in the field of familiar planning.2

Law No. 9,263, of January 12, 1996, in this 2nd article, defines family planning as follows: “as the set of fertility regulation of actions that ensure equal rights of constitution, limitation or increase of offspring by women, men or couples” 3

Therefore, it is a sexual and reproductive right and thus attention on family planning should take into account the context of each person's life and the right of everyone to make decisions about reproduction without discrimination, coercion or violence2

There is now a discussion about how to make the use of the term reproductive planning in place of family planning, given that the former is more comprehensive, taking into consideration that a man or woman alone can plan to have children or not, as well as teenagers, young couples and homosexuals.2

People have the right to plan their lives according to their needs. Reproductive planning is an important resource for the health of men, women and children, it contributes to a healthier sexual practice, allows the spacing of births and the recovery of the woman’s body after childbirth, improving the conditions she has to take care children and to perform other activities.2

The same law, in this 9th article, provides that, to exercise the right to family planning, all methods and scientifically accepted conception and contraception techniques will be offered and not endanger the life and health of people, guaranteed freedom of option.2 Slight addition, the health professional should act to ensure comprehensive health care, including assistance to conception and contraception, respecting sexual and reproductive rights.2

Barrier contraceptive methods are those that prevent the trajectory of the sperm into the egg, imposing mechanical barriers and/or chemical penetration of sperm in the cervical channel.2 As aspects favorable to barrier methods, we have the male condom and the female condom currently, the only reproductive planning methods that protect against the transmission of STI/HIV/AIDS. Methods are eligible for all people who are not willing to use hormonal methods, behavioral methods or surgical contraception.2

Some barrier methods require more time to learn its use, but its advantages are considerable. They have no systemic effects; They have few local side effects; They are indicated in people with endocrine metabolic diseases; the efficacy of various barrier methods increases with the combination of them; There are few contraindications to its use and dispense prescription.2

It is worth questioning, in a group of reproductive planning: how have professionals addressed family planning? And reproductive planning? Has the information received by users been enough? Are the advantages and disadvantages of each method discussed frequently? Is there full understanding of the subject by the participants?

Family planning and the role of health professionals are essential to clarify users of their rights in health, particularly with regard to sexual and reproductive health. The choice of educational groups facilitates interaction between them, allowing the exchange of experiences and greater exchange of knowledge. Expect some dynamics, as well as teaching material is strategy that can arouse a greater interest in the subject, making it easier to interact. The professional must be willing to listen carefully whenever there are any complaints or concerns, as well as gain
the trust of those we serve, in addition to learning with the demands of users who care for improvement of their professional activities.

The objectives of this report: to report the experience of holding a group of reproductive planning; inform which are barrier contraceptive methods and discuss their use, identifying and solving doubts of the participants.

METHOD

A descriptive study of an experience report, developed from an educational activity, addressed to a group, in order to discuss reproductive planning. This dynamic was held on April 19, 2016. The scene was the Amphitheatre of The National Institute of Women’s, Child and Adolescent Health Fernandes Figueira, the Oswaldo Cruz Foundation (IFF / FIOCRUZ). 10 people participated in the activity, eight women and two men - two couples and six unaccompanied women.

For execution of the activity, the class of specialization in nursing in health care of women was divided into five subgroups, each with a topic to be covered in about 30 minutes. This study was designed specifically to barrier contraceptive methods and, during the course of the activity, we used the observational method for later transcription and realization of this experience report.

Supporting images were used taken from the internet, and then, displayed on PowerPoint, transmitted in powerpoint apparatus; flyers describing the use of each method and its advantages, how to choose what you will use and where to access them according to the Ministry of Health (MoH); a female condom acquired in a primary health care unit (APS) for correct statement, as many still do not know the condom; It also used the guide ring contained in the female condom to aid in the understanding of the group on the use of the diaphragm, showing through this its shape and size.

RESULTS AND DISCUSSION

Barrier contraceptive methods were discussed, using theoretical and practical knowledge of beacons myths and doubts popularly known, in a space of facilitator arguments, discussions and placement of questions from participants, seeking to meet the proposed objectives for the activity.

Barrier methods are those that prevent the trajectory of the sperm into the egg, imposing mechanical barriers and / or chemical penetration thereof in the cervical channel.²

Over time, humans have created several methods to provide sexual freedom without undesired consequences such as STIs and pregnancy. Consequently, after several attempts to separate the sex of breeding and infection, the condom is created. In Brazil, these methods have a policy where there is accessibility and distribution of free condoms, and this act starting in 1994, being delivered to health services throughout the country.⁴

With the completion of reproductive planning group it was open to discussion by the best known method of population, the male condom. They presented the same through exposure, slides and conversations. The present members demonstrated to know the product and its intentions.

The male condom is a contraceptive method that is not only associated with pregnancy prevention, but prevention of STIs, purpose of utmost importance. Among the means of contraception, the male condom is the best known and most used by the population. The condom does not have contraindications.⁵

When asked about their routine use, the group showed rejection, however, showed understanding of the importance of their use. This rejection was contextualized the issue that with the use of male condoms, pleasure in sexual intercourse is lost.

The main reasons given by the population for not using this method, which consistently occur, are not liking to use them, trust in (a) partner (a) and the unpredictability of sex. It is also important to note that being female, having lower age, education and household income, being single/no partner/ unaware of sexually transmitted diseases and oral contraceptives were associated independently when there was no knowledge of the male condom.⁵

It was later explained/demonstrated to the group about the correct use of condoms. The participants showed interest and questions. The myths have been clarified and we corrected the incorrect ideas on the subject.

They were informed about the free distribution points of the method in PHC units, in addition to the different forms of the same, such as flavored condoms or ultrasensitive ones, which are available in the market in order to allay the point that sexual intercourse without a condom gives more pleasure.

Part of young people are unaware of their rights on how to get free condoms at health facilities, hampering their routine use. It was
The diaphragm is seen as a contraceptive quality, efficient and does not cause systemic effects. Women who choose the diaphragm are, mostly, low-income and middle-level education. The knowledge of this method, most of the time, comes to these women through health professionals in family clinics, through home visits, consultations and reproductive planning groups. Women who choose the diaphragm expect no side effects, health protection, practicality, ease of use, effectiveness, a good solution for the low frequency of sex, and the diaphragm is a new alternative, which awakens the desire to experiment.

Speaking of the diaphragm, the women showed interest in the subject, exposing doubts, acceptability and rejection of the method. This showed that each way to prevent conception must adapt to every woman, looking for ways that the advantages outweigh the disadvantages.

Like any contraceptive method, the diaphragm has advantages such as the absence of systemic effects, not interfering with sexual intercourse and the fact that it can be inserted hours before it. As a disadvantage, there is difficulty in use, the use of this should be associated with a spermicide and needs is a professional trained to evaluate the diaphragm size, allergic reactions to latex in susceptible women, high incidence of urinary tract infections and toxic shock syndrome, if prolonged use above 24 to 36 hours.

When starting the conversation and explanation of the method, women, ready, showed ignorance of the diaphragm reported that they did not know of its existence, and that, when seeking about contraceptive methods, other health professionals did not show them this option.

In Brazil, both the knowledge of the diaphragm as its access was limited to some special services and feminists non-governmental organizations (NGOs). Only from the 80's, the domes started, the Semina 2®. Consequently, there is little information about its acceptance and use. Nevertheless, few studies show that many women choose the method when they know and have access to it.

Because of this doubt, it was explained on the diaphragm as barrier method of contraception through conversation, illustrations and slides. Participants were able to have with the written information through brochures and showed they ceased their doubts about it.
The diaphragm associated with the spermicide does not cause serious side effects, becoming prescribed advisable and suitable for many of these women who cannot use other methods due to contraindications or risk. However, one should take into account some situations during their prescription, among them: women who have not had sexual intercourse; anatomic variations of the vaginal canal; the cervix or uterus; genital fistulas; uterine retroversion; vaginal septa; untreated uterine infections; allergy or sensitivity to latex, silicone or the spermicides and in cases of chronic urinary infections and repetition.10

After the exposure of this method, women showed doubts related to the acquisition of the diaphragm, such as placing and its peculiarities. Thus, were guided in the way the PHC unit for a medical evaluation or nursing, where determines the size for each woman, mode of use, durability, conservation mode, time to put it in, time of removal and storage. Thus, we must score, there was targeting of the population to seek the PHC services, responsible for the management of their health care.

After being evaluated and indicated for the diaphragm, the woman should attend the health service so that appropriate information is given and start the following steps. As mentioned, the diaphragm must be measured and adjusted by a Doctor or a Nurse during the gynecological examination for its proper insertion and removal. This activity requires that the professional involved is trained specifically for this practice.10

Setting the correct size of diaphragm for the woman, you should be aware of its use. The placement of the diaphragm consists of, after washing your hands, holding the ring in the figure eight form, inserting the middle finger into the vagina, driving it back, gently moving the finger into the vagina, looking for the cervix, the form and consistency should resemble the tip of a nose. When placing the diaphragm, the user should be able to feel the cervix through the rubber, so it should be well familiar with such identification.7

The diaphragm can be placed minutes or hours before intercourse or used continuously, however, it is advisable to remove the diaphragm once a day, wash it, and remove up to six hours after intercourse, then put it back. During menstruation, the diaphragm must be removed thus avoiding possible infections.2

To remove the diaphragm, the index finger must be placed behind its front edge and pull it down and out. After use, wash the diaphragm with mild soap and water, rinse yourself well, dry and store in a kit próprio.2

It was emphasized, in the educational group, to return to the health service, and this schedule: after a week, a month later and annual return. The diaphragm exchange was reinforced whenever there are five kilograms weight difference, both, for more and for less, after an abortion episode, after vaginal delivery; and / or perineal surgery and every two years, routinely.

It could be perceived from the start of the thematic presentations, a growing doubt about the intrauterine device (IUD) among women. They questioned location and use even before the method of approach, which led to the question of how information is being passed on to contraceptive methods for the community.

Installed inside the uterus, the IUD is currently the most widely used reversible contraceptive method in the world, especially in developing countries, with the largest number of users in East Asia. Nevertheless, there is still controversy surrounding its use.11

Studies suggest that the IUD acts to inhibit fertilization because it renders the passage of sperm through the female reproductive tract more difficult, reducing the possibility of fertilization of the egg. The copper IUD affects sperm and ova in various ways. They stimulate pronounced inflammatory response or reaction to the presence of foreign bodies in the womb. Few sperm reach the fallopian tubes, and those coming in all probability, are not able to fertilize an egg.2

It is an effective method, in the long-term, reversible, and not dependent on attitudes of users for its effective mechanism of action, and have few adverse effects and excellent cost benefit.12

When, in the educational group, the advantages and disadvantages of the IUD for women were exposed, they showed their concern. For them, the increase in colic and bleeding overcomes the product quality and durability. One participant noted that there was a family that uses the method without any problem, but the report did not appear to assuage the concerns of other participants.

They are common side effects (5-15% of cases); changes in menstrual cycle common in the first three months generally decreasing after this period; prolonged menstrual bleeding and bulky; bleeding and stains in the interval between periods; cramping of greater intensity or pain during menstruation. Other side effects (less than 5% of cases) are severe cramping pain or five days after insertion; pain and bleeding or spotting may occur...
immediately after the insertion of the IUD but, usually, disappear within one or two days.²

According to MH, the IUD key points are: durable method - can last for ten years after its insertion and can be withdrawn at any time if the woman so wishes or if you experience a problem; It is very effective; It does not interfere with sex; It does not have the side effects of hormone use; Fertility returns immediately after its removal; It does not affect the quality or quantity of breast milk; It can be used in menopause (up to a year or more after the last menstruation), and does not interact with other medications. The IUD does not protect against STI/HIV/AIDS and is not suitable for women at increased risk for STI/HIV/AIDS: women who have more than one sexual partner or whose partners have other partners and they do not use condoms in all sexual relations.²

The prior consultation with the choice of contraceptive method is important for proper clarification of the user as the favorable and adverse effects of the IUD. Mode of use, mechanism of action and existing strategies to minimize any undesirable effects increase contraceptive continuation rate and decrease the need for medical intervention.¹²

The population, based on the experience of this educational group tends to have an adequate knowledge deficit when it is related to barrier methods of contraception and reproductive planning. Furthermore, they showed difficulties related to their access. These issues do not occur only by the lack of interest of the users, but also by the lack of opportunities that are presented by health professionals and the availability of PHC units.

The education group received explanations of various contraceptive methods, exposing many doubts, myths and curiosities. In this sense, the creation and continuity of groups which is significant if it can: answer questions; negotiate the demystification process of cultural issues on methods; present possible new barrier methods in the course of advancement of technologies; perform demonstrations with the aim of familiarizing the population about the use of contraceptives and available scientific knowledge.

It could be observed also as cultural influences that are strong in different human needs, in which, the case of the educational group, demanded the pocket students, and the teaching, attention to ways and means of action against the interaction with different people, that is, care with speech, addressing the issues, need to create bonds. With respect to cultural processes and the interrelation subjects and their knowledge, you need to think about trading strategies, showing each other that culture needs to be taken into account and respected and not-judgmental.

Most women participating in the educational group were notorious. There were few men present without significant participation. It is necessary to stimulate the interplay of men with the subject, because the responsibility for the choice of methods, besides being a particular attitude, must occur in conjunction with the partner.

It is essential that the educational activities implemented in PHC units are continuously valued and constantly search for strategies to attract men, women and couples in order to inform the population, in addition to meeting them often, and make the use of contraceptives more often among them.

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CONCLUSION

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