(LACK OF) KNOWLEDGE OF WOMEN ON THE USE OF CONTRACEPTIVE METHODS

(DES) CONHECIMENTO DE MULHERES SOBRE A UTILIZAÇÃO DE MÉTODOS CONTRACEPTIVOS

(DES) CONOCIMIENTO DE MUJERES SOBRE LA UTILIZACIÓN DE MÉTODOS ANTICONCEPTIVOS

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ABSTRACT

Objective: to analyze the knowledge of women in a coastal town on the use of contraceptive methods. **Method:** it is a qualitative, descriptive study, using the Life Narrative. The data was collected through open interviews with 16 women attending a Basic Health Unit. The Thematic Analysis was adopted. Results: It was evidenced that the women demonstrated knowledge about the contraceptive methods used by them; however, they did not always use them correctly. **Conclusion:** it is concluded that the contraceptive methods most known to women were the oral contraceptive and the male condom. It is also worth noting that women expressed an awareness of the importance of condom use, however, in practice, they do not use it mainly if they have a stable relationship with their partner, demonstrating the fragility of information from the study participants. Therefore, the need to increase the strengthening of public policies related to family planning is emphasized, since, for women to make their choice consciously, they need to be well informed. **Descriptors:** Contraception; Women's Health; Public Health; Nursing; Family Planning (PublicHealth); Women.

RESUMO

Objetivo: analisar o conhecimento de mulheres de uma cidade da baixada litorânea sobre a utilização de métodos contraceptivos. **Método** trata-se de um estudo qualitativo, descritivo, utilizou-se a narrativa de vida. Coletaram-se os dados através de entrevistas abertas realizadas com 16 mulheres atendidas em uma Unidade Básica de Saúde. Adotou-se a análise temática. **Resultados** evidenciou-se que as mulheres demonstraram conhecimento acerca dos métodos contraceptivos utilizados por elas, contudo, nem sempre utilizavam de maneira correta. **Conclusão:** conclui-se que os métodos contraceptivos mais conhecidos pelas mulheres eram o contraceptivo oral e o preservativo masculino. Ressalta-se, ainda, que as mulheres expressaram a consciência da importância do uso do preservativo, todavia, na prática elas não utilizam principalmente se tiverem uma relação estável com seu parceiro, evidenciando-se a fragilidade de informações das participantes do estudo. Ressalta-se, portanto, a necessidade de ampliação do fortalecimento de políticas públicas relacionadas ao planejamento familiar, uma vez que para mulher fazer sua escolha de maneira consciente, esta necessita estar bem informada. **Descritores:** Anticoncepção; Saúde da Mulher; Saúde Pública; Enfermagem; Planejamento Familiar; Mulheres.

RESUMEN

Objetivo: analizar el conocimiento de mujeres de una ciudad de la bajada costera sobre la utilización de métodos anticonceptivos. **Método:** se trata de un estudio cualitativo, descriptivo, se utilizó la narrativa de vida. Se recolectaron los datos a través de entrevistas abiertas realizadas con 16 mujeres atendidas en una Unidad Básica de Salud. Se adoptó el análisis temático. **Resultados:** se evidenció que las mujeres demostraron conocimiento acerca de los métodos anticonceptivos utilizados por ellas, sin embargo, no siempre utilizaban de manera correcta. **Conclusión:** se concluye que los métodos anticonceptivos más conocidos por las mujeres eran el anticonceptivo oral y el preservativo masculino. Se destaca, además, que las mujeres expresaron la conciencia de la importancia del uso del preservativo, sin embargo, en la práctica ellas no utilizan principalmente si tienen una relación estable con su pareja, evidenciándose la fragilidad de informaciones de las participantes del estudio. Se destaca, por lo tanto, la necesidad de ampliar el fortalecimiento de políticas públicas relacionadas con la planificación familiar, ya que para la mujer hacer su elección de manera consciente, ésta necesita estar bien informada. **Descritores:** Anticoncepción; Salud de la Mujer; Salud Pública; Enfermería; Planificación Familiar; Mujeres.

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INTRODUCTION

Family planning is defined as a set of actions and information on fertility regulation that guarantees the limitation or increase of the offspring through equal rights to the woman, man or couple, in order to approach both contraception and conception through contraceptive methods.^{1,2}

In January 1996, Law 9,263 was sanctioned, which is responsible for regulating family planning in Brazil. This law establishes the right of the couple's decision and the responsibility of the State to provide educational and scientific means for the regulation of fertility, especially in the range of fifteen (15) to forty-nine (49) years, where the woman is of reproductive age and should be the main target of the actions of family planning.³

It should be emphasized, however, that the information provided on family planning should not only highlight contraceptive methods that are considered effective, but should address and offer the variety of methods, since they are essential for expanding access to information for women, men or in order to guarantee the right to sexual and reproductive health in the country.^{4,5}

It is evident that freedom of choice is fundamental in the area of fertility regulation, and in order to choose a contraceptive method, in a free and informed way, women need to know and have access to them and, for this to happen, it is necessary to maintain and promote the provision of contraceptive methods in the public health system, in addition to having trained and updated professionals that assist in the contraceptive option at any time of life.⁵

It is observed that the precise connection between the user and the health system is the main point to contribute with this freedom of choice and the information necessary for it passed on. It should be stressed that, for this to happen, some conceptions must be respected, such as: individualized attention; the supply of the desired method; treat the user well; use a language that is easy to understand, as well as methods that help both memorization and adherence.⁶

OBJECTIVE

- ◆ To analyze the knowledge of women from a coastal town on the use of contraceptive methods.

METHOD

This is a qualitative, descriptive study, using the Narrative of Life method, developed in a Basic Health Unit (UBS) located in the coastal plain in the state of Rio de Janeiro (RJ), with 16 women attending the Unit of health.

The inclusion criteria were: to accept voluntarily participating in the research, to be in the age group of 18 to 49 years old and to sign the Term of Free and Informed Consent, excluding all those that did not meet these criteria. The Narrative of Life is described as a method that uses the ethnosociological perspective with the purpose of studying a fragment of historical social reality and not only the individuality and/or the singularity of certain groups. The term "ethnosociological perspective" is used to designate a type of empirical research based on field research and case studies, which is inspired by the ethnographic tradition in its techniques of observation, but which constructs its objects by reference to sociological problems.⁷

It should be noted that, in compliance with the determinations of Resolution 466 of December 12, 2012, the National Health Council / Ministry of Health, the research was submitted and approved by the Research Ethics Committee (REC) of Universidade Federal Fluminense, according to opinion No. CAAE: 79099817.1.0000.5243.

The narratives were obtained through a digital recorder. Transcripts were made immediately after the interviews ended.⁷ The guiding question of the interview was listed as: "Tell me about your life that has to do with your knowledge and use of your contraceptive method".

Thematic Analysis was adopted as an analytical process. It is emphasized that, concomitant with transcripts of the interviews, they began to analyze the narratives, making it possible to identify the saturation of the data and / or make adjustments and redirect their walk if necessary.⁷

The categories of analysis were constructed from the narratives that were grouped after the selection of themes. It should be noted that, in order to guarantee the confidentiality and anonymity of the participants, they were identified by the letter M associated to the sequential number for the interview (exemplifying: M1, M2, M3), and their freedom to decline participation at the moment they wanted to.

It should be noted that in order to analyze the transcribed material, the floating reading

began with successive readings of the narratives aiming at the impregnation of the discourse. It is observed that, as the readings were carried out, the color-marking technique of the thematic units was carried out concurrently. 76 thematic units emerged from the coding movement. Re-reading was carried out, which was the new reading of the narratives, comparing thematic units and seeking the possibility of discovering themes that converged or moved away and new themes from which the three major categories of analysis emerged.

The results obtained by means of the analysis of the first category, through which it was possible to identify the (Lack of) knowledge of women about the use of contraceptive methods.

RESULTS

♦ Characteristics of participants

It is noteworthy that the 16 women interviewed were between 21 and 49 years old; three declared themselves black and thirteen declared themselves white. It is noted that, in relation to the marital situation, ten were married; two, divorced; two, married; one single and one widow. The number of children, four had one child, six had two children, three had three children, one had four children and two had no children. It should be noted that, in terms of schooling, six had completed High School, seven had completed Elementary School, one had incomplete High School and two had incomplete Elementary School. It turned out, finally, regarding the use of some contraceptive method, that eight reported to make use of some method and eight reported not to use any contraceptive method.

It was evidenced, through the life narratives of the interviewed women, that all study participants knew some of the contraceptive methods and that they had already made use of at least one of the available methods. It was noted that some women, nine of the sixteen participants in the study, reported having started using a particular contraceptive but that, at a given period of their sex life, opted for another type of contraception.

It can be observed from the narratives that some women did not always do it correctly, either because they were unaware or because they sought information by means other than the technical orientation of health professionals.

Thus, the category (Lack of) knowledge of contraceptive methods and their two

subcategories emerged, the first being the following.

I- Knowledge of contraceptive methods

It was evidenced, through the life narratives of the women interviewed, that some participants of the study had knowledge about certain contraceptive methods available in the market, especially those used by them, as it is observed in the narratives of M6 and M8.

At first, I started using contraception, even because of my age, I did not talk about condoms ... I started on the contraceptive, after [emphasizing] a long time, I went to know the condom, I also lived in the countryside, understood?! Then I started to use condoms because not only is [...] due to pregnancy, and like diseases as well. (M6)
I used contraceptives [...] and I used [...] it's fifteen years, and I did not get pregnant any more, I did not have other methods, it's contraceptive, it was just contraceptive. (M8)

Knowledge about the importance of using condoms as a means of preventing sexually transmitted infections and of a possible unplanned pregnancy, as in the M4 narrative, was also noted.

Because [...] the diseases are there, so I'm using condoms, which is a very safe method. So [...] I try to take good care of myself! [emphasizes], and always wearing a condom! [emphasizes], always, always, always. (M4)

The oral contraceptives were mentioned in a similar way by the interviewed women, who had considerable knowledge about the use of this method, as can be seen in the narratives of M8 and M13.

Because I took contraceptives, and I did not get pregnant any more [...] it never hurt me, the problem is that you have to always take it straight, if not there ... it was already. (M8)

The contraceptive [...] I used DIANE for many years [...]. It did not hurt me [...] after I also had the second child, I also took the contraceptive that I could breastfeed. (M13)

It is observed, in M9's narrative, where one of the participants of the study showed that it used the intrauterine device (IUD) as a contraceptive method and was aware of the validity of the contraceptive method and the need to perform the security test.

I find it safer for him, I feel more at peace with him, because the IUD, he has a [...] validity of ten years, I found it quiet with him, of course, that he does a three-month safety test, with all possible certainty, and I adapted myself [...] to me, [emphasizes] it is an excellent method, I like it, understood [...] then, I have nothing to complain about. (M9)

II- Unawareness of contraceptive methods

The narratives showed little knowledge about the use, for example, of the condom as a contraceptive method, as seen in the M5 narrative.

Condom! I do not even know how to put it on, because I've never used it. (M5)

Based on the life narrative of M8, it was possible to highlight the lack of knowledge about the use of the behavioral method, identified by the participant as a table, which is based on the perception of fertility, known scientifically as Ogino-Knauss. It is emphasized that this is a behavioral contraceptive method that is based on calculations that allow the woman to know what her fertile day, that is, the day of her ovulation. It is emphasized that it is a method that can generate many flaws, especially if the woman does not have regular menstrual cycles.

Before I did the table, only the table failed [...] [pause], then I got pregnant. (M8)

It is noted that the misuse of oral contraceptives was also evidenced in the narrative of M2.

It is... I began to take fifteen days before marriage ... the contraceptive [...] and, and [...] [stutters] got pregnant, and I came back from the Honeymoon already pregnant, that he does not [...] not [stutters] gave time to take effect. (M2)

DISCUSSION

It has been assumed that knowledge of contraceptive methods can contribute to users choosing the method that is most appropriate for themselves and their partner, taking into account factors such as their state of health, financial situation and ease of use.⁸

It is noteworthy that condom use is considered the safest and most effective method for preventing sexually transmitted infections (STIs) and AIDS, as well as protecting against unplanned pregnancy.⁹

It is stated that a study that sought to know the adequacy of knowledge, attitude and practice on the use of the male condom showed that there was an unsatisfactory knowledge regarding the use and knowledge, although a large part of the women participating in the study presented an attitude contraceptive use, ie: it was clear that only believing that male condom use is necessary in all sexual relationships and practices does not support concrete use.¹⁰

In one study, the efficacy of birth control pills was directly related to their mode of administration, ie, forgetfulness of tablet intake and dosage irregularities may interfere.

It is emphasized that proper guidance is critical for women to use the pill correctly.¹¹

A study was carried out with women in the age group of 20 to 34 years, and hormonal oral contraceptive was indicated as the most used by the women, however, the factor "schooling" was pointed out as essential for the knowledge of the women participating in the study concerned with the information on this contraceptive that involved the issue of schedules, side effects and the beginning of the card. It was found that women with low schooling had less knowledge about this method.⁸

It is worth noting that the intrauterine copper device (IUD) is a reversible contraceptive method widely used worldwide, mainly due to the low failure rates, which resemble female sterilization, however, in some places, such as Brazil, the use of IUDs by women is still low, possibly due to issues of access to health services.¹²

It has been observed, through the authors, that unprotected sex correlates to inattention, disinformation and ignorance. However, in relation to women, the main bias for non-use of condoms is the level of information, however, the author emphasizes that the level of education is not a sufficient reason to guarantee the constant use of condoms.¹³

It is also perceived that M5's affirmation in his narrative of "not knowing how to put on a condom" and never having used this kind of prevention is worrisome, even if it is a personal choice.

It is clear that this study's discovery deserves special attention and the promotion of health promotion campaigns on the importance of using condoms as a method of preventing STIs, as well as the awareness of the female population, in order to reduce their vulnerability individual approach to HIV / AIDS.¹⁴

It can be observed, in relation to the epidemiological profile of HIV infection, that a study found that there was an increase in the age group from 29 to 39 years, followed by 40 to 49 years, and although the infection by AIDS in the world has undergone modifications in the course of the years, since its discovery, Latin America has been especially marked by the growing increase in infection among women, which may be associated with the submission of women to their partners in relation to unprotected sex, making this group more vulnerable to HIV infection.¹⁵

It is also observed in studies carried out on the knowledge and contraceptive practice of women, that the table, also known as

calendar, was not mentioned by any of the relevant women. It is evident that natural and behavioral methods are little publicized and stimulated in educational practices, since they require discipline and a greater knowledge of the body.^{6,16,17}

There is a discrepancy in women's knowledge of behavioral / natural methods compared with barrier and hormonal methods, since there are women who, for certain health issues, can not use oral hormonal contraceptives. It should be noted that there are women who are allergic to latex condoms, but they should not be discontinued, and there are still women who choose to use the IUD, but there is a natural rejection to it.

The need for more health professionals to develop a closer look in order to consider the particularities of each woman, since even if they do not choose to use the Ogino-Knaus behavioral method as a contraceptive method, should be aware of the existence of this behavioral method, and that this may be a contraceptive option.

It is emphasized that the choice by contraceptive method, regardless of which, should be free and informed. It is recommended, through the Policy of Integral Attention to Women's Health - PAISM, that all contraceptive possibilities should be offered and analyzed in consensus with the user. It is pointed out that, when women seek a health service, health professionals must be aware of the conditions of life in which each woman is inserted and not only prescribe the method.^{11,18}

It is argued that health professionals, when guiding women about the choice of a contraceptive method, should consider their health situation, highlighting the indications, contraindications, benefits and disadvantages of each one, noting that each woman has a life history and each woman is inserted in different contexts of socioeconomic, cultural and personal reality.¹¹

CONCLUSION

It has been shown that the contraceptive methods most known and discussed by women are the oral contraceptive and the male condom. In terms of the use of the male condom, it was found that women are aware of their importance, but in practice they do not use it, especially if they have a stable relationship with their partner, demonstrating, in a way, the fragility of information from the study participants. It is also noticed that most of the participants use oral contraceptives; however, some women still do it the wrong way.

It is important to emphasize that the training of health professionals directly involved in family planning activities is essential, since women must consciously choose their own choice and must be aware of all available contraceptive methods, as well as the functionality of each, its possible side effects, and complications.

It should be emphasized that professionals must be attentive to the particularities and individuality of each woman, to know their life history, so that the method to be chosen is compatible with the singularities of each woman, while reinforcing the importance of condom use in all sexual relations.

It is emphasized that the gaps persist in the training of health professionals and the educational area regarding the expansion of women's access to contraceptive methods, since this represents an important indicator for assessing women's health care. It is considered, therefore, that this study contributes to evidence the need to improve the dissemination of information about the correct use of contraceptive methods for women, in addition to the need to expand this type of study in other regions of the country.

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