PLANNED PARENTHOOD: HETEROSEXUAL WOMEN’S PERCEPTIONS ABOUT THE ROLE OF THE COUPLE
PLANEJAMENTO FAMILIAR: PERCEPÇÕES DE MULHERES HETEROSSEXUAIS SOBRE O PAPEL DO CASAL
PLANEAMIENTO FAMILIAR: PERCEPCIONES DE MUJERES HETEROSEXUALES SOBRE EL ROL DEL MATRIMONIO

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ABSTRACT
Objective: to analyze perceptions of heterosexual women over the couple's role in family planning. Method: descriptive study and field, with a qualitative approach, conducted with women in stable heterosexual union, with a partner for a period greater than or equal to one year, registered in a family planning service. For the production of data, we used the focal group technique, applied in a family health unit (FHU), in the interior of Bahia, in July 2012, after the approval of a research project by the Research Ethics Committee, CAAE n. 01889112.3.0000.0057. Results: the lines examined showed that the co-responsibility of man in the decisions and actions against family planning is still a challenge. Conclusion: it is signed out, therefore, the need for more concrete actions aimed at collaboration between the couple and the empowerment of the women, resulting in the reduction of gender inequalities. Descriptors: Family Planning; Gender identity; Public Policies.

RESUMO
Objetivo: analisar percepções de mulheres heterossexuais sobre o papel do casal no planejamento familiar. Método: estudo descritivo e de campo, com abordagem qualitativa, realizado com mulheres em união heterossexual estável, com parceiro por período maior ou igual a um ano, cadastradas em um serviço de planejamento familiar. Para a produção de dados, utilizou-se a técnica de grupo focal, aplicada em uma Unidade de Saúde da Família (USF), do interior da Bahia, em julho de 2012, após a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE n. 01889112.3.0000.0057. Resultados: as falas analisadas apontaram que a corresponsabilidade do homem nas decisões e ações frente ao planejamento familiar ainda é um desafio. Conclusão: sinaliza-se, portanto, necessidade de ações mais concretas visando à colaboração entre o casal e o empoderamento das mulheres, consequente à redução das desigualdades de gênero. Descritores: Planejamento Familiar; Identidade de Gênero; Políticas Públicas.

RESUMEN
Objetivo: analizar percepciones de mujeres heterosexuales sobre el rol del matrimonio en el planeamiento familiar. Método: estudio descriptivo y de campo, con enfoque cualitativo, realizado con mujeres en unión heterosexual estable, con pareja por período mayor o igual a un año, inscripto en un servicio de planeamiento familiar. Para la producción de datos, se utilizó la técnica de grupo focal, aplicada en una Unidad de Salud de la Familia (USF), del interior de Bahia, en julio de 2012, después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación, CAAE n. 01889112.3.0000.0057. Resultados: Los diálogos analizados apuntaron que la corresponsabilidad del hombre en las decisiones y acciones frente al planeamiento familiar aún es un desafío. Conclusión: se señala, por lo tanto, la necesidad de acciones más concretas visando la colaboración entre el matrimonio y el empoderamiento de las mujeres, consecuente a la reducción de las desigualdades de género. Palabras clave: Planeamiento Familiar; Identidad de Género; Políticas Públicas.

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Planned parenthood: heterosexual women’s... The Brazilian Government, under the influence of the feminist movement, instituted the program of Full Assistance to Women’s Health (FAWH), in 1983. The program includes, among other actions, the planned parenthood. In this perspective, the family planning program is included as a requirement essential for the integral assistance to women, in order to offer greater freedom and autonomy in its trajectory.

The family planning program offers the community guidelines, technical procedures, information about contraception and contraceptive methods, prevention of STDs (sexually transmitted diseases), in addition to other actions aimed at providing the couple sexual and reproductive well-being, in order to guarantee the basic right to decide on whether or not children, as well as choose the most opportune moment. According to the subsection of article 226 of the seventh Federal Constitution of 1988, family planning:

[...] is considered a right of every citizen, and understood as the set of actions of regulating fertility that guarantees equal rights of Constitution, limiting or increasing the offspring for the woman, the man or the couple.

In this context, there is a need for an analysis of the relationship between the woman and the family planning, from the gender discussion, seeking to investigate the effective participation of each of the components of the couple in the taking of decisions concerning reproductive planning, in order to analyze what factors have contributed to the persistence of inequality.

In order to contribute to broaden the discussion on family planning in the daily lives of men and women, this research has as guiding question: how women perceive their role and the role of his partner in family planning?

This study elects genre as analytical category of the couple's decision-making in sexual and reproductive planning with the following objectives:

- To analyze perceptions of heterosexual women over the couple’s role in family planning;
- To identify perceptions of heterosexual women about family planning.

**METHOD**

Descriptive study, field, with a qualitative approach, which relates to the meanings that individuals attribute to their experiences in the social environment, as well as how they understand their universe. From this perspective, the aim is to highlight the senses
and meanings extracted from participants on the theme proposed.

The research was carried out in a family health unit, located in Guanambi - Bahia, after authorization by the Municipal Health Secretary of this municipality. This unit is the set of practices and activities of field training course for students of the course of nursing of the University of the State of Bahia-UNEB. The insertion of researcher at the investigative field and prior knowledge about the routines of the program were of paramount importance to the conduct of the investigation. In addition, knowledge of the interactions between professionals and users, and the participation of them in the activities directed to sexual and reproductive health, contributed to the smooth progress of the search.

To compose the population of this study, the following inclusion criteria were met by the participants: (1) to participate voluntarily; (2) to be of reproductive age; (3) to be registered on the service; and (4) heterosexual Union stable for at least one year. Furthermore, women belonging to the same family were not included, in order to facilitate the free expression of ideas in the group. The objective was to prevent the fear of the impact that the views could cause among family and friends inhibit participants. Those who did not possess the maturity and were not liberated should possess a legal representative to sign an informed consent.

During family planning consultations, some women were invited to participate voluntarily in the field research, being twelve the total of women who agreed to participate. The printed invitation was subsequently handed over to these through the Community Health Agents. However, only six attended a previously scheduled date. It is noteworthy that the study began only after permission of the Ethics Committee and release by nurse responsible for coordinating the unit.

The research began with the presentation of the goals to potential participants and clarifying any doubts which arise after the reading of the informed consent (TFCC). Then the term was signed by women who have agreed to participate, these were then a form containing eight socioeconomic issues, designed to characterize the participants.

The production data were collected through the focal group technique, which consists of an open debate and accessible to all, in which the subjects are of common interest, status differences are not taken into account and there is an exchange of views, ideas and experiences.

The application of the focal group technique occurred on the 5th of July 2012 in the Conference room and lasted 1 hour 40 minutes. The chairs were arranged in a circle, which facilitated the dialogue. The discussion by the group was recorded, with the permission of participants for further analysis.

Initially, there was the presentation of the researchers and the subject being treated. Then a dynamic where each participant chose a flower with color that they would like to be identified. The focus group was conducted by managers from issues of search interest by creating a dynamic discussion. It was sought to motivate all participants to talk about their experiences, dialogue and paying attention to the comments and observations that eventually arose among the 13 members of the group.

The collected data were interpreted from the analysis of the content that can be considered as a technical group that analyzes systematically the contents of communications with the aim of describing the content of the messages. Thus, the lines have undergone three phases of organization: pre-analysis, material exploration and processing of results. The pre-analysis was characterized by the transcription of the talk and identification of central ideas.

In exploring the material, the encoding, rules of selection and delimitation of count three categories entitled were held: "perceptions about family planning"; "Who decides?"; and "the challenge of shared responsibility". It was still bounded a subcategory: "Obstacles to the participation of men in family planning". Finally, the data were discussed, based on theoretical and interpretative dimensions of some authors that deal with the subject of this study.

This research was developed in accordance with what is laid down in Resolution 196/96 of the National Council of health of Brazil that incorporates the basic principles of bioethics: autonomy, non-maleficence, beneficence and justice, among others, and aims to ensure the rights and duties that relate to the scientific community, the subject of research and to the State. The project was referred to the Ethics Committee of the State University of Bahia-UNEB through Brazil platform site. The field research began only after receipt of the opinion of approval under Protocol 34759, CAAE n. 01889112.3.0000.0057
RESULTS AND DISCUSSION

The focus group was composed of six women who agreed to participate voluntarily and that met the prerequisites of the search. To analyze the socioeconomic profile of the participants, it was found that most of them are between the ages of 30 and 39 years old, level of education from elementary school to high school students, they have one to three children and have predominant income of up to one minimum wage. In addition, most of them performs the household chores and have no remuneration, being its spending financed by the family or the partner. The remaining works and contributes to the sustenance of the family.

Focus group discussions were relevant and allowed moments of reflection about the meaning of family planning for women participants who shared their feelings and difficulties ahead to its role and its partner in sexual and reproductive planning. The categories emerged in the analysis of contents were titled from the central ideals that emerged in the lines analyzed: “perceptions about family planning”; “Who decides?” and “the challenge of shared responsibility”, plus a subcategory: “Obstacles to the participation of men in family planning”.

♦ Perceptions about Family planning

In this category the lines are covered that demonstrate the perceptions of the participants regarding the Family Planning Program, addressing concept, importance, role of contraception and prevention of sexually transmitted diseases.

From the lines, it was possible to notice that the group considers the program a support and a positive action on family planning guidance, which can be identified in the following snippets:

Planning is a form of knowledge, you update and a way for you to know how to plan the family. (Yellow)

[…] In the planned parenthood we learn things that we don't know at home. (Purple)

Among the approaches on family planning, the participants emphasize that this contributes not only to avoid an unwanted pregnancy but also to encourage the prevention of sexually transmitted diseases (STDs), as identified below:

Family planning is important not only to prevent pregnancy, but also the disease, […] nowadays, the condom is important, the way it is, because we don't know what people have. I think the condom for prevention is better still preferably using both, the pill and the condom. (Purple)

During the group discussions, the participants demonstrated the importance of the family planning Program. However, as evidenced in the study of Silva, for the most part, to the delivery of contraception, as suggests the following talks:

Planning is part of the lecture, today we had there at the free clinic, to take the methods, all FHPs (Family Health Programs) they are teaching. (Yellow)

This vision can be justified by the way restricted that the professionals discuss family planning through consultations aimed at orientation and distribution methods.

It should be noted that, despite the existence of the guidelines to inform the participants and lectures delivered by health professionals, it was possible to observe, in these narratives, misconceptions to refer on the use of contraceptive methods. This suggests problems in the communicative process between professional and patients, as noted below:

My body was so used to take the pill that I was three days without taking it and I didn't take a new tablet, so I continued with the same tablet, in this case, I stopped three days, then I took two and leave one. (Purple)

I only use birth control pill because it is safer, I heard that condoms sometimes happens to break, then I prefer the pill. (Green)

It is evidenced that the choice of contraceptive method is related to values and lifestyles and precarious domain information to operate them. However, when the woman has access to appropriate information, she becomes able to make decisions about their own future. Therefore, family planning must go beyond the distribution of contraceptive methods. To do this, health professionals must be able to identify the level of understanding of women and their actual information needs, thus ensuring full assistance. It must be considered that, the relationship between health, reproductive and sexual rights are based on the needs arising from reproductive experiences and by the exercise of sexuality.

♦ The challenge of shared responsibility

This category has emerged, on one hand, through the lines of women when expressed and illustrated, from their experiences, that participation in the Program of Family Planning is seen as a female responsibility.

[…] It is women’s role. (Dark blue)

On the other hand, they demonstrated to feel helpless by the partner in relation to the commitment to share the moments on the planning and construction of the family.
I call him because it is important to the couple, right, both, all receiving the information together, I would be very happy, if he came to me here. (Yellow)

Women have shown angst by the fact that even in prenatal consultations, they do not rely on the presence of the partner: Today the mother comes alone, the father don’t even want to know of coming, right. (Light blue) Couple, family is very important to her husband join the prenatal, that makes everything [...] I have to go together, because the child is happy, already forming a united family, today is not having that union as it should have (yellow)

The group considers important the participation of the partner in the Family Planning Program and the desire to share responsibilities and choices through dialogue, but they recognize that this is still a distant reality: In the case of the father, when he accompanies everything because he accompanied, which is very difficult. (Light Blue)

The difficulty that I see for myself is to bring the husband here, to be able to participate. (Dark blue)

It is evident that the importance of the health professional to seek actively the man to share responsibility with women in consultations and activities related to planning, in order to provide information necessary for the welfare of the family. It is important, moreover, to extrapolate the dimensions of women's health care, expressed, according to Lima, the role that the hegemonic way society imposes on the woman: mother and breeder.

Obstacles to the participation of men in family planning

The participants pointed out difficulties for the co-participation of the partner in the consultations planned parenthood coming from the scope of the work that produces the financial livelihood of the family. Over time, the maternal care and the household chores were destined for the woman the productive and profitable activities for the man.

Women report that the partners give priority to work in relation to planned parenthood and, even, in relation to the monitoring of prenatal:

When I was going my husband said that he worked, then as he worked could not go, he didn't have that luxury [...] He said he is not the boss, he is employed. The boss in first place and his wife and son in second. (Purple)

There is therefore the need of services addressed to the male audience that suit their schedules and service which also bring information and activities geared toward the man. This fact must be rethought, so it should be elaborate public policies aimed at the reorganization of work in health in the basic attention, in order to overcome the socio-economic difficulties that are pointed out by the man as obstacles on shared responsibility. However, these obstacles do not justify the limited role that partners take on family planning for women, currently, conquered a wide insertion in the labor market and cover in addition to the professional tasks, other activities geared for the domestic environment, and family care. Although the woman has won a new space in the labor market, sharing with the man responsible for sustenance of the family, most men have not changed their behavior in relation to divisions of tasks within the family.

It is necessary, therefore, to promote equality in the division of responsibilities at home and, in particular, in the care of the children. For this, the health professional must act within the reality found in their community, as a way to ensure that what is advocated in the law of the family planning, promoting actions that integrate the couple in discussions related to their sexual and reproductive life.

Who decides?

It is the dilemma, within this category, in which even the woman being held liable by the participation of the family planning program, she does not always have enough autonomy to choose the contraceptive method that she want, especially when it comes to the use of condoms, as identified in the following talks:

You know what the problem is, because I told him Let's wear a condom, he doesn't like it, he says it's boring, then it has to be this one. (Light blue)

The women report difficulty of dialogue with the partner, demonstrating a certain anguish upon learning the importance of condom use. However, commonly prevails the partner’s will of not using it.

I think the condom is very important because it prevents [...] when he doesn't want to use a condom he doesn’t, but we always talk about that [...] he is laughing, then he says: I want to do it without a condom. (Yellow)

In this talk it is possible to realize that even when dialogue occurs between the couple, the final decision ends up being of the
man. This exemplifies how it perpetuates the restriction of women’s autonomy, the mishaps of gender relations, the difficulties in exercising rights of free and self-determined, keeping them taxable persons in decisions.9,17

Therefore, the difficulty of female autonomy represents a great risk to women’s health, because these often risk unprotected sexual relations being subject to the partner’s refusal to use a condom.17 In this way, it is essential that the health professional promotes actions that integrate the man within the activities developed, encouraging dialogue between the couple and stimulating the self-care of man and woman.

**FINAL REMARKS**

The relevance of the study was perceived in the depth of the theme, in the richness of the lines provided by the focal group discussion and the data analyzed. Women participants in the focus group were free to discuss and exchange experiences about family planning to report this moment as enriching and profitable enough to expose and share their experiences and opinions, which propitiated a greater learning on the subject.

The perceived reality of the couple’s reproductive assistance is contradictory to what is established in law. Health professionals work in Family Planning Program so that still prioritize the care with focus on distribution of contraceptive methods, as in the speeches analyzed the participants was not addressed the function of design. However, women recognize the program as an important tool for acquiring information about sexual and reproductive health.

Another view of participants falls on the fact of work become obstacle for the companionship of man planning consultations, the feelings of those discussions refer to the seized desire of the partner participates on the Family Planning Program by sharing responsibility and interacting with them on decisions, experiences and feelings from that moment.

Despite the role assigned to the woman as the only responsible for reproduction still prevail, it does not mean she has autonomy in decisions, which are directed by the will of the partner, especially when it comes to the use of condoms. In this context, it is noteworthy female vulnerability to STDs/AIDS by submit to the will of the partner, highlighting the need for more specific health actions aimed at strengthening the dialogue between the couple in order to reduce gender inequalities.

Given the above, the public policies related to Family Planning Program need to be complemented with actions that go beyond reality found in basic health units, through investments in education, enabling women to identify their real needs and fight for their sexual and reproductive rights.

For quality care in family planning, it is essential the gender approach in the practices of health professionals and that they are prepared to inform individuals about their sexual rights and the methods of prevention, as well as the regulation of fertility in order to ensure the improvement of living conditions, equality and citizenship rights of the couples.

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