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Nurses' Role in Reproductive Planning in A City in the Interior Of Minas Gerais, Brazil

Mariany Sthefanny Valeriano[1]; Stéfany Aparecida Carvalho Oliveira[2]; Elexandra Helena Bernardes Queiroz[3]; Amanda Aparecida Borges[4]; Camilla Borges Lopes Souza[5]; Mateus Goulart Alves[6]; Nariman de Felício Bortucan Lenza[7]; Iácara Santos Barbosa Oliveira[8].

1 State University of Minas Gerais, Passos, Minas Gerais, Brazil. E-mail: marianyvaleriano.crc@gmail.com

2 State University of Minas Gerais, Passos, Minas Gerais, Brazil. E-mail: stefanycarvalho_crc@hotmail.com

3 Atenas Medical School, Passos, Minas Gerais, Brazil. E-mail: elexandrabernardes@gmail.com

4 State University of Minas Gerais and Atenas Medical School, Passos, Minas Gerais, Brazil. E-mail: amandborges@gmail.com

5 State University of Minas Gerais and Atenas Medical School, Passos, Minas Gerais, Brazil. E-mail: enf.camillablopes@gmail.com

6 State University of Minas Gerais and Atenas Medical School, Passos, Minas Gerais, Brazil. E-mail: mateusgoulartalves@gmail.com

7 State University of Minas Gerais and Atenas Medical School, Passos, Minas Gerais, Brazil. nariman.lenza@uemg.br

8 State University of Minas Gerais and Atenas Medical School, Passos, Minas Gerais, Brazil. E-mail: iacara.oliveira@uemg.br

Abstract:

The Institute for Applied Economic Research states that reproductive planning involves various actions that will help individuals who intend to build a family, defining the most appropriate time for this and the ideal interval between pregnancies. There are currently various contraceptive methods available in Brazil's Unified Health System, aimed at both men and women. Although nursing professionals play an important role in reproductive planning, there are weaknesses in their work. With this in mind, the aim of this study was to identify the role of nurses in reproductive planning within the scope of the Family Health Strategy. This is a descriptive, quantitative-qualitative study carried out with nurses working in Family Health units in a municipality in the state of Minas Gerais, Brazil. For data collection, a semi-structured interview was carried out which allowed for the collection of socio-demographic information about the participants and addressed issues related to reproductive planning. Five nurses took part in the study, most of whom were female and aged between 25 and 30. Most of the participants had a postgraduate degree, and there was a prevalence of between 1 and 3 years working in the field. Three categories emerged from this study: 1) Knowledge and health promotion activities; 2) Nursing consultations; 3) Challenges in reproductive planning. In view of this, it can be seen that in the nurses' work, the main actions aimed at reproductive planning are lectures, aimed mainly at adolescents. Nurses are unaware of some of the contraceptive methods available in the Unified

Health System. Furthermore, the population's lack of knowledge is one of the main factors hindering nurses' work on the subject. Although there are difficulties, most of the participants showed that they were prepared to carry out a nursing consultation focused on reproductive planning. In view of the above, nurses need to be trained in sexual and reproductive rights and contraceptive methods.

Keywords: Nurse; Reproductive planning; Primary care.

1 INTRODUCTION

In Brazil, family planning is a constitutional right, provided for in the Federal Constitution of 1988, in its article 226, paragraph 7, which ensures that the state has the duty to provide educational and scientific resources for the exercise of this right, free of charge (BRASIL, 1988).

For many years, the term “family planning” prevailed, but this concept is currently being replaced by “reproductive planning” as it reinforces the assumption that people should have their sexual and reproductive rights guaranteed regardless of whether or not they want to start a family (FIOCRUZ, 2018).

Thus, according to the Institute for Applied Economic Research (IPEA) (2018, p.92) reproductive planning is “a set of actions that help people who intend to have children to define the best time to have them and the spacing between pregnancies”.

According to a study carried out by the World Health Organization (WHO), every year around the world around 74 million women living in low and middle-income countries become pregnant without wanting to, of which 65.05% do not use contraceptive methods, which causes 25 million unsafe abortions and around 47,000 maternal deaths. The WHO states that these figures are directly associated with the lack of family planning services (WHO, 2019).

On the other hand, around 48 million couples and 186 million people live with infertility worldwide (WHO, 2020).

Despite various public policies and laws aimed at freedom and the right to reproductive planning, according to the 2018 State of World Population Report, developed by the United Nations Population Fund (UNFPA) of the United Nations (UN), at that time, there was no country that could claim to have made reproductive rights a reality for all people (UNFPA, 2018).

In order to promote access to reproductive planning, actions should be aimed at the public of childbearing age. It is important to prioritize the adolescent population, as starting follow-up early has proven to be favorable. To do this, nurses should promote accessibility by traveling to schools, promote flexible schedules, guarantee privacy and confidentiality during care and promote interaction and empathy (GODINHO et al., 2020).

The Unified Health System (SUS) in Brazil offers various contraceptive methods free of charge for men and women, such as barrier methods (male and female condoms and diaphragms), hormonal contraceptives, which can be combined, single or emergency; long-term reversible contraceptives, such as the subdermal implant, the hormonal Intrauterine Device (IUD) and the copper IUD; and definitive contraceptives (vasectomy and tubal ligation) (FIOCRUZ, 2018).

It is worth emphasizing that reproductive planning actions should be aimed at both women and men. Considering that men usually see reproductive planning as a woman's responsibility, it is the professional's duty to solve this problem, bring men closer to health services and carry out educational and motivational actions aimed at breaking this paradigm (COSTA; CASTRO; PAZ, 2022).

Although nursing professionals play an important role in reproductive planning, there are weaknesses in their work, such as the need for training, restrictions on women, lack of suitable environments, absence of specific actions, among others (COSTA; CASTRO; SILVA, 2020).

Considering that the majority of actions aimed at reproductive planning in Brazil's SUS are carried out in the Family Health Strategy (ESF) units, nurses are the key professionals and must be prepared and trained to deal with this issue. The aim of this study was to identify the role of nurses in reproductive planning within the Family Health Strategy in a city in the interior of the state of Minas Gerais, Brazil.

2 METHODOLOGY

This is a descriptive, quantitative-qualitative study carried out with 05 nurses working in the Family Health Strategy (ESF) units of a municipality located in the interior of the state of Minas Gerais, Brazil.

The study followed all the ethical aspects set out in National Health Council resolutions 466/2012 and 510/2016, and was approved by the Ethics and Research Committee of the State University of Minas Gerais - Passos Campus, state of Minas Gerais, Brazil, under opinion number. 6.859.490 and authorized by the municipal manager to carry out the research in the ESF.

To begin the interviews, participants were introduced to the research and asked to sign the Informed Consent Form, and authorization was requested to record the audio on their cell phones.

Data was collected through a semi-structured interview, in person, at the FHS units. The interview was supported by a form with two parts, the first consisting of questions to identify the sociodemographic profile of the participants, containing the variables age, professional training (undergraduate, postgraduate), years of training and whether there was a specialization and the second part containing the questions: “Do you carry out health promotion activities focused on sexual and reproductive rights? Which ones?”; ‘Are you familiar with all the contraceptive methods available on the SUS?’; ‘Do you feel prepared for a pre-conception nursing consultation?’; ‘What are the main reproductive planning activities you carry out in your routine work at the ESF?’ and ‘What are the challenges faced by nurses at the ESF when it comes to reproductive planning?’.

At the end of the interviews, the recordings were transcribed for analysis.

After analyzing the data, the sociodemographic data was described and 03 categories emerged from the participants' answers to the questions: I) Knowledge and health promotion activities; II) Nursing consultations; III) Challenges in reproductive planning. The interviewees were identified with the letter “E” to conceal their identities.

3 RESULTS AND DISCUSSION

Five nurses who work in health units in the municipality took part in this study. As can be seen in Table 01, 60% of the participants were female, there was a prevalence of ages between 25 and 30, the highest academic degree was a lato sensu postgraduate degree (80%) and 3 of the participants had between 1 and 3 years of training (60%).

sociodemographic variables	n	%
Gender		
Female	3	60
Male	2	40
Age		
25-30	2	40
31-35	1	20
36-40	1	20
41-45	1	20
Higher academic degree		
Undergraduate	1	20
Post-graduate	4	80
Master	0	0
Doctorade	0	0
Years working in the field		
1 a 3	3	60
4 a 6	0	0
7 a 9	0	0
10 a 13	0	0
14 a 16	2	40

TABLE 01 - Sociodemographic profile of survey participants, Passos/MG, 2024.

The profile of the participants corroborates studies that have assessed the knowledge of nurses working in Primary Health Care (PHC). In the study by Silva and Aguiar (2020) there was also a prevalence of females and the highest degree was a lato sensu postgraduate degree. Feltrin, Manzano and Freitas (2020) and Santos et al (2020) also report a predominance of females among professional nurses (100%).

3.1 Category: Health promotion knowledge and activity

With regard to the category “Knowledge and health promotion activities”, of the five nurses, four (80%) reported that they carry out activities focused on sexual and reproductive rights, and these ranged from

lectures to individual guidance during consultations and collective guidance in the waiting room.

> *We give talks, right now we're giving talks here at the state school for teenagers. We also have a waiting room here, right? Each month there's some kind of talk that's given, and the month for HIV and STIs is December. Then we do it here (E2).*
> *Yes, I do, especially when I go for a preventive examination, to have a Pap smear. Then I always try to talk to the women, they bring up some complaints, right? And I'm always explaining this to them, but it's just at that moment (E3).*
> *But so, we came, for example, in October, in pink October, we did a promotion, a little talk here with the women, right? We chose an age group. We invited them, had a snack, the doctor gave a talk, we gave them some gifts (E4).*

As for educational activities in Family Health units, this study corroborates Teodoro et al (2020), who say that these activities are limited to lectures, most of which are linked to the offer of gifts and snacks, in order to encourage the population to attend.

Only one of the participants reported not carrying out activities focused on sexual and reproductive rights, justifying this lack with the fact that he had only been working at the health unit for a short time, which meant that he didn't finish organizing his schedule of activities, and didn't start health promotion and disease prevention activities.

There was a focus on the adolescent public, when describing the activities carried out in the routine of professional work, focused on sexual and reproductive rights.

> *I know that there's the part for teenagers where there's health at school, so we talk about diseases and start with condom use (...) (E1).*
> *So, when we give talks, we try to focus mainly on teenagers, we do it in the community, it's open to the community, but we've focused a lot on teenagers, because it's a very festive moment. We talk about STIs, AIDS, and we talk about contraceptive methods, how to use them, the right way to do it (E3).*

In 2007, the Ministry of Health created the Health at School Program, which aims to contribute to the comprehensive education of students through health promotion, prevention and care actions, with the aim of integrating and permanently linking education and health, improving the quality of life of the Brazilian population.

Carrying out educational activities aimed at adolescents is a very assertive strategy, given that this is an audience that is beginning its sexual life and has various doubts, especially those relating to contraceptive methods and Sexually Transmitted Infections (STIs).

In this context, Abreu et al., 2023, discusses adolescents' lack of knowledge about basic issues related to sexual activity, such as the anatomy of the genital organs, the concept of sex, sexual activity and consent,

and STIs.

Considering this, educational practices with adolescents are indispensable, as most of them are unaware of basic issues that are essential for preventing unwanted pregnancies and STIs.

Nurses play an important role in preventing unwanted pregnancies, acting as mediators between the population and the health service, looking for the best strategies to guarantee sexual and reproductive rights, with the educational process being an essential action for the implementation of family planning (SOUZA et al., 2021).

Including men in educational activities is essential. It was noted that participants associate reproductive planning with women. Silva et al (2024) discusses the participation of the male public in educational activities, reporting that men know little about contraceptive methods, and it is extremely important to mobilize men with educational actions, so that they recognize their co-responsibility in reproductive planning.

3.2 category: nursing consultation

To the question: do you feel prepared for a preconception nursing consultation? 40% of the nurses answered yes. The rest showed uncertainty and insecurity when asked this question.

> *40% of the nurses answered yes. The rest showed uncertainty and insecurity when asked this question.*
> *60%, 70%! 100% not yet, but I'm improving to get to 100% (E1).*
> *Yes, of course! (E2)*
> *So, given the short time I've been with the PSF, I'm still a bit unsure, aren't I? (E4)*
> *That's a difficult question. I think so. My CBT was focused on this part of STIs, so I ended up paying a lot of attention to it. It was something I studied a lot, and I'm very interested in taking care of it (E5).*

When asked about their knowledge of the contraceptive methods available on the SUS, the most cited method was male and female condoms, followed by the IUD and injectable contraceptives. The etonogestrel subdermal implant was mentioned by two participants. Tubal ligation and spermicide were mentioned only once.

> *Male condoms, female condoms, IUDs, all three, right? And the contraceptive, which we inject here, right? If it's oral, the gynecologist gives it to them and they get it from the pharmacy or the popular pharmacy (E2).*
> *I know, mainly because I'm a nurse, we have to know and we know that there are contraceptive methods, which are barrier methods, there are contraceptive methods which are contraceptives, which we do right here, we do the injections (...) there's also the IUD, right? (...) That ointment... Spermicide. The male and female condoms (...) and the chip, but it's not available on SUS, right? Yes, they don't have them on the SUS (E3).*

Vasectomy, diaphragm and emergency contraception were not mentioned by any of the participants.

Reproductive planning involves various issues and different audiences, and it is possible to come across people who intend to build a family or not. The nursing consultation enables pre-conception care or the offer of contraceptive methods that are ideal for each user of the health service.

The etonogestrel subdermal implant was incorporated into the SUS in 2021, and is offered to women aged between 18 and 49, in specific situations (homelessness, HIV/AIDS carriers taking dolutegravir, women taking thalidomide, women in private prison, sex workers, and women undergoing tuberculosis treatment and taking aminioglycosides (BRASIL, 2021).

Considering that the etonogestrel subdermal implant is a method available on the SUS, albeit limited, it is essential for nurses working in Family Health units to be aware of it, since primary care is the gateway and the hub for access to SUS services.

Another contraceptive method mentioned by the participants is the IUD. In the context of primary care, nurses have the autonomy to insert and remove IUDs, which is a strategy aimed at expanding access to reproductive planning. Lacerda et al (2021) described the experience of training PHC nurses to insert and remove IUDs in the municipality of Florianópolis, Santa Catarina. 115 nurses were trained, and in 3 years 2024 IUD insertions were recorded by nurses, reflecting a 60% increase in access and supply of the method for women.

IUD insertion by nurses increases access to the method, values the professional and expands nursing actions. The role of nurses in inserting and removing IUDs was recommended by the Ministry of Health in Technical Note 31/2023-COSMU/CGACI/DGCI/SAPS/MS, which emphasizes the importance of nurses as a strategy to increase access to IUDs and user satisfaction, since it reduces unplanned pregnancies, unsafe abortions and maternal and infant morbidity and mortality.

In addition, COFEN's Resolution No. 690 of 2022 regulates the role of nurses in the insertion and removal of IUDs, addressing the necessary requirements for this.

Therefore, through the nursing consultation, it is possible to create a bond between the professional nurse and the users, allowing them to report their complaints and doubts, and for guidelines to be given based on everything that has been reported (MACHADO; ANDRES, 2021).

3.3 Category: Challenges in reproductive planning

With regard to the challenges encountered by nurses in the ESF when working with reproductive planning, the participants in the survey reported that the main difficulties encountered relate to the population they serve, citing misinformation, lack of awareness, resistance and difficulty in understanding the topic.

> *We see that, even though we think everything is very clear today, everything is very easy, we still find people who have a hard time understanding the consecutive method and accepting its use (...) one of the main questions is "but I'm married, do I need it" and so on, we're fighting against it and we're going to win (E2).*
>
> *The biggest challenge I find is the question of these women's awareness. So, we have a very different view to them, as I said, a woman who was a mother at the age of 13,*

> *at the age of 17, doesn't take any contraceptive methods, right? So, I think this awareness factor is lacking (E3).*
> *In our area here, there are a lot of needy families. So, like it or not, these are families that are more uninformed. With this misinformation, they don't use the contraceptive methods that exist in the right way (E4).*

It was reported that a committed woman did not see the need to use condoms because she was in a stable relationship, which corroborates the results described by Paiva et al. (2019), which states that trust in long-term relationships is the factor that influences the decision not to use condoms.

A study carried out by Rocha and Evangelista (2023) with women of childbearing age found that 67.3% of participants reported that reproductive planning was not discussed during medical and nursing consultations.

In relation to the participants' statement about the population's lack of information, this issue may be associated with a lack of communication between the health team and the community, which can interfere both with the population's adherence to the activities offered and with professional performance (PAIVA et al., 2019).

The nurses' statements about the population's lack of knowledge corroborate Reis et al. (2020), who discusses women's lack of knowledge about the purpose of reproductive planning, and it is possible to see that the study participants restrict the service only to surgical sterilization and IUD insertion.

Silva et al (2020), reported in their study that the main challenges faced by nurses in promoting health in Primary Care involve the low adherence of the population and the influence of the socioeconomic context, which impact the physical and emotional wear and tear of the health team and demotivation, making it necessary to increase the team's commitment and participation.

Considering this, it can be said that the lack of knowledge among users of health services demonstrates the existing weaknesses in guaranteeing quality care focused on sexual and reproductive rights.

4 CONCLUSION

The role of nurses in reproductive planning is an opportunity to expand access to the services offered by the SUS.

Carrying out this research allowed us to identify gaps in nurses' knowledge related to the subject. This research enabled the authors to develop research skills, personal satisfaction and made a significant contribution to the area of knowledge.

It is hoped that this study will have an impact on the clinical practice of nurses working in FHS units in order to improve the quality of care provided.

In view of the above, it is necessary to train nurses in sexual and reproductive rights and the contraceptive methods available in the SUS, so that their work is qualified and there is greater access to services and consequently a reduction in unwanted pregnancies, sexually transmitted infections, unsafe abortions and maternal and infant morbidity and mortality. There also needs to be greater investment in health

promotion and the passing on of information on the subject, in order to increase SUS users' knowledge and greater adherence to reproductive planning.

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