ORIGINAL ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

WOMEN'S PERCEPTIONS OF REPRODUCTIVE PLANNING AND THE INVOLVEMENT OF THEIR PARTNERS

PERCEPCIÓN DE LAS MUJERES SOBRE LA PARTICIPACIÓN DE SUS PAREJAS EN LA PLANIFICACIÓN REPRODUCTIVA

PERCEPÇÃO DAS MULHERES SOBRE O PLANEJAMENTO REPRODUTIVO E O ENVOLVIMENTO DOS SEUS PARCEIROS

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ABSTRACT
Introduction: Reproductive Planning was one of the achievements of the Comprehensive Women's Health Care Program and aims at a set of actions that offer resources for women, men or couples to decide on conception or contraception. **Objective:** Investigate the involvement of partners in reproductive planning based on the perception of women attended at a Basic Health Unit in the urban area of a municipality in the interior of Pernambuco. **Method:** This is a descriptive study with a qualitative approach with women of childbearing age, over 18 years old, who had been using some contraceptive method for at least 6 months and who had sexual partners during that period. Data collection took place from April to June 2024, through semi-structured interviews and the data were analyzed through Thematic Content Analysis. **Results:** The study consisted of 10 participants and the analysis of the interviews resulted in the delimitation of four categories. It was observed that there are weaknesses in the knowledge about reproductive planning, that the choice is often guided by practicality and ease of access and that there is no effective participation of partners in the decision-making. **Conclusion:** It is hoped that this study can help women and partners participate in conception and contraception decisions, in addition to expanding knowledge in the area of reproductive planning.
Keywords: Family Planning; Shared Decision-making; Reproductive Health; Women.

RESUMEN
Introducción: La Planificación Reproductiva fue uno de los logros del Programa de Atención Integral a la Salud de la Mujer y tiene como objetivo un conjunto de acciones que ofrecen recursos para que mujeres, hombres o parejas puedan decidir sobre la concepción o la anticoncepción. **Objetivo:** Investigar la participación de la pareja en la planificación reproductiva a partir de la percepción de las mujeres atendidas en una Unidad Básica de Salud del área urbana de un municipio del interior de Pernambuco. **Método:** Se trata de un estudio descriptivo con enfoque cualitativo con mujeres en edad fértil, mayores de 18 años, que llevaban al menos 6 meses utilizando algún método anticonceptivo y quién tuvo una pareja sexual durante este período. La recolección de datos se realizó de abril a junio de 2024, a través de entrevistas semiestructuradas y los datos fueron analizados mediante Análisis de Contenido Temático. **Resultados:** El estudio contó con 10 participantes y el análisis de las entrevistas resultó en la delimitación de cuatro categorías. Se observó que existen deficiencias en el conocimiento sobre la planificación reproductiva, que la elección a menudo está determinada por la practicidad y la facilidad de acceso y que no existe una participación efectiva de los socios en la toma de decisiones. **Conclusión:** Se espera que este estudio pueda contribuir a que las mujeres y sus parejas participen en las decisiones de concepción y anticoncepción, además de ampliar el conocimiento en el área de planificación reproductiva.
Palabras clave: Planificación Familiar; Toma de Decisiones Compartida; Salud Reproductiva; Mujer.

RESUMO
Introdução: O Planejamento Reprodutivo foi uma das conquistas do Programa de Assistência Integral à Saúde da Mulher e visa um conjunto de ações que oferecem recursos para que a mulher, o homem ou casal decidam pela concepção ou anticoncepção. **Objetivo:** Investigar o envolvimento de parceiros no planejamento reprodutivo a partir da percepção de mulheres atendidas em uma Unidade Básica de Saúde da zona urbana de um município do interior do Pernambuco. **Método:** Trata-se de um estudo descritivo de abordagem qualitativa com mulheres em idade fértil, maiores de 18 anos, que utilizavam algum método contraceptivo há no mínimo seis meses e que possuíssem parceria sexual nesse período. A coleta de dados ocorreu de abril a junho de 2024, por meio de entrevista semiestruturada e os dados foram analisados através da Análise de Conteúdo Temática. **Resultados:** Compuseram o estudo 10 participantes e a análise das entrevistas resultou na delimitação de quatro categorias. Observou-se que há fragilidades no conhecimento sobre o planejamento reprodutivo, que a escolha é direcionada muitas vezes pela praticidade e facilidade de acesso e que não há participação efetiva dos parceiros na tomada de decisão. **Conclusão:** Espera-se que este estudo possa contribuir para que mulheres e parceiros participem das decisões de concepção e contracepção, além de ampliar os saberes na área de planejamento reprodutivo.
Palavras-Chave: Planejamento Familiar; Tomada de Decisão Compartilhada; Saúde Reprodutiva; Mulheres.

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INTRODUCTION

Reproductive Planning (RP) or Family Planning (FP), as it is also known, was one of the achievements of the great milestone for the female population in 1984, with the creation of the Women's Comprehensive Health Care Program (PAISM), including women's health at all stages of life, since, until this period, women did not have any assistance that met all their needs, in addition to its reproductive phase. FP aims at a set of actions that offer resources for women, men, or couples to decide on conception or contraception. [1]

Established by Law No. 9,263, of January 12, 1996, family planning is the right of every citizen and is part of a set of care actions for women, men, or couples, through prevention and education activities with methods and techniques available for fertility regulation, within comprehensive health care [2]. Currently, some reformulations on family planning have been carried out with the new law number 14,443/2022, in which, as a highlight, it updates issues such as the autonomy of women in their desire to undergo tubal ligation without needing the consent of their partner [3].

In Primary Health Care (PHC), through the Family Health Strategy (FHS) teams, reproductive planning assistance is offered to the population through health education actions, with guidance on the variety of methods available in the services, indications and forms of use, monitoring and reception of women, men and their partnerships, facilitating free, informed and shared decision-making, guaranteeing equal rights to all [4].

It should be noted, however, that in the context of the National Policy for Comprehensive Attention to Women's Health (PNAISM), which emerged as an initial reference for the struggle for gender equality in health, it was observed that men's participation in reproductive planning was scarce, since they were offered a reduced number of contraceptive methods, as the supply was limited, in the vast majority, hormonal methods and tubal ligation for female use, with a greater responsibility falling on women[5].

This fact is evidenced in health services, where the scarcity of male participation is still present, and women are seen as the only one responsible for the decision to have or not to have children and for the quantity, in addition to the choice of contraceptive method and other actions related to fertility control [5-6].

The literature indicates that this phenomenon reflects the macho culture and gender inequality that still places all the reproductive responsibility on women: from conception, through care during pregnancy and child rearing [1,7].

In view of this reflection on the responsibilities of family planning, the interest in researching what is the involvement of partners in reproductive planning in the perception of women emerged?

This guiding question was imposed based on the assumption that there is no involvement of

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the partner in decisions concerning Reproductive Planning, thus falling on the woman the responsibility for the demands that involve conception or contraception in her relationship.

In this sense, considering that the choice of methods and the participation in health services in FP actions have essentially been carried out by women, it is perceived that men need to adhere to these activities, considering that they must have responsibilities similar to their own companions in the decision of conception or contraception. Family planning is part of the scope of sexual and reproductive rights and is inscribed in several health policies in the country, whether in the context of the availability of methods related to conception, or in the agreement between individuals who maintain relationships and partnerships and health services for adequate assistance on this topic.

Thus, the research is justified by the possibility of knowing how women perceive the involvement of partners in decisions related to reproductive planning, which can lead to the proposition of strategies by health professionals with a view to ensuring information and joint participation.

Thus, the objective of this study was to investigate the involvement of partners in reproductive planning based on the perception of women cared for in a Basic Health Unit in the urban area of a municipality in the interior of Pernambuco.

METHODS

This is a descriptive study with a qualitative approach that was carried out in a Basic Health Unit (BHU) located in the urban area of a municipality in the semi-arid region of the São Francisco Valley, in Pernambuco.

The study population was composed of women users of the reproductive planning service at the FHS of Petrolina, specifically at the aforementioned BHU, selected in a non-probabilistic manner by convenience and whose sample size was defined by data saturation.

Regarding the inclusion criteria, women of childbearing age, aged 18 years or older, who were using some reproductive planning method for a minimum of six months at the time of data collection (April to June 2024) and who had a sexual partner during this period participated in the study.

The data collection instrument used was a semi-structured interview script prepared by the authors, which addressed questions about the sociodemographic profile of the participants, as well as data related to the object of study.

The organization was supported by Thematic Content Analysis, which seeks to reach possible data that go beyond the certainty of hypotheses and assumptions, as it values the discourses, and the meanings present in them [8-9]. The data were analyzed based on the literature related to the theme, including legislation on reproductive planning.

The present study followed the guidelines and precepts established in Resolution No. 466

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of 2012 of the National Health Council, which regulates research carried out with human beings, and was submitted to the Research Ethics Committee of the Amaury de Medeiros Integrated Health Center of the University of Pernambuco and, after its approval by Opinion No. 6,732,254, data collection took place through the signing of the Informed Consent Form (ICF) [10].

In order to preserve the identities of the participants, they were denominated by the letter W (Woman), followed by the numbers 1 to 10.

RESULTS

The study included 10 women, aged between 19 and 44 years. All of them had children, most of them having between one and two (7). Half of them declared themselves married or in a stable union, residence with their partner and evangelical religion. Regarding occupation, five participants stated that they were day laborers, three housewives and two rural workers. Most have completed high school (6) and a family income of 0.5 to 1 minimum wage (7).

When asked which contraceptive method they used, five stated that they used monthly and quarterly injectables, while the others varied in tubal ligation (1), contraceptive pill (1), condom (1), IUD (1) and mini pill (1). Regarding the time of use, all of them had been using these methods for more than 6 months. Regarding complaints related to the methods used, most did not report any complaints (7), although there were reports of nausea, discomfort and vaginal dryness by three interviewees.

After analyzing the answers to the guiding questions, it was possible to identify four categories, namely: Understanding of Reproductive Planning and its legislation; Decision-making process for choosing the contraceptive method; Facilities and difficulties in using the chosen method; Participation of the partner in decision-making.

DISCUSSION

Understanding of Reproductive Planning and its legislation

In this category, the women interviewed were asked about what they understood about reproductive planning. Some of them expressed a lack of knowledge on the subject, showing difficulties in answering, to which it can be inferred that there is no clear understanding that planning is a right that allows everyone to organize a family. Here are some of their accounts:

> Um... I don't know, no. And it's because I've come to several lectures here. (W5).

> Woman, I understand that for us to avoid... It's because there are a lot of people nowadays who sometimes have sexual intercourse, end up not preventing it and an unwanted pregnancy comes. The child is not to blame for coming into the world, right, and there are a lot of irresponsible people... Because the unit nowadays has many possibilities for us not to get pregnant, but these women nowadays don't run after it. (W9).

> Woman, I don't know how to tell you no. No, because I never planned it. (W10).

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It is possible to observe that W5 and W10 show a lack of knowledge on the subject, despite the fact that W5 has already participated in lectures. W9, on the other hand, has an understanding that planning is the responsibility of women in the use of contraceptive methods and in the prevention of pregnancy.

The term reproductive planning has been replacing the term family planning, since the recent expression encompasses the individual participation of women, men, or couples, regardless of whether or not they are in a stable union and whether or not they consider the construction of a family, that is, autonomously, guaranteeing the sexual and reproductive rights of every Brazilian citizen [4].

The principles and guidelines of PNAISM were created by the Ministry of Health to seek advances in the field of Sexual and Reproductive Rights (SRR), such as: improvements in family planning, integration, and health promotion, inserted in a gender perspective, by including, in addition to women, men and adolescents [11].

When asked if they knew the laws regarding reproductive planning, all of them stated that they were unaware of the legislation on the subject, as can be exemplified by the following statements:

> I don't understand any of that, I'm not going to lie to you. This one will remain unanswered. (W3).

> I don't understand much, right, but I think it's coherent. (W5).

> I'm uninformed about that, I don't know. (W10).

The Family Planning Law No. 9,263/1996 provides for the free decision to choose whether or not to have children, covering sexual and reproductive rights. This legislation addresses several aspects, such as women's health, conception, contraception, use of contraceptive methods, pregnancy, among others [2].

The aforementioned law, also known as the Family or Reproductive Planning Law, as well as the Federal Constitution of Brazil of 1988, ensures the power of decision regarding conception and contraception exclusively to the subjects involved, preventing interference by third parties [12]. Recently, with the approval of Law No. 14,443/2022, which amends the previous one regarding the deadlines for offering sterilization methods and conditions advances have been observed in women's achievements in terms of their sexual and reproductive rights, based on this reformulation of family planning [3,13].

This legislation reduced from 25 to 21 years the minimum age, for men and women with their own capacity to exercise their rights, to carry out a voluntary sterilization procedure, with at least two living children. This new change was important for women, who were the most affected by the need for their partner's consent, allowing surgical sterilization during the

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delivery period, revoking the text of Law No. 9,263/1996, which required the express consent of both partners to perform the procedure [2,3].

It is also emphasized that, in addition to consolidated legislation, PHC should be the basis for the implementation of family planning through the FHS, acting in health promotion, prevention and care, seeking to ensure the relationship of bond with users in the reception and trust between professional and patient with a view to continuity of care [14-15].

It is important that health professionals and services work extensively on the issue of sexual and reproductive rights, supported by current legislation, achieving the performance of their duties regarding the promotion of information and health education about family planning, providing knowledge to the population regarding this theme.

Decision-making process for choosing the contraceptive method

Assistance to women, with PNAISM, can offer more freedom and autonomy to women in their decisions to plan and think about having children [16]. This refers to free will, since unwanted pregnancies can occur when there are no pertinent policies for women to carry out reproductive control [13].

The study participants expressed that the choice of contraceptive methods was made through a conversation with the nurse or the doctor, in which the decision did not come entirely from them. During the consultations, they were presented with the service options they need to choose from, as expressed in the following statements:

> I did several tests, you know. I asked her (nurse) for something that wouldn't make her so uncomfortable, which is the injection I take now, which I don't feel anything about and it's for month after month [...]. (W5).

> So, the gynecologist who accompanies me I like her a lot, I always trust her guidelines. She accompanied me and as soon as I had the baby (daughter) she already guided me the (commercial name of contraceptive pill), as soon as I finished the 45 days, I started using it. She (gynecologist) advised me the IUD, so when she (daughter) was 4 months old I put the IUD, and now that I have removed it she has advised me this other one (commercial name of another contraceptive pill). So the only method I have is the one she tells me. (M8).

> That's when I got the girl (daughter), the doctor at Dom Malan indicated him (injection) for me to take because of breastfeeding. (W9).

One of the interviewees, however, reported that she decided on the contraceptive method in use after a conversation with her sister-in-law in which she reported that the method she had previously used had caused her discomfort. Thus, it is important to point out that the decision was made under the influence of someone else's experience, without having the monitoring and guidance of a professional.

> Because my sister-in-law uses it, then she said she did well, that he's good, so I went to do it too. [...] On the recommendation of my sister-in-law. And, because the other one was making me sick, he was deregulating my period, so I went after an improvement to regulate normally. (W10).

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It is interesting to note that two other women, in conversation with a professional, made the decision together as to the most suitable method for them, after receiving information about the use, adverse effects and availability of the methods offered in the service.

> It was a choice that I thought was better, you know, than the injectable one. Because the injectable is every 3 months but it also causes a lot of discomfort. And this method of contraception you take every day at that time without forgetting, right. (W3).

> It was after I had my daughter, then they asked me and I chose the three-month injection. [...] It was good, right, they asked me and I chose it, I think it was the best. (W6).

What is observed in Primary Care (PHC) is that a variety of contraceptive methods are available in the service, such as means of contraception, in order to avoid unwanted pregnancy, as well as the emergence of Sexually Transmitted Infections (STIs), which are mostly exclusively used by women, excluding men from the participation of the RP, becoming a challenge at this level of attention [17].

Among the methods offered by the Unified Health System (SUS), condoms (female and male), diaphragm, hormonal methods (combined pill, mini-pill and monthly and quarterly injectables), copper intrauterine device (IUD), surgical methods (tubal ligation and vasectomy) and emergency pill (18) stand out in the HBU.

It is necessary for women to choose contraceptive methods freely and informedly. Health professionals, when advising women on the choice of a contraceptive method, should analyze their health condition and thus make the indications, contraindications, highlight the benefits and disadvantages of each method, in addition to a broader view of the life condition of each woman [4].

The establishment of a relationship of bond and trust between health professionals and women brings an important differential for quality care in the field of reproductive planning. Within this reality, a favorable environment is created for the clarification of doubts and shared construction of knowledge that allows an assertive decision for the contraceptive method [19].

Facilities and difficulties in using the chosen method

The hormonal method is the most used among the lower and middle classes, as it is considered the most popular, low-cost method, and found in pharmaceutical networks and distributed by the SUS through the HBU [20].

Based on the following statements, it is highlighted that, regarding the use of the methods, the women understand that the ease is due to the quick application and the fact that it is once a month or every three months, in reference to the injectable contraceptive, in addition to the practicality of access both at the UBS and in other places.

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> The ease is that you take it once a month and it's quick too. (W1).
>
> Ease... faster, more practical, right. (W4).
>
> First of all, it is easy to find, both here at AME and outside of it. And I feel good, it doesn't hurt me at all. (W5).
>
> It's prevention, right, so you don't get pregnant. I thought the three-month injection was better, I did well, it doesn't menstruate, it prevents more. There are people who don't get along, but I gave myself. (W6).
>
> I think it's good because like, it's every three months, I don't have that obligation to be here every month, not to have that worry of: 'can I get pregnant at any time?'. (W9).

When asked about the difficulties, it was noted that the women reported discomfort and the adaptation of their body to the use of that method, however, even with symptoms, they did not suspend the use.

> So, because after I had my period it became more... the cramps, just those things like that I didn't have before and after I came to feel these things. (W2).
>
> It's because it hurts a lot, right, the woman, it hurts too much. It gets dry. (W4).
>
> No. Because, in the beginning, when I put the IUD, Hail Mary, I was already afraid, that as soon as I put it in, I hemorrhaged at first with a lot of blood and I was afraid to get it out, but then I got used to it and it became normal. (W7).

Women have doubts about possible adverse reactions. The body, in several situations, has a time to adapt to the medication, which can cause nausea, vomiting and spotting between periods. Even in the face of unwanted symptoms, women do not stop using, which can interfere with their quality of life. However, it is important to reconsider the choice of other methods that do not harm their quality of life, as well as to develop health actions that promote safe sexuality, avoiding STIs and unplanned pregnancies [21].

Another study [22] also points out the preference for hormonal methods among women users of reproductive planning services, which point to ease of access and practicality of use as the most important reason for determining the choice of method.

Partner participation in decision-making

Although RP is directed to men and women, it is evident that women have more participation in this space in health services, as they are the main users of the SUS in the search for individual care, as well as assuming their role as caregivers, accompanying family and friends [1].

The women were approached about the involvement of their partners in the choice or maintenance of the method they used, as well as their participation in reproductive planning as important. Regarding the importance of participating in the RP, they considered it relevant to be involved in the prevention of STIs, understanding and maintaining a dialogue, in order to make a shared decision regarding the appropriate time for the arrival of the children, in addition to considering socioeconomic issues, as can be seen below:

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> [...] Also having knowledge about diseases, about prevention, I think it's very important that both of us are doing family planning. (W1).

> [...] Because in addition to choosing the one to be the father of your children, he also has to be present, right, at every step of pregnancy, accompanying, and also being a partner and friend, helping you. (W3).

> Everything, right, even opening the other person's mind too, especially the partner whose mind is more closed. We women are different, we understand, we have the understanding, but they don't. (W5).

> Understanding the partner. Because, sometimes, there are a lot of women nowadays who also get pregnant because their partner wants to, right? Is... Then they say they want to and then end up raising the children alone. And the partner's relationship is very important because, like, if she, as she says, if they are already partners, they both have to take an attitude, a position together, because if it's not not hitting, and then how is it going. (W9).

> Because then, for financial reasons it's not very good and then having another child will get worse. I think because of that. (W10).

In relation to the partners participating in the choice or maintenance of the method, some reported that they only showed support and agreed with the chosen method, while others said that there was no involvement in the choice.

> It's been good. He agrees with me. (W3).

> No, no, he just accepted and that's it. (W5).

> There is no, it does not interfere in anything, it does not give an opinion. (W8).

> No, his didn't have it. The only participation he had was that he found out and accepted. (M9).

> He did, I always share things with him. [...] It was great. Because like, I said it was going to be an improvement for me, he supported it and paid for it. (W10).

However, one of the participants reported that she did not consider the participation of the partner in family planning important, nor did she consider the choice of method important, so that the decision-making was exclusively up to her.

> For me, what matters is my importance and not that of the partner. [...] No, it was all my choice. It was my choice, that's what I decided and that's it. (W2).

It is possible to perceive that women, even conquering the SRD with the established public policies, do not exempt themselves from the responsibility for birth control and/or the composition of their family, as they are projected to be protagonists of the contraception process, adopting decisions that are often solitary, since men are not subject to such a charge [23].

In addition, men's access to reproductive planning has barriers that include cultural issues marked by machismo, prevailing the idea that women should be responsible for adopting some contraceptive method, not complying with actions for self-care, in spite of the deficit in the supply of services capable of welcoming, to clarify and provide men with the decision for birth control [17,24].

It should be noted that the National Policy for Comprehensive Attention to Men's Health (PNAISH) points out relevant information regarding the organization of

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services in the provision of comprehensive care to men. Thus, RP should also be understood as an opportunity to welcome the male population, from the perspective of reproductive and sexual health, with encouragement in participation and division of responsibilities, as well as in care and self-care activities, preventing unplanned pregnancies and STIs [25-27].

Such consideration must be kept in balance with gender equality, as it is one of the Sustainable Development Goals (SDGs) established by the United Nations (UN), and that, in order to achieve it, it is necessary to stimulate and develop female empowerment, in the most diverse areas of the lives of women and girls, this is extremely relevant. Therefore, the importance of searching for a path that involves the possibility of women deciding about their own bodies and whether or not they want to become pregnant is evidenced [28].

Nursing is the main responsible for the practice of sexual and reproductive health education in PHC, however, the activities carried out have been limited to contraceptive methods, in the guidelines for use for women, when it should also include the exchange of information about DSR for users, developing actions that contemplate men more, as well as in the prevention of prostate cancer, in access to vasectomy, preventing and treating STIs and dialoguing about paternal responsibilities [29-30].

However, the professional has to develop educational, clinical, and counseling activities to boost the adherence of the male population to health services in reproductive planning, listening to their complaints and doubts, integrating, together with the Family Health team, solutions so that the participation of men in primary care increasingly occurs [30].

FINAL CONSIDERATIONS

The study allowed us to observe that there are weaknesses on the part of women in their knowledge about reproductive planning. Thus, the choice is often driven by practicality and ease of access, and it was possible to perceive that there is no effective participation of the partners in the decision-making process on family reproductive control.

The results of the research can enable the deepening of knowledge about decisions related to reproductive planning and the involvement of partners in this process, contributing to the organization of health care based on qualified actions for this public.

It is hoped that this work will reach women's perception of the involvement of partners in decisions about reproductive planning, contributing to an expansion of knowledge in the area of sexual and reproductive rights and, also, that PHC care can be sensitized in order to welcome women and partners in decisions regarding conception and contraception.

As limitations, the fact that it is carried out only in one health unit in the city stands out, so that the investigation in other services can bring a broader perspective on the theme,

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fostering debates in order to strengthen local policy.

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