DOI: 10.4025/cienccuidsaude.v13i1.19459

USE OF CONTRACEPTIVE METHODS BY WOMEN WITH SICKLE CELL ANEMIA[1]

Aline Silva Gomes Xavier*
Daniela de Medeiros Lopes**
Silvia Lúcia Ferreira***

ABSTRACT
Pregnancy in women with sickle cell anemia considered a risk condition can bring various maternal and fetal complications, it is important to discuss the aspects inherent to these women contraception. It is a descriptive qualitative approach to research that aims to meet the aspects related to the use of contraception by women with sickle cell anemia. The data collected through semi-structured interviews with 25 women and analyzed from the thematic content analysis. The findings show that experiences with complications in pregnancy and/or childbirth, adverse effects of the methods, as well as the speech doctor directly influence women in choosing or not by the use of contraceptive methods. Therefore, it is important that health professionals, in particular, the (the) nurses responsible for Reproductive Planning services in primary health care, are able to provide guidance and care that meet the specific demands of these women, with a view to empowering them to conscious choices.

Keywords: Sickle Cell Anemia. Contraception. Reproductive rights. Women's health.

INTRODUCTION

Sickle cell anemia is the most common hereditary disease in Brazil. She characterized by sickling of red blood cells, and therefore there is occurrence of vase-occlusion, with consequent pain crises and organ injury caused by hypoxia.

Due to the changes of the disease themselves, growth and sexual maturation of women with sickle cell anemia occur later. Therefore, there are negative effectson socialization, in the experience of sexuality and women's reproductive issues with this pathology[1].

For women in General, the continuous use of high-dose combined oral contraceptives, particularly with high-dose estrogens, leads to increased risk of thromboembolism. In the case of women with sickle cell anemia, the risk is greater due to the interference of drug in the blood coagulation and the polymerization of the red blood cells that causes vase-occlusion[2].

For women with sickle cell anemia, the use of hormonal methods require more insightful evaluations, because, in addition to the increased risk for thrombosis cases, they still live with many side effects of methods, such as hemorrhage, with consequent worsening of anemia[3]. However, they are not contraindicates, but each case must be assessed separately according to the risks and benefits of this method.

Reproductive planning relates to the right people and/or couples have free choice about reproductive issues, after being duly informed, and to have access to socks and methods to support your choices[4]. In this context, the use of modern contraceptive methods, whichrepresented a milestone in opening the possibility of experience of sexuality, reproduction unlinked, especially hormonal methods, widely used by the female population.

We know thatthere is a range of contraceptive methods and, among them, several can be chosen by women with SS hemoglobinopathy, according to your needs and your current state of health, with emphasis on quarterly injectable hormonal method (medroxyprogesterone), the IUD with progestogen and condoms[2].

The methods of progestin-isolated

1 Manuscript elaborated from the database of the dissertation: Experiências reprodutivas de mulheres com anemia falciforme, presented for Universidade Federal da Bahia Nursing School, in 2011.

* Nurse. Master in Nursing by Universidade Federal da Bahia Nursing School. Assistant Professor, Universidade Estadual de Feira de Santana - Bahia. Member of GEM – Study Group about Women. Email: asgx@ig.com.br
** Nurse. Master student in Nursing by Universidade Federal da Bahia Nursing School. Professor, Faculdade Pitágoras de Feira de Santana. Member of GEM. Email: dani.medeiros@yahoo.com.br
*** Post-doc, Universidad Autónoma de Barcelona. Professor of Community Nursing Department. Permanent Professor of Nursing Post-graduation Program, Nursing School and Post-graduation Program in Interdisciplinary Studies about Women, Gender and Feminism FFCH/NEIM, Universidade Federal da Bahia. Researcher of GEM and NEIM – Core of Interdisciplinary Studies about women. E-mail: silvialf100@gmail.com

compounds considered category 01 for sickle cell anemia [4], there are no restrictions for use. Studies indicate that the use of this method, for women with sickle cell anemia, has presented good prognosis, with clinical improvement and reduction of pain crises[2.5].

However, these issues are still a few known, both by professionals in the field of women's health, which are not properly prepared to deal with the reproductive issues of women with sickle cell anemia, as well as by women themselves, which often underestimate the risks, and their own pathology, end up not making proper use of the means of contraception.

The interest for this study came from a significant incidence of sickle cell anemia on the majority of the population of African descent, the predominant in Bahia, and, above all, for considered a public health issue facing the aggravating related to socioeconomic factors that affect this same population, in particular women. Thus, it intended to contribute to give visibility to the issue, for a greater reflection of health professionals about the structuring of the system and the services that offer reproductive planning assistance to women with sickle cell anemia.

From these considerations and based on very few studies on the subject in the scientific literature, it has been as research question: which aspects related to the use of contraception by women with sickle cell anemia? Thus, the objective of this work was to meet some aspects related to the use of contraception by women with sickle cell anemia.

METHODOLOGY

This is a descriptive study of qualitative approach. The data collected in the months of August to November 2011, using semi-structured interview technique. For conducting the interview, script used in two parts. The first aimed to identify socio-demographic factors and the second, with astructured roadmap with five open questions about reproductive experiences. We interviewed 25 women, with the following inclusion criteria: have confirmed diagnosis of sickle cell anemia; registered in the outpatient service of the University Hospital Professor Edgar Santos (HUPES) and/or be linked to Abaft, people with sickle cell Disease (ABADFAL); be between the ages of 18 to 49 years of age and possess reproductive experience. The option for the age group between 18 and 49 years is justified because they are in reproductive period and not underage.

With respect to Resolution 196/96 of the National Council of health, this study has evaluated and approved by the Research Ethics Committee of EEUFBA under Protocol No 12/2010, CAAE n. 0087.0.053.000-07.

Data analysis performed using Barden's content analysis, categorical analysis thematic mode[6]. Thus, in the first phase of data analysis, the responses from the interviews examined thoroughly, to extract the first thematic units. These units grouped by similarity and differences to formation of categories. With advancement of analysis, categories built and recoded.

RESULTS AND DISCUSSION

CHARACTERIZATION OF THE INTERVIEWED

Socio-demographic data analysis has identified that the 25 women participants mostly focuses in the age group of 30 to 40 years, with an average age of 36 years, with 20 residents in the city of Salvador and five in the State of Bahia. In terms of race/color identifies that all are black, 14 of which declared the black and brown color 11.

With respect to marital status, the percentage of women living with a partner, married with stable union (14), is higher than the number of unmarried women (8).

All the women in the study became pregnant, most, 11 women, passedby the process of gestation only once. However, the majority of them (18) had experiences with complications in pregnancy and/or childbirth, such as worsening of anemia, transfusion needs prolonged hospitalizations, urinary tract infection, premature birth, and low birth weight newborn. The number of pregnancies do not correspond to the quantity of children, seven women had spontaneous abortion, two caused the abortion and five passed through the birthing experience with stillbirths.

With respect to the use of contraceptive methods, nine women reported never having used reversible contraceptive method, 16 of them stated the use of reversible methods and six have already performed the tubal sterilization.

Women who reported using reversible methods (16 women), the most commonly used methods were the injectable contraceptive and condom, both cited by eight women/each, followed by oral hormonal method, cited by seven women. Only one woman cited the intrauterine device (IUD) and the hormonal implant each. The number of cited methods does not match the total of women who use them, because some of them have reported the use of more than one of these methods throughout their lives.

THE USE OF CONTRACEPTIVE METHOD AFTER THE NEGATIVE EXPERIENCES OF THE FIRST PREGNANCY

It observed in this study a relationship between the beginning of the use of contraceptive methods after the first pregnancy, demarcated by complications and negative experiences.

> *I Avoid. Started now, after I had the first pregnancy, after I lost, from there that I started using Depo-Provera*. (E05)

> *Inowadays, after that I started to avoid pregnancy. After my childbirth (stillbirth), spent 26 days in the hospital [...] it was a very painful experience and then did not want more children.* (E17)

Pregnancy brings with it a set of physical, mental and social transformations involving the woman and/or the couple and is seen as a synonym of life; When that assumption is frustrated by miscarriage or fetal death, all the symbolism of life is disrupted, resulting in scars and trauma in people who experience this moment[7]. The woman with a history of miscarriage, usually experiences a period of mourning, which may have an impact on their future choices.

The reactions presented in these moments can be different, since the denial, guilt, helplessness, sadness, indifference, depression, among many others. In the case of women with sickle cell anemia, which already knows the risks inherent to their gestational pathology, these women may still nourish the feeling of regret, for they consider that took these conditions of risk and the result was frustrating.

Study shows that women with history of recurrent miscarriage, fetal or early neonatal death seem to have worse quality of life and more symptoms of anxiety and depression during the subsequent gestation compared with women who have experienced these situations[8].

From these experiences, the woman takes thedecision not to have more children or to avoid them for a while in order to overcome what experienced. Hence the reports that after the first pregnancy, the use of contraceptive methods, that in this context, appears as a way to avoid a new pain or more a negative experience.

The sense of failure for not having achieved success in pregnancy is a big shock to these women and depending on the trauma generated many of them fall apart of the dream of motherhood[9].

In addition to the fetal/neonatal loss, it was possible to identify, as well, reports of women who have said start using methods to control the fertility rate after physical complications arising from own pathology, but it was accelerated due to the gestational process and delivery:

> *Do not. I avoided. Before my first child I avoided [...] I was very worried because of the risk [...] I spent a process, the necrosis of the hips, emerged from the pregnancy, I am out of motherhood with leg problems. Then I began to avoid.* (E07)

The necrosis of the femoral head is a common finding in patients with sickle cell anemia, and that occurs due to vessel Occlusive phenomena, considered the most severe manifestation of the disease in the osteoarticular system[10].

In pregnancy, the weight exerted on the femoral head is greater, which can speed up this process, mainly in women in who had some degree of commitment of these joints. This is a condition that limits the quality of life of these women, because it hinders the ambulation, and cause pain, associated with the fact that it can also limit the own experience this moment, since it required body movement to dispense care to the baby that is coming.

The suffering and the limitations imposed by this complication were also as the important aspect to the choice of use of contraceptive methods, as well as a way to avoid new complications and/or worsen existing.

In both cases, the pregnancy was associated with traumatic events and that generated deep marks in these women, leading them to opt for contraception.

THE SIDE EFFECTS AND RISKS ASSOCIATED WITH CONTRACEPTIVE METHODS WORK AS BARRIERS TO CONTINUITY OF USE

The side effects associated with the use of contraceptive methods cited in the reports of the interviewed, singled out as barriers on continuity of use.

> [...] *I have tried other medicines at home, but none has had any effect, kept bleeding months and months, I took injection, Depo-Provera that was 6 months practically bleeding nonstop and nothing was working* [...]. *I was feeling ill, sick, throwing up, and then stopped using.* (E08)

> *My OB-GYN tried to give me that three months, but I didn't as well* [...] *there I have to have my normal pill and menstruate every month. Then, I am super lame by the fact of losing blood, right?* (E16)

"The safety, namely the absence of any adverse side effects would be ideal condition, still not achieved in the majority of contraceptive methods to the present day"[4: 135]. The side effects, such as nausea, vomiting, weight fluctuation, changes in blood pressure, headaches and nervousness are frequent complaints of women who use them; often, these are crucial for the abandonment of the method, as well as the option for sterilization[11].

In a study conducted in 2009, 23.8% of the participants reported having stopped using the pills due to the presence of side effects[12].

In women with sickle cell anemia, these complaints are also present. Research carried out in 2010, women with SS hemoglobinopathy interviewed stated that discontinued the use of contraceptive methods due to lack of adaptation and adverse effects[3]. However, in this group, in addition to the side effects already commonly known, there were bleeding and aggravation of anemic frame[3]. The occurrence of these events may worsen the hemoglobin levels, directly affecting their quality of life as well as interfere in the experience of their sexuality.

The abandonment of the method without the guidance of care taken may cause an unwanted pregnancy, with various affective, economic repercussions and health in the lives of these women. They need to be properly guided about the methods available, possible side effects and time of adaptation, as well as what the action to take when these effects overlap and allow them continuity of use.

In addition to the side effects, some risks are associated with the use of hormonal methods for regulating fertility. The use of oral contraceptives is associated with increased risk of venous thrombosis, due to changes that cause vascular hemostasis. In women with sickle cell anemia, this risk is greater due to the interference of the drug in polymerization of RBCs, raised toilet occlusion and painful crises[3]. However, the use of methods is not against nominees for these women, but must assess carefully each case, taking into consideration the personal history, the characteristics and the associated risks and benefits[2].

Identified only one report concerning the risks of hormonal contraception of these women:

> *I avoid with condom. I never took medication, not because my gynecologist said I could not because it was legs and thrombi as I had ulcer problem was not good.* (E 11)

Lower limbs ulcer is a recurring complication in patients with sickle cell anemia. Its etiology can be traumatic or spontaneous tissue hypoxia by vase-occlusive crises chronicles, with prolonged treatment and healing processes[13].

This complication presents itself as a risk factor for the use of hormonal methods, due to circulatory changes present in the affected limb, therefore, becomes coherent medical indication of nonuse of this means of contraception. It shouldnote; however, condom use, which protects against unwanted pregnancy, sexually transmitted infections and besides does not thrombotic risks, which women with sickle cell anemia in their vast majority, and have a predisposition.

However, each case must assessed individually and youshould follow the recommendations of the World Health Organization, about the criteria for the use of contraceptive methods, based on the risk-benefit for every woman[4].

THE SPEECH DOCTOR INFLUENCING CONTRACEPTIVE CHOICES FOR WOMEN WITH SICKLE CELL ANEMIA

Identifies the lines of interviewed the doctor (a) exerts influence over the option for nonuse of contraceptive methods, through conceptions of infertility in women with sickle cell anemia.

> *The doctor said that the patient with sickle cell does not have difficulty becoming pregnant; got pregnant each* [...] *I went to the doctor's wave and not prevented.* (E01)

> *I was not drinking anything when I met my husband and we began dating [...] I was not taking anything because I always said to him that the doctor said I cannot have children because of sickle cell anemia.* (E22)

> *The doctor said I had the uterus infantile.* (E24)

In aresearch carried out with young women nuligestas, carriers of sickle cell anemia, identified that the default ovulatório and regularity of the menstrual cycle these are similar to that of healthy women, which allows pregnant normally[14].

Therefore, the medical guidelines that women with sickle cell anemia hardly gets pregnant, is not justified scientifically, but they may exert direct influence on the conceptions that these women assume. One of the interviewed, despite already having two children, said not using any contraceptive method, why she has no facility to get pregnant:

> [...] *Do not use anything anddo not get pregnant. I am not easy to get pregnant.* (E18)

This practice exposes women to the risk of an unplanned pregnancy, which in turn can result in various physical, social and psychological complications, these conditions, compounded by chronic disease.

These reports demonstrate not only the knowledge of professionals on women's reproductive issues with SS hemoglobinopathy, as also the influence and power of know doctor front of our society.

The hegemony of this "knowledge" is reflected in unilateral decisions by tubal sterilization, taking into consideration only the risks associated with pregnancy in sickle cell anemia, without considering the woman's autonomy in deciding on issues relating to his life and his body.

> *I got married and I didn't know about the pregnancy, but I got pregnant each lost [...] then I did treatment* [...]*, then the doctor thought that it was better is, do like connect, to keep from getting lost and running low. There called, when I was 20 years old.* (E 24)

> *Never avoided. Thus, as soon as I had a relationship, got pregnant in the first, never avoided. And the doctor thinks it's dangerous* [...] *so much that she said she had done my bandage, which called precisely so that I didn't get knocked up more and more risk, didn't go because it was too dangerous for my baby.* (E13)

> *With 22 years got married, had a child and just got himself, because the doctor knew I had this disease, then she told me to come back to make the ligature. Then I went back and did the ligature and never had a son* (E03)

Surgical sterilization cannot performed during periods of childbirth or abortion, except in cases of proven necessity, by successive previous cesarean sections; yet, according to the law, which regulates the tubal sterilization in Brazil, (9,263/96), the requestor must be greater than 25 years or have at least two living children. Still, theprocedure can only performed after at least 60 days have elapsed between the manifestations of desire[15].

Therefore, the performance of tubal ligation, a woman with 20 years, no kids and I wanted to get pregnant, to the point of making treatment for such, configures itself as an act that violates our rules; as well as complete this procedure during childbirth, without the consent of the woman, demonstrates disrespect to their autonomy, as well as to their reproductive rights. Therefore, these conditions do not allow a conscious decision and well signed. One of themost common reasons for tubal post-ligation repentance are young age, new relationships and the death of son[16].

A rights-based approach assumes a holistic view of women, taking into account their sexual and reproductive health, in addition to considering all qualifying criteria required in the choice and use of a method of fertility control [17]. However, these premises were not included with the women in question, submitting them to the medical decision, with little or no appreciation of your wishes and options, being permeated by power issues.

This power can manifested through different forms of discipline and the dominated should consider natural to be subdued[17]. Thus, modern society is consistent with medical knowledge as hegemonic knowledge and thus naturally accepted their decisions; the health professional becomes the expert in the art of keeping the body in a permanent state of health[18: 203].

Women in turn, lose their autonomy and decision-making power over his own body. The tubal ligation indicated by the doctor under the justification of the impossibility of having children due to complications of sickle cell anemia during the gestational period.

Such conduct harms the reproductive rights of women with sickle cell anemia, because they remove the right to information and decision-making power. These women should adequately informed about the risks, which will be exposed when in the condition of pregnancy, as well as the appropriate means of prenatal, and childbirth monitoring and the range of reversible contraception, which can have access.

By means of this information provided clearly, women can be empoderadas so that they can make conscious choices, respecting their reproductive rights and autonomy over her own body.

FINAL CONSIDERATIONS

The belief that women with sickle cell anemia cannot become pregnant still disseminated today and affects the reproductive choices of these women. There is an overvaluation of risks and a mistaken premise of infertility, which not scientifically proven, reflecting directly on the design choices and these women contraception.

Identifies that one of the aspects that influenced the choice by the use of contraceptive methods among women with sickle cell anemia is the negative experience of the first pregnancy, miscarriages, stillbirths and even self-involvement of the disease, but aggravated by the gestational period. The option for the use of contraception seen as a way to avoid a new suffering. The experience of the loss of his son configures itself as a traumatic event that requires coping and prevention measures, i.e. avoid the recurrence of this event.

Another aspect pointed out that reverberates in the choice and use of contraceptive methods, are the side effects of the same. In addition to the effects already commonly known, hormonal methods can still bring other complications to these women, such as bleeding, worsening the anemic frame and predisposition to thrombotic events. Note that these effects and the possible risks associated with methods interfere directly in discontinuity of using and its consequent abandonment.

The speech doctor also appears as a major influencer in contraceptive decisions women with SS hemoglobinopathy. The statements of the impossibility of pregnancy in women with sickle cell anemia causes many not using contraception believing in this belief and, thus, subjecting them to the occurrence of an unplanned pregnancy.

The hegemony of knowledge doctor reflects power issues still imposed on our society. Indication of tubal sterilization to women who do not fit the criteria set by our legislation, by the mere fact that theyare carriers of sickle cell disease, appears as a devaluation of reproductive rights and the autonomy of these women.

Sickle cell anemia brings important implications in the experience of reproductive issues, so it is important that health professionals, especially nurses and nurses responsible for Reproductive Planning services in primary health care, are able to provide guidance and care that meet the specific demands of these women, with clear and consistent information, who value autonomy and sexual and reproductive health of women, empowering them to conscious choices, especially in the field of safe contraception.

USO DE MÉTODOS CONTRACEPTIVOS POR MULHERES COM ANEMIA FALCIFORME

RESUMO

A gestação em mulheres com anemia falciforme é considerada uma condição de risco e pode trazer diversas complicações maternas e fetais, portanto é importante discutir os aspectos inerentes à contracepção destas mulheres. Trata-se de uma pesquisa descritiva de abordagem qualitativa que tem como objetivo conhecer os aspectos relacionados ao uso de métodos contraceptivos por mulheres com anemia falciforme. Os dados foram coletados através de entrevistas semiestruturadas com 25 mulheres e foram analisados a partir da análise de conteúdo temática. Os achados mostram que experiências com complicações na gestação e/ou parto, efeitos adversos dos métodos, bem como o discurso médico influenciam diretamente as mulheres na escolha ou não pelo uso dos métodos contraceptivos. Por isso, é importante que os profissionais de saúde, de modo particular, as (os) enfermeiras(os) responsáveis pelo atendimento em Planejamento Reprodutivo na Atenção Básica, estejam aptos a prestar orientações e cuidados que atendam as demandas específicas destas mulheres, com vistas a empoderá-las para escolhas conscientes.

Palavras-chave: Anemia falciforme. Anticoncepção. Direitos reprodutivos. Saúde da mulher.

USO DE MÉTODOS CONTRACEPTIVOS POR MUJERES CON ANEMIA FALCIFORME

RESUMEN

La gestación en mujeres con anemia falciforme es considerada una condición de riesgo y puede traer diversas complicaciones maternas y fetales, por lo tanto es importante discutir los aspectos inherentes a la contracepción de estas mujeres. Se trata de una investigación descriptiva de abordaje cualitativo que tiene como objetivo conocer los aspectos relacionados al uso de métodos contraceptivos por mujeres con anemia falciforme. Los datos fueron recolectados a través de entrevistas semiestructuradas con 25 mujeres y fueron analizados a partir del análisis de contenido temático. Los hallazgos muestran que experiencias con complicaciones en la gestación y/o parto, efectos adversos de los métodos, así como el discurso médico influyen directamente a las mujeres en la elección o no por el uso de los métodos contraceptivos. Por eso, es importante que los profesionales de salud, particularmente, las (los) enfermeras(os) responsables por la atención en Planificación Reproductiva en la Atención Básica, estén aptos a prestar orientaciones y cuidados que atiendan las demandas específicas de estas mujeres, dándole así el poder para las elecciones conscientes.

Palabras clave: Anemia falciforme. Anticoncepción. Derechos reproductivos. Salud de la mujer.

REFERENCES

01. Veríssimo MPA. Crescimento e desenvolvimento nas doenças falciformes. Rev brás hematol hemoter. 2007; 29(3):271-4.

02. Zanette AM. Gravidez e contracepção na doença falciforme. Rev brás hematol hemoter. 2007; 29(3):309-12.

03. Ferreira SL, Silva CF. Características da sexualidade de mulheres negras com doença falciforme em Salvador, Bahia. Conj. & Planej. 2010; (esp):38-47.

04. Ministério da Saúde (BR). Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Saúde Sexual e Saúde Reprodutiva. Brasília (DF); 2010.

05. Egardy JK, Curtis KM. Progestogen-only contraceptive use among women with sickle cell anemia: a systematic review. Contraception. [on-line]. 2010. [citado 2013 jan 20]; 73:195-204. Disponível em: http://apps.who.int/rhl/fertility/contraception/Contraception%20series%20Legardy_sickle_06.pdf.

06. Bardin L. Análise de Conteúdo. São Paulo; Edições 70; 2011.

07. Santos CS, Marques JF, Carvalho HC, Fernandes AFC, Henriques ACPT, Moreira KAP. Percepções de enfermeiras sobre a assistência prestada a mulheres diante do óbito fetal. Esc Anna Nery. 2012 abr-jun. [citado 2012 out 6]; 16(2):277-84. Disponível em: http://www.scielo.br/pdf/ean/v16n2/10.pdf.

08. Couto ER, couto E, Vian B, Gregório Z, Nomura ML, Zaccaria R, et al. Quality of life, depression and anxiety among pregnant women with previous adverse pregnancy outcomes. Sao Paulo med j. 2009 jul; 127(4):185-9.

09. Santos, ACC, Cordeiro, RC, Xavier ALSG, Ferreira SL. Feelings of women with sickle cell anemia with regard to reproductive experiences. Rev enferm UFPE on line. [on-line]. 2012. [citado 2013 out 5]; 6(12):2934-41. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3506/pdf_1733.

10. Daltro GC, Fortuna VA, Araújo MAS, Lessa PIF, Sobrinho UA, Borojevic R. Tratamento da osteonecrose da cabeça femoral com células progenitoras autólogas em anemia falciforme. Acta Ortop Bras.[on-line]. 2008; [citado 2012 out 13]; 16(1):23-7. Disponível em: http://www.scielo.br/pdf/aob/v16n1/04.pdf.

11. Heilborn ML, Portella AP, Brandão ER, Cabral CS, Conpru SUS G. Assistência em contracepção e planejamento reprodutivo na perspectiva de usuárias de três unidade do Sistema Único de Saúde do estado do Rio de Janeiro, Brasil. Cad saúde pública. 2009; 25(supl 2):269-78.

12. Andrade ÉC, Silva LR. Planejamento familiar: uma questão de escolha. Rev Eletr Enf. [on-line]. 2009. [citado 2012 out 4]; 11(1):85-93. Disponível em: http://www.fen.ufg.br/revista/v11/n1/v11n1a11.htm.

13. Paladino SF. Úlceras de membros inferiores na anemia falciforme. Rev brás hematol hemoter. 2007; 29(3):288-90.

14. Viana Júnior JW, Félix WO, Cipolotti R. Regularidade de ciclos e padrão ovulatório em jovens portadoras de anemia falciforme. Rev Bras Ginecol Obstet. 2010. [citado 2012 out 13]; 32(11):525-9. Disponível em: http://www.scielo.br/pdf/rbgo/v32n11/v32n11a02.pdf.

15. Moura ERF, Vieira RPR. Reconstrução tubária e condições de realização das laqueaduras. Rev gaúcha enferm. 2010 set. [citado 2012 out 14]; 31(3):536-43. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472010000300018.

16. Carvalho MLO, Schor N. Esterilização feminina: em busca do controle da própria fertilidade. Cienc cuid saude. 2012; 11(supl): 95-101.

17. Uchimura NS, Uchimura TT, Almeida LMM, Perego DM, Uchimura LYT. Conhecimento, aceitabilidade e uso do método billings de planejamento familiar natural. Rev gaúcha enferm. 2011 set.[citado 2012 out 14]; 32(3):516-23. Disponível em: http://www.scielo.br/scielo.php?pid=S1983-14472011000300012&script=sci_arttext.

18. Foucault M. Microfísica do poder. 14. ed. Rio de Janeiro: Grall; 1999.

Corresponding author: Daniela de Medeiros Lopes. Rua Mogno, n° 14, Loteamento Morada Tropical, Bairro Calumbi. CEP. 44009-804. Feira de Santana, Bahia, Brasil.

Submitted: 16/12/2012
Accepted: 12/11/2013