



CHOICE OF HORMONAL CONTRACEPTION BY WOMEN ASSISTED IN PRIMARY CARE: LIMITING FACTORS AND FEAR

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ABSTRACT

Objective: To know how the choice for hormonal contraception occurs by women assisted in Primary Health Care. **Method:** Qualitative, descriptive and exploratory study conducted in a Family Health Strategy in the central region of Rio Grande do Sul between the months of January and March 2022. Twenty women aged 18-43 participated. The production of data occurred through interview composed of open questions, the enunciations were transcribed and submitted to thematic analysis. **Results:** The participants revealed the lack of option provided by the Unified Health System in the choice of hormonal contraception, as well as difficulties and fear when using hormonal contraceptives due to lack of professional guidance in Primary Health Care. **Conclusion:** The choice of contraceptive method must take into account the autonomy of women and health professionals who work in Primary Health Care must ensure the right to choose, minimize doubts, fears and taboos surrounding the hormonal contraception process. In addition, women's health consultations should provide opportunities for health education, dialogue and knowledge exchange.

Keywords: Primary health care. Family development planning. Health services accessibility. Women. Contraceptive agents. Hormonal.

INTRODUCTION

Family planning, also called reproductive planning, is characterized by a set of actions to regulate fertility, which can help people plan and control the generation and birth of a child. In this way it is possible that a program is carried out regarding reproduction, in order to empower people about their sexual and reproductive rights. It is based on clinical, preventive, educational actions and the provision of information on methods and techniques for regulating fertility⁽¹⁾.

When it comes to reproductive planning, it becomes necessary to spread about the right to choose whether to have children or not, and this does not prevent autonomy over sexual

experiences. Often, this decision is supported by social issues such as age, education, employment conditions, housing and family income. Thus, it is essential to understand that sexual and reproductive rights are linked to public health policies, family planning, social development and human rights⁽²⁾.

In the last 30 years, Brazil has undergone important changes in demographic, socioeconomic and access to infrastructure. In terms of health care, the country evolved into a unified system, which enacted public policies for women's health that incorporated discussions about sexual and reproductive rights, family planning, and use of contraception. The scope of the debate on sexual and reproductive health is an element that positively marks the expansion

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of Primary Health Care (PHC). Thus, PHC has assumed an essential role regarding family planning due to the professional qualification to act on a territorial basis, as well as the offer of contraceptive methods available by the Unified Health System (SUS)⁽²⁾.

Although several contraceptive methods are available by the SUS, such as barrier, hormonal and surgical methods⁽³⁾, the existence of unplanned pregnancies in the country is still observed, even among those who use hormonal contraception. The same situation occurs in other countries⁽⁴⁻⁶⁾, thus characterizing this issue as a worldwide problem.

Despite the availability and availability of various hormonal, oral and injectable contraceptive methods by health services, it is still not enough to prevent discontinuity of use by women⁽⁷⁾. The high percentages resulting from failures in contraceptive methods and the fact of forgetting or not using contraceptive methods compromise the effectiveness of the methods in use⁽⁸⁾. Understanding aspects related to contraception that explore the lived experience of women's relations with contraception and the use of contraceptive methods is essential⁽⁹⁾. The discussion about the choice of contraceptive method is essential in the particular cultural context of women who use the Unified Health System⁽⁸⁾.

Given the above, it is necessary to know how the choice for hormonal contraception occurs and the factors linked to the decision of these women. Thus, the research question was: What are the factors that lead women assisted in PHC to choose hormonal contraception? This study aimed to know how the choice of hormonal contraception occurs for women assisted in PHC.

METHOD

This is a qualitative, descriptive and exploratory study conducted in a Family Health Strategy (FHS), located in a city in the central region of the state of Rio Grande do Sul. The choice for this scenario was chosen because the FHS is a reference in the care of women in the city, making an average of 80 weekly visits to the female public. The population of women of childbearing age belonging to the territory is

937.

The participants were 20 women, between 18 and 43 years of age, who were individually invited by the researcher while waiting for medical or nursing consultation in the waiting room of the FHS. After the acceptance to participate, the women were interviewed in a room attached to the service, previously reserved for the interviews, soon after completing the consultation. At the time of the interview, only the researcher and the participant remained in the room, and there was a need to reschedule with three participants due to their availability of time at that time.

The inclusion criteria were being a woman, from the age of 18, using oral or injectable hormonal contraceptive methods, and who was being assisted in the health service where the research was conducted were listed. And, as exclusion criteria, those who presented some cognitive or communication deficit or who were pregnant. These conditions were evaluated by the researcher, because it had a previous link with women and the health service, due to participation in extension activities with the FHS with the active presence of women, approach with the scenario and the participants.

The women who agreed to participate in the study answered a structured script with questions related to their previous characterization, including date of birth, schooling, marital status, parity and type of hormonal contraceptive method used. Then, there were open questions: Tell me how was the choice of the contraceptive method you are using and tell me if you had any difficulty using the contraceptive.

The data production period occurred between January and March 2022. The interviews were audio recorded through a cell phone and, later, had their content transcribed in full in the Microsoft Word® program, by the researcher.

It is noteworthy that the researcher previously conducted a pilot study in order to prepare it for data collection. This process involved the advisor and the research group, in order to address the deepening of qualitative interviews and data analysis. The interviews lasted between 17 and 35 minutes, making an average of 26 minutes of utterances.

To ensure the anonymity of the participants, the interviewees were encoded with the letter

"W" referring to the word woman and a cardinal number related to the chronological order of data production. The inclusion of new participants was terminated when the criterion of data saturation was reached⁽⁹⁾, that is, when the information became recurrent and there was no insertion of new information in the study.

From the transcription of the interviews, the statements were submitted to thematic analysis⁽⁹⁾. It systematically followed the planned steps, which are: pre-analysis stage in which the interviews were transcribed in the Microsoft Word® program, in which it was possible to highlight the words, terms and/or significant expressions in the exploration stage of the material. After, the units of meaning, thematic categories and themes were identified. And, at the end, there was the treatment of the results obtained and interpretation from publications that discuss the area of women's health.

The study was approved by the Research Ethics Committee on December 7, 2021, under the Certificate of Presentation for Ethical Assessment (CAEE) 53708621.3.0000.5306, opinion number 5,151,514. For the development of the research, Resolution nº 466/12 of the National Health Council of the Ministry of Health was recommended. It should be noted that all women signed the Informed Consent Form in two copies.

For the preparation and writing of the manuscript, the criteria established in the Consolidated Criteria for Reporting Qualitative Studies (COREQ) were followed⁽¹⁰⁾.

RESULTS

The participants were 20 women, aged between 18 and 43 years, of which eight had completed high school, four incomplete high school, one had completed elementary school, six incomplete elementary school and only one had a technical course. As regards marital status, five were unmarried, three were married and twelve were in stable union. Of the twenty participants, only three had no children. As for the type of hormonal contraceptive, eight used monthly or quarterly injectables and twelve used oral hormonal contraceptives. Seventeen out of twenty participants had unplanned pregnancies

while using contraceptives.

Three categories emerged from the data analysis: the "choice" of the hormonal contraceptive method; limiting factors, doubts and difficulties in the use of hormonal contraceptive and fear in the use of hormonal contraceptive.

The "choice" of the hormonal contraceptive method

The women expressed that the "choice" of MCH occurred by decision of the nurse or doctor. Thus, the choice was not made by them, leaving them as a possibility of use only those methods that were dispensed in the service, as expressed below:

My mother took me to the gynecologist and then he (doctor) prescribed me this pill. (W4)

As soon as I had him (baby), I came to see him. Then the nurse instructed me to apply it (quarterly injectable). (W12)

I had my first child and then I started taking those normal breastfeeding pills and then when those were over I came to the health center for a consultation and they (doctor) already gave me that one. Which was the one she had! The one at the post is just this one. (W7)

The nurse he chose, because she had nothing else to give me, it was that or nothing. Then I went and took the pill. It was the last option I had, actually. (W13)

It is also possible to identify that the indication of CHM occurred through informal conversations with the friends. Thus, they started the use without having a previous professional follow-up:

I didn't make an appointment with the doctor, but I talked to a gynecologist, who is my client, and she recommended this (pill) to me because it's weaker. Anyway, she recommended this one to me, and it's the one I've been taking so far. (W18)

It was through a friend who recommended me to take this pill. (W19)

On the other hand, some women had the opportunity to share a decision with the professional regarding the method most suitable for their clinical condition, their routine and the adverse reactions caused by the use.

I was on the pill, but then I reacted badly, I vomited. That's why I got pregnant. Then I already took that once for a month, but then I menstruated. So I preferred to take this one (quarterly injectable) because they [health professionals] said I don't menstruate. It just gives a colic! Then I preferred this one. Because my sisters take everything from her. So I went that way. (W2)

The doctor talked to me and said: "who knows, you might adapt to the injection"! Because I didn't want to put the IUD in and then he said: "do the injection every three months, it will be better for you and if you get it right, you will continue". There I am until today. (W14)

Given the above, it is revealed that the choice of CHM is usually made by the health professional, without the possibility of discussion with women. However, in some moments, the choice occurs in a shared way between professionals and women, but the MCH does not always meet the expectations of women, given the little variety of methods readily offered by the service.

Limiting factors, doubts and difficulties in the use of hormonal contraceptives

Women, when using contraceptives, whether injectable or oral, still have limiting factors regarding the use of contraceptive, often added to the doubts regarding the use of hormonal contraceptive. Among the most common doubts are those related to menstruation, which sometimes occurs outside the expected period or due to intense menstrual flow. And yet, about how the pill should be taken when they forget to take the schedule at the usual time. Thus, when these doubts arise, women seek to save them through conversations with a professional, be it nurse or doctor.

Normally, when I had these types of bleeding, I was scared that I could get pregnant. I spoke to the nurse and she said no, that it was like that, that it happened. Several times I have doubts, because sometimes they give one (pill) at the center, and sometimes they already give another one. It's almost never the same. They hardly give the same! (W6)

After I had my baby, I was bleeding for a long time and then it stopped. Then I started taking the injection and it all came back again, and so far it

hasn't stopped. I've consulted and everything, and nothing. So I kept researching, so I researched a lot about it (monthly injectable). Then they said, the girl [nurse], who until the third application is bleeding and then stops, but I'm still in doubt. (W9)

Sometimes there is that question like: I forgot to take it at night, and if I take it in the morning, will it have the same effect? That was the only doubt I had more constant. Then I came to the unit, the nurse said: sometimes it's good to make an appointment, then you'll never forget to take it every day at that time. But she said that, when we forget, we can take it in the morning without any problem. (W7)

When women do not have the possibility of dialogue with the health professional or have difficulty accessing consultations, they seek to solve doubts on the internet, in conversations with other people and even read the package insert of the drug, which can lead to health problems and unplanned pregnancies.

I searched on Google®. (W4)

Today I take a type of pill, but I wanted to change it, I saw some comments on Google®, that it is very bad for women's health. (W11)

Several moments I was in doubt, so much so that I even searched on Google®, which has more access, because sometimes here there is not much opportunity to talk about the subject. Like, they (nurse and nursing technician) guide like this, then the injection only prevents, they only talk about preventing, but nothing about the injection, like some side effect, something they can do, we don't have much access like that. (W12)

I had no doubt because of the (nursing) technician. I already had some knowledge about. I've always been very cautious and careful and even then it didn't help (she got pregnant). (W13)

I have other friends who also do the injection, so I ask them when I need it. (W14)

I always read the leaflet. (W17)

In addition to doubts, women express difficulties regarding the correct use of hormonal contraceptives. Doubts are related to forgetting to take at the right time and the intervals of days that are necessary between the end of one card and the beginning of the other.

At first I forgot a lot, so I had to take two

together. (W6)

Sometimes there are days I forget. (W15)

I came here and talked to her (nurse). It's just that I didn't know if this pill she gave me had a 7-day break, which the other one I took didn't, that one was direct. Then I take the whole pack, I wait 7 days and I menstruate, you know, then when it comes down I wait 3 days menstruating then I start taking it again. (W11)

I didn't remember if we stopped in the 7 days after taking the 30 straight ones and then I went on the internet, researched how to take it and how were the right days to stop and to return, or if I could change it. (W15)

Another limiting factor to contraceptive use is the adverse effects resulting from the use of hormonal contraceptive, in which even despite the unwanted symptoms, they do not stop this use, which can interfere with the quality of life of women.

At first, I had a hard time knowing if it was normal or not to have cramping because of the injection (quarterly injectable). I had a lot of colic! I stopped menstruating, I haven't menstruated until today, and I still have a lot of cramps, it bothers me a little. (W12)

I rejected the pill, my body did not accept it. I had my period for more than a month, I felt very strong cramps, you know. Very intense pain in the abdomen, not being able to sit up straight, that was the organism reacting. (W13)

The statements of women denote about the limiting factors and the use of hormonal contraceptives, among them permeate the doubts about the menstrual cycle and the difficulties in relation to adaptation of the organism and its side effects.

Fear of using hormonal contraceptives

Women, although seeking oral or injectable contraceptives monthly or quarterly in the FHS, still have different fears and fears about the use of hormonal contraceptives.

I'm afraid, because there are people who say that, even taking this injection, they've already gotten pregnant. (W2)

I was afraid of bleeding. Then I got scared and because I have these pains, cramps, headache, sometimes a little blood comes out, so I feel

uncomfortable, you know? I do not feel very well. I feel safer with the injection than with the pill. (W6)

At the beginning. Kind of insecure, because it gave me a little escape from bleeding, swelling, a little headache. (W9)

Because of the low hormone dosage of the contraceptive, I was afraid of getting pregnant. (W15)

Women express that they are afraid of having an unplanned pregnancy, because they are not sure about the effectiveness of the method used and not enough information to make them feel calm and safe. Also, menstrual leaks outside the period exacerbate insecurity about the effectiveness of the method.

DISCUSSION

When a woman is assisted in PHC and is looking for a hormonal contraceptive method, whether oral or injectable, it is inherent to provide excellent care, because humanization and the provision of quality care are essential conditions for health actions to be effective in solving the demands, problems and requests that women bring to health services. The provision of quality health care is a constant process and demands permanent reflection on the acts, behaviors and behaviors of each person involved in this relationship⁽¹¹⁾. Thus, counseling, guidance, clinical evaluation and health monitoring are essential for women to feel safe about their choices and have access to methods⁽⁸⁾.

The choice of method depends on the professional evaluation performed with evaluation, ethics and respect for the patient and partner. Taking into account its social determinants and, above all, the method that the woman best suits so that there is not only contraception, but pleasure and security at the time of the sexual act⁽¹²⁾. This choice cannot occur only by delegation of the physician, because this minimizes the woman's decision-making power and her autonomy regarding the type of method that at that moment meets her specificities⁽⁸⁾. Counseling and health education should be mandatory when it comes to the choice of hormonal contraceptive method, because only then, will more and more women

be empowered and aware of their own body and their desires⁽¹³⁾.

The most used methods of contraception by Brazilian women of childbearing age are oral hormonal contraceptives and tubal ligation. However, there are obstacles regarding social inequalities and access to modern contraceptive methods⁽¹⁴⁾. There are a significant number of women, who use oral hormonal contraceptives or injectable contraceptives, who have not received any information or that these were insufficient regarding the correct way of use. Still, in some cases, the guidelines are not understood⁽¹⁵⁾.

It is estimated that, each year, 67% to 70% of women in the world would not undergo an unwanted pregnancy if they were offered subsidies so that they could understand the correct form of hormonal contraceptive use, informing them about the available methods⁽⁴⁾. Women in developing countries have many unmet family planning needs as well as high unplanned pregnancy rates⁽⁵⁾. This data meets the results of this study, which shows a high number of women who had unplanned pregnancies, even using CHM. This information calls attention to how this information is reaching women and leads to reflection on the impact that an unplanned pregnancy causes for them and the family nucleus.

With regard to responsibilities, PHC, especially the FHS, plays an important role, since it is considered the strategy of changing the care model, since it proposes to integrate collective conducts of health promotion and prevention of damage, progressively replacing individualized, curative, high-cost and low-impact care⁽⁴⁾. For there to be a change in this model and in women's health, it is necessary that the professionals who work in the FHS are engaged in a singular and individualized care for women in their territory.

It is important to guide professional performance according to ethical principles that ensure respect for autonomy, because people have the right to decide questions directed to their body and their life, in charity to maximize benefit and minimize harm, and in non-maleficence, aims to reduce the adverse or undesirable effects of therapies. Also, actions must be based on justice and equity so that all

people are treated taking into account their uniqueness⁽³⁾.

Women, even after having a quality consultation, still express many doubts about hormonal contraceptive methods, which are often not clarified. Thus, guiding, explaining and providing information on women's reproductive health is a work of great importance and that needs to be fostered. Lack of knowledge and understanding of explanations are factors that can be associated with the appearance of an unwanted pregnancy or changes that affect them on a daily basis⁽¹⁶⁾.

The use of contraceptive methods in Brazil has increased significantly in the last 25 years, among men and women, either by the use of contraceptives, as well as by the combined use of contraceptives and male and female condoms. There was an increase from 76.7% in 1996 to 80.6% in 2006 according to the National Demographic and Health Survey⁽¹⁷⁾. Although the use of these methods has increased, it points to the need to also expand adequate information about the use, adverse reactions and suspend when there are repercussions on the quality of life of women.

For this to occur comprehensively and comprehensively, the health professional should not be a mere adjunct in the care process. More and more qualified professionals are needed and committed to transforming realities that go beyond the consultation room. It is necessary to have an expanded vision of the health care network, of theoretical and scientific basis, of clinical preparation and, above all, of a therapeutic and humanized listening so that it can provide a safe, healthy and quality service⁽¹⁸⁾.

It is essential that health professionals explain to women the composition of the different types of hormonal pills so that they feel safe about the choice or indication of the contraceptive method. In addition, women have doubts about possible adverse reactions. The body takes time to adapt to the drug, which can lead to nausea, vomiting, leakage between periods and even then the pill should not be stopped. However, there is a need to rethink and choose other methods that do not harm women's quality of life, as well as the development of health actions that favor sexuality so that it occurs safely, to avoid STIs

and prevent unplanned pregnancies⁽²⁰⁾.

In recent decades, it is common for women to access the internet, through social media platforms, to share their unsatisfactory experiences with hormonal contraception, ranging from pills, patches, rings, injectables, implants to the IUD. However, not all information available on the internet is safe and reliable, which can lead to harm to women's health.

It is also possible to observe that they express excessive fear of the use of hormones with justifications based on irrational causes, such as an overestimation of health risks associated with their use. This indicates the need to examine the professional-patient relationship and gender biases of hormonal contraception, in order to understand how to better meet the needs and expectations of women⁽²¹⁾.

In this sense, the appropriate and singularized conduct of health professionals is fundamental to the integrality of care. It is necessary to detach from practices that are socially configured in a biologicist view and⁽²²⁾, to go beyond curative practices, contemplating the individual at all levels of attention and considering the subject inserted in a social, family and cultural context⁽²³⁾. The need for intervention strategies that promote humanization and comprehensiveness of care is essential.

The findings of this study revealed the lack of option provided by SUS in the choice of hormonal contraception. In addition, users have limiting factors such as doubts, difficulties and fear when using hormonal contraception due to lack of professional guidance in PHC and demystification of taboos related to the use of anticoncepcional. As limitations, it is noteworthy that the women interviewed are assisted in a single service, which makes it impossible to generalize this information. However, it does not minimize the importance of this study, given that family planning associated with the use of contraceptive methods and unplanned pregnancies occur in several countries, which indicates the need to expand discussions on this subject.

FINAL THOUGHTS

It was possible to identify how the method is chosen, the limiting factors, the doubts, difficulties of use and fears that women have when using the hormonal contraceptive method. Thus, it is inferred that the choice of the contraceptive method needs to take into account the autonomy of the woman, and it is up to the professionals who work in PHC to guarantee this right, and minimize the doubts, fears and taboos surrounding the hormonal contraception process. In addition, women's health consultations need to provide opportunities for health education, dialogue and knowledge exchange.

The choice of method is often imposed on women, and without taking into account the autonomy of what is best for them. It is common for women to leave the services with many doubts, which makes them seek information on the internet, exposing them to vulnerability in the face of possible erroneous information.

The findings of this study showed that the use of contraceptive methods is permeated by insecurity, fear, emotional instability, represented by anguish from the choice of method by the professional, to its often incorrect form of use. This reinforces the need for permanent education of health professionals and changes in education in order to broaden discussions about women's health.

The correct mode of use, the best time of use, what to do when forgetting to take the pill, the common symptoms of the reactions of contraceptives and the time between the end and the beginning of a new chart of oral hormonal contraceptive are the most common doubts. Health professionals are suggested to be aware of these needs and to perform interventions to facilitate the use of contraceptive methods by women.

In addition, the fear and insecurity of physical and emotional manifestations resulting from the use of hormonal contraceptives cause some women not to dialogue with the nurse or the doctor of the FHS and continue the use of the contraceptive implications caused by them. Therefore, it is recommended to investigate changes in the quality of life of women resulting from the use of contraceptive methods..

ESCOLHA DA CONTRACEPÇÃO HORMONAL POR MULHERES ASSISTIDAS NA ATENÇÃO PRIMÁRIA: FATORES LIMITANTES E MEDO

RESUMO

Objetivo: Conhecer como ocorre a escolha pela contracepção hormonal por mulheres assistidas na Atenção Primária à Saúde. **Método:** Estudo qualitativo, descritivo e exploratório realizado em uma Estratégia Saúde da Família na região central do Rio Grande do Sul entre os meses de janeiro a março de 2022. Participaram 20 mulheres entre 18-43 anos. A produção de dados ocorreu mediante entrevista composta por questões abertas, as enunciações foram transcritas e submetidas à análise temática. **Resultados:** As participantes revelaram a falta de opção fornecida pelo Sistema Único de Saúde na escolha da contracepção hormonal, bem como apresentam fatores limitantes como dúvidas, dificuldades e medo ao utilizar o anticoncepcional hormonal devido à falta de orientação profissional na Atenção Primária à Saúde. **Conclusão:** A escolha do método contraceptivo precisa levar em consideração a autonomia da mulher e os profissionais de saúde que atuam na Atenção Primária à Saúde devem garantir o direito de escolha, minimizar as dúvidas, medos e tabus que circundam o processo de anticoncepção hormonal. Ademais, as consultas de saúde da mulher devem oportunizar a educação em saúde, o diálogo e a troca de saberes

Palavras-chave: Atenção primária à saúde. Planejamento familiar. Acesso aos serviços de saúde. Mulheres. Anticoncepcionais hormonais.

ELECCIÓN DEL ANTICONCEPTIVO HORMONAL POR MUJERES ASISTIDAS EN LA ATENCIÓN PRIMARIA: FACTORES LIMITANTES Y MIEDO

RESUMEN

Objetivo: conocer cómo ocurre la elección del anticonceptivo hormonal por mujeres asistidas en la Atención Primaria de Salud. **Método:** estudio cualitativo, descriptivo y exploratorio realizado en una Estrategia Salud de la Familia en la región central de Rio Grande do Sul/Brasil entre los meses de enero a marzo de 2022. Participaron 20 mujeres entre 18-43 años. La producción de datos se realizó mediante entrevista compuesta por preguntas abiertas, los relatos fueron transcritos y sometidos al análisis temático. **Resultados:** las participantes revelaron la falta de opción ofrecida por el Sistema Único de Salud en la elección del anticonceptivo hormonal, así como presentaron factores limitantes como dudas, dificultades y miedo al utilizar el anticonceptivo hormonal debido a la falta de orientación profesional en la Atención Primaria de Salud. **Conclusión:** la elección del método anticonceptivo necesita tener en cuenta la autonomía de la mujer y los profesionales de salud, que actúan en la Atención Primaria de Salud, deben garantizar el derecho de elección, minimizar las dudas, los miedos y tabúes que rodean el proceso de anticonceptivo hormonal. Además, las consultas de salud de la mujer deben darle la oportunidad a la educación en salud, al diálogo e intercambio de saberes.

Palabras clave: Atención primaria de salud. Planificación familiar. Acceso a los servicios de salud. Mujeres. Anticonceptivos hormonales.

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