Investigation of family planning among women during the Covid-19 pandemic

Investigação do planejamento familiar entre mulheres em tempos de pandemia da Covid-19

Investigación sobre la planificación familiar en mujeres en tiempos de pandemia de Covid-19

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RESUMO

Objetivo: descrever a influência da pandemia da COVID 19 sobre o planejamento familiar. **Metodologia:** Trata-se de um estudo exploratório de campo, longitudinal, descritivo com abordagem qualitativa, com 34 mulheres em idade reprodutiva, implementado no Centro de Referência de Saúde da Mulher, localizado no município de Anápolis- GO. **Resultados:** Foi possível observar que a maioria das participantes não têm conhecimento sobre métodos contraceptivos e planejamento familiar, e que a conjuntura socioeconômica e o grau de escolaridade influenciam no acesso a essa temática, o que evidência a necessidade de políticas públicas voltadas a educação em saúde reprodutiva. **Considerações Finais**: a pandemia não influenciou o acesso ao planejamento familiar e aos métodos contraceptivos, uma vez que a população feminina sequer conhece os termos. A ausência da educação em saúde reprodutiva paira sobre as mulheres, desde antes do início da pandemia da COVID-19.

Descritores: Planejamento Familiar; COVID-19; Anticoncepção..

ABSTRACT

Objective: to describe the influence of the COVID 19 pandemic on family planning. **Methodology:** This is an exploratory, longitudinal, descriptive field study with a qualitative approach, with 34 women of reproductive age, implemented at the Women's Health Reference Center, located in the city of Anápolis-GO. **Results:** It was possible to observe that most participants do not have knowledge about contraceptive methods and family planning, and that the socioeconomic situation and level of education influence in the access to this theme, which highlights the need for public policies aimed at reproductive health education. **Final Considerations:** the pandemic did not influence access to family planning and contraceptive methods, since the female population does not even know the terms. The absence of reproductive health education has been hanging over women since before the beginning of the COVID-19 pandemic

Descriptors: Family Planning (Public Health); COVID-19; Contraception.

RESUMEN

Objetivo: describir la influencia de la pandemia de COVID-19 en la planificación familiar. **Metodología:** Se trata de un estudio de campo exploratorio, longitudinal, descriptivo y con abordaje cualitativo, con 34 mujeres en edad reproductiva, implementado en el Centro de Referencia en Salud de la Mujer, ubicado en la ciudad de Anápolis-GO. **Resultados:** Se pudo observar que la mayoría de los participantes no tiene conocimientos sobre métodos anticonceptivos y planificación familiar, y que la situación socioeconómica y el nivel de escolaridad influyen en el acceso a este tema, lo que pone de manifiesto la necesidad de políticas públicas dirigidas a la educación en salud reproductiva. **Consideraciones finales**: la pandemia no influyó en el acceso a métodos de planificación familiar y anticoncepción, ya que la población femenina ni siquiera conoce los términos. La ausencia de educación en salud reproductiva se cierne sobre las mujeres desde antes del inicio de la pandemia de COVID-19.

Descriptores: Planificación Familiar; COVID-19; Contracepción.

REVIEW

Introduction

The Family Planning Regulation, instituted in 1996 by Law No. 9,263, represented a milestone in the democratization of access to forms of contraception in Brazil. Family planning is defined as the set of actions to regulate and control fertility, which promote the limitation or increase of offspring by the woman, the man or the couple. This law aimed to ensure the right provided for in the Brazilian Constitution to decide whether or not to have children, recognizing this right as fundamental for the autonomy and well-being of families[1].

Also in 1984, public policies such as the Comprehensive Women's Health Care Program (PAISM) were implemented, focusing on the decentralization, hierarchization and regionalization of health actions. PAISM directed actions based on the guarantee of sexual and reproductive rights and the promotion of women's integral health in all phases of the life cycle, including family planning. In this context, primary care has been consolidated as the gateway to the execution of these actions, promoting family health and respecting the individualities of each family nucleus[2].

With the advent of the COVID-19 pandemic, the public health landscape has been significantly impacted. The exponential increase in COVID-19 cases and the severity of the disease have overwhelmed the Unified Health System (SUS) and private networks, resulting in a growing demand for outpatient care, ward beds, and Intensive Care Units (ICUs). In this context, many cities adapted their primary care units, transforming them into reference units to face the pandemic, which limited access to other essential services, including those related to family planning[3].

Social isolation and the new priorities imposed by the pandemic have made it even more difficult for the population to access contraceptive methods, resulting in a significant increase in unintended pregnancies. The right to family planning must be preserved regardless of the crisis scenario, with the continuity of educational and clinical activities and the guarantee of the supply of inputs, ensuring full protection for women and their families[3].

Data from the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) highlight that, during the pandemic, about 12 million women in 115 countries lost access to family planning services, leading to approximately 1.4 million unintended pregnancies[3]. This scenario reinforces the need for strategies to restore the bond between health professionals and patients, especially in primary care, with a focus on educational actions that promote health literacy and expand women's autonomy[3].

It is estimated that globally 40% of pregnancies are unplanned, especially among more vulnerable populations such as black and Hispanic women in the United States. The lack or inappropriate use of contraceptive methods is often attributed to the absence of consistent contraceptive supply, as well as the lack of adequate counseling[4–5]. This problem is amplified in contexts of health crises, highlighting the importance of family planning actions to ensure reproductive rights[4–5].

Research by the National Academy of Sciences of the United States also shows that the absence of women's health education can lead to the deprivation of women's autonomy over their own bodies, directly impacting their reproductive choices and population dynamics in the long term, as observed in sub-Saharan Africa[6]. In Brazil, primary care is responsible for promoting health education, which is the main means to ensure autonomy, knowledge and awareness of the population about family planning[2].

In this context, the role of health professionals, especially nurses, who are responsible for educating the population in the Basic Health Units (UBS), is highlighted. The use of technical manuals, such as the Technical Manual for Family Planning Assistance, prepared by the Ministry of Health, and the WHO Family Planning: A Global Manual for Health Professionals, can help guide educational strategies, counseling, and carry out clinical activities[2]. Thus, it is up to nurses to have a deep knowledge of the weaknesses and needs of their populations, inserting educational practices as a fundamental part of their routines.

Given this scenario, this study aims to investigate the level of awareness of women about family planning during the COVID-19 pandemic, highlighting the factors that facilitated or hindered access to contraceptive methods. It seeks to understand the weaknesses and needs of women to propose effective educational strategies that expand knowledge, autonomy and the ability to make conscious choices.

In times of the COVID-19 pandemic, how was access to family planning impacted, and what factors influenced the inappropriate use of contraceptive methods by women in 2020 and 2021?

In this sense, the objective of the study was to describe the influence of the COVID 19 pandemic on family planning.

Theoretical Framework

Family Planning

Since 1984, with the implementation of the Women's Comprehensive Health Care Program (PAISM), family planning has been consolidated as a fundamental public policy in Brazil. Its actions are based on health education, promoting knowledge about contraceptive methods and ensuring women the free choice of methods appropriate to their individual needs. This approach aims to ensure the full exercise of reproductive rights, as provided for in the Family Planning Assistance Manual[7].

The absence of access to family planning compromises female citizenship, increasing the risks of unplanned pregnancies and perpetuating cycles of social vulnerability. In addition, family planning education provides women with benefits that go beyond contraceptive choice, such as body self-awareness, early detection of reproductive health conditions, and the reduction of clandestine abortions[7]. Studies by the United Nations National Population Fund (UNFPA) reinforce that investments in family planning generate significant economic impacts, such as savings in health care and increased national productivity[8].

Primary care plays a central role in this context, being responsible for health promotion, distribution of contraceptive methods, and carrying out educational and clinical activities. Law No. 9,263/1996 guarantees the provision of safe contraceptive methods scientifically approved by the Unified Health System (SUS), respecting the freedom of choice of individuals[9]. Currently, SUS provides nine contraceptive methods free of charge, including pills, injectables, condoms, diaphragm and intrauterine devices (IUDs)[10].

Public policies aimed at family planning

The regulation of family planning in Brazil advanced with the approval of Law No. 9,263/1996, which formalized access to contraceptive methods and health education[9]. From 2004 onwards, the National Policy for Comprehensive Attention to Women's Health (PNAISM) incorporated expanded guidelines, prioritizing vulnerable populations and promoting equity in access to reproductive health. Initiatives such as the Stork Network and the Popular Pharmacy Program reinforced the distribution of contraceptive methods and the realization of educational campaigns at the national level[11–12].

Ordinance No. 4,279/2010 established guidelines for the Health Care Network (RAS), promoting the integration and humanization of services. The National Primary Care Policy (PNAB) of 2011 consolidated primary care as a gateway to family planning, with actions ranging from prenatal care to child care, ensuring humanized care for women[13–14].

Contraceptive methods

The contraceptive methods offered by the Unified Health System (SUS) are classified as reversible and irreversible, with the former being subdivided into natural and unnatural. Each method has specific advantages and disadvantages, which should be considered when choosing, based on the patient's clinical profile and preferences[15].

Natural Reversible Methods:

- Table: It is based on the calculation of the fertile period. It is affordable but has a high failure rate due to variations in the menstrual cycle.
- Coitus interruptus: Requires interruption before ejaculation. Although widely used, it is not considered safe.

Unnatural Reversible Methods:

- Condoms: Male and female. They protect against sexually transmitted infections (STIs) and unplanned pregnancies.
- Diaphragm: Barrier method inserted into the vagina, used with spermicide. Protects against pregnancies, but not against STIs.
- Hormonal contraceptives: Available in pills, injectables, and implants.

Highly effective, but can cause side effects such as hormonal changes.

Long-Acting Methods (LARCs):

- IUD: Available in hormonal and non-hormonal versions. Requires clinical follow-up.
- Subdermal implants: Ensure long-term efficacy with low maintenance requirements.

Irreversible Methods:

- Tubal ligation: Surgery to block the fallopian tubes. Definitely and widely used.
- Vasectomy: Low-risk male procedure with a quick recovery.

During the COVID-19 pandemic, long-acting methods were recommended due to their prolonged efficacy and lower need for maintenance, reducing frequent visits to Basic Health Units [16].

Reproductive and sexual rights

Reproductive and sexual rights were internationally recognized at the Cairo Conference (1994) and incorporated into Brazilian legislation through Law No. 9,263/1996. These rights guarantee access to information, free choice of contraceptive methods, and full reproductive health, free from discrimination or coercion[17–18].

Methodology

This study is characterized as exploratory, longitudinal and descriptive, with a qualitative approach, started in November 2021. The descriptive research aims to collect and analyze data to describe the characteristics of the phenomenon studied. A questionnaire was prepared to capture information about the situation investigated. The qualitative approach sought to understand behavioral phenomena through the collection of narrative data, emphasizing the preferences and individual experiences of the participants. This approach also focuses on the meaning and intentionality of human relationships[19].

The research was carried out at the Women's Health Reference Center, in the municipality of Anápolis, Goiás, a unit focused on the care necessary for women's health. Women of reproductive age who attended the service participated in the study. The participants were interviewed individually, using a semi-structured data collection instrument, previously prepared.

Data Collection Procedures

The participants were invited in person, with a date and time scheduled during the day. During the first meeting, the research was presented and the Informed Consent Form (ICF) was delivered, which detailed the objectives and procedures of the research. After reading and clarifying possible doubts, the participants were asked about their agreement to participate. In cases where there was acceptance, the ICF was signed in two copies, one with the participant and the other with the researchers.

The interviews were conducted in reserved environments to ensure the privacy and comfort of the participants. The data were recorded through recordings on an MP4 device, with prior consent, and complemented with forms that included socioeconomic and cultural information of the participants.

For safety during the pandemic period, the researchers wore an apron or gown, PFF2 mask, goggles or face shield, cap or cap, and procedure gloves, maintaining a distance of 1.5 meters. The participants also wore masks throughout the interview, and 70% alcohol was made available for hand hygiene.

Ethical Aspects

The project was approved by the Research Ethics Committee of the Universidade Evangélica de Goiás, under opinion number 5.011.932, in accordance with Resolution No. 466/2012 of the National Health Council, which regulates research involving human beings[20]. All participants had their rights guaranteed, including anonymity, confidentiality of information and the freedom to refuse or interrupt their participation without any prejudice.

The records obtained during the research will be stored for a period of five years under the responsibility of the researchers. After this period, the physical materials will be incinerated and the digital records deleted.

Risks and benefits

The study was evaluated as having minimal risk for the participants, with the main risks related to psychoemotional aspects, such as discomfort when addressing personal issues. At the slightest sign of discomfort, the participants were asked about the continuity of the interview, being offered the necessary support and respecting their decision to interrupt or resume participation at another time.

Among the direct benefits, the potential therapeutic effect of dialogue stands out, which could provide emotional relief. Indirectly, the data generated by the research will contribute to the development of actions and studies that may benefit the future care of the participants and other women assisted in primary care.

There was no forecast of costs for the participants and, if they occurred, they would be reimbursed. The right to full and free care was guaranteed in case of damages resulting from the research, although no immediate damage was identified during the study.

Results and Discussion

The collection of studies had a total of 34 participants, whose socioeconomic and cultural information are highlighted in Table 1.

The prevalent age among the participants was over 46 years (n=17.50%), followed by a younger age below 18 years (n=1.3%). Regarding marital status, most participants were married (n=13, 38%), while a minority declared themselves widowed (n=1, 3%).

Regarding family composition, most reported living with their partner and children (n=13, 38%), followed by those who live only with their children (n=8, 24%). None of the participants reported living with friends or domestic servants. A minority reported living with their parents, or with their parents and children, or with their parents, children and siblings (n=1.3% in each category). Most women live with four or more people (n=14, 41%), while the minority lives alone (n=4, 12%).

Among the participants, the majority have children (n=31, 91%), while a minority have no children (n=3, 9%). Among those who have children, 38% have two children (n=13) and 21% have only one child (n=7).

In most households, only one person contributes to the family income (n=17.50%). Only one participant reported living exclusively on some government benefit (n=1.3%). In addition, most participants do not have health insurance (n=27, 79%).

Regarding skin color, most participants declared themselves to be brown (n=24, 71%). Regarding education, most women have completed high school (n=15, 44%), followed by those with incomplete elementary education (n=6, 18%). None of the participants declared themselves illiterate.

The means of communication most used by the participants are television and the internet (n=11, 32%), while none reported using books, newspapers or magazines as their main means of information.

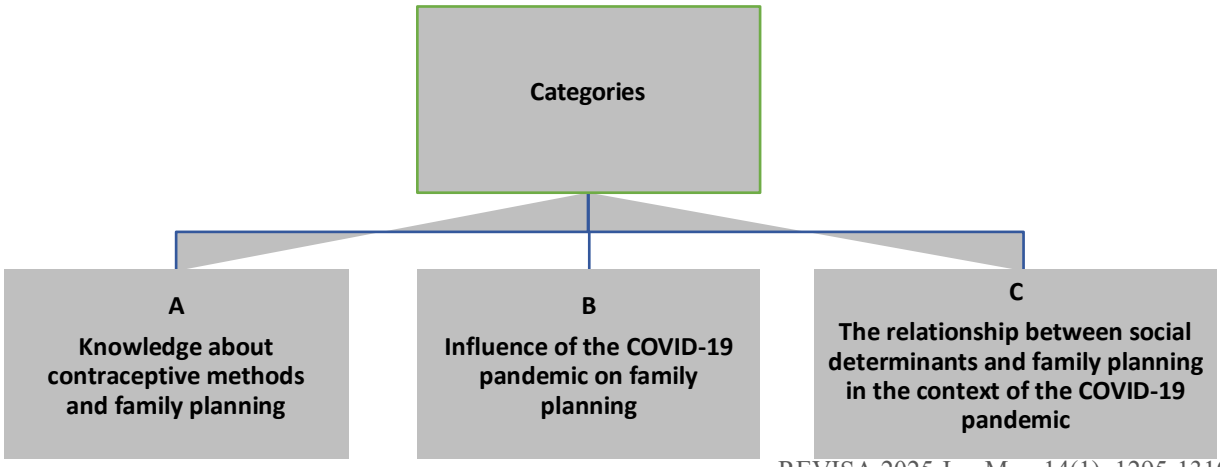
Table 1- Arrangement of the socioeconomic and cultural aspects of the participants, Anápolis, 2022.

AGE		**%**
< 18 years	1	3%
18 years – 25 years	5	15%
26 years – 35 years	2	6%
36 years – 46 years	9	26%
> 46 years	17	50%
MARITAL STATUS		**%**
Single	7	21%
Married woman	13	38%
Stable union	5	15%
Divorced	8	24%
Widow	1	3%
WHO YOU LIVE WITH		**%**
Alone	4	12%
Parents	1	3%
Offspring	8	24%
Partner and children	13	38%
Companion	5	15%
Relatives	1	3%
Friends	0	0%
Domestic servants	0	0%
Parents, children and siblings	1	3%
Parents and children	1	3%
Other		0%
HOW MANY PEOPLE LIVE THERE		**%**
1 person	4	12%
2 people	9	26%
3 people	7	21%
4 or more people	14	41%
CHILDREN		**%**
Yes	31	91%
No	3	9%
NUMBER OF CHILDREN		**%**
1 person	7	21%
2 people	13	38%
3 people	10	29%
4 or more people	1	3%
None	3	9%
NUMBER OF PEOPLE WHO CONTRIBUTE TO THE FAMILY INCOME		**%**
1 person	17	50%
2 people	13	38%
3 people	1	3%
4 or more people	2	6%
Government benefit only	1	3%

AGREEMENT		%
Yes	7	21%
No	27	79%
SKIN COLOR		**%**
White	7	21%
Brown	24	71%
Black	2	6%
Yellow (Eastern)	1	3%
Indigenous	0	0%
He/She prefers not to declare	0	0%
EDUCATION LEVEL		**%**
Elementary school	3	9%
Incomplete elementary school	6	18%
Middle school	15	44%
Incomplete high school	1	3%
Higher education	7	21%
Incomplete higher education	2	6%
Illiterate	0	0%
MEANS OF COMMUNICATION MOST USED		**%**
Newspapers	0	0%
Books	0	0%
Internet	11	32%
Magazines	0	0%
Television	5	15%
Television and newspaper	2	6%
Television and internet	11	32%
Television, newspaper and internet	1	3%
Everyone	4	12%

The following categories of analysis were listed to highlight the results found in the research: Knowledge about contraceptive methods; Influence of the COVID-19 pandemic on family planning; The relationship between social determinants and family planning in the context of the COVID-19 pandemic, which will be discussed in the following topics.

Figure 1 - Representative arrangement of the thematic categories that emerged from the interviews with the participants. 2024.



Category A – knowledge about contraceptive methods and family planning

Knowledge about contraceptive methods and family planning is a crucial element for women's autonomy and for the guarantee of reproductive rights. However, the data collected indicated that most of the women interviewed did not have sufficient knowledge about contraceptive methods or the concept of family planning. Many showed confusion, uncertainties and even contradictory answers, as observed in the statements below:

> *"[...] More or less (laughter)... No, my daughter, I don't know. It's because when I had my daughters I never prevented, never in that, you know, then even I didn't want to take medicine or injection, or anything, I even operated [...]" (Rose 29)*

> *"[...] That word contraceptive methods there, what is it? [...]" (Rose 10)*

> *"[...] Hmm, I think it's to not get pregnant anymore, right? [...]" (Rose 02)*

Although some women declared that they "knew" the methods, their answers demonstrated superficiality, reinforcing the lack of knowledge about contraceptives and the concept of family planning.

Impact of Limited Knowledge

The absence of adequate knowledge about contraceptive methods results in limited reproductive decisions. According to the United Nations Population Fund (UNFPA, 2021), family planning encompasses both knowledge about contraceptive methods and the support needed to ensure that men and women exercise their reproductive autonomy[17]. This right includes:

- **Contraceptive methods available:** pills, IUDs, condoms, implants, tubal ligations, vasectomies, and behavioral methods.
- **Infertility treatment:** another essential aspect that was largely ignored by the participants.

Family planning isn't just about preventing pregnancy; It is a process that empowers women, strengthens gender equality, and promotes reproductive autonomy[18].

Lack of Awareness of Contraceptive Methods

From the data collected, it was found that:

- 26% of participants had never used any contraceptive method in their lifetimes.
- Among those who have already used it, the most mentioned methods were oral contraceptives and male condoms. Statements such as that of Rosa, 25, corroborate these numbers:

> "[...] Interviewer: Do you or have you ever used any contraceptive method?
>
> Rosa 25: Yes, contraceptive, right? Already. [...]"

In addition, 26% of women demonstrated resistance to using contraception due to concerns about possible side effects, such as weight gain and hormonal changes. These fears often arise from the lack of precise guidance and the absence of advice from health services.

Comparisons with National Studies

Studies conducted by Andrade et al. (2009) have shown that knowledge about contraceptives among Brazilian women is limited, with emphasis on methods such as the pill (82%) and condoms (72%)[19]. However, on a practical level, the same studies point out that continuous use is even more restricted, being frequently replaced or abandoned due to lack of clinical follow-up[19].

The International Federation of Gynecology and Obstetrics (FIGO) emphasizes that the choice of method must be personalized, considering the physical, emotional and social context of the woman. Health professionals play a key role in this process, but as the data suggest, the basic health system has failed to provide effective support[20].

Category B – influence of the covid-19 pandemic on family planning

The COVID-19 pandemic has generated profound changes in health services around the world, prioritizing the fight against the virus to the detriment of other areas, such as family planning. Data from the United Nations Population Fund (UNFPA) indicates that more than 12 million women in 115 countries lost access to family planning services during the pandemic, resulting in 1.4 million unintended pregnancies[21].

Impact on Interviewees

The data from the present study revealed that only 6% of women reported a direct influence of the pandemic on their reproductive plans, with one of the main factors being the lack of access to gynecological consultations and contraceptive methods.

> "[...] Maybe it influenced me because I could have tried the IUD before, but it hindered the appointments with the gynecologist [...]" (Rose 30)
> Another account illustrates how social isolation led to an unplanned pregnancy:
> "[...] I didn't want to have another daughter... And now I'm pregnant lol (laughs). Because we spent a lot of time at home [...]" (Rose 07)

However, for most participants, the pandemic was not the main factor that limited access to family planning, as the lack of knowledge on the

subject was already evident before the health crisis, as demonstrated in the previous category.

Comparisons with Global Scenarios

The findings of this study corroborate UNFPA's prediction that inequalities in access to family planning would be aggravated by the pandemic. However, they reveal that the already existing gaps in health education and primary care policies were amplified, rather than created, by the pandemic[21].

Category C – relationship between social determinants and family planning in the context of the pandemic

Social determinants, such as schooling, race, and income, have a direct impact on knowledge of and access to family planning.

Schooling and Family Planning

Low education was a recurring factor among the participants, with 44% having completed high school and 18% only incomplete elementary school. In their statements, many women related the lack of information about reproductive health to their school trajectory:

> *"[...] I only did it until the fifth grade. I didn't learn anything from these things [...]" (Rose 9)*

The literature reinforces that education is essential to expand access to information on sexual and reproductive health. Studies such as that of Radulovic et al. (2006) show that women with higher education have greater knowledge and access to contraceptive methods[22].

Race and Social Vulnerability

Most participants declared themselves to be brown (71%), reflecting the predominance of racialized women in situations of vulnerability. National data indicate that Black and brown women are at higher risk of unplanned pregnancies and face greater barriers to accessing reproductive health services[23]:

> *"[...] I think it's brown, right? Or black, I don't know. [...]" (Rose 25)*

The National Policy for the Integral Health of the Black Population (BRASIL, 2017) highlights that structural racism directly impacts reproductive health indicators, evidenced by disproportionate maternal mortality among black women[24].

Income and Living Conditions

Half of the participants reported that only one person contributed to the household income, while 41% lived in households with four or more people. This economic precariousness was pointed out as a limiting factor for

prioritizing issues related to family planning.

"[...] Me, my husband and three children live. [...]" (Rose 01)

Final Considerations

In this survey, it was observed that most of the women interviewed did not perceive the COVID-19 pandemic as a factor that directly influenced family planning. However, the data revealed that this result is directly related to the generalized lack of knowledge on the subject, evidenced in the interviews, in which only a minority demonstrated some understanding of what family planning is. Even with 76% of the participants recognizing the importance of contraceptive methods, most of them did not know how to explore the topic clearly, presenting shallow or mistaken answers.

One of the most striking aspects found was the relationship between the socioeconomic situation of the interviewees and the low level of knowledge about reproductive health. Half of the households had only one person contributing to the income, while most households were composed of four or more residents. This reality directly reflects on the prioritization of basic needs to the detriment of investments in education. The pandemic has further aggravated this scenario, widening financial inequalities and limiting access to quality education, which, in the long run, can further impact knowledge about family planning and contraceptive methods.

Another relevant point observed was the feeling of insecurity and shame shown by many interviewees when asked about the topic. This reaction reflects the social and cultural sensitivity that still surrounds women's reproductive health, in addition to highlighting how much this subject is neglected. Despite this, at the end of the interviews, when they were instructed about family planning and contraceptive methods through didactic explanations, the participants reported satisfaction and demonstrated greater confidence. This reinforces the importance of educational strategies to empower women, promoting greater understanding and autonomy over their reproductive decisions.

Although the pandemic has limited access to health services, this study concluded that the lack of family planning is a structural problem that already existed before the health crisis. Many women do not even recognize family planning as a right guaranteed by the Constitution and public health policies. This lack of knowledge compromises adherence to and interest in the topic, perpetuating a cycle of economic and social vulnerabilities that affect, especially, women in low-income situations.

In view of this, the need to strengthen public policies and permanent health education actions is evident. The role of the nurse is fundamental in this process, not only as a care agent, but as an educator who must know the demands of their population, identify weaknesses and implement educational actions aimed at promoting reproductive health. These actions should be aimed at preventing unplanned pregnancies and sexually transmitted diseases, in addition to contributing to the reduction of social inequalities related to the lack of access to family planning.

Finally, the present study achieved its objectives, describing the

influence of the pandemic on family planning, women's knowledge about contraceptive methods, and the factors that hindered or facilitated access to them during the pandemic period. It is hoped that the results presented will contribute to the strengthening of public policies and educational actions that expand access to family planning, promote women's reproductive autonomy, and help build a more equitable and healthy society.

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