

67 - UNPLANNED PREGNANCY IN WOMEN THAT PARTICIPATED IN A GROUP OF FAMILY PLANNING

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1 INTRODUCTION

Unplanned pregnancy and the bad use of the attributes related to family planning make Brazilian women become pregnant without even being able to maintain the pregnancy or the child itself, and in this context, public health policies incorporate their attention instruments, often ineffective due to lack of understanding by the women about the effectiveness of the program (BEMFAM, 2003).

In terms of public policy attention to women's health in Brazil, until the emergence of the Program of Integral Assistance to Women's Health (PAISM), resulted in concern about the maternal and child, which even always be remained as the most emphasized by these policies. The central focus of several health maternal and child programs was in action over the bodies of women-mothers, in order to ensure that the children bodies been responsive to the needs of social reproduction (OSIS, 1998).

The interest for the development of this study came after realizing that women who attended in a Family Unit in the city of Sousa - PB reported to be part of the Family Planning Program in the same unit and still were pregnant and had not planned their children. It was realized the importance of a study to evaluate the possible causes of unplanned pregnancy.

2 OBJECTIVES

To understand the causes and feelings related to unplanned pregnancy in women that participated in a family planning group.

2.1 SPECIFIC OBJECTIVES

- To characterize the socio-demographic characteristics from pregnant women.
- To investigate the possible causes of unplanned pregnancy.
- To analyze the perception of women about family planning.
- To analyze women's feelings about the experience an unwanted pregnancy.

3 METHODOLOGY

This is a descriptive transversal study, both quantitative and qualitative, developed in a Family Health Unit - USF in the city of Sousa-PB. The population was consisted by women who participate in family planning group of the unit and the sample consisted of 25 women who became pregnant without having planned the pregnancy.

We used a data collection instrument type semi-structured questionnaire with 14 objective questions guiding in the socio-demographic and reproductive health of pregnant women. It also included four subjective questions, in order to examine women's feelings related to unplanned pregnancy and their perceptions about family planning. The quantitative data are organized in tables and qualitative data on reports, and being analyzed in light of relevant literature.

4 RESULTS AND DISCUSSION

The distribution of women by the age ranged from 13 to 35 years, mean 24 years, and 70% of pregnant women were 20 years old. According to the Ministry of Health, the reproductive age in the country ranges from 10 to 49 years (BRAZIL, 2002). Prevailed in this study the occurrence of teenage pregnancy, problem portrayed in many studies due to its social impact particularly on young people (OLIVEIRA, 2003; OLIVEIRA; BARROSO, 2006).

The total interviewed lived in a stable status, 70% of the sample had only completed elementary school not completed and 30% completed, 80% of interviewed considered themselves Catholic and others don't reported.

Regarding occupational status, 10% were working as domestic unregistered, and 70% was unemployed, which shows that 80% of women had a precarious financial position. This finding reveals the vulnerability of these women, because as stated Berquó (1985), a person without income, depending on the partner or family and, specifically during pregnancy is in a vulnerable situation.

Considering the classification of the Brazilian Association of Research Companies (ABEP, 2008), we can see that 100% of women surveyed belonged to socioeconomic class E. The financial situation influences directly on the care perspective, since there is a redirection of household income to purchase some consumer goods needed for the minimum material comfort, which demonstrates the difficulty of those mothers who became pregnant without planning their children (Almeida, 1991).

From those interviewed, 60% does not have their own home. This instability causes problems, therefore they share the household with relatives because their financial condition does not allow the establishment of a nuclear family in an restricted environment to their own constituents.

With regard to sexual initiation, 70% began aged 12 to 15 years. Studies show that it is this age group in which women are starting their sexual activity, even earlier (BRAZIL, 2002). It should be noted that early first intercourse is present in different social strata, may be admitted as a general trend. The number of unplanned pregnancies ranged from one, two or three, with the majority of women (70%) was experiencing her first pregnancy. It can be inferred that, somehow, they were due to the possible improper use of contraception, or even due to negligence on the part of the couple, since most of these women were teenagers when they became pregnant and it is known that adolescent behavior, is characterized by early initiation of sexual activity, concomitantly with the lack of knowledge about prevention methods, that associated with socioeconomic factors such as low education, resulting in a higher risk of unplanned pregnancy and other unwanted.

Despite that it was women who did not adhere to recommendations for an appropriate family planning, the majority (90%) were not attempted in any way derail the normal course of pregnancy, even in the face of socioeconomic adversity, perhaps justified by the fact influence of a religious nature, by participation in family planning group or even possible by support

from family and / or partner for the maintenance of pregnancy.

Issues related to family planning and women's feelings about unplanned pregnancy were organized into five major thematic analytical originated from responses to questions presented - use of contraceptive methods, side effects of hormonal contraceptives, lack of access to contraceptives, family planning seeking contraception and feelings about the current pregnancy.

USE OF CONTRACEPTIVE METHODS

Some women reported been pregated using one or two contraceptive methods associated "[...] use condoms more compressed [...]"; "[...] I avoided using condoms [...]"; "[...] because pregnant taking the pill got pregnant using condoms [...]"; This finding indicates the possible use of incorrect methods as condoms and the pill, when used correctly, give efficacy to prevent pregnancy 85% to 95% and 99% respectively (GIR and REIS, 2005). In other testimony we can see failures or even not using any contraceptive method: "[...] avoided using pill, but sometimes I forgot and thought it was bullshit [...]"; "[...] I took pill but forgot [...]"; "[...] I stopped using because forgot to pick it [...]"; "[...] I took nothing because I did not like taking medicine or using condoms [...]"; "[...] my partner took it out when he ejaculated [...]"; "[...] pregnant because I was inspired by my husband took the time to ejaculation, which in reality does not work [...]" With respect to these responses, it appears that the inconsistency in the use of the method or the inappropriate use were contributing factors to the occurrence of pregnancy. Among the behavioral methods, was the most cited by the research group. The coitus interruptus, despite well-known practice is not reliable, it use often occurs in casual sex (FERNANDES, 2003).

The negligent use of contraceptive methods due to ignorance about them, and particularly about the risks of pregnancy during the postpartum period, is also portrayed in the speeches of women participating in the study: "[...] I do not know how to avoid [...]"; "[...] I would still get to use, thought the first few times ran no risks [...]"; "[...] I nursed and still did not give importance to family planning [...]"; "[...] I had the impression that I was not ovulating and followed more or less a table [...]". The method of Ogino-Knauss (table) is also mentioned. Many women have heard in the table, has even used this method but do not really know how it works. According to Fernandes (2003), the mathematical nature of the biological method and confused women. Similarly, the cervical mucus method requires the notion of the functioning of the body. The strong scientific content inherent in explanation of its use, limit them to younger women or who had some degree of study, and thus its spread becomes narrower. Thus, these women's contraceptive option ends up being on the pill, due to lack of knowledge of all or part of other methods.

This evidence points to the need to review the planning of actions undertaken in the family planning group in order to enable the construction of knowledge and assisted the group to awaken the need for responsible involvement in the adoption of effective practices for family planning, empowering them to make decisions according to his desire and his partner in a family of decent life for all its members.

SIDE EFFECTS OF HORMONAL CONTRACEPTIVES

The occurrence of side effects of hormonal contraceptive use was another aspect of the lack of adherence to it, as shown in the statements below: "[...] I started and stopped, because I was not giving [...]]"; "[...] I was very sick, it seemed I were pregnant [...]"; "[...] my husband threw it away because I was not wanting anything with him, without wanted, you know? [...]"

After the menstrual changes, nausea, a headache and dizziness are the most common side effects reported by users of injectable progestin-only. The dropout rates resulting from all these combined side-effects ranged from 3% to 9% after 12 months, testing the OMS (BRAZIL, 2002). These effects are important for women from the negative impact on your quality of life. Therefore, it reinforces the need for adherence to other methods and that these women not only accountable for the choice and adherence. It is essential transpormos and commanding the macho culture of blaming the woman for preventing pregnancy and STDs.

LACK OF ACCESS TO CONTRACEPTIVES

Due to the low socio-economic status of women study participants and as for most the only form of access to contraceptives has come through the public health services, it was expected that these are unavailable on these services, therefore this would lead to discontinuing its use, as depicted in the statements below: "[...] I went to pick up in the post and was at fault because [...]"; "[...] I missed the post and he was without money to buy [...]"

The National Policy on Sexual and Reproductive Rights, launched by the federal government last March, provided a set of family planning activities. The stock, still in continuity, are geared to offer the people the means to decide to have children or not. The policy is against birth control and for the right decision. Through it, the Ministry of Health has undertaken to gradually meet 100% of the national demand by contraceptives. Until last year, the ministry provided between 30% and 40% of thme the remainder was responsibility of the states and municipalities (BRAZIL, 2010).

Unfortunately, there was through the testimony, the lack of supply of medicines such as contraceptives, because the available shows to be incompatible to meet the demand, which consists mainly of low-income people and therefore do not have to provide resources funding for this purpose, which, in the event of unwanted pregnancy, implies an increase in short-term social these families, from the arrival of a new member to share what we have so little in the face of what is worthy necessary for the life of a citizen.

PLANNED PARENTHOOD SEEKING THE CONTRACEPTION

The women surveyed also were asked about their perceptions of family planning and testimony that dealt predominantly presents as purpose only contraception: "[...] prevent children [...]" (told twice), "[...] I do not know. ""[...] conversation [...]"; "[...] ""[...] avoid family (mentioned twice); "[...] it is when people come to take the pill. ""[...] avoid child without meaning to."

Family planning must be addressed within the context of reproductive rights by ensuring that men and women the right to have children, preserving a basic right of citizenship provided in the Constitution (BRAZIL, 2002). Family planning involves the socialization of contraceptive methods and the right of free choice by users, with a stake in policy Comprehensive Health Care for Women advocated by the Ministry of Health since 1984. Therefore, ensuring access to the means to prevent or facilitate pregnancy, clinical-gynecological and educational activities to be aware that the choices are principles that govern this policy and that should be adopted by health care professionals, particularly the family health program, as part of its mission. Thus, the testimonies reveal a lack of breadth and significance of family planning, emphasizing the need for a new planning and restructuring activities undertaken so far in the unit surveyed.

FEELINGS ABOUT THE CURRENT PREGNANCY

The indecision, anguish, uncertainty and despair are some of the feelings of these women's statements regarding the arrival of a person in the family: "[...] I do not know. My husband is arrested and I don't know how I will survive." "[...] desperately I wanted to take medicine to quit, but my partner did not allow it." [...] recently I lost a sister and God send me a girl to stay in her place. "[...] regret ..."; "[...] I rejected just because my man left me away." "[...] I was desperated because I do not know how I'm going through another, without having anything in life."

Through these interviews we found that the pregnancy came causing great concern. In the face of most women in the study being a teenager, being pregnant may represent, for each one, a challenge to its maturity and the structure of his personality, because aside from having to adolescents experiencing early motherhood, still need to deal with issues order to cope with the financial maintenance of the child, when they still have a familial relationship of dependency. Thus, we agree with Ahmed and Correia (1990) by claiming that pregnancy can be lived with great pain as a disruptive moment, emerging feelings of guilt, requiring adjustments to individuals and families. Therefore, to prevent unintended pregnancy appears to be of substantial importance that family planning activities undertaken by the unit searched reassessed in order to propose strategies that result in greater efficiency, encouraging the experience of a healthy sexuality and resulting in better quality of life for women who participate in their actions.

Although we have shown feelings of loneliness because fellow imprisonment, rejection by the abandonment of companion and even the will to induce abortion, other evidence in the depositions was the desire to maintain pregnancy in the face of such adversity: "[...] even without planning was sought by two"; "[...] I was not planning to, but I did not regretted."

These statements reveal that, despite being a minority, some women expect their children met. For many women, the child would be a motivating force in their lives. A child would help them feel stronger, giving them reason to their lives (Knauth, 1997).

There are women who can not describe their feelings, as shown in the following statement: "[...] I feel a strange sensation, I can not explain", "[...] the plug didn't fall yet ...". This mother has not seemed to believe she was pregnant. It seems that the impact of news of a pregnancy, left her astonished face of such consequences and the responsibility to be assumed.

The poor or no socio-economic and even emotional to become mothers can lead to their decision to give the child up for adoption: "[...] I feel good, because I already found a family to give her son ...". This attitude seems to comfort the mother, since her son will be created by a family that apparently can provide better conditions for their creation of it. However, it should reflect on the possible emotional and psychological consequences on the mother in the future, and about the evaluation criteria used for selection for her family who will give your child and to what extent has this family circumstances (socio-economic psychological, emotional, etc.) to promote growth and healthy development of the child, in relation to psychosocial aspects.

In Brazil, even in cases where the adoption was made from a previous agreement between parents and adopters, the first legally forfeit all rights to the child, including visits. In practice, we find many women bearing children year after year, they can not create. Still, little is known about the impact that the delivery of a child brings into their lives. Mothers - and why not also the parents? - Who leave and those who deliver their babies for adoption, set themselves important sources of research, particularly in countries like ours, a provider of children for adoption (CECATTO, 2004).

CONCLUSIONS

We realize that the main causes of unplanned pregnancy greatly reside in the use inconsistent / inadequate contraceptive methods for various reasons such as lack of knowledge or incorrect knowledge about their use, discomfort related to the method selected, and unavailability of contraceptives at health unit family in which the users are met, conditions that suffer when growth associated with poor socioeconomic status of women and instructional study participants. Moreover, it was noted that the perception about family planning is limited primarily to contraception, not including the free choice method.

The feelings arising from unplanned pregnancies are constituted mainly of negative characteristics such as uncertainty, anger and despair about leaving a future for which the conditions of life did not seem the most promising. The findings highlight the need to review the family planning activities undertaken by emphasizing its importance to sexual and reproductive health of women, preventing the occurrence of unplanned pregnancy and allowing a better structure for the family constitution. Therefore, healthcare professionals should be reinforced educational activities, counseling and clinical activities, in an integrated and interdisciplinary approach, taking advantage of all visits by users to the practice of educational activities focused not only on contraception, the focus of dual protection but should encompass all aspects of women's integral health.

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UNPLANNED PREGNANCY IN WOMEN THAT PARTICIPATED IN A GROUP OF FAMILY PLANNING ABSTRACT

The development of this study came after realized that the pregnancy attended by the Family Planning Program, still were pregnant and had not planned their children. **OBJECTIVE:** To understand the causes and feelings related to unplanned pregnancy in women that participated in a family planning group. **METHODS:** Exploratory and descriptive research field with quantitative and qualitative approach. Developed in a Family Health Unit - USF in the city of Sousa-PB. The population was consisted by women who participate in the family planning that was consisted of 25 women who became pregnant without planned the pregnancy. To collect of data we used a semi-structured questionnaire with 14 objective questions and four subjective. The Quantitative data were analyzed like as to constitute a database, which were statistically analyzed using SPSS software, version 14.0. The subjective questions were qualitatively analyzed using the Analysis of Collective Subject Discourse (CSD), proposed by Lefèvre and Lefèvre (2005). **RESULTS:** The distribution of women by the age ranged from 13 to 35 years, that 70% of pregnant women were aged 20 years old. All lived in a stable status, 70% of the sample had only completed elementary school and 30% completed, 80% from the interviewed considered themselves Catholic and the others don't reported. Regarding occupational status, 10% were working as domestic unregistered, and 70% was unemployed. The main causes of unplanned pregnancy greatly reside in the use inconsistent / inadequate from contraceptive methods by various reasons such as lack of knowledge or incorrect knowledge about their used, and the unavailability of contraceptives at the family health unit. **CONCLUSION:** It was felt that awareness about family planning is limited primarily to contraception and do not include the freedom to choose the method so as not reaching the goal of the Family Planning Program.

KEYWORDS: contraception, family planning, adolescent.

GROSSESSE PAS PRÉVU CHEZ LES FEMMES PARTICIPANTS D'UN GROUPE DE PLANIFICATION FAMILIALE RÉSUMÉ

Le développement de cette étude a émergé après avoir réalisé que les femmes des programmes de planification familiale ont été enceintes, même sans avoir planifié leurs enfants. **OBJECTIF:** Comprendre les causes et les sentiments liés à une grossesse non désirée chez les femmes participant de groupe de planification familiale. **MÉTHODES:** Recherche exploratoire, descriptive avec l'approche quantitative et qualitative. Développé dans un Unité de Santé de la Famille - USF dans la ville de Sousa-PB. La population étudiée se composait de femmes qui ont participé à l'échantillon de planification de la famille, le group était constitué par 25 femmes qui sont tombées enceintes sans planification. Pour recueillir des informations, nous avons utilisé un questionnaire semi-structuré avec des questions objectives et subjectives. Les informations quantitatives ont été analysées de manière à constituer une base des informations, qui ont été analysées statistiquement avec l'aide du logiciel SPSS version 17.0. Les questions subjectives sont qualitativement analysées en utilisant l'analyse du discours collective, proposé par Lefèvre et Lefèvre (2005). **RÉSULTATS:** La répartition des femmes variait de 13 à 35 ans, et 70% des femmes enceintes avaient 20 ans ou moins. Toutes vivaient dans une union stable. 70% de l'échantillon ne avaient complété l'éducation de base et 30% avaient complété; 80% des répondants se considèrent comme catholiques et des autres n'ont déclaré pas la pratique religieuse. En ce qui concerne le statut professionnel, 10% travaillaient comme femme de chambre non enregistrés, et 70% étaient au chômage. Les principales causes de grossesse non planifiée grandement résider dans l'utilisation irrégulière ou inadéquates les méthodes contraceptives pour diverses raisons comme le manque de connaissances ou des connaissances erronées sur leur utilisation, et la non-disponibilité des contraceptifs à l'unité de santé de la famille. **CONCLUSION:** Nous avons constaté que la perception de la planification familiale est essentiellement limitée à la contraception et ne comprennent pas la liberté de choisir la méthode afin de ne pas atteindre l'objectif du programme de planification familiale.

MOTS-CLÉS: contraception, le planification familiale, l'adolescent.

EMBARAZO NO PLANIFICADO EN MUJERES QUE PARTICIPAN DE UN GRUPO DE PLANIFICACIÓN FAMILIAR RESUMEN

El desarrollo de este estudio se produjo después de darse cuenta de que las mujeres embarazadas asistidas en el Programa de Planificación Familiar no habían planificado sus hijos, y todavía estaban embarazadas. **OBJETIVO:** Conocer las causas y los sentimientos relacionados con el embarazo no planificado en las mujeres que participan en un grupo de planificación familiar. **MÉTODOS:** Es un estudio de campo exploratorio y descriptivo, con enfoque cuantitativo y cualitativo, desarrollado una Unidad de Salud de la Familia - USF en la ciudad de Sousa-PB. La población de estudio estuvo integrado por mujeres que participan de la planificación familiar y la muestra estaba compuesta por 25 mujeres que quedan embarazadas sin haberlo planeado el embarazo. Los datos fueran colectados por medio de un cuestionario semi-estructurado con catorce

preguntas objetivas y cuatro preguntas subjetivas. Los datos cuantitativos fueron analizados de manera que constituya una base de datos, los cuales fueron analizados estadísticamente utilizando el programa SPSS, versión 14.0. Las preguntas subjetivas analizaronse cualitativamente mediante el análisis de Discurso del Sujeto Colectivo (DSC), propuesta por Lefèvre y Lefèvre (2005). RESULTADOS: La distribución de las mujeres a respecto de la edad oscilaron entre 13 a 35 años, y 70% de las mujeres embarazadas eran mayores de 20 años de edad. Todas vivían en una unión estable; 70% de la muestra había completado sólo la educación primaria incompleta y 30% la educación primaria completa; 80% de las entrevistadas considerabanse con las prácticas religiosas católicas y las otras no informan ninguna práctica. A respecto de la situación laboral, 10% realizan tareas domésticas no registradas, y 70% estaban desempleadas. Las principales causas del embarazo no planificado en gran medida reside en el uso inconsistente o inadecuados de los métodos anticonceptivos por diversas razones como la falta de conocimientos o conocimientos erróneos sobre su uso, y la falta de disponibilidad de anticonceptivos en la unidad de salud de la familia. CONCLUSIÓN: Se consideró que la concienciación sobre la planificación familiar se limita principalmente a los métodos anticonceptivos y no incluyen la libertad de elegir el método, así no alcanzando la meta del Programa de Planificación Familiar.

PALABRAS CLAVES: Anticoncepción, planificación familiar, adolescente.

FAMILIAR GRAVIDEZ NÃO PLANEJADA EM MULHERES QUE PARTICIPAM DE UM GRUPO DE PLANEJAMENTO FAMILIAR

RESUMO

O desenvolvimento deste estudo surgiu após perceber que mulheres, mesmo sendo atendidas pelo Programa de Planejamento Familiar, estavam grávidas e não tinham planejado seus filhos. OBJETIVO: Desvelar causas e sentimentos relacionados à gravidez não planejada de mulheres participantes de um grupo de planejamento familiar. METODOLOGIA: Pesquisa exploratória descritiva, de campo, com abordagem quantitativa, desenvolvida em uma Unidade de Saúde da Família – USF, na cidade de Sousa-PB. A população foi constituída por mulheres que participam do planejamento familiar e a amostra foi composta por 25 mulheres que engravidaram sem terem planejado a gravidez. Para coleta de dados, foi utilizado um questionário semiestruturado com catorze questões objetivas e quatro subjetivas. Os dados quantitativos foram analisados de forma a constituírem um banco de dados, que foram tratados estatisticamente através do software SPSS, versão 14.0. As questões subjetivas foram analisadas qualitativamente utilizando-se a técnica de Análise do Discurso do Sujeito Coletivo (DSC), proposta por Lefèvre e Lefèvre (2005). RESULTADOS: A distribuição das mulheres quanto à faixa etária variou de 13 a 35 anos, sendo que 70% das gestantes tinham até 20 anos de idade. Todas viviam em união estável; 70% da amostra apresentavam apenas o ensino fundamental incompleto e 30% o completo; 80% das entrevistadas consideravam-se católicas e as demais não referiram prática religiosa. Quanto à situação ocupacional, 10% estavam trabalhando como domésticas sem carteira assinada, e 70% encontravam-se desempregadas. As principais causas da gravidez não planejada residem sobretudo no uso inconsistente/inadequado dos métodos contraceptivos por motivos diversos, tais como, desconhecimento ou conhecimentos errôneos sobre a utilização dos mesmos, além da indisponibilidade de contraceptivos na unidade de saúde da família. CONCLUSÃO: Verificou-se que a percepção sobre o planejamento familiar restringe-se basicamente à contracepção, não abrangendo a livre escolha pelo método, assim como não atingindo a meta do Programa de Planejamento Familiar.

PALAVRAS CHAVES: Contracepção, planejamento familiar, adolescente.