

Social representations of reproductive planning among women with unplanned pregnancies

Representações sociais sobre o planejamento reprodutivo entre mulheres em gravidez não planejada

Representaciones sociales sobre la planificación reproductiva de las mujeres con embarazo no planificado

Amanda Alcantara de Sousa¹, Dayanne Rakelly de Oliveira¹, Simone Soares Damasceno¹,
Glauber da Silva Quirino¹, Antonio Germane Alves Pinto¹, Rachel de Sá Barreto Luna Callou Cruz¹

¹Universidade Regional do Cariri. Crato, CE, Brazil

ABSTRACT

Objective: to understand the social representations of reproductive planning among women with unplanned pregnancies in the Family Health Strategy. **Method:** qualitative study, guided by the Theory of Social Representations, carried out with 15 pregnant women between April and May 2019. Semi-structured interviews were used. The data was organized using the Discourse of the Collective Subject, with the aid of DSCsoft[®] software. Research protocol approved by the Research Ethics Committee. **Results:** the social representations of women with unplanned pregnancies as evidenced by the Collective Subject Discourse were represented by eight central ideas, namely: "I didn't prevent myself, nor did he", "we prevented ourselves", "I would buy it", "I would get it at the health center", "build a family", "have this access", "I am not aware" and "I know it is available". **Conclusion:** the social representations in the women's speeches about unplanned pregnancies were based on a lack of knowledge about reproductive planning, the contraceptives available and their correct use.

Descriptors: Women's Health; Family Health Strategy; Family Development Planning; Contraception; Pregnancy, Unplanned.

RESUMO

Objetivo: conhecer as representações sociais sobre o planejamento reprodutivo entre mulheres em gravidez não planejada na Estratégia Saúde da Família. **Método:** estudo qualitativo, orientado pela Teoria das Representações Sociais, realizado com 15 gestantes, entre abril e maio de 2019. Utilizou-se a entrevista semiestruturada. Os dados foram organizados por meio do Discurso do Sujeito Coletivo, com auxílio do *software* DSCsoft[®]. Protocolo de pesquisa aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** as representações sociais das mulheres em gravidez não planejada evidenciadas pelo Discurso do Sujeito Coletivo foram representadas por oito ideias centrais, a saber: "eu não me preveni, nem ele", "nós nos prevenimos", "eu comprava", "pegava no posto", "construir uma família", "ter esse acesso", "estou por fora" e "eu sei que é disponível". **Conclusão:** as representações sociais nos discursos das mulheres em gravidez não planejada estavam pautadas no desconhecimento acerca do planejamento reprodutivo, dos anticoncepcionais disponíveis e seu uso correto.

Descritores: Saúde da Mulher; Estratégia Saúde da Família; Planejamento Familiar; Anticoncepção; Gravidez não Planejada.

RESUMEN

Objetivo: conocer las representaciones sociales sobre la planificación reproductiva de las mujeres con embarazo no planificado en la Estrategia Salud de la Familia. **Método:** estudio cualitativo, basado en la Teoría de las Representaciones Sociales, realizado con 15 mujeres embarazadas, entre abril y mayo de 2019. Se utilizaron entrevistas semiestructuradas. Los datos fueron organizados mediante el Discurso del Sujeto Colectivo, con ayuda del *software* DSCsoft[®]. El protocolo de investigación fue aprobado por el Comité de Ética en Investigación. **Resultados:** las representaciones sociales de las mujeres con embarazo no planificado reveladas por el Discurso del Sujeto Colectivo fueron representadas por ocho ideas centrales, a saber: "yo no me cuidé y él tampoco", "nos cuidamos", "yo los compraba", "los buscaba en el centro de salud", "construir una familia", "tener acceso", "no participo" y "sé que está disponible". **Conclusión:** las representaciones sociales en los discursos de las mujeres con embarazo no planificado se basaron en la falta de conocimiento sobre la planificación reproductiva, en los anticonceptivos disponibles y su uso correcto.

Descritores: Salud de la Mujer; Estrategia Salud de la Familia; Planificación Familiar; Anticoncepción; Embarazo no Planeado.

INTRODUCTION

Family planning comprises a set of actions to regulate fertility in order to guarantee equal rights, limit or increase the number of offspring for women, men or couples. Considering the expansion of the term family planning, the aim is to replace it with reproductive planning, since it can be carried out independently of starting a family, from a stable marital relationship, sexual life without partners and for those planning to start their sexual life¹.

In 2013, the Ministry of Health published the 26th Primary Care Handbook specifically focused on sexual and reproductive health, reaffirming this as one of the priority areas for action in Primary Health Care. Thus, sexual and reproductive planning requires the organization of health services and processes in the development of actions that are

capable of meeting needs related to the promotion of human sexuality, pre-conception, initial investigation and approach to infertility, access to assisted reproductive technologies, when necessary, as well as contraception and voluntary surgical sterilization, extending to actions in prenatal care, childbirth and the puerperium, humanized assistance in the face of abortion provided for by law and care for Sexually Transmitted Infections, involving all populations².

However, despite the important political advances in reproductive planning in relation to the sexual and reproductive health of men and women, there is a gap between the recommended norms and guidelines and their application in practice³. This reality is reflected in the high number of unplanned pregnancies, identified as a global health problem capable of generating significant adverse consequences for women, their families and the community⁴.

Each year, around 111 million unplanned pregnancies occur in low- and middle-income countries, which corresponds to 49% of all pregnancies in these countries⁵. In addition, this situation can result in 25 million unsafe abortions and 47,000 maternal deaths due to unplanned pregnancies⁶.

From this perspective, as a public health policy, sexual and reproductive planning, through the organization of services and work processes in the development of educational, clinical, and counselling activities, may be able to meet needs related to conception and contraception, which can be carried out by the Family Health Strategy (FHS)⁷.

It is possible that ignorance of contraceptive methods and their misuse is related to the majority of cases of unplanned pregnancy³. However, it should be borne in mind that contraception is seen from the technical and individual perspective of knowledge, use and access to contraceptive methods, disregarding the cultural aspect, permeated by values and beliefs. Consequently, providing guidance on methods and prescribing them does not mean that they are becoming part of women's daily lives; an analysis of the practices and social representations related to this context is necessary⁸.

Social representations are characterized as common sense, a set of socially constructed and shared beliefs and knowledge⁹. In view of this, knowing the experiences involved in the occurrence of unplanned pregnancies in areas covered by the FHS is essential in order to guide the care provided to users, allowing for a unique approach to each individual.

With this in mind, the following research question was outlined: What are the social representations of the reproductive planning program among women with unplanned pregnancies in the FHS?

Considering the importance of knowing how unplanned pregnancy occurs from the perspective of those who experience it, this study aimed to understand the social representations of reproductive planning among women with unplanned pregnancies in the Family Health Strategy.

METHOD

This is a qualitative descriptive study, guided by the COnsolidated criteria for REporting Qualitative research (COREQ) checklist and the Social Representations Theory.

The Theory of Social Representations, widely used in nursing, allows the researcher to understand the attitudes and behaviors of subjects in a given social context, based on the opinions expressed by the research participants themselves about the reality in which they are inserted, thus enabling nurses to develop interventions according to the specificities of each social segment¹⁰.

The study setting was an FHS team located in the urban area of the municipality of Crato, Ceará, Brazil. It was decided to invite all the pregnant women who mentioned an unplanned pregnancy who attended the team's prenatal consultations to make up the final sample. Given the intention of the Theory of Social Representations to retrieve the ideas socially shared among this group and not just the most prevalent ones, it was decided not to use theoretical data saturation¹¹.

The women were invited to take part in the study in the waiting room of the health unit itself, on the days of their prenatal appointments. Each pregnant woman was presented with the main points of the study and once they had expressed their willingness to take part, they were directed to a reserved area in the health unit itself.

The inclusion criterion was pregnant women with unplanned pregnancies who were undergoing prenatal care at the FHS. Adolescents under the age of 18 were excluded. It should be noted that the group of pregnant women seen at the basic health unit included women from all age groups within the reproductive age.

A total of 40 pregnant women were identified in the unit's prenatal register. Of these, 12 were in planned pregnancy and six were not present at the unit at the time of collection. The sample therefore consisted of a total of 22 women with unplanned pregnancies. After applying the established criteria, five were excluded because they were under 18. In addition, two did not agree to take part in the study. Therefore, 15 pregnant women made up the final sample.

The data was collected from April to May 2019 through semi-structured interviews. The questions included the socioeconomic aspects of the participants and the following guiding questions: 1) Tell me why you became unintentionally pregnant; 2) Explain whether you had access to contraceptive methods and how this happened; 3) Tell me about what you know about reproductive planning; 4) Tell me about your experience with the reproductive planning program at this FHS; 5) Tell me about the reproductive planning actions you know are carried out.

It should be noted that a pilot test was carried out with seven pregnant women from another health unit, who were not included in the final study sample. After minor adjustments to the questions, the survey was carried out.

The interviews were conducted individually, in the presence of the researcher and the research participant, and the audio was digitally recorded and transcribed in full. The mean duration of the interviews was six minutes and 42 seconds. The entire data collection process was carried out by the main researcher, who was a tenth-year nursing student.

The pregnant women were given an individual code containing the letter G, representing pregnant woman, and a number according to the order of the interviews, thus G1, G2, G3 and so on, as a representative form of their participation, guaranteeing their anonymity. The data was organized using the Collective Subject Discourse (CSD) technique, which was constructed by the authors' analysis and organized using the DSCsoft© software (version 2.0).

The DSC technique is a way of representing individual opinions that have similar meanings in a single category, forming a summary statement in the first-person singular. The technique consists of analyzing the verbal material collected in the interview in detail, extracting Central Ideas (CI) and key expressions from the statements, composing the synthesis discourses, which are the DSC. The key expressions are excerpts from the discourse that explain the essence of the statement's content and the CI is the expression that describes the meanings present in each set of key expressions¹².

The research protocol was approved by the Research Ethics Committee, in compliance with the resolution on the ethical aspects of research involving human beings and was only started after approval and the signing of the Free and Informed Consent Form by the participants.

RESULTS AND DISCUSSION

Table 1 shows the interviewees' sociodemographic profile. It can be seen that the age ranged from 18 to 41, the majority (66.7%) were married/stable, had living children (66.7%) and lived on an income of less than or equal to one minimum wage (73.3%).

In terms of the women's reproductive profile, there was a predominance of multigravid pregnancies. The desire not to have more children, evidenced by the unplanned pregnancy in this study, is in line with the social representations of puerperal women who reported not wanting another child, attributing this fact to unsatisfactory financial conditions, however, they remained vulnerable because they did not receive the proper guidance and were not informed about returning for appointments³.

In relation to marital status, it can generally be inferred that in women with a steady partner, the regular use of contraceptive methods, especially condoms, can be influenced by the stability of the relationship, leading to exposure to unplanned pregnancies¹³.

Table 1: Characterization of women with unplanned pregnancies (n=15).
Crato, CE, Brazil, 2019.

Variables	Category	n	f(%)
Age	18-24 years old	6	40
	25-29 years old	5	33.3
	30-34 years old	2	13.3
	35-39 years old	1	6.7
	40-44 years old	1	6.7
Marital status	Married/stable union	10	66.7
	Single	5	33.3
Education	Incomplete primary education	3	20
	Complete primary education	2	13.3
	Incomplete high school	2	13.3
	Complete high school	5	33.3
	Incomplete higher education	3	20
Occupation	Housewife	3	20
	Production assistant	2	13.3
	Student	3	20
	Unemployed	2	13.3
	Other	5	33.3
	Family income	< 1 minimum wage	4
One minimum wage		7	46.6
2 minimum wages		4	26.7
Religion	Catholic	10	66.7
	Evangelical	4	26.7
	Spiritist	1	6.7
Living children	None	5	33.3
	One	2	13.3
	Two	7	45.7
	Three	1	6.7

The DCS depicts the main ideas learned from the statements about the occurrence of unplanned pregnancies and knowledge of reproductive planning, which characterizes the set of social representations. The analysis revealed eight central ideas (CIs), presented below.

CI 1 – I didn't take any precautions, nor did he:

Social representations of the factors involved in unplanned pregnancies are identified based on the experiences of women who became pregnant without planning to and who did not use contraception regularly:

I was dating and I didn't take any precautions, nor did he. I trusted myself and it happened. I started taking the quarterly injection, but I stopped, I started putting on weight and the pill doesn't work for me, because I'm very clumsy, I take it once every few months. So, I wasn't taking the contraceptive. We used condoms, but there was always a little leak every now and then. I wanted to extend it, I was going to try to finish college and stuff, then get pregnant. (DSC I)

Various factors may be involved in the occurrence of unplanned pregnancies. Among the reasons cited in this DCS is the non-use of contraceptive methods due to their side effects.

It is well known that contraceptives can have side effects. However, access to a variety of contraceptive methods is a reproductive right for every woman, and it is clear that proper counseling on their use and side effects is important to avoid early discontinuation, with a view to deconstructing related myths and misconceptions¹⁴.

CI 2 – We prevent ourselves

On the other hand, some women were using contraceptives when they became pregnant:

We used condoms and I took the medication normally, I was taking pills, then when I finished taking them, when I looked, I was already pregnant. I took it every month and had a normal period. (DSC II)

There were also reports of unplanned pregnancies due to switching from one contraceptive to another without professional advice, as well as drug interactions between oral hormonal contraceptives and other medications:

I had to change my contraceptive and when I did, it happened. The other time it worked, I hadn't bled, this time I was bleeding, even after I'd had my period, so I made the change myself. (DSC III)

I was taking some strong medication; I had already been told that it cuts the effect of Cycle 21®. I took an antibiotic; some physicians say it was the antibiotic and others say it wasn't the case. (DSC IV)

On the other hand, in the second CI there are women with unplanned pregnancies, even though they reported using some contraceptive, but they bought it on their own or changed without professional advice, as identified in the second and third discourse.

It should be emphasized that the fact that a woman switches from one method to another does not prevent pregnancy from occurring, as it may be related to errors in medication management, either due to a lack of information or misinterpretation and misunderstanding. This fact can be seen in the social representations of women who expressed the mistaken use of contraceptives that require an interval, as in the case of oral contraceptive pills³.

Drug interaction was also mentioned as a cause of unplanned pregnancy, as seen in the fourth DCS. The pregnant women mentioned that they were informed about possible interactions with other medications and yet they did not use any additional protection. The use of condoms is still considered fragile, especially in stable partnerships, as they can be replaced by other alternative methods, which becomes worrying when there is a switch from a dual protection method to one designed only to prevent the possibility of pregnancy¹³.

This suggests insufficient or inadequate knowledge about the methods and how to use them, inattention on the part of the women and a weak link between the users and their FHS unit, since it doesn't seem to be a regular source of reproductive planning care.

CI 3 – I would buy

In relation to social representations about access to contraceptive methods at some point, it can be seen that practically all the women in the study had access to some contraceptive method:

I always had access. When I didn't have access to it at the health center, I would always buy it. I went to the doctor to find out which one, I even took the injection. I would buy it and the nurse would apply it. I stopped the injection and started taking the contraceptive, I tried to buy it myself and take it, I didn't go to the doctor to find out if I could take it or not. (DSC V)

In relation to the social representations related to the acquisition of contraceptive methods, in the third CI women reported buying them from commercial pharmacies, which suggests that contraceptives are not available at the health unit or that there are limited options for women to choose from. As a result, many women choose to buy contraceptives, disengaging from the service and being left without adequate professional follow-up, which may infer that access without quality assurance and inadequate management may be related to the occurrence of unplanned pregnancies.

The difficulty in accessing reliable information on the correct use of contraceptives, favoring self-medication or perpetuating doubts, as evidenced in this study, corroborates the social representations of women treated at a specialized outpatient clinic in a public hospital in Recife, where most of them reported having started using contraceptive methods without the guidance of a health professional, having presented side effects and contraindications to the use of the method¹⁵.

In addition, the study identified that there is a proportion of Brazilian women who do not use any contraceptive method, because they don't know where to go or who to contact for information, or they don't know how to use it, which means they don't avoid pregnancy⁸.

CI 4 – I would get it at the health center

Some interviewees depended on access to contraceptives at the health center:

Whenever we go to the health center, they tell us about it and there are always condoms for you to pick up. As soon as I had my first baby, at the clinic, the nurse tells you to take the right pills so you don't cut off the milk or have the wrong effect. (DSC VI)

The fourth CI includes women who obtained contraceptives from FHS pharmacies. It can be seen that access to contraceptive methods has improved¹⁶, however, this increase does not fully meet demand and the variety of methods available in public health services is still limited. This fact becomes evident when you find health units that make the

main contraceptive methods available, but not all of them are available and eventually the quantity is less than the demand from users, which can lead to discontinuity of care and one of the challenges faced by professionals in reproductive planning¹⁷.

The inclusion of a variety of contraceptive alternatives in public health services is seen as particularly important as it increases the possibilities of meeting the different needs of users, since the unavailability of contraceptives leads women to buy them in commercial pharmacies, not always accompanied by adequate guidance¹⁸.

CI 5 – Build a family

Knowledge of reproductive planning was commonly associated with the desire to build a family, with the particular importance of talking to one's partner and organizing oneself financially:

I don't know, the birth of a child must be planned. It's about thinking about your pregnancy all the time, planning so you can have it later. I think that when you want to build a family, you talk to your partner and plan everything, the pregnancy, having the child. When your husband is on your side and you both want it, then you do it step by step, not like what happened to me. You have to wait a bit financially, organize everything properly, when both people are well equipped, less worried, you have to be both working and not have so many debts, so that you don't only need the Unified Health System (Sistema Único de Saúde, SUS), because the SUS is also very complicated, then you can plan. (DSC VII)

The concept of reproductive planning was exposed through the particular understanding and interpretation of each woman through common sense in the fifth CI. This concept acts as a way of organizing the family and planning emotionally and financially and is shared with the partner. The idea related to the economic context, presented in this study, coincides with the social representations of women who have been influenced by factors related to the economic context in which they live, and is a necessary tool for avoiding unwanted pregnancies and having children in accordance with financial conditions¹⁹.

In this way, the FHS is an ideal place to provide education and counseling on fertility and infertility, offering users the possibility of making a choice, either to prevent pregnancy or when the desire is to become pregnant. However, there is a scarcity of studies on educational activities aimed at infertility, which could mean that the subject is little explored or that these activities are absent in primary care²⁰.

CI 6 – Having this access

In the sixth CI, the women mentioned reproductive planning as a way of gaining access to contraceptives at the FHS. It can therefore be inferred that the practice of reproductive planning recommended by the Ministry of Health is not compatible with the actions carried out by the FHS under study, in which contraceptives are distributed but the relevant guidance is not given.

I've heard of it, I know a little, but I've never taken part. It's about taking care of yourself, planning, having access, the issue of prevention, that's all I know, there's access here at the health center to medication, contraceptives, and condoms, but I've never been followed up. (DSC VIII)

In addition to the limitations of the methods on offer, which are basically hormonal, contraceptive actions and practices are very prescriptive, and questions about self-knowledge about the body and the effects of the methods are hardly addressed²¹.

It can be seen that the actions are restricted to biological issues, with guidance focused only on contraceptive methods²². This is far from the approach recommended by the Ministry of Health, in which the work of the health team in assisting reproductive planning should involve three main types of activities: educational, clinical and counseling².

It is therefore necessary to provide comprehensive care that takes into account the socio-cultural context, so as to avoid reductionism and fragmentation of actions in reproductive planning and to include all SUS users⁸.

Therefore, the quality of reproductive planning can be achieved through comprehensive actions in the health network, guaranteeing access to information and modern contraceptive methods, encouraging adherence to healthier behaviors, strengthening women's knowledge about controlling their fertility and implementing adequate primary care for men, women, and adolescents, favoring the full exercise of sexual and reproductive rights²³.

CI 7 – I am not aware

In relation to the women's social representations of their knowledge and experience of the FHS's reproductive planning program, all of them said that they had never taken part in any related activities:

I haven't had any experience. I don't know of any activities; I've never taken part in this. I don't know if there are any exams, any tests to see if you're compatible with that medication, I don't know, because I only went after I got pregnant, to do my prenatal care, not before. I just come to the doctor and that's it, that's all, I don't know if it's because we don't have time to be here either. (DSC IX)

In relation to women's experience of the reproductive planning program, the seventh CI showed a lack of knowledge of sexual and reproductive health actions. It can be seen that targets and strategies to reduce the number of unplanned pregnancies is not prioritized, since there are no specific educational campaigns on reproductive planning and contraception, which translates into the implementation of ineffective policies, with unequal access to contraceptives²⁴.

CI 8 – I know it is available

On the other hand, limited knowledge of the methods offered at the health unit as part of the reproductive planning program, according to the eighth CI, may be related to the practice of frequent visits to the health unit just to receive contraceptives. Knowledge about the provision of methods at the FHS, as part of the reproductive planning program, was observed:

I've always known that there are pills, injections, and condoms at health centers. I know there's a nurse who gives advice and a doctor who gives the medication, I just know it's available. The nurse gives us the most support. I never had access because I wasn't interested. (DSC X)

It is up to the multi-professional team at the FHS to carry out educational activities, both individually and collectively, providing information so that the community knows about the reproductive planning program and its purpose, as well as its importance, the contraceptive methods available, how to use them correctly, possible side effects and to accompany the couple when they want to become pregnant⁷.

Therefore, understanding the social representations of women with unplanned pregnancies, treated in the context of the FHS, about reproductive planning can significantly contribute to the professionals involved rethinking their care practices and providing women with a space for listening and dialog, which includes the exchange of information, access to contraceptive methods and the transmission of guidance on sexual and reproductive health, in order to contribute to health promotion and the prevention of unplanned pregnancies.

Study limitations

The study's limitation stems from the fact that the research was only carried out in one FHS team, limiting the generalization of the data, which could result in a more comprehensive view of the social representations of reproductive planning in the municipality studied.

CONCLUSION

The social representations in the women's speeches about unplanned pregnancies were based on their lack of knowledge about the reproductive planning program, the contraceptives available and their correct use. Women's limited knowledge of contraceptive methods and their acquisition on their own can result in unsafe behavior due to the lack of professional support, resulting in unplanned pregnancies. On the other hand, it should be noted that most of the participants had access to some form of contraceptive, most of which they bought from commercial pharmacies, and even so, it didn't prevent unplanned pregnancy from being the outcome, so having access without a guarantee of quality is not effective.

In this context, it is essential to standardize the service by using protocols and establishing flows, providing ongoing training, and guaranteeing resources. In addition to professionals and managers who are committed and qualified to implement existing policies, providing comprehensive, quality care.

REFERENCES

1. Canario MASS, Gonçalves MF, Teixeira EMB, Silva AFAQS, Ferrari RAP, Pelloso SM, et al. Reproductive planning and vulnerability after childbirth: a cohort from southern Brazil. *Rev Enferm UFSM*. 2020 [cited 2023 Aug 02]; 10:1-20. DOI: <https://doi.org/10.5902/2179769240659>.
2. Ministério da Saúde (Br). *Saúde sexual e saúde reprodutiva*. 2013. Brasília: Ministério da Saúde, 2013. [cited 2023 Aug 02]. Available from: https://bvsm.s.saude.gov.br/bvs/publicacoes/saude_sexual_saude_reprodutiva.pdf.

3. Santos KSS, Paixão GPN, Brito PMC, Jerônimo AS, Oliveira EHSA. A experiência de mulheres no pós-parto sobre o planejamento familiar. *Saúde Pesqui.* 2019 [cited 2023 Aug 02]; 12(1):177-85. DOI: <https://doi.org/10.17765/2176-9206.2019v12n1p177-185>.
4. Morges Y, Worku SA, Niguse A, Kelkay B. Factors associated with the unplanned pregnancy at Suhul General Hospital, Northern Ethiopia, 2018. *J Pregnancy.* 2020. [cited 2023 Aug 02]. DOI: <https://doi.org/10.1155/2020/2926097>.
5. Sully EA, Biddlecom A, Darroch JE, Riley T, Ashford LS, Lince-Deroche N, et al. Adding It Up: Investing in Sexual and Reproductive Health 2019. Guttmacher Institute. 2020. [cited 2023 Aug 02]. Available from: <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>.
6. Bellizzi S, Mannava P, Nagai M, Sobel HL. Reasons for discontinuation of contraception among women with a current unintended pregnancy in 36 low and middle-income countries. *Contraception.* 2019 [cited 2023 Aug 02]; 101(1):26-33. DOI: <https://doi.org/10.1016/j.contraception.2019.09.006>.
7. Reis AC, Galdino CV, Balbino CM, Silvino ZR, Santos LM, Joaquim FL. Planejamento Familiar: o conhecimento da mulher atendida no Sistema Único de Saúde sobre a saúde reprodutiva. *Res Soc Dev.* 2020 [cited 2023 Aug 02]; 9(8):1-17. DOI: <https://doi.org/10.33448/rsd-v9i8.5450>.
8. Trindade RE, Siqueira BB, Paula TF, Felisbino-Mendes MS. Contraception use and family planning inequalities among Brazilian women. *Cienc Saude Colet.* 2021 [cited 2023 Aug 02]; 26(Supl. 2):3493-504. DOI: <https://doi.org/10.1590/1413-81232021269.2.24332019>.
9. Silva IFS, Rodrigues ILA, Nogueira LMV, Silva HP, Palmeira IP. Representações sociais do cuidado em saúde por mulheres quilombolas. *Esc Anna Nery.* 2022 [cited 2023 Aug 02]; 26:e20210289. DOI: <https://doi.org/10.1590/2177-9465-EAN-2021-0289>.
10. Pinheiro GGC, Rodrigues IDC, Dias GA, Marcolino EC, Gomes BRS, Miranda FAN. Contextual analysis of the social representations theory in the perspective of qualitative research in nursing. *Rev Enferm Cent-Oeste Min.* 2019 [cited 2023 Aug 02]; 8:e2722. DOI: <https://doi.org/10.19175/recom.v9i0.2722>.
11. Zermiani TC, Freitas RS, Ditterich RG, Giordani RCF. Discurso do Sujeito Coletivo e Análise de Conteúdo na abordagem qualitativa em saúde. *Res Soc Dev.* 2021 [cited 2023 Aug 02]; 10(1):1-11. DOI: <https://doi.org/10.33448/rsd-v10i1.12098>.
12. Lefevre F, Lefevre AMC. Discourse of the collective subject: social representations and communication interventions. *Texto Contexto Enferm.* 2014 [cited 2023 Aug 02]; 23(2):502-7. DOI: <https://doi.org/10.1590/0104-07072014000000014>.
13. Spindola T, Oliveira CSR, Costa DM, André NLNO, Motta CVV, Melo LD. Uso e negociação de preservativos por acadêmicos de enfermagem. *Rev Recien.* 2020 [cited 2023 Aug 02]; 10(32):81-91. DOI: <https://doi.org/10.24276/rrecien2020.10.32.81-91>.
14. Silva DDM, Anjos ECV, Diniz MB. Efeitos adversos e a descontinuação do uso de anticoncepcionais orais. *Revista Interdisciplinar Ciências Médicas.* 2022 [cited 2023 Aug 02]; 6(2): 22-7. Available from: <https://revista.fcmmg.br/index.php/RICM/article/view/152>.
15. Pedrosa EN, Corrêa MSM, Ferreira LCG, Sousa CES, Silva RA, Souza AI. Contracepção e planejamento reprodutivo na percepção de mulheres com doença falciforme. *Rev Gaúcha Enferm.* 2021 [cited 2023 Aug 02]; 42:e20200109. DOI: <https://doi.org/10.1590/1983-1447.2021.20200109>.
16. Ruivo ACO, Facchini LA, Tomasi E, Wachs LS, Fassa AG. Disponibilidade de insumos para o planejamento reprodutivo nos três ciclos do Programa de Melhoria do Acesso e da Qualidade da Atenção Básica: 2012, 2014 e 2018. *Cad Saúde Pública.* 2021 [cited 2023 Aug 02]; 37(6):e00123220. DOI: <https://doi.org/10.1590/0102-311X00123220>.
17. Monçalves KLM, Wilhelm LA, Silveira A, Ferreira CLL, Silva SC, Soliz PP, et al. Choice of hormonal contraception by women assisted in primary care: limiting factors and fear. *Cienc Cuid Saude.* 2023 [cited 2023 Aug 02]; 22:e65836. Available from: <https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/download/65836/751375155808/>.
18. Brandão ER. Métodos contraceptivos reversíveis de longa duração no Sistema Único de Saúde: o debate sobre a (in)disciplina da mulher. *Ciênc Saude Colet.* 2019 [cited 2023 Aug 02]; 24(3):875-9. DOI: <https://doi.org/10.1590/1413-81232018243.10932017>.
19. Silva RM, Araújo KNC, Bastos LAC, Moura ERF. Planejamento familiar: significado para mulheres em idade reprodutiva. *Ciênc. Saúde Colet.* 2011 [cited 2023 Aug 02]; 16(5):2415-24. DOI: <https://doi.org/10.1590/S1413-81232011000500010>.
20. Paixão TT, Wall ML, Aldrighi JD, Benedet DCF, Trigueiro TH. Cuidados de enfermagem em saúde reprodutiva à mulher na Atenção Primária à Saúde: revisão integrativa. *Rev Fam, Ciclos Vida Saúde Contexto Soc.* 2022 [cited 2024 Abr 06]; 10(4):812-24. DOI: <https://doi.org/10.18554/refacs.v10i4.6083>.
21. Justino GBS, Stofel NS, Gervasio MG, Teixeira IMC, Salim NR. Educação sexual e reprodutiva no puerpério: questões de gênero e atenção à saúde das mulheres no contexto da Atenção Primária à Saúde. *Interface (Botucatu).* 2021 [cited 2024 Abr 06]; 25. DOI: <https://doi.org/10.1590/interface.200711>.
22. Franze AMAK, Benedet DCF, Wall ML, Trigueiro TH, Souza SRRK. Reproductive planning in health guidelines: an integrative review. *Rev Fam Ciclos Vida Saúde Contexto Soc.* 2019 [cited 2023 Aug 02]; 7(3):366-77. DOI: <https://doi.org/10.18554/refacs.v7i3.3759>.
23. Costa ACM, Oliveira BLCA, Alves MTSSB. Prevalência e fatores associados à gravidez não planejada em uma capital do Nordeste Brasileiro. *Rev. Bras. Saúde Mater. Infant.* 2021 [cited 2024 Abr 06]; 21 (2): 473-83. DOI: <https://doi.org/10.1590/1806-93042021000200007>.
24. Vieira KJ, Barbosa NG, Monteiro JCS, Dionízio LA, Gomes-Sponholz FA. Adolescents' knowledge about contraceptive methods and sexually Transmitted infections. *Rev. baiana enferm.* 2021. [cited 2023 Aug 02]; 35. DOI: <https://doi.org/10.18471/rbe.v35.39015>.

Authors' contributions

Conceptualization, A.A.S.; Methodology, A.A.S.; Validation, A.A.S., D.R.O., S.S.D., G.S.Q., A.G.A.P. and R.S.B.L.C.C.; Formal Analysis, A.A.S.; Investigation, A.A.S.; Resources, A.A.S.; Data Curation, A.A.S.; Manuscript Writing, A.A.S., D.R.O., S.S.D., G.S.Q., A.G.A.P. and R.S.B.L.C.C.; Writing – Review and Editing, A.A.S., D.R.O., S.S.D., G.S.Q., A.G.A.P. and R.S.B.L.C.C.; Visualization, A.A.S., D.R.O., S.S.D., G.S.Q., A.G.A.P. and R.S.B.L.C.C.; Supervision, A.A.S.; Project Administration, A.A.S. All authors read and agreed with the published version of the manuscript.