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ANALYSIS ON SEX EDUCATION AND FAMILY PLANNING IN A SOCIOECONOMIC VULNERABILITY POPULATION

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Abstract: The extension project "HEALTH PROMOTION IN ASSISTANCE ENTITIES OF PONTA GROSSA 1st Edition" works with the aim of propagating the promotion, protection and recovery of health in women from lower classes in a vulnerable socioeconomic neighborhood in Ponta Grossa. Within this, the discussion of family planning within the community served was inserted, so that sexual and reproductive conditions are better met and these people have a better perspective of the future and, consequently, better quality of life. The main objective is for the population to consider their reproductive behavior and their decisions to have children or not as a medical discussion, which must be brought to the office or whatever the care service is. The present work used the application of a questionnaire that addresses aspects of reproduction, especially contraception practices, in addition to focusing on issues related to Sexually Transmitted Infections (STIs) and maternal and child health. In addition, medical students belonging to such extension action clarify doubts related to this topic brought by women from the community served.

Keywords: Family planning, Reproduction, Sexuality.

PROGRAM OR PROJECT NAME

HEALTH PROMOTION IN TOP ASSISTANT ENTITIES GROSS 1st Edition.

TARGET AUDIENCE

The extension actions developed in the project are aimed at women and children served at the Sociedade de Amor ao Primeiro (SAP) and at ABC Tio Barros in Ponta Grossa. Most of the people who attend the place are multiparous women of reproductive age or who had an early pregnancy.

MUNICIPALITIES AFFECTED

Ponta Grossa - PR.

EXECUTION PLACE

ABC Tio Barros – Street: Dr Edgar Sponholz, 441, Contorno, Ponta Grossa – PR, Brazil.

JUSTIFICATION

Within the community, it was observed that the fertility rate of the region, that is, the number of live children had by a woman until the end of her reproductive age, (DATASUS, 2021) seemed to be higher than the same indicator when compared to other realities. sociocultural. There was also a lack of planning about family and sexuality and misinformation about contraception and motherhood.

One of the great challenges around this topic is that, even today, responsibility for some functions of reproductive life is exclusively female and has a social priority focused on women, even if she is inserted in a stable union context, which overloads her. (FERNANDES, 2003) In addition, many project participants are single mothers or are in relationships with aggressive and dominating partners, aggravating the situation.

Thus, it is a medical attribute to inform patients of their reproductive rights, which are intrinsically related to citizenship and the basic right to health. Furthermore, family planning has an economic-demographic approach; much needed in more vulnerable communities. The project proposes to improve the quality of the information that reaches these patients, as well as to clarify them about their sexual and reproductive rights, so that they can make coherent and individual decisions about their future and their family.

GOALS

- 1. The objectives are related to knowing the sociodemographic profile of the population served;
- 2. Understand the reproductive profile of patients;
- 3. Evaluate the contraceptive methods used:
- 4. Assess STI knowledge and care;
- 5. Evaluate female cancer prevention methods.

METHODOLOGY

An individual questionnaire was carried out with 31 women assisted at the SAP, in which the following questions were asked about:

Personal data: Age, Work, Education, Ethnicity.

Relationship: Stable Union.

Menstruation: Menarche, Menopause (age, use of hormone treatment) Preventive: Date of last examination.

Breast exam: Physical exam, Mammography.

Sexuality: Active sex life, first intercourse, information about pregnancy and STIs.

Family planning: Information on the topic, contraceptive method (correct use, failures), pregnancies (wanted or not, age, number, deliveries, abortions).

Maternal and Child Health: Infant Mortality, Low Birth Weight.

Breast-feeding.

RESULTS

The population studied comprised 31 women aged between 18 and 68 years, of which 25 (80.6%) are currently unemployed. Within the group that has a job, 4 work as day laborers, 1 works with recycling and 1 with plate pyears embroidery; however, all are informal workers, excluded from labor rights,

without financial security. This way, they seek the project in order to obtain material and food support, as well as medical assistance.

Regarding education, only 3 interviewees completed high school. Data on this topic are shown in the table below.

About affective relationships, 41.9% of them say they are in a stable union and many are in troubled unions and involved in a cycle of violence, submission and aggression. In addition, most of this population is currently single and there are many cases in which there was financial and emotional abandonment by the ex-husband.

Furthermore, the age at which they reported having gone through menarche was between 9 and 17 years and most of them had already become pregnant and started to live in stable unions shortly after this milestone. Due to this, their adolescence and youth were cut short, abandoning their studies and losing any perspective of a future that could bring a better quality of life and professional success.

Regarding contraceptive methods, 9 of the 31 women interviewed underwent tubal ligation (29.0%), 6 of them use a quarterly contraceptive injection (19.35%), 4 take oral contraceptives (12.9%), 1 use male condoms (3.2%) and the rest (11 - 35.4%) do not use any contraceptive method. Of these, 5 have already passed through the climacteric. However, despite the majority using the methods, there was a fertility rate far above the national average, ranging from 1 to 12 pregnancies, with an average of 4.12 pregnancies/woman, which shows that there is misinformation about the correct use, and that they undergo sterilization after a high number of pregnancies. In this sense, intervention is necessary to improve the information of these patients on the subject.

Regarding the Pap smear, it was observed that 64.5% of the women interviewed failed to undergo it in the last year and most of them do

Conclude series	d	1°	2°	3°	4°	5°	6°	7°	8°	9°	1° High School	2° High School	3° High School	The person does not remember	The person did not study
Number o	f	1	2	3	3	1	3	3	2	3	4	0	3	1	2

Age of menarche	Number of women	Ages of first relationship	Ages of first pregnancy	
9	2	13 and 14 years	16 and 15 years	
10	1	13 years	13 years	
11	4	13, 13, 15 and 16 years	15, 22, 17 and 16 years	
12	5	14, 15, 16, 17 and 18 years	15, 16, 26, 17 and 20 years	
13	6	14, 14, 16, 16, 17 and 18 years	15, 17, 17, 20, 18 and 22 years	
14	5	14, 15, 16, 17 and 22 years	15, 15, 16, 18 and 29 years	
15	6	16, 16, 17, 19, 20 and 22 years	16, 16, 19, 19, 25 and 22 years	
17	1	17 years	17 years	

not have the information of such importance that this screening test represents. In addition, the vast majority of patients have never had a mammogram, even those who are old enough for such a procedure.

FINAL CONSIDERATIONS

It is interesting to mention that the Ministry of Health emphasizes that health professionals are responsible for assisting in conception and contraception, in addition to informing the population about their rights for both purposes. (MOURA, 2007). This way, the extension project develops the skills of the students, making them able to carry out such competences, which will be widely applied in the daily practice of medicine in the Family Health Strategy (ESF).

After obtaining these data, the purpose would be to focus on topics in which patients have more doubts and difficulties, clarifying what is necessary and deconstructing stigmas in relation to this subject. It is interesting to clarify the patient about the co-responsibility that must exist with the partner and that family planning is a medical discussion, within which each human being must be evaluated individually, focusing on their private aspects. Currently, planning maternity is a broad and plural subject; it has become essential in the psychological formation of a healthy adult to be a child who was born wanted and, above all, by prepared parents. This way, the objectives are focused on dealing with conflicts that may arise regarding the focus of interest of the mother and the child. (SANCHES, 2016).

In addition, it is a great challenge to deal with such plural themes and that present such a significant stigma in society, covering other issues such as sexuality, gender and comprehensive patient care. There is a great need to continue work on this topic in the community served, reinforcing concepts about contraceptive methods and their correct use, sexually transmitted infections and tests that have the screening function, such as Pap smear and Mammography. It is believed that there are social and collective benefits for patients, as they gain greater autonomy in decisions relevant to their daily lives and the socioeconomic conditions of the neighborhood can be improved with the institution of family planning in these people's lives.

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