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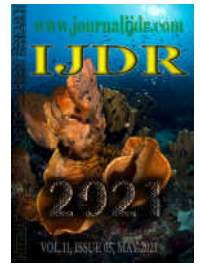
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RESEARCH ARTICLE

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FEMALE EMPOWERMENT ABOUT REPRODUCTIVE PLANNING ACTIONS: AN INTEGRATIVE REVIEW

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ABSTRACT

Objective (s): Analyze the autonomy of women when choosing fertility and contraception based on scientific literature. **Methodology:** The present study described an exploratory and descriptive research, of the type integrative review. A search for products was carried out in the MEDLINE, BDNF and LILACS databases. To improve the sampling, inclusion and exclusion samples were used, providing a final sample of 11 (eleven) articles. **Results:** In this way, it is possible to read and interpret 11 articles to test the objective of this research. **Conclusion:** The sexual and reproductive health scenarios of women presented in the articles that make up this review are the conclusion of a corrupted health system, since nursing professionals who are going unnoticed by their basic functions.

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INTRODUCTION

The concept of Sexual and Reproductive Rights and Health was attributed at the International Conference on Population and Development (ICPD), Cairo Conference, in 1994. Similar to the definition of health, given by WHO, the ICPD brings that satisfactory sexual and reproductive health it must also be the result of biopsychosocial balance, and not just the absence of pathologies (CAIRO, 1994). The ICPD, being more specific and going further when it comes to public policies, gives clarity to the facts when it states that it has the right to freely decide whether or not to start a family, which contraceptive method to use if desired, the spacing between pregnancies, family planning to decrease episodes of unplanned and / or unnecessary pregnancy interruption, access to abortion under legal and safe conditions and reduction and prevention

of the incidence of Sexually Transmitted Infections (STIs) (CAIRO, 1994). Thus, in 1996, in Brazil, Law No. 9,263 was created, which is the citizen's right to reproductive planning, inserted in a scenario of holistic and comprehensive health care. Ensuring the user access to preventive and educational actions, trained professionals, availability of quality means, methods and techniques, in an equal way to regulate fertility according to the desire of the woman, man or couple (BRASIL, 1996). Such public policy is based on favoring and facilitating individuals to enjoy their right to make decisions about their sexuality and reproduction without discrimination, coercion or violence. Planning life according to needs is a basic health action, promoted by attention to reproductive health (BRASIL, 2013). However, even the Brazilian federal constitution of 1988 establishing gender equality and removing men from the position of sole provider. Even though specific legislation exists for sexual and reproductive rights, studies show the maintenance of female vulnerability through

the repetition of cases of discrimination and prejudice arising from society as a whole and achieving the autonomy of their bodies (BARBOZA; JUNIOR, 2017). Contributing to the conjuncture of the lack of enjoyment of rights are health professionals, with their share of collaboration being poorly performed. Evidencing in such a way, the need for professional training, implementation of Public Policies and deepening in the theme for that women can exercise their sexuality safely and free from prejudice and oppression (FILHA et al., 2018). In view of the above, the following question arose: How do women position themselves in society in relation to family planning? In order to answer the question of this study, the general objective was: to analyze the autonomy of women when choosing fertility and contraception based on the scientific literature.

METHODOLOGY

The present study is characterized by exploratory and descriptive research, of the integrative review type. Such methodology condenses the result of several researches available on a given subject, thus guiding practice based on scientific evidence. Composed of six stages distributed as follows: definition of the guiding question "how do women position themselves in society in relation to family planning?"; search for material in the literature; data collect; critical analysis of studies; discussion of results; and the presentation of the integrative review (MENDES, SILVEIRA, GALVÃO, 2019). The search for productions took place in the databases Online System for Search and Analysis of Medical Literature (MEDLINE), Nursing Database (BDENF) and Latin American and Caribbean Literature in Health Sciences (LILACS), using the connective Boolean "OR" for having presented a larger number of relevant studies and the following Health Descriptors (DeCs): Sexual and Reproductive Health; Family planning; Feminine Autonomy.

In this way, the descriptors were used together in a single search, with the connective among them. From the research product, the following filters were applied: main subjects, being contraception, sexual and reproductive health and family planning; data base; language; article. In order to improve the sample, primary articles in Portuguese, research with human beings were used as inclusion criteria, with abstracts and texts available online and published from 2009 to 2019. Duplicate articles, review articles, theses, dissertations were excluded from the research, and experience reports. The search was carried out in March 2020, through online access to data platforms, following the inclusion and exclusion criteria previously established, providing a final sample of 10 (de) articles.

RESULTS

According to the search descriptors and filters, there were a total of 215 articles. After the inclusion and exclusion criteria in the MEDLINE database, 18 articles resulted, among which, 5 were selected after reading the titles and only 1, after reading the abstract, for full analysis. On the BDENF platform, 80 articles were made available, 20 chosen after reading the titles, with only 4 being read in full. While in the database LILACS 131 articles were available, 22 were elected due to the reading of the titles and 5 finally for full observation.

Thus, 10 articles were interpreted to achieve the objective of this research, as shown in the table below. Table 1: Description of the articles analyzed according to the database, title, year of publication and magazine. João Pessoa, PB, Brazil (2020). Among the variables found in the analysis carried out on the articles, is the year of publication, the regions with the most research and the published magazines. In this way, an average of two annual publications were made in the period from 2011 to 2019. Most of them were made in southeastern Brazil. However, it is pertinent to emphasize that even though the descriptor "nursing" or some other related to the area was not used during the search for articles, most of the publications were made in nursing journals.

DISCUSSION

After a thorough and careful reading of the data contained in the selected articles, it was possible to develop two categories based on elements identified in the results, discussions and conclusions, which are: Category 1: The conscious use of contraception and a lower rate of unplanned pregnancies in women with higher level of education; and Category 2: Failure of nursing care regarding reproductive planning and its consequences. The items presented by each category is the result of research carried out with women of childbearing age recommended by the Ministry of Health (2011), therefore between 10 and 49 years old, considering differences in educational and socioeconomic levels.

Category 1: The conscious use of contraceptives and a lower rate of unplanned pregnancies in women with a higher level of education.

Statistically, Brazil has a fertility rate of 1.7 children per woman, below the world average of 2.5. The sharp drop in a short time, compared to Europe, was due to the country's marked socioeconomic determinants. However, inequality remains markedly, with education and income more relevant, as it reflects access to information and services. Causing a direct impact on the country's fertility (BRAZIL, 2018). Confirming and giving completeness to the inversely proportional statistics, Medeiros et al (2016), shows that the restrictive female life since childhood is related to the oppression of some figure male, or persons who are under the orders of the head of the family. Reflecting on knowledge about sexuality, reproduction and contraceptive methods. In this way, the more access to information and the greater socioeconomic power, the fewer children and the less access and purchasing power, the more children.

Submission makes these women sporadically use the male condom while single and then start to use oral or injectable contraceptive methods when they are in solid relationships. If there is a suspension at any time, either due to bad adaptation, exchange or will. Causing a direct association about knowledge, correct use and effective prevention and keeping women under great reproductive responsibility (MEDEIROS et al., 2016). However, the scenario varies, being more common in women who start sexually earlier and who drop out of school due to their motivation. There are still cases among adolescents due to factors that involve difficulty in negotiating condom use with their partner, naivety, desire for a more stable relationship with the partner or even the strong desire for motherhood with the expectation of a change in social status (RIBEIRO et al., 2019). Therefore, inequality of access to education, especially higher education, according to the ethnic differences that make up the Brazilian population scenario, directly reflects on the health-disease process including sexual and reproductive health. In this way, the more teaching and information opportunities offered, the easier access to highly effective contraceptive methods will be, postponing marital unions and decreasing the rates of unplanned pregnancies, also reflecting on the later start of sexual life and the frequency condom use (PEREIRA et al., 2014).

Supporting the idea that curiosity coupled with adolescent misinformation, creates the ideal scenario for health teams to develop health education actions aimed at sexual and reproductive practices, considering that knowledge generates empowerment and in this case makes it increasingly less the woman's body, something unknown to her and restricts the free command of others. Such educational actions are intended to show what is interconnected from menarche, as well as to provide security for opening speech about doubts, fear, desires and emotions. In addition to providing the health team with the opportunity to get to know the health reality of its female population in order to develop prevention and recovery actions. The Health at School Program (PSE) can be used even more positively to spread information in a correct, safe and welcoming way. Since the health team can train teachers, resolve doubts, participate in meetings with guardians and with the young people themselves.

Table 1. Description of the articles analyzed according to the database, title, year of publication and magazine. João Pessoa, PB, Brazil (2020).

Database	Title	Year	Magazine	Location
LILACS	Pregnancy planning: prevalence and aspects associated companies.	2011	RevistaEscoladeEnfermagem USP	Marília/SP
BDENF	Adolescent pregnant women and the use of methods contraceptives.	2012	Revista dePesquisa: Cuidados Fundamentos	Rio Janeiro/RJ
LILACS	Evaluation of contraceptive knowledge among pregnant adolescents in a basic health unit in the District Federal.	2012	JournaloftheHealthSciencesInstitute	Brasília/DF
LILACS	Sexual health practices and contraceptives in university students: a descriptive study.	2014	OnlineBrazilianJournal ofNursing	Rio Janeiro/RJ
MEDLINE	Experience women about contraception in perspective of gender.	2016	Revista Gaúcha de Enfermagem	LagoaSeca/PB
BDENF	List of socioeconomic, sexual and social conditions reproductive health regarding the use of contraceptive methods prisoners.	2016	Revista de Enfermagem UFPE	Teresina e Picos/PI
LILACS	Sociodemographic aspects, sexual and reproductive history and contraceptive knowledge of adolescent and adults.	2018	Revista de Enfermagem Centro Oeste Mineiro	Diamantina/MG
LILACS	The experience of women in the postpartum period on planning familiar.	2018	Revista de Saúde e Pesquisa	Senhor do Bonfim/BA
BDENF	Sexual and reproductive health in the puerperium: Addiction of women.	2019	Revista de Enfermagem UFPE	
LILACS/BDENF	Adolescent pregnancy and methods contraceptives: management and the impact of knowledge	2019	Revista Nursing (São Paulo)	Nova Iguaçu/SP

Source: Autorial, 2020.

The lack of information and encouragement for knowledge and autonomy of the body, makes the woman unaware of the changes that can occur in the reproductive system throughout life, leaving them at the mercy of the decisions of other people including health professionals. These decisions range from how and when to have sex with your partner, when and how many children to have, as well as which contraceptive method to choose, whether permanent or not (JUSTINO et al., 2019). Because they are subjected to other people's decisions, women end up making the wrong use of contraceptive methods mainly in the puerperal period. And, because they are not aware of the importance of postpartum consultation, they end up not doing it, and when it is performed, the professionals stop to prescribe contraceptives according to their own judgment and care for the baby (SANTOS et al., 2019). Knowledge is limited about the fertile period and contraception, but they differ from one group to another. Lara et al (2018) emphasize that although adult women have a higher percentage of knowledge, in view of their life experiences, this fact does not exclude health education for this audience as well. However, in the case of adolescents, it is well known that they are known to exist and they even use some contraceptive method, but it is not known how it works or how their body behaves. Mostly it is not known how menstrual cycles occur, how many days they last, but they affirm a desire for pregnancy. Which does not mean to say that you have the anxiety and the necessary learning for motherhood (SPINDOLA; SIQUEIRA; CAVALCANT, 2012). In this way, the rates of use of contraceptive methods are high, but it does not imply that it is being used correctly and continuously. As well as not using it does not mean the desire for pregnancy at that moment (DUARTE; HOLANDA; MEDEIROS, 2012).

CONCLUSION

The scenarios of sexual and reproductive health of women presented in the articles that make up this review are the conclusion of a corrupted health system, since nursing professionals are going unnoticed by their basic functions. The culture of working only with family planning is backward due to cultural and historical factors that effectively limit the expansion of care for female demands, talking about prevention only after being pregnant or when you are in the

puerperium does not make much sense. The incentive is to work on sexual and reproductive planning, and in this way there is a range of themes to be scored with the population. Women need to feel safe with the choices they make and to be less judged by their actions, to take charge of their sexual and reproductive health in order to be welcomed and cared for as a whole, they need to be freed from the wishes of others. The nurse professional must have the sensitivity to understand that an unwanted pregnancy differs from an unplanned pregnancy. The act of explaining this to the woman or being able to extract it from the effective dialogue during the prenatal period and understanding that the woman may have the desire to be a mother and love her children, but not identify with the mother, reinforces the idea that the ties with the users who are members of its territory should be increasingly closer for the realization of health education in order to offer effectively the promotion, protection and recovery of health. In view of the study presented, it is possible to see the need for more health education activities, presence and involvement with the community by the multidisciplinary primary care team, especially the role of nursing. The population still demands information, breaking barriers, prejudices, taboos and it is essential to naturalize what is physiological. In this way, the window of possibility for new field studies that may propose changes in the community reality is open, which in fact contribute to the freedom that must be offered to women, together with a humanized, complete and quality care.

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