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FACILITATORS AND BARRIERS IN REPRODUCTIVE PLANNING FOR MIGRANT WOMEN: PERCEPTIONS OF PRIMARY HEALTH CARE NURSES IN THE EXTREME NORTH OF BRAZIL

***Amanda Ramos de Brito, Fernanda Zambonin, Mônica Letícia Martins Franco, Andreia Maria Thurler Fontoura, Rayanne Coco Cunha, Giovanna Rosario Soanno Marchiori and Audrey Pereira Vidal**

Rua Pau Rainha 561 Paraviana, Brazil

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****Corresponding author:***
Amanda Ramos de Brito,

ABSTRACT

Introduction: Migrant women, especially those of reproductive age, are in a more vulnerable situation, facing barriers that compromise access to reproductive planning and comprehensive health care. Primary health care nurses play a strategic role in ensuring sexual and reproductive care. ***Objective:*** To analyze the barriers and facilitators encountered by nurses working in services related to reproductive planning for migrant women. ***Methods:*** A qualitative, descriptive, and exploratory study was conducted with 20 nurses working in primary health care units in Boa Vista-RR. Data collection took place during the month of October. Qualitative data were analyzed using thematic content analysis. Results: Two categories were developed: 1) Facilitators for nurses' work in reproductive planning for migrant women, highlighting free access, timely practices, welcoming environment, and bonding; 2) Barriers to nurses' work in reproductive planning for migrant women, pointing to language barriers, economic issues, discrimination, xenophobia, and cultural diversity. ***Conclusion:*** Barriers and facilitators related to the role of nurses in providing care to migrant women can help implement relationships and actions that improve reproductive planning for migrant women.

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INTRODUCTION

Migration has emerged as one of the main demographic phenomena of our time, directly impacting public policies, labor markets, and social protection systems. Latin America has experienced an increase in this human mobility in recent decades. A trend of changing migration patterns, observed since the mid-20th century, stands out: the increase in migration between regions of Latin America and the Caribbean (Baeninger; Silva, 2018). In Brazil, the state of Roraima, due to its strategic geographic location and the presence of land routes providing direct access to Brazilian territory, has become one of the entry points for these immigrants. Between 2016 and 2017, Roraima accounted for approximately 64% of all registered immigrants from Venezuela (Baeninger; Demétrio; Domeniconi, 2021). In this scenario, a relevant aspect that needs to be considered is the fragility of the system, infrastructure, and supply of resources in Brazilian health institutions – especially in the State of Roraima – a problem that already existed before the advent of migration, since the demand for health services has been growing in parallel and proportionally to the influx of migrants (Barreto; Rodrigues; Barreto, 2018).

In the context of contemporary migrations, there is a growing visibility of women as protagonists in international mobility processes, frequently assuming the role of leaders who guide family relocation (Oliveira, 2018). The feminization of migration reveals multiple vulnerabilities that intertwine between gender and displacement, in contexts marked by precarious work, the feminization of poverty, and the absence of support networks. Many migrant women face economic, educational, and informational limitations that restrict their autonomy and decision-making capacity, resulting in less access to sexual and reproductive health services (Neilsson; Sturza; Dezordi Wermuth, 2020). Ensuring access to sexual and reproductive health is an essential dimension of promoting women's comprehensive health, especially in contexts of human mobility. For vulnerable migrant women, exercising this right faces significant obstacles. These factors compromise access to contraceptive methods, adequate prenatal care, and childbirth and postpartum care, increasing the risks of adverse outcomes, obstetric complications, and increased maternal and infant morbidity and mortality. This reality is even more critical in border regions, where the health system has been meeting a high demand generated by the

arrival of migrant women (Cavalcante Neto; Oliveira; Egry, 2023; Pan American Health Organization, 2017). The role of the nurse stands out due to the performance of care practices within the multidisciplinary team, contributing significantly to comprehensive and continuous care (Pires; Lucena; Mantesso, 2022). In addition, they play a fundamental role in the coordination and execution of reproductive planning actions, being responsible for providing guidance on different contraceptive methods, monitoring their proper use, ensuring confidentiality and respect for the autonomy of users, and promoting comprehensive care (Nóbrega Ventura et al., 2022). In this sense, this study becomes relevant by highlighting barriers related to the performance of nurses in the face of demands related to the reproductive planning of migrant women in Primary Health Care in Boa Vista-RR; contributing to the recognition of the care dynamics that are established in a context marked by care pressures, sociocultural diversity, and structural inequalities. In this way, the following question can be shared: How have nurses dealt with the challenges of ensuring reproductive planning for migrant women?This study aims to analyze the barriers and facilitators encountered by nurses working in services related to reproductive planning for migrant women.

METHODS

This is a qualitative, descriptive, and exploratory study. Descriptive studies are used to describe the facts and phenomena of a previously known reality, but from a new point of view (AUGUSTO et al, 2013). Exploratory research seeks to explore the problem in order to provide detailed information in a systematic way. Conducted in the municipality of Boa Vista – RR, located in the north of the country, this study is part of a multicenter project entitled "Health Conditions and Needs of Migrant Women or Women in Refugee Situations in Brazil" developed by researchers from the Federal Fluminense University and the Federal University of Roraima. The sample consists of primary care nurses in Boa Vista who attend to migrant women and perform activities related to reproductive planning. Currently, the municipality has 36 units distributed throughout the capital's territory. Nurses with more than six months of experience working with the migrant population were included. Those who were on vacation or medical leave were excluded. The number of interviews conducted reached saturation of responses from the 18th interview onwards, however, 20 interviews were completed, collected through semi-structured interviews, in person, using a script of open-ended questions. The interviews were conducted opportunely, according to the professional's availability, using a consulting room to conduct the stage in privacy. A telephone was used to record the interviews, with verbal authorization and signature of the Informed Consent Form. The interpretation of the data from the interviews was conducted from a qualitative perspective, valuing the meanings that the participants attribute to their experiences. For this purpose, the thematic content analysis technique was adopted (Bardin, 2016), going through the following stages: pre-analysis, exploration of the material and treatment of the results. Ethical aspects related to the research were considered, guaranteeing the privacy and anonymity of the research participants. Data collection occurred after approval of the research project submitted to the Ethics Committee (Approval No. 7,570,059).

RESULTS

Group of 20 nurses, composed mostly of 90% (n=18) female and 10% (n=2) male, the average age of the participants was 34 years. Regarding the length of training, the average was 9 years, ranging from a maximum of 20 years to a minimum of 5, the average time of work in PHC was 5 years, the educational level of the sample was composed of 60% specialists and 40% masters.After successive readings of the interviews, it was possible to carry out the thematic categorization according to the registration units and context units, as shown in Table 1.

Table 1. Thematic categorization according to the registration units and context units

REGISTRATION UNIT	CONTEXT UNIT	THEMATIC CATEGORIZATION
Contraceptive Planning Method IUD Reproductive Offer Sexual Implanon Contraceptive Offer Injectable Available Desire To get pregnant Search	Free demand by migrant women for services related to reproductive planning.	Facilitating the role of nurses in the reproductive planning of migrant women.
Consultation Prenatal Nursing Age Visit Maternity Ward Risk Approach Access Delivery Team Pregnant Woman Schedule	Timely actions and strategies to meet women's needs regarding reproductive planning.	
Understanding Language Spanish Idiom Portuguese	Language barriers as an obstacle to access and understanding.	Barriers to nurses' involvement in reproductive planning for migrant women
Respect Culture Cultural Different Custom Culturally Explain Respect Impose Evidence Difference Scientific	Cultural interaction and implementation of cross-cultural care	

Source: own authorship (2025).

Category 1: Facilitating Nurses' Performance in Reproductive Planning for Migrant Women

It was found that a significant portion of the care provided by nurses stems from spontaneous demands, where the user seeks the service without the team's intervention, and is mainly related to the search for contraceptive methods and guidance focused on the pre-conception period, exemplified in the following statements:

> *"They are seeking access to reproductive planning, whether for contraception, which is the most common." (ENFA12)*
> *"Migrant women seeking care at the unit frequently present needs related to access to contraceptive methods." (ENFA19)*

Many methods are associated with the offer, oral medications, injectables, IUDs, irreversible methods such as tubal ligation, but the protagonism of the choice is given to the women, evidencing an action based on autonomy of choice, respecting their preferences.

> *Explain better to them how each method works or when the method chosen by them needs some explanation. (ENFA8)*
> *And then, in my case, I present the methods we have here at the Basic Health Unit, she chooses, and then I refer her to the professional. (ENFA11)*

I always try to listen actively, observe cultural practices and values, avoid judging, and maintain women's autonomy of choice over their bodies. (ENFA 19)

The work of these professionals is realized, above all, through welcoming, identified in the statements as an essential practice of qualified listening and rapprochement between the team and users.

We do the welcoming. So, every consultation that the user needs in primary care, they need at the health center, they need to go through the welcoming process. And the nurse is the one who does this welcoming. So we do this welcoming with qualified listening where we understand what the person's needs are for the service, and when I see a woman of childbearing age, I usually address this issue. (ENFA16)

Reproductive planning is transversal to various care practices, being included in multiple care settings, such as gynecological consultations, cytopathological examination collections, and general clinical care. This transversality reflects the sensitivity of professionals in recognizing and taking advantage of different moments of contact with migrant women as opportunities to promote guidance on sexual and reproductive health, expanding the reach of actions and strengthening the comprehensiveness of care.

Normally, within the gynecological consultation, we address reproductive planning, offering the contraceptive methods available within the network. ENFA 5

The interviewees pointed to the existence of factors that favor access to reproductive planning, such as better management of schedules, the expansion of appointments, and the availability of professionals, a reflection of the recent strengthening of Primary Health Care teams in Boa Vista.

We experienced an expansion of coverage in Boa Vista, so I think that also facilitated it. Today we live with a smart agenda, so we don't have just one day for prenatal care, we provide prenatal care every day. We also have the issue of welcoming, with qualified listening, so I think all of this has improved and facilitated access. (ENFA 16)

Category 2: Barriers to the performance of nurses in the reproductive planning of migrant women.

It is observed in the nurses' narratives that migrant women have their own demands and preferences regarding reproductive planning. However, these needs are not always fully met, due to factors that go beyond the sphere of care practice, also involving organizational and management limitations of health services. As evidenced in the statements:

Also regarding the availability of medication, if it is a drug treatment, sometimes it is not available in the health unit, sometimes there is a shortage of medroxyprogesterone, sometimes there is a shortage of contraceptives, so this is a problem. ENFA 9

They generally don't have access to methods; contraception is often unavailable, so they start with one, and then the following month they have to replace it with another.ENFA1

They look for equipment, which is what we call an Implanon, but it's not yet available to us in the SUS (Brazilian public health system). ENFA 2

The nurses' narratives revealed the complexity of care in contexts marked by cultural, social, and linguistic diversity. Language emerged as one of the most significant barriers in the communication process between nurses and migrant women, compromising the understanding of information regarding services and methods available in the context of reproductive planning.

But there's the linguistic difficulty, which sometimes gets in the way a little. ENFA9

DISCUSSION

The interviews revealed multiple dimensions that permeate the practice of nurses in providing reproductive planning care to migrant women, highlighting the complexity that pervades this assistance within the context of primary health care. This complexity emerges both from the diversity of demands presented by these women and from the strategies adopted by professionals to meet their needs, mediated by cultural, social, and structural factors. Ensuring access for migrant women to sexual and reproductive health services is not only a care necessity but also a concrete expression of human rights and the right to health enshrined in the 1988 Federal Constitution and the Organic Law of Health (Law No. 8,080/1990). Within the SUS (Brazilian Unified Health System), primary care represents the main gateway to the care network, being the privileged space for health promotion, prevention of health problems, and longitudinal monitoring of women throughout their reproductive cycle. Thus, ensuring that migrant women have access to reproductive planning services and guidance on their rights is essential for achieving social justice and health equity (Brazil, 2017; Lúcio; Santos; Nobre, 2023).

Sexual and reproductive health is internationally recognized as a fundamental component of women's well-being and autonomy. The 2030 Agenda, through the Sustainable Development Goals (SDGs), especially Goal 3, which is to ensure healthy lives and promote well-being for all, and Target 3.7, which provides for universal access to sexual and reproductive health services by 2030, reinforces the global commitment to expand this access, including populations in vulnerable contexts, such as migrants (United Nations, 2015; Tanaka et al., 2024). The contraceptive methods offered by the Brazilian Unified Health System (SUS) include the intrauterine device (IUD), oral and injectable contraceptives, emergency oral contraception, internal and external condoms, subdermal implant, and surgical procedures (Brazil, 2025). During the interviews, all these methods were mentioned by the nurses, demonstrating knowledge and practical use of the options available in the public network. On the other hand, behavioral methods, such as lactation-induced amenorrhea, the rhythm method, and withdrawal, were not mentioned in the narratives. This absence may be related to the professionals' recognition of the high failure rates of these methods, which reinforces a technical stance based on scientific evidence and guided by contraceptive safety and efficacy.

A study conducted in Japan with migrant women from Nepal, whose objective was to identify gaps and challenges related to the sexual and reproductive health (SRH) needs of these populations, found that participants preferred the use of male condoms and oral contraceptives. The motivation for the choice was mainly due to ease of access, absence of language barriers, and low cost, whether due to free access or a more affordable price in the host country. This finding highlights how contextual, sociocultural, and economic factors directly influence the choice and use of contraceptive methods among migrant women (Tanaka et al., 2024). Convergently, a study with Venezuelan migrant women in Roraima conducted in 2019 revealed that, although contraceptives are offered free of charge by public health systems, difficulties persist in accessing and obtaining the desired methods. Among the 79 women who sought contraception, 50 (63.3%) reported not being able to obtain their chosen method, and 40 (50.6%) stated that they did not have access to any contraceptive method. The main unavailable methods reported in the research were: injectable contraceptives, subdermal implants, and IUDs. Despite the limitations in supply, participants highlighted that they had not experienced coercion regarding the use or non-use of contraceptives (Bahamondes et al., 2020).

It is important not only to guarantee the availability of contraceptive methods, but also to ensure that care is based on qualified guidance, respect for autonomy, and the freedom of reproductive choice of

migrant women (Gozzi et al., 2024). In this context, consultations conducted by nurses, regardless of the reason for the request, were mentioned in the interviews as strategic spaces for dialogue about contraception, allowing the inclusion of reproductive planning in the context of continuous women's health care. In addition, home visits, conducted by nurses and community health workers, emerge as a privileged moment for sensitive listening, strengthening the bond between the team and the community, and offering information that favors informed reproductive decisions. A study conducted by Costa, Silva and Silva (2023), also with Venezuelan migrants in Boa Vista – RR, pointed out the following care actions provided by the Primary Health Care team for postpartum migrant women: home visits, qualified listening, and health guidance. These care spaces demonstrate the essential role of the team, including the nurse, in promoting humanized, comprehensive, and culturally sensitive care, reinforcing the commitment to equity and the autonomy of users within the SUS (Costa; Silva; Silva, 2023).

Reinforcing these findings, a literature review indicates that nursing care focused on women's reproductive health in Primary Health Care can be organized into three main dimensions. The first refers to educational care, focused on contraception and clarification about the importance of reproductive planning, sexual and reproductive rights, pre-conception risk, and fertility. The second concerns counseling as a care practice, focusing on the prevention of Sexually Transmitted Infections (STIs) and unplanned pregnancy, through individualized and supportive approaches. The third dimension encompasses clinical nursing care, operationalized through consultations, with prescription of contraceptive methods, transcription of medical prescriptions, distribution of supplies, and performance of preventive procedures, such as the collection of cervical cytology samples. These dimensions, when articulated within the routine of primary health care, highlight the breadth and relevance of nurses' work in guaranteeing the sexual and reproductive rights of migrant women, strengthening the effectiveness and comprehensiveness of care (Paixao et al., 2022). However, migrant women face greater difficulties and multiple barriers to ensuring full access to sexual and reproductive health. The analysis of the results showed that the combination of structural and sociocultural factors, especially the language barrier, the scarcity of supplies, and economic vulnerability, constitutes a set of significant obstacles to the effective implementation of reproductive planning among migrant women in Boa Vista – RR.

The language limitation, in particular, directly impacts the quality of care provided, restricting communication between professional and user, weakening the therapeutic bond, and reducing the understanding of contraceptive guidelines. This obstacle interferes not only with the transmission of essential information, but also with women's autonomy to choose methods appropriate to their preferences, values, and living conditions, compromising the exercise of their sexual and reproductive rights. Similar findings were described by Pérez-Sánchez et al. (2024), in a systematic review on migrant women's access to sexual and reproductive health services. Despite the diversity of contexts and nationalities analyzed, the study identified recurring patterns of barriers, highlighting lack of information, language barriers, cultural differences, socioeconomic status, administrative limitations, and situations of discrimination as factors that hinder access to and use of services (Pérez-Sánchez et al., 2024). Convergently, Tanaka et al. (2024) reinforce that the restrictions imposed by migration laws, added to language barriers and changes in the availability, accessibility, cost and acceptability of sexual and reproductive health services, intensify the vulnerability of migrants in host countries.

In the context of Boa Vista – RR, which concentrates a significant contingent of Venezuelan migrants due to the humanitarian crisis, the organization of Primary Health Care (PHC) assumes a strategic role in overcoming these barriers. The presence of nurses at this level of care is fundamental for the early identification of sexual and reproductive health needs, the strengthening of welcoming practices, and the development of culturally sensitive and equity-oriented practices. In this scenario, respectful care is configured as an essential instrument to promote sensitive, inclusive, and individual needs-centered care, requiring professionals to possess cultural, communicational, and ethical competencies that support dialogue and respect for the singularities of migrant women

CONCLUSION

Recognizing and assuming the intrinsic centrality in promoting sensitive care allows us to understand that the actions and strategies carried out by nurses are crucial for meeting the health needs of migrant women in the context of reproductive planning. Understanding this process is essential to minimizing difficulties in the professional practice of nurses, which should be guided by ethics, responsibility, and the provision of congruent care that values individuality and the sociocultural context.

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