

Educational technology on oral contraception: construction shared with nurses reproductive assistance

Tecnologia educacional sobre contracepção oral: construção compartilhada com enfermeiros da assistência reprodutiva

La tecnología educativa en la anticoncepción oral: la construcción compartida con las enfermeras de asistencia reproductiva

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ABSTRACT

Objective: To describe nurses' knowledge and practices in the context of oral contraception and to construct, in a collaborative way, an educational technology. **Methodology:** The research was developed in 09 Units of the Family Health Strategy, belonging to the municipality of Ananindeua, located in the Metropolitan Region of Belém - Pará, with 21 nurses as participants. The data collection took place from August to November 2015 through individual interview with a semi-structured script and for the analysis the content analysis technique was used. **Results:** It was found that nurses have extensive knowledge regarding oral contraception. And its practices, although pertinent to what is recommended for this clientele, are hampered by the working conditions in its Units. **Conclusion:** Nurses contributed to the content and form of the educational technology, considering their relevance as an important tool for health education.

Descriptors: Nursing, Oral contraceptives, Health education.

RESUMO

Objetivo: Descrever conhecimentos e práticas de enfermeiros no contexto da contracepção oral e construir, de forma compartilhada, uma tecnologia educacional. **Método:** A pesquisa foi desenvolvida em nove Unidades da Estratégia Saúde da Família, pertencentes ao município de Ananindeua, localizado na Região Metropolitana de Belém/Pará, tendo como participantes 21 enfermeiros. A coleta de dados ocorreu no período de agosto a novembro de 2015, por meio de entrevista individual com roteiro semiestruturado, e, para análise, utilizou-se a técnica de análise de conteúdo. **Resultados:** Contatou-se que os enfermeiros têm amplo conhecimento com relação à contracepção oral. E suas práticas, embora pertinentes ao que está preconizado para essa clientela, encontram-se dificultadas pelas condições de trabalho

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em suas Unidades. **Conclusão:** Os enfermeiros contribuíram no conteúdo e forma da tecnologia educacional, pois consideraram pertinente a sua utilização como importante ferramenta para a educação em saúde.

Descritores: Enfermagem, Contraceptivos orais, Educação em saúde.

RESUMEN

Objetivo: Describir las prácticas de conocimiento y de enfermería en el contexto de la anticoncepción oral y construir de manera compartida, una tecnología educacional. **Metodología:** El estudio se realizó en 09 unidades de la Estrategia Salud de la Familia, que pertenece al municipio de Ananindeua, en la región metropolitana de Belém - Pará, con los participantes 21 enfermeras. La recolección de datos se llevó a cabo de agosto a noviembre 2015, a través de entrevistas individuales con semi-estructurada y análisis utilizó la técnica de análisis de contenido.

Resultados: Se estableció contacto con las enfermeras que tienen un amplio conocimiento sobre la anticoncepción oral. Y sus prácticas, aunque relevante para lo que se recomienda para esta clientela, se ven obstaculizados por las condiciones de trabajo en sus unidades.

Conclusión: Las enfermeras contribuyeron al contenido y la forma de la tecnología educativa, ya que consideraba pertinente para su uso como una herramienta importante para la educación sanitaria.

Descriptor: Enfermería, Anticonceptivos orales, Educación para la salud.

INTRODUCTION

Fertility control is the first step when planning the right time to have children. In recent years, Brazil has shown a gradual drop in its birth rates. According to data from the *Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher (PNDS)* [National Demographic and Health Survey for Children and Women],¹ the rate value reached was 1.8 children per woman, in contrast to the 2.5 reported in 1996, and according to data from the United Nations, between 1972 and 1994 there was one-third reduction of the world's fertility rate through family planning programs.

With the increasing precocious puberty, it has been found in recent years that women are beginning their sex life much earlier, as well as the contraceptive practices. With just over half a century since its inception, the contraceptive pill has been a landmark for women's liberation, which has brought about intense social change, giving women more effective control of their reproductive lives, and even more women are taking careers in the labor market. Nonetheless, often due to misinformation and misuse, the contraceptive pill does not provide all women with an effective control of their fertility, since approximately 46% of the births occurred in the last decade in the country were not planned, where 28% were desired for later and 18% were not desired at all.¹

The *PNDS* also revealed that 81% of women living in some kind of marital union use some contraceptive method (compared to 77% in 1996). In this percentage, female sterilization remained the most frequently used method by Brazilian women (29%), followed by the contraceptive pill (25%) and the male condom (12%).¹

With regards to family planning activities in health services, the guidelines on the adequate use of contraceptive methods are essential in the work of health professionals working in this area and, in turn, are increasingly seeking to improve

the effectiveness of their care through new mechanisms of education. Given this context, Education Technologies (ET), in its various forms, are then understood as important instruments for facilitating educational activity, since they are situated between man and world, man and education, then providing the student with a knowledge that favors both construction and reconstruction of the knowledge.²

In the health field, nurses need to build a positive relationship with clients by using multiple technological options to work on various matters. In order to do so, we highlight the light technologies, in other words, relationship technologies, access, reception, links formation, meetings of subjectivities, then inducing autonomization.^{3,4}

Health education is one of the many forms of nursing practice. In order to promote successful care, nurses must be qualified and qualified to carry out educational work that facilitates the absorption of information by the clients.

Therefore, the research general aim was to describe nurses' knowledge and practices regarding the oral contraception, and also to construct, in a collaborative way, an educational technology. The following were specific objectives: identifying the nurses' knowledge about oral contraception; identifying the nurses' practices in guiding women about oral contraception; identifying what knowledge nurses consider important for women to know about oral contraception; and building an educational technology about the oral contraception.

METHODS

It is a descriptive study with an interface with pedagogical practices, which has used a qualitative approach. The qualitative research is concerned with aspects of reality that cannot be quantified, focusing on the understanding and explanation of the dynamics of social realities.⁵

The research was carried out in 09 Units of the Family Health Strategy (FHS), belonging to the municipality of *Ananindeua*, located in the Metropolitan Region of *Belém* city, *Pará* State, and having 21 participating nurses. The inclusion criterion was the following: to be a nurse of the FHS with experience in family planning for at least six months. Nurses that, although meeting this criterion, were not fully engaged in their professional activities were then excluded.

Data were collected over the period from August to November 2015 in two stages. The first one corresponded to individual interviews using a semi-structured script composed of questions about their knowledge, experiences and practices regarding the oral contraception. The material analysis produced in the interviews was done through the analysis of thematic content. From these results it was possible to construct the first version of the educational technology, which was then presented to the participants.

In the second stage, a meeting was held with the nurses in order to analyze the first version of the ET built by the researcher based on the suggestions of the participants, and also the type of technology suggested by them.

The research complied with the ethical precepts of the Resolution No. 466/12 from the National Health Council. The research was also approved by the Research Ethics Committee

of the Nursing Course from the *Universidade do Estado do Pará*, under the Protocol No. 1.139.782 and the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 46210415.2.0000.5170. All participants signed the Free and Informed Consent Term and their identities confidentiality was ensured using alphanumeric code for identification by the letter N (standing for Nurse), and also a interview order number.

RESULTS AND DISCUSSION

Among the participants in the study, 85.7% (18) were female, predominantly within the age group from 27 to 29 years old, 61.9% (13). Regarding the training time, 85.7% (18) were between 03 and 18 years. In relation to working time in Family Health Units 76.2% (16) were between 02 and 09 years. Only 19% (04) had specialization in the family planning area.

The analysis of the content produced in the interviews led to the organization of data in two categories, as follows: Nurses 'knowledge about oral contraception and Nurses' practices towards the women guidance about oral contraception. These relate to the knowledge and practices of nurses in their guidelines for women on oral contraception.

Considering the elaboration of the educational technology, at the end of the categories analyses the most recurrent themes are then presented according to what was exposed by the nurses, as well as the type of technology that they chose in this study.

Nurses 'knowledge about oral contraception

In this category, the nurses' knowledge about oral contraception is discussed.

Regarding the knowledge about oral contraception, it was verified that 100% of professionals classify the contraceptive pill as a direct method to prevent the occurrence of unwanted pregnancies. This is in agreement with the Health Ministry,⁶ when it states that oral hormonal contraceptives are steroids used alone or in association with the basic purpose of preventing conception.

Some of them, 9.5% (02) reported that oral contraception is not only responsible for avoiding conception, but it is also an effective method in treatments of hormonal regulation of women and reduction of cysts and myomas.

The oral contraceptive is not only intended to prevent pregnancy, but also to regulate the menstrual cycle, the flow. Some contraceptives also have the function of reducing fibroids and also ovarian cysts (N4).

The oral contraceptive is used in the treatment of diseases, such as polycystic ovaries, aiming to regulate the hormone issue [...] (N8).

Combined estrogen-progesterone therapy remains the primary option for women who do not wish to become pregnant. In addition to providing the treatment of polycystic ovarian syndrome, which is often characterized

by hyperandrogenism, which can be manifested by: hirsutism, acne, seborrhea, alopecia, menstrual irregularity, obesity and ovarian cysts.⁷

It is noteworthy in the statements of 33.3% (07) the difficulty in working the oral contraceptive method. The nurses reported that the contraceptive pill is not always the main choice of clients who seek the Health Unit, because despite the lower hormonal load, which greatly reduces the possibility of observed adverse effects, many opt for injectable use. In these cases the professional chooses to respect the client's choice, always guiding the possibility of other methods.

Oral contraception is not always the choice of women, although, in most cases, we observe fewer occurrences of adverse reactions, but most of them prefer not to use the oral contraceptive. They prefer the injectable precisely because they say they will forget to use and prefer the injectable use (N10).

You need to have more control with these patients because we have to get the schedule right. It is more complicated to use and here is what is least used (N17).

It is true that professionals should offer freedom of choice to their clients and work with these each of the options that the Health Ministry makes available to the service network. Although, it is not always that the woman wishes to use the method that the professional may seem more propitious. As long as there is no risk to the client, the nurse must offer the necessary support so that the nurse can make the best use of the method, if possible helping them to understand the other methods, valuing the autonomy, and this work must be continuous.

Nurses are the facilitator in the educational process and educational actions can act as a support for the changes, since the professionals do not hold the absolute truth, and, through a participatory reflection, they can stimulate the health promotion for either individuals or groups.⁸

Nurses' practices towards the women guidance about oral contraception

When inquiring about the practices that professionals adopt to guide their clients, they reported the use of various health education resources for the clientele. 38% (08) of the professionals claimed the use of more than one educational method, such as individual orientations, lectures and talk wheels, using, whenever possible, various technologies such as: folders, serial albums, among others. This reinforces that in primary care, health education is an important practice among nurses' actions.

Usually we have family planning meetings with women. We use slides, lectures... but the group conversation is also one of the most used from the experiences that they pass to us (N10).

We make groups for guidance and our physician is a gynecologist, so it makes our work much easier. We also perform debates, it is not in a systematic way, and it is in accordance to my schedule. While patients are waiting there I say something and then the ideal would be systematic, but it is not the reality (N13).

Taking into consideration that nurses are professionals focused on care, they also has the function of establishing a unique relationship with each client, family and community in which it operates, as well as promoting educational health actions, with the purpose of building and sharing knowledge. This process should include dialogue, consider and value the client's experiences, contributing to disease prevention and health promotion.⁸

Although the professionals affirm to use several strategies to inform the clients, it was observed that the individual orientation during the nursing consultations is one of the most used methods, since 42.8% (09) of use it. Of these, 28.5% (06) reported using only this method. This was also the result of a study carried out with nurses who worked in reproductive care, in which 51.7% reported using nursing consultations as a form of individual guidance and 48.3% stated that they used, in addition to consultation, also used group work sporadically. Moreover, the lack of systematization and regularity in the activities was reported in this study.⁷

Nurses are professionals who frequently take up the challenge of educating for health purposes. From this point of view, nurses have become important agents of educational actions, especially in the institutionalized spaces of health.^{13,14,15} Since the beginning of their training, the nurse has been prepared to work in health education, and it is not uncommon to find instruments and means used by them to carry out education, either jointly or individually.

Herein, 19% (04) also reported the lack of space and resources in the health unit, in addition to the low demand for the family planning program as the main responsible for the use of individual strategies.

The correct thing was for us to give lectures, but there appears one or two during the week, until we form a group that first one that looked for already impregnated. So, we end up doing this, the individual orientation in the nursing office (N4).

What I actually use is verbal guidance, because we have a very large deficit of resources. The family planning is one of the most deficient programs, which does not work very much (N8).

Although there are real difficulties for the development of activities, such as lack of space and/or material, it seems that these activities have little relevance to professionals. Regularly, Family Planning is placed in the background against other actions, and its value should come from the health professionals, so that it can be shared in a way that is at least satisfactory with the community.¹²

It was observed in the conversations with the professionals the need to stimulate them; many are discouraged to develop the tasks that involve the work in the family planning. The shortcomings of physical and material structure already described have contributed to this discouragement and do not attract customers, creating a vicious circle that results in loss of action for both clients and professionals.

Faced with a shortage of resources, nurses need to use the creativity, "exercise" they have done since their academic training, especially in primary care, because it is where professionals work in a more intimate way with the community. It is of fundamental importance that the nursing professionals, together with the multidisciplinary team, promote the capture of the public, and that this should not be restricted to health institutions, but must take place in partnership with the community.¹³

Knowledge is a continuous process, and with that in mind, educational practices require innovative strategies, which makes ET a creative tool capable of supporting professionals in bringing communities information about health and life quality.

Developing educational technology towards oral contraception - Themes and modalities

Considering the topics that nurses referred to as a suggestion to compose educational technology, 100% (21) offered a list of possibilities that relate to the information that these professionals understood as important for the knowledge of women about oral contraception. Here we list the following information/topics that nurses thought pertinent to the educational technology: What are the functions and importance of the contraceptive pill? What are the types of pills? Who should take it? How to use correctly? What are the possible adverse reactions? How efficient is the method?

In addition to listing the relevant themes, professionals called attention to some aspects that should also be part of an educational/informational material, in order to clarify more general doubts about the theme, with some complementary recommendations such as: remember to use also the condom in conjunction with the oral contraceptive and thereby protect themselves from sexually transmitted diseases, the importance of the interval between one pregnancy and another. These aspects are important, and as far as the space between pregnancies is concerned, this should be 2 to 6 years, considering the benefits generated, such as the increase in the chances of survival of the newborn and their nutritional well-being.¹⁴ They also called attention to the importance of this client to be informed of where and with whom can seek information continuously.

Regarding the technology modality, 47.6% (10) opted for a folder, 28.5% (06) for serial album, 19.0% (04) for audiovisual, and 4.7% for poster.

Here, what would be more accessible to them is the folder. It even has other types of technologies, but that would not be reality for them. In the public service I think it's still a bit difficult (N7).

I like the folders, because they are cheaper and if I have a proper language, she takes it home and she can reproduce it (N21).

It was observed that the professionals recognized that in order for information to be effective, it has to be adapted to the cultural reality of women and their education, which is generally low level. They understand that a simple, objective folder in a suitable language can act in a complementary way to nursing consultations and lectures, and serve as a “reminder” capable of holding the client’s attention and helping her to reproduce in their homes the information obtained at the Family Health Unit.

Many times in front of us she feels a little afraid, does not ask and leaves with many doubts. I think that for our reality the folder would help a lot, because it is a way for her to take and read, causing her to ask questions about that situation in an upcoming consultation, so let’s say it would be a good resource (N8).

[...] sometimes we can pass information here and they are not paying much attention, take the folder home, then they start to see the information and end up learning more. That folder of a simpler, more direct language, appealing to that patient, really focusing on their doubts (N17).

The professionals also highlighted the visual importance of the folder in attracting the clientele attention. In addition to being objective and passing information in a balanced way, it is important that it has attractive colors and images. The media, such as posters, booklets, manuals, brochures and folders, need to be fully integrated with the social imaginary, by means of symbols and signs, in order to convey the messages they want to share with the target audience, because only by this way they will achieve their purpose.¹⁵

It is possible to observe the attention on the part of the professionals in seeking the simple and objective language in the ET, always thinking about the best understanding of the client. The nurses opted for the folder because of its simplicity and especially its low cost, because they already think about its future distribution. Furthermore, due to its format, there is a larger guarantee in the possible interest of the clientele, which is good, because demonstrates that participants want to use technology. In conjunction with the flashy colors and images women will find it easier to use oral contraception, since the folder will assist both during the orientation of the professional and in the use at home.

After the elaboration of the folder this was presented to the nurses who praised the content, colors and images. They made few changes in terms of content phrases and presentation forms. After the adjustments, the final result was approved by the nurses. The cooperative construction was essential to elaborate a material that had full acceptance by the professionals, and having in mind that they will use it.

Conceiving the creation of an ET is challenging. In primary care, nursing is a profession directly linked to the bond formation, because in order to build health, the nurse

assumes the challenge of educating either collectively or individually. Likewise, it is necessary for the nurses to know their clientele and the needs that they have, then being able to provide the best service possible. Educational tools can provide greater understanding between professionals and clients by using an integrative view of the dimensions of people’s lives.¹⁶

CONCLUSION

This study contributed to the field of nursing concerning the women’s health by creating a tool that will support the care and guidance provided by the professionals of reproductive care both inside and outside of the Health Unit, then allowing more freedom and safety to clients during the use of the contraceptive method oral.

It was confirmed that the nurses have knowledge and mastery regarding the oral contraception and their practices are pertinent to what is recommended by the Health Ministry. It was very gratifying the participation of the nurses during the ET construction, besides the support and encouragement provided by these with the recognition that ET is an important tool in the work of health education carried out in Primary Care and its use will allow a better qualification of these activities.

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