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**Knowledge, Attitudes and Practices in Contraception among low-income populations
Study of the Rocinha shantytown, Rio de Janeiro, Brazil.**

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Despite heavy investment in research and improvement of contraceptive methods and family planning programs, worldwide, severe problems remain unsolved, such as: increased numbers of teenage pregnancies, social damage and physical and mental harm as a result of inadequate use of available resources for contraception, difficulty of access and restricted choice of contraceptive method, difficulty to adapt to available methods, high abortion rates and high sterilization rates.

Family planning programs emerged and developed within a commitment with birth control, as a result of the controversial postulate that in order to develop and overcome poverty it was first necessary to control and reduce population growth. After the 1980's, this commitment is reviewed by the individuals in charge of those programs due both to the need to overcome deadlocks and to increase family planning programs acceptance, and to the influence of social and political forces, especially from the feminist movement, which starts to focus on health issues and to recognize fertility control as women's claim.

In Brazil, family planning programs development has very peculiar characteristics. Opposite to what happened in most developing countries, the State did not take direct action in birth control, but it allowed them to be introduced by international bodies and private sector entities, all of which could act freely with regard to technical or ethical standards. No sooner than the mid 1980's did the Health Ministry include family planning among the Women's Comprehensive Health Care Program, which has been gradually implemented in the local services.

The sharp decline in fertility, observed after the 1960's, reflects wide acceptance and dissemination of the contraceptive practice. According to IBGE Census, in 1970 the Brazilian population fertility rate was around 5.76 children per woman, dropping to 4.35 in 1980 and 3.53 in 1984. Data on the 1986 National Research on Mother-Infant Health and Family Planning also reveal that the average fertility is 3.5 children per woman, varying as 3.0 for urban areas and 5.0 for rural ones. Fertility trends according to age for the 1970-84 period show an increase in younger groups participation. However, when we look at the choice of method, we notice that this is nearly solely concentrated on sterilization (tubectomy) and on oral contraceptives, thus generating severe distortions in practice. The 1986 National Research on Mother-Infant Health and Family Planning indicates that 5.5% of the women had already been sterilized before their 25th birthday, a percentage that moved up to 19.5% among women before their 30th birthday. Increasing teenage pregnancy rates, high rates of voluntary and clandestine abortion practice without control of technical and hygiene conditions, indiscriminate use of the contraceptive pill without a physician's evaluation and control, and high tubectomy sterilization rates that reflect

upon the enormous amount of caesarian deliveries are some of the problems that can be detected as truly existing in Brazil as a whole.

The purposes of this study were to assess the community's knowledge, attitudes and habits concerning contraceptive practices, to determine the coverage with contraceptives, to determine the prevalence of the various methods, to evaluate the adequacy of choice, to identify groups and/or topics that call for special strategies from the family planning program. The results obtained are important as basic information that may serve as guidelines for the health services in formulating the family planning program and actions in the area. The urban population group is composed of several strata when considering social, economic and cultural characteristics. General information available are usually not very useful, as the various strata are not properly weighed, thus presenting severe bias concerning the poorer stratum, whose data are more difficult to obtain but are also the most essential in planning the public health services. Rocinha shantytown was identified as the core of the field assessment, as it constitutes the principal and most expressive human settlement of its kind, due to the social, economic and cultural characteristics of the population, as well as the high organizational level in terms of efforts to improve local conditions.

A cross-sectional study was conducted by means of a household survey in which 15-44 year-old women were interviewed. The sample size was calculated at 1,100 interviews based on the proportions formula and considering the purpose of comparing age groups of 15-24, 25-34, and 35-44. Abiding by safety criteria in order to move about the shantytown, boundaries were established for the study area and all households with at least one non-pregnant woman within the given age group were identified. In each household, only one woman was interviewed in order to avoid bias trimming, since subsequent interviews would be contaminated by the previous ones. Despite the limitations due to a lack of basic information on the area and the impossibility of conducting a representative study of the shantytown as a whole, obtained results are much closer to reality than estimates based upon general population data. Information regarding adolescents was complemented by a parallel study conducted by means of questionnaires responded anonymously by the school population of 12-18 year-olds of both sexes who resided in the area.

The results show this is a population undergoing a rural-to-urban transition. In the whole sample, the proportion of migrants is 54.17%, a figure that varies from 38.44% in the 15-24 age group, to 56.81% in the 25-34 age group, to 79.28% in the 35-44 age group. The level of education is low in all age groups, 6.57% are illiterate, and 68.70% did not finish primary school (8th grade). A large number (38.89%) classify themselves as housewives and, among those claiming some profession, the most common is that of housemaids (24.17%). Most of them live with a companion (72.5%), and only 17.22% state that they do not have any sexual activity, amongst which 65% are in the 15-24 age group. Mothers are 77.78% of the total sample. Maternity starts early, 38.52% of the mothers had their first child before their 20th birthday, and 19.38% before their 18th. The number of children per family is low, 85% of the mothers have between one and three children.

The three most frequent contraceptive methods spontaneously reported by the interviewees were the pill (93.33%), the condom (50.93%) and the IUD (31.67%), and the three most frequent methods that were readily recognized after the interviewer's question were the pill (97.87%), the condom (85.74%), and the tubectomy (81.85%).

The contraceptive pill leads the choice of method, as it is used by 38.80% of the women. Second to it comes sterilization, chosen by 23.06% (in the 35-44 age group, this is the principal method, reaching 45% of the women). The condom is chosen by 2.41% and there are still 13.52% who do not use any contraceptive method. The major reason for not using any was the belief of being

sterile or “having difficulties to get pregnant”, seconded by convalescence and/or nursing and the wish to become pregnant.

Considering all the methods used, it is noted that $\frac{3}{4}$ of the women had used the contraceptive pill. Among the current users, only $\frac{1}{3}$ report knowledge about counter-indications, of which hypertension and heart diseases are mentioned more often.

The practice of voluntary abortion, or , was reported by 18.24% of the interviewees, and from them, 37.06% state that they resorted to this procedure more than once. A third part of the whole (35.05%) were in the habit of using contraceptives, mostly the pill (27.92).

Two hundred and forty women were identified as being tubectomy sterilized, corresponding to 22.22% of the sample. Among these, 55% were sterilized before their 30th birthday and 47% had, by then, either none or 2 children at the most. About $\frac{2}{3}$ of the tubectomies were performed after caesarian sections, and among these cases it was observed that 63.19% of the women had a previous history of normal deliveries. Most tubectomies were performed at private establishments and against payment. In general, the interviewees claim to be satisfied, but 17% would not submit to a sterilization again, if they could reverse their current state.

Twelve to eighteen year-old adolescents, connected to the public network schools, were interviewed by means of a questionnaire composed of 10 open questions, with voluntary and anonymous participation. The results refer to 58 questionnaires that were returned from a total of 74 that had been distributed. It was observed that 15% consider pregnancy during school years “a natural/normal thing”, 33% classify it as “irresponsibility/immaturity”, 14% as “lack of information”, and 8% have no opinion. The majority believe that young men and women start sexual activity before their 15th birthday. Regarding the known contraceptive methods, 83% report the pill, 64% the condom, 21% the “rhythm”, and 15% the IUD. Regarding the motivation to use contraceptives, 55% indicate the attitude of self-protection (“wish to have the pleasure, but do not wish to have a child yet”), 29% indicate the feeling of fear (“of getting pregnant”, “of the parents” etc.), 5% indicate a good communication with their parents and/or partners. Regarding the motivations for not using contraceptives, 24% indicate lack of information, 20% the “wish to have the child”, 17% the “irresponsibility”, 14% the lack of communication with their parents and/or partners. Most resent the lack of space to talk and learn about sexuality.

Based on the results, some recommendations and proposals were established in order to instill greater efficacy to the family planning programs, involving approach strategies oriented at interest groups, organization of the educational work, information dissemination, ease of access, and availability of a greater variety of methods.