

# Choice of contraceptive methods among users of the Unified Health System in the Interior of Northeast Brazil

Escolha de métodos contraceptivos entre usuárias do Sistema Único de Saúde no interior do nordeste brasileiro

*Elección de métodos anticonceptivos entre usuarias del Sistema Único de Salud en el noreste de Brasil*

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## Abstract

**Introduction:** Although 80% of fertile and sexually active women in Brazil use contraceptive methods, 55% of pregnancies are unplanned. Law No. 9263/1996 and the National Family Planning Policy (2017) guarantee the free provision of contraceptive methods through the Unified Health System (SUS). However, the predominance of methods such as the pill and female sterilization, combined with the low uptake of long-acting methods, highlights challenges in access and reproductive education. Socioeconomic and demographic factors strongly influence these choices, making it relevant to investigate these variables in local contexts. **Objective:** To analyze the factors influencing the choice of contraceptive methods among SUS users in Lagarto (SE), considering the impact of socioeconomic and demographic profiles and knowledge about contraception. **Methods:** A quantitative study was conducted with 147 women assisted at the Humanized Center for Women and Children, a women's health service integrated into SUS in Lagarto (SE). Women aged 18 to 50, residing in the municipality and users of SUS, who provided informed consent, were included. Data were collected through a structured questionnaire covering socioeconomic and demographic information, knowledge about contraception, and current contraceptive practices. Statistical analysis identified associations between these variables and the choice of contraceptive methods. **Results:** Oral contraceptive pills (43.7%) and male condoms (20.2%) were the most frequently chosen methods, followed by the IUD (12.6%). The choice of methods was significantly influenced by age and educational level, with older women and those with lower schooling tending to choose irreversible methods. Higher knowledge about contraception was found among women with more years of education and those living in urban areas. Pharmacies were the main source of contraceptive access. **Conclusions:** The choice of contraceptive methods in the studied region is influenced by socioeconomic inequalities and limited access to information. The local analysis reinforces the value of regional studies as essential tools to understand the determinants of contraceptive choices and to guide more effective and territory-based interventions within SUS.

**Keywords:** Family development planning; Contraception; Unified Health System.

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## Resumo

**Introdução:** Embora 80% das mulheres férteis e sexualmente ativas no Brasil utilizem métodos contraceptivos, 55% das gestações não são planejadas. A Lei nº 9.263/1996 e a Política Nacional de Planejamento Familiar (2017) asseguram a oferta gratuita de métodos contraceptivos no Sistema Único de Saúde (SUS), mas a concentração do uso em métodos como a pílula e a esterilização feminina, aliada à baixa adesão a métodos de longa duração, revelam desafios no acesso e na educação reprodutiva. Fatores socioeconômicos e demográficos influenciam fortemente essas escolhas, tornando relevante investigar essas variáveis em contextos locais. **Objetivo:** Analisar os fatores que influenciam a escolha de métodos contraceptivos entre usuárias do SUS, considerando o impacto do perfil socioeconômico, sociodemográfico e do conhecimento sobre contracepção. **Métodos:** Estudo quantitativo realizado com 147 mulheres atendidas no Centro Humanizado da Mulher e da Criança, um serviço de saúde da mulher integrado ao SUS em Lagarto (SE). Foram incluídas mulheres de 18 a 50 anos, residentes no município e usuárias do SUS, que consentiram formalmente. A coleta de dados foi feita por meio de um questionário estruturado que abordou informações socioeconômicas, sociodemográficas, além do conhecimento sobre contracepção e a prática contraceptiva atual. A análise estatística envolveu a identificação de associações entre essas variáveis e a escolha dos métodos contraceptivos. **Resultados:** A pílula anticoncepcional (43,7%) e o preservativo masculino (20,2%) foram os métodos mais escolhidos, seguidos pelo dispositivo intrauterino — DIU (12,6%). A escolha dos métodos foi significativamente influenciada pela idade e escolaridade, com mulheres mais velhas e com menor escolaridade optando por métodos irreversíveis. O nível de conhecimento sobre contracepção foi maior entre mulheres com maior escolaridade e residentes em áreas urbanas. A farmácia privada foi a principal fonte de acesso a contraceptivos. **Conclusões:** A escolha de métodos contraceptivos no SUS na região estudada é influenciada por desigualdades socioeconômicas e de acesso à informação. A análise local apresentada reforça o valor de estudos regionais como instrumentos fundamentais para compreender os determinantes das escolhas contraceptivas e orientar intervenções mais eficazes e territorialidades no âmbito do SUS.

**Palavras-chave:** Planejamento familiar; Anticoncepção; Sistema Único de Saúde.

## Resumen

**Introducción:** Aunque el 80% de las mujeres fértiles y sexualmente activas en Brasil utilizan métodos anticonceptivos, el 55% de los embarazos no son planificados. La Ley N.º 9.263/1996 y la Política Nacional de Planificación Familiar (2017) garantizan la oferta gratuita de métodos anticonceptivos a través del Sistema Único de Salud (SUS). Sin embargo, la concentración del uso en métodos como la píldora y la esterilización femenina, junto con la baja adopción de métodos de larga duración, evidencian desafíos en el acceso y en la educación reproductiva. Factores socioeconómicos y demográficos influyen fuertemente en estas elecciones, lo que hace relevante investigar estas variables en contextos locales. **Objetivo:** Analizar los factores que influyen en la elección de métodos anticonceptivos entre usuarias del SUS en Lagarto (SE), considerando el impacto del perfil socioeconómico, sociodemográfico y del conocimiento sobre anticoncepción. **Métodos:** Estudio cuantitativo realizado con 147 mujeres atendidas en el Centro Humanizado de la Mujer y del Niño, un servicio de salud de la mujer integrado al SUS en Lagarto (SE). Se incluyeron mujeres de entre 18 y 50 años, residentes en el municipio y usuarias del SUS que dieron su consentimiento informado. Los datos fueron recolectados mediante un cuestionario estructurado que abordó información socioeconómica, sociodemográfica, así como el conocimiento sobre anticoncepción y la práctica anticonceptiva actual. El análisis estadístico identificó asociaciones entre estas variables y la elección de los métodos anticonceptivos. **Resultados:** La píldora anticonceptiva (43,7%) y el preservativo masculino (20,2%) fueron los métodos más elegidos, seguidos del DIU (12,6%). La elección de los métodos se vio influenciada significativamente por la edad y el nivel educativo, siendo más común el uso de métodos irreversibles entre mujeres mayores y con menor escolaridad. El conocimiento sobre anticoncepción fue mayor entre las mujeres con más años de estudio y residentes en zonas urbanas. La farmacia fue la principal fuente de obtención de anticonceptivos. **Conclusiones:** La elección de métodos anticonceptivos en la región estudiada está influenciada por desigualdades socioeconómicas y por el acceso limitado a la información. El análisis local refuerza el valor de los estudios regionales como herramientas fundamentales para comprender los determinantes de las elecciones anticonceptivas y orientar intervenciones más eficaces y territorializadas en el ámbito del SUS.

**Palabras clave:** Planificación familiar; Anticoncepción; Sistema Único de Salud.

## INTRODUCTION

Although 80% of fertile and sexually active women in Brazil use some form of contraception, 55% of pregnancies are unplanned. Among postpartum women, 25% report that they would have preferred to wait longer before becoming pregnant, and 29.9% report no desire to have children.<sup>1,2</sup> In Brazil, Law No. 9263/1996 and the National Family Planning Policy (2017) guarantee the free provision of contraceptive methods, whose use is essential for reducing morbidity and mortality and for promoting social improvements, such as poverty reduction and the prevention of school dropout.<sup>3,4</sup>

National studies indicate that Brazilian women concentrate their contraceptive use on oral contraceptives and female sterilization, with pharmacies being the main source of access, while only 30% rely on the Unified

Health System (*Sistema Único de Saúde – SUS*).<sup>5</sup> Lack of information and limited access to a wide range of methods are factors that help explain this concentration.<sup>6</sup> Long-acting methods, such as sterilization and intrauterine devices (IUDs), are more effective, whereas short-acting methods, such as oral contraceptives, require greater adherence, which may increase the risk of unintended pregnancy.<sup>7</sup> Demographic and economic factors also influence the choice of contraceptive methods, reinforcing the need for research in specific contexts that consider sociodemographic particularities and the decentralization of the SUS.<sup>8,9</sup>

This study aimed to analyze the factors influencing contraceptive choice among users of SUS in Lagarto, Sergipe (SE), examining whether national data apply to the local context and exploring the influence of socioeconomic, sociodemographic, and knowledge profiles on this choice. The results are expected to contribute to the development of reproductive planning strategies that take local particularities and regional vulnerabilities into account, promoting equitable access to contraceptive methods and reducing unplanned pregnancies, as well as their impacts on public health.<sup>7,9</sup>

## METHODS

This was a descriptive study with a quantitative approach and cross-sectional design, conducted between December 2023 and November 2024 at the Humanized Center for Women and Children (*Centro Humanizado da Mulher e da Criança – CHMC*) in Lagarto (SE), a regional reference center for women's health care within the public health system. Participants were women aged 18 to 50 years, predominantly users of SUS as their primary means of accessing health services. Pregnant women, women who had undergone hysterectomy, and those in exclusively same-sex relationships were excluded in order to restrict the sample to participants with the potential for pregnancy at the time of data collection. It should be noted that transgender men were not included, as the study design focused on the cisgender female population.

The sample size calculation considered a universe of 250 monthly consultations, corresponding to the average number of patients seen per month at the service, as obtained from administrative records. An expected frequency of 35% was adopted for the characteristic of interest, based on previous observational data and professional experience. With a 95% confidence level and a 5% margin of error, the minimum required sample size was 146 participants, calculated using Epi Info software (version 5.5.9).

Data collection was performed using a questionnaire developed on the basis of a literature review, considering relevant studies addressing family planning, such as those conducted by the Ministry of Health<sup>10</sup> and the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística – IBGE*).<sup>1</sup>

The instrument was organized into five sections:

1. Sociodemographic and socioeconomic data;
2. Knowledge about contraception;
3. Current contraceptive practice;
4. Method discontinuation (not addressed in this article); and
5. Forms of access to health services.

Statistical analysis was performed using R (4.3.0) and JAMOVI (2.3.18) software.<sup>11,12</sup> Categorical variables were described using absolute and relative frequencies. Data normality was assessed with the Shapiro-Wilk test. Associations between contraceptive methods used and sociodemographic characteristics were analyzed using the  $\chi^2$  test. Variables showing significant associations ( $p < 0.05$ ) were included in an analysis of variance (ANOVA), with age treated as a continuous variable and schooling converted

into years of education. Contraceptive methods were classified as short-acting reversible contraception (SARC), long-acting reversible contraception (LARC), and irreversible methods, according to the definitions proposed by Aldrighi et al.<sup>13</sup> ANOVA was followed by Tukey's *post hoc* tests. Simple linear regression was used to assess the influence of schooling and the number of methods known on performance in the knowledge test. The impact of place of residence was evaluated using the Student's t-test for independent samples. A p-value of < 0.05 was adopted as the significance level for all statistical tests.

The study was approved by the Research Ethics Committee of the Universidade Federal de Sergipe, Lagarto Campus (CAAE: 75407923.1.0000.0217), in accordance with National Health Council (*Conselho Nacional de Saúde* – CNS) Resolutions No. 466/2012 and No. 510/2016.

## RESULTS

The final sample comprised 147 participants. Analysis of the sociodemographic profile (Table 1) showed that most participants were between 25 and 34 years of age, single, of mixed race, resided in urban areas, had completed high school, and reported an income of less than one minimum wage.

**Table 1.** Social and demographic characteristics of women participating in this study. Lagarto (SE), Brazil, 2023–2024.

Characteristics	Category	n (%)
Place of residence	Rural area	44 (29.9)
	Urban area	103(70.1)
Skin color	White	36 (24.5)
	Black	11 (7.5)
	Brown	99 (67.3)
	Indigenous	1 (0.7)
Age range	18–24	41 (27.9)
	25–34	57 (38.8)
	35–44	32 (21.8)
	+ 45	17 (11.6)
	Education	Incomplete elementary school
Complete elementary school		22 (15)
Incomplete high school		6 (4.1)
Complete high school		47 (32)
Incomplete higher education		34 (23.1)
Complete higher education		25 (17)
Postgraduate		7 (4.8)
Family income (minimum wage)	Less than 1	81 (55.1)
	From 1 to 2	42 (28.6)
	From 3 to 5	12 (8.2)
	More than 5	12 (8.2)
Marital status	Single	79 (53.7)
	Married	57 (38.8)
	Widowed	1 (0.7)
	Divorced	10 (6.8)

Source: research data.

Regarding contraceptive use, most participants (119; 80.9%) reported using some contraceptive method at the time of the survey, while 28 (19.1%) reported not using any method. Among the methods used, the most prevalent were oral contraceptives, male condoms, and IUDs. With respect to acquisition, most participants reported purchasing these methods from chain pharmacies without discounts. The data are presented in Table 2.

**Table 2.** Contraceptive methods used and main access route among users. Lagarto (SE), Brazil, 2023–2024.

Categories	n (%)
Current contraceptive method	
Male condom	24 (20.2)
Female condom	1 (0.8)
IUD	15 (12.6)
Oral contraceptive	52 (43.7)
Monthly injectable contraceptive	8 (6.7)
Quarterly injectable contraceptive	5 (4.2)
Natural contraception	1 (0.8)
Surgical sterilization – Tubal ligation	13 (10.9)
Source of contraceptive method	
Free at health service units	28 (23.3)
Purchased with discount	13 (10.8)
Purchased without discount	63 (52.5)
Through private health insurance	5 (4.2)

Source: research data.

IUD: Intrauterine device; SUS: Brazilian Unified Health System.

Statistical analysis revealed a significant association between the choice of contraceptive method and age ( $p < 0.001$ ) as well as education level ( $p = 0.004$ ). In contrast, place of residence ( $p = 0.458$ ), race ( $p = 0.885$ ), marital status ( $p = 0.059$ ), and income ( $p = 0.811$ ) did not show significant associations.

ANOVA was conducted to assess the association between age and contraceptive method groups — SARC, LARC, irreversible methods, or no method —, revealing significant differences in mean age ( $F [3,143] = 9.97$ ;  $p < 0.001$ ;  $\eta^2 = 0.17$ ), indicating that approximately 17% of the variation in participants' age was explained by the type of method used. *Post hoc* comparisons using Tukey's test showed that users of irreversible methods were, on average, 10.45 years older than SARC users and 12.41 years older than LARC users.

Similarly, ANOVA was used to compare mean years of schooling across the different contraceptive method groups, revealing a significant difference ( $F [3,143] = 6.74$ ;  $p < 0.001$ ;  $\eta^2 = 0.12$ ), indicating that approximately 12% of the variation in participants' years of schooling was explained by the type of contraceptive method used. *Post hoc* analyses showed that SARC users had, on average, 4.33 more years of schooling than those using irreversible methods, while LARC users showed an even greater difference, with 5.22 more years compared with the same group.

Detailed data are presented in Table 3.

**Table 3.** *Post hoc* comparisons (Tukey test) of age and years of schooling among contraceptive method groups. Lagarto (SE), Brazil, 2023–2024.

Comparison groups	Age			Years of schooling		
	Mean difference	Standard error	p-Tukey	Mean difference	Standard error	p-Tukey
SARC vs. LARC	1.96	2.18	0.806	- 0.89	1.11	0.853
SARC vs. Irreversible	- 10.45	2.02	< 0.001	4.33	1.03	<0.001
SARC vs. None	- 1.91	1.83	0.721	1.02	0.93	0.690
LARC vs. Irreversible	- 12.41	2.73	< 0.001	5.22	1.39	0.001
LARC vs. None	- 3.87	2.60	0.445	1.91	1.32	0.472
Irreversible vs. None	8.54	2.46	0.004	- 3.31	1.25	0.045

Source: research data.

SARC: Short-Acting Reversible Contraceptives; LARC: Long-Acting Reversible Contraceptives (such as IUDs and hormonal implants); None: Women who reported not using any contraceptive method at the time of the survey.

Regarding knowledge (Table 4), the most widely known method was the male condom, followed by oral contraceptives and the monthly injectable contraceptive. To assess knowledge, seven true-or-false questions were administered on the most well-known methods, with most participants answering five questions correctly.

**Table 4.** Knowledge about contraceptive methods and performance on related questions. Lagarto (SE), Brazil, 2023–2024.

Category	n (%)
Contraceptive methods	
None	0 (0)
Vaginal ring	44 (29.9)
Diaphragm	52 (35.3)
Implanon	56 (38.09)
Patch	68 (46.2)
Natural contraception	104 (74.2)
Quarterly injectable	114 (77.5)
Sterilization	115 (78.2)
Female condom	116 (78.9)
IUD	119 (80.09)
Emergency contraception	120 (81.6)
Monthly injectable	127 (86.3)
Oral contraceptives	138 (93.8)
Male condom	140 (95.2)
Number of correct answers	
2	8 (5.4)
3	23 (15.6)
4	27 (18.4)
5	36 (24.5)
6	35 (23.8)
7	18 (12.2)

Source: research data.

IUD: Intrauterine device.

Simple linear regression analysis showed that the number of known contraceptive methods was a significant predictor of the number of correct answers to questions about contraception. For each additional method known, the number of correct answers increased by an average of 0.12, indicating a positive association between prior knowledge and performance on the questionnaire.

Additionally, schooling also proved to be a relevant factor, with a positive association between educational level and the number of correct answers: for each additional year of schooling, the average number of correct answers increased by 0.45.

Comparative analysis by place of residence showed that participants living in urban areas had a significantly higher number of correct answers than those in rural areas. Residing in an urban area was associated with an average increase of 0.91 correct answers, indicating a significant effect of geographic context on contraception knowledge.

The data are presented in Table 5.

**Table 5.** Regression model coefficients — impact of the number of correct answers according to the variables: known methods, education level, and place of residence.

Predictor	Estimate	Standard error	t	p-value
Known methods vs. correct answers				
Intercept	3.64	0.39	9.39	< 0.001
Number of known methods	0.12	0.04	2.63	< 0.05
Correct answers vs. education				
Intercept	2.87	0.30	9.42	< 0.001
Education level	0.45	0.06	6.75	< 0.001
Correct answers vs. place of residence				
Intercept	4.182	0.205	20.42	< 0.001
Urban vs. rural area	0.912	0.245	3.74	< 0.001

Source: research data.

Intercept: Represents the reference level.

## DISCUSSION

The results indicate high adherence to contraceptive methods, with 80% of participants reporting use, a figure similar to that observed in national surveys such as the National Health Survey (*Pesquisa Nacional de Saúde – PNS/IBGE, 2019*), which recorded 79% use among women, and the National Demographic and Health Survey of Children and Women (*Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher – PNDS, 2006*), which reported 78% use. The most frequently used methods among participants were oral contraceptives (52%) and male condoms (24%), consistent with PNS/IBGE (2019) data, which identified oral contraceptives (40.6%) and male condoms (20.4%) as the main methods for the corresponding age range. In contrast, PNDS (2006) indicated female sterilization as the predominant method (29%), followed by the pill (21%) and male condoms (12%). Notably, a temporal analysis of PNDS data from 1996 and 2006 revealed an increase in the use of reversible methods, reinforcing the alignment between the most recent national data and the findings of the present study.<sup>1,10</sup>

According to the data obtained, although most participants reported using contraceptive methods, usage was concentrated in a limited number of types. As noted by Trussell,<sup>14</sup> the effectiveness of a method depends on its suitability to the individual characteristics of each couple — including adherence, tolerance, and personal preferences. Therefore, a greater diversity in method use would be expected, reflecting the particularities of each user. The observed concentration suggests that a substantial proportion of couples may not be using methods fully compatible with their profiles, potentially compromising the effectiveness of family planning.<sup>2,14</sup>

The predominance of the private sector as the main source for obtaining contraceptive methods suggests limitations in the ability of SUS to ensure adequate access to available methods. Moreover, the reliance on private pharmacies is associated with the predominance of oral contraceptives and male condoms, which are the most readily accessible methods in these settings. Although the *Farmácia Popular* program includes contraceptives at discounted prices, purchases without such discounts remain more common, indicating that adjustments may be necessary for the program to have a significant impact on the contraceptive practices of the studied population.

A notable finding of this study was the higher use of IUDs (12%) compared to sterilization (10%). National surveys indicate the opposite trend: PNDS (2006) reported sterilization as the predominant method (29%), with only 2% using IUDs, and PNS/IBGE (2019) also showed a higher prevalence of sterilization (29.9%) compared to IUDs (8.3%).<sup>1,10</sup> This result may be related to the increased availability of the method in the municipality studied, where the copper IUD is offered by three Family Health teams trained in advance, in addition to the specialized Women's Health center. The provision of IUDs is considered effective when associated with both the availability of the method and the necessary materials for insertion, as well as qualified professionals to perform the procedure.<sup>15,16</sup> This finding supports the development of strategies aimed at expanding access to this method at the primary care level, emphasizing the importance of regional organization in facilitating access to more effective contraceptive options.

Among the variables analyzed, age and education significantly influenced the choice of contraceptive method. Older women with lower educational levels were more likely to use irreversible methods, a finding consistent with international studies. In the United States, Daniels and Abma observed that female sterilization predominates among women aged 35 to 49 years with higher parity.<sup>17</sup> Similarly, Harris et al., in Australia, reported that older women with higher parity, lower education levels, and chronic health conditions tend to choose permanent methods.<sup>18</sup> Ideally, sterilization occurs after a woman reaches her desired number of children, following the use of temporary contraceptives, a practice more common among women with higher educational attainment. Women with lower education levels often have more children than planned and less prior use of reversible methods before sterilization.<sup>19</sup> The observed association between sterilization, older age, and lower education suggests that socioeconomic vulnerability may restrict access to reversible methods, resulting in sterilization being adopted as a definitive solution after multiple unplanned pregnancies. This scenario underscores challenges to equity in family planning within SUS, highlighting the need for territorial strategies that recognize local specificities and promote expanded access to reversible contraceptives, offering long-acting methods as an option for users.<sup>20</sup>

The most well-known contraceptive methods, such as oral contraceptives and male condoms, corresponded to those most frequently used in this study, supporting the tendency of women to choose methods with which they feel more confident and informed. Studies indicate that confidence and knowledge about a method are key determinants in users' decisions, and that young women consider factors such as perceived safety, side effects, and understanding of the method's mechanism when selecting the most appropriate contraception for their needs.<sup>21,22</sup> Moreover, a positive association was observed between the

number of methods known and performance on true-or-false questions. Familiarity with a contraceptive method is directly linked to confidence in its use and self-efficacy, defined as the ability to use it correctly.<sup>23</sup> In this context, the findings suggest that greater knowledge about contraception can expand the range of methods selected and contribute to more appropriate and effective use.

Additionally, education level was identified as a significant factor, showing a positive association with performance on knowledge questions. Educational attainment may serve as an important predictor of greater exposure to educational and health programs, increasing opportunities to acquire knowledge about sexual and reproductive health. Comparison by place of residence revealed higher performance among urban residents than among those in rural areas. Urban populations face fewer barriers to accessing specialized services and educational campaigns.<sup>24</sup> Both lower education levels and rural residence are associated with sociocultural constraints that may limit the transmission of information about contraception. These findings underscore the importance of sexual and reproductive health education tailored to the sociocultural and economic characteristics of the target population, ensuring equitable access to information. A territorialized approach that considers local specificities and vulnerabilities emerges as an effective strategy to improve contraceptive choice, enabling women to decide the optimal timing for childbearing or to choose not to have children.

## CONCLUSION

The concentration of contraceptive methods, such as oral contraceptives and male condoms, reflects a centralization of choices within a limited range of options, whereas the selection of IUDs as a third alternative suggests that structured local initiatives can expand access to more effective methods. This underscores the importance of institutionalizing such practices at the municipal level, supported by technical guidance and sustained funding from state and federal authorities.

The association between older age, lower education level, and the choice of irreversible methods highlights inequalities in access to reproductive planning, where sterilization often emerges as the only viable option in vulnerable contexts. Additionally, power dynamics between healthcare professionals and patients may influence contraceptive decisions, particularly when technical knowledge or institutional constraints take precedence over the user's autonomy. These findings underscore the need for person-centered clinical practices that respect patients' preferences and priorities.

The differences observed between urban and rural residents underscore inequalities in access to information and services, highlighting the need for intersectoral strategies with a territorial focus. Such strategies should target historically excluded populations and incorporate continuous, culturally sensitive educational approaches.

Although limited to a single municipality, this study provides relevant insights for primary health care, offering information that can guide professionals in implementing contraceptive counseling strategies tailored to the local context. Moreover, the findings emphasize the need for future research exploring the dynamics of contraceptive decision-making in diverse contexts, taking into account socioeconomic factors, education, power relations, and individual characteristics. Such research can inform policies and practices that promote more informed, equitable, and autonomy-centered reproductive choices for women.

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## CONFLICT OF INTERESTS

Nothing to declare.

## AUTHORS' CONTRIBUTIONS

HSR: Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Methodology. MNC: Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Methodology. ITFC: Formal analysis, Data curation, Writing – review & editing. TNVS: Formal analysis, Data curation, Writing – review & editing.

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