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Contraceptive choices and social vulnerability among women of reproductive age

Escolhas contraceptivas e vulnerabilidade social em mulheres em idade reprodutiva
Opciones anticonceptivas y vulnerabilidad social entre mujeres en edad reproductiva

Larissa Forte Lima Faria[1], Mariana de Sousa Ferreira[1], Luíza Alves da Silva[1], Jaqueline Carvalho e Silva Sales[1], Lívia Carvalho Pereira[1]

Corresponding author:
Luíza Alves da Silva
E-mail: luizaalves@ufpi.edu.br

[1]Universidade Federal do Piauí. Teresina, Piauí, Brasil.

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Abstract
Objective: To analyze the prevalence and predictive factors associated with the use of contraceptive methods among women of reproductive age managed at a municipal healthcare service. **Methods:** A quantitative, cross-sectional study conducted at two units of the Florescer Service through the administration of a research questionnaire. Sociodemographic variables, gynecological and obstetric history, sexual behavior, and contraceptive use were analyzed. Data analysis was performed using the Chi-square test with a 5% significance level. **Results:** A 61% prevalence of contraceptive method use was identified among women of reproductive age, with the oral contraceptive pill (22.6%) and the condom (16.6%) being the most frequently used; 31% of the women who participated in the study did not use any contraceptives, and among non-users, the majority had completed only primary education. Having regular menstrual cycles and having one or more sexual partners emerged as predictive factors for contraceptive use. **Conclusion:** The study identified a significant association between the use of contraceptive methods and factors such as menstrual cycle regularity and number of sexual partners, demonstrating the influence of biological and behavioral factors on contraceptive choices, while highlighting the role of social vulnerability conditions as an intervening variable.
Descriptors:
Contraception. Reproductive Health. Sexual Health. Contraceptives.

Whats is already known on this?
Women of reproductive age in situations of social vulnerability face barriers to reproductive autonomy, and the use of contraceptive methods serves as an important indicator of the quality of sexual and reproductive health.
What this study adds?
It highlights the relationship between social vulnerability and contraceptive choices, underlining the importance of implementing public policies to ensure women's sexual health and reproductive autonomy.

Resumo
Objetivo: *Analisar a prevalência e os fatores preditores associados ao uso de métodos contraceptivos entre mulheres em idade reprodutiva atendidas em um*

serviço municipal. ***Métodos:*** *Estudo quantitativo e transversal, realizado em duas unidades do Serviço Florescer, mediante a aplicação de formulário de pesquisa. Foram analisadas variáveis sociodemográficas, antecedentes gineco-obstétricos, comportamento sexual e uso de contraceptivos. Para a análise estatística, utilizou-se o teste Qui-quadrado com nível de significância de 5%.* ***Resultados:*** *Identificou-se prevalência de uso de métodos contraceptivos de 61% entre as participantes, sendo a pílula anticoncepcional (22,6%) e o preservativo (16,6%) os mais utilizados. Por outro lado, 31% das mulheres não utilizavam nenhum método; dentre estas, observou-se que a maioria possuía apenas o ensino fundamental completo. Apresentaram-se como fatores preditores para o uso de contraceptivos a regularidade dos ciclos menstruais e a presença de um ou mais parceiros sexuais.* ***Conclusão:*** *O estudo identificou associação significativa entre o uso de métodos contraceptivos e fatores como regularidade do ciclo menstrual e número de parceiros sexuais, o que evidencia a influência de aspectos biológicos e comportamentais nas escolhas contraceptivas. Além disso, destaca-se o papel das condições de vulnerabilidade social como variável interveniente nesse cenário.*

Descritores:
Anticoncepção. Saúde Reprodutiva. Saúde Sexual. Anticoncepcionais.

Resumen
Objetivo: *Analizar la prevalencia y los factores predictivos asociados al uso de métodos anticonceptivos en mujeres en edad reproductiva atendidas en un servicio de salud municipal.* ***Métodos:*** *Estudio cuantitativo y transversal realizado en dos unidades del Servicio Florescer mediante la aplicación de un cuestionario de investigación. Se analizaron variables sociodemográficas, antecedentes ginecoobstétricos, comportamiento sexual y uso de anticonceptivos. El análisis de datos se realizó utilizando la prueba de chi-cuadrado con un nivel de significación del 5%.* ***Resultados:*** *Se identificó una prevalencia del 61% en el uso de métodos anticonceptivos entre las mujeres en edad reproductiva, siendo la píldora anticonceptiva oral (22,6%) y el preservativo (16,6%) los más utilizados; el 31% de las mujeres participantes no utilizaba anticonceptivos y, entre las no usuarias, la mayoría solo había completado la educación primaria. Tener ciclos menstruales regulares y contar con una o más parejas sexuales surgieron como factores predictivos del uso de anticonceptivos.* ***Conclusión:*** *El estudio identificó una asociación significativa entre el uso de métodos anticonceptivos y factores como la regularidad del ciclo menstrual y el número de parejas sexuales, demostrando la influencia de factores biológicos y conductuales en la elección de anticonceptivos, al tiempo que destaca el papel de las condiciones de vulnerabilidad social como variable interviniente.*

Descriptores:
Anticoncepción. Salud Reproductiva. Salud Sexual.Anticonceptivos.

INTRODUCTION

Reproductive health constitutes a fundamental component of human well-being, characterized by physical, mental, and social completeness regarding the reproductive system and its processes. This concept presupposes not only the absence of illnesses or ailments but also the guarantee of a safe, satisfying, and autonomous sexual life, including the prerogative of free choice regarding reproduction and the use of contraceptive methods appropriate to the individual context of each woman.[1]

Allied with reproductive health, sexual health stands out as a way to improve quality of life and interpersonal relationships, independent of reproduction, encompassing autonomy with the guarantee of freedom, free from violence, discrimination, and unplanned pregnancies. Sexual health implies a positive approach to human sexuality, which is capable of providing pleasure and stimulating relationships.[2]

Health promotion and disease prevention in the field of sexual and reproductive health constitute

central guidelines of care and configure essential responsibilities of healthcare professionals in the face of collective and individual demands. To this end, it is imperative that care be guided by sexual and reproductive rights, recognizing the complexity inherent in the care of individuals and families across different contexts. This complexity requires comprehensive practices that incorporate social, economic, environmental, and cultural aspects, avoiding reductionist or segmented views of the health-illness process.[3]

Family planning consists of a free decision by the couple, and it is the duty of the State and the responsibility of the healthcare system to guarantee access to information and to available methods. Sexual and reproductive rights are recognized as fundamental principles, so that decisions regarding reproduction must occur autonomously, with adequate support from healthcare services. This support is not restricted to the mere provision of contraceptive methods, but includes continuous orientation and clinical follow-up, promoting conscious and sustained choices over time.[4]

Ensuring control and a free and responsible decision over matters related to one's sexuality, encompassing sexual and reproductive health, free from coercion, discrimination, and violence, is a fundamental human right. Access to information, means, methods, and techniques to have or not to have children, the right to safe sex, and the prevention of pregnancy and sexually transmitted infections (STIs) configure human rights.[5]

Contraceptive methods constitute an important protective instrument against the potential consequences resulting from risky sexual behaviors. Although a greater adherence to condom use is observed at the beginning of sexual life, groups in situations of vulnerability to sexually transmitted infections (STIs) persist, especially among young women. This vulnerability is associated with the irregular or inadequate use of methods, frequently influenced by coercive and contextual factors that limit female reproductive autonomy. These limitations are related to restricted access to contraceptive methods that meet the specific needs of women in their distinct sociocultural, relational, and generational contexts, hindering the choice and continuity of safe, comfortable methods that are compatible with their individual demands.[6]

In light of the above, the present study aims to analyze the prevalence and predictive factors associated with the use of contraceptive methods among women of reproductive age managed at a municipal service.

METHODS

This is a quantitative, descriptive, and cross-sectional study conducted at two urban units of a municipal service dedicated to the care of women and their children. The service aims to foster female empowerment by strengthening social and family bonds, providing access to information and healthcare services, offering professional qualification, and providing psychosocial support and development for their children.

At the time of this study, the *Florescer Project* in Teresina had 93 active and registered women across the selected units. The inclusion criteria required that the women be active participants in the service, of reproductive age (between 18 and 49 years), and possess the cognitive capacity to accurately respond to the questionnaire (n = 84). Women who had not yet initiated sexual activity and those with special needs that prevented the administration of the questionnaire were excluded (n = 9).

Data collection took place from December 2022 to February 2023. The invitation was extended in person by the researchers, mediated by the Coordination of the *Florescer* Service Units. Each woman received detailed information regarding the research, and the questionnaire was administered after they signed the Informed Consent Form.

A research form developed by the authors of this study was used for data collection, encompassing sociodemographic variables, gynecological and obstetric history, sexual behavior, and the use of contraceptive methods.

The data were organized and tabulated using Microsoft Excel, version 2010 for Windows, and statistical analyses were performed using Stata, version 13.0 for Windows.

First, the Shapiro-Wilk test was applied to verify the normal distribution of the quantitative variables. Descriptive statistics procedures were used for the univariate analysis; quantitative variables were presented as mean and standard deviation (for normal distribution) or median and interquartile range (for non-normal distribution), while qualitative variables were expressed as absolute and relative frequencies.

The Wald chi-square test was used to analyze the associations between the explanatory variables and the prevalence of contraceptive use. Variables that showed $p < 0.20$ in this stage were included in a Poisson regression model with robust variance of standard errors. The measure of association used was the Prevalence Ratio (PR) with its respective 95% confidence intervals (95% CI). A significance level of 5% was adopted for all analyses.

The study complied with the recommendations of Resolution 466/2012 and Resolution 510/2016 of the National Health Council (CNS). The project was initially submitted to the Municipal Secretariat of Policies for Women (SMPM) of Teresina for institutional approval, and subsequently to the Research Ethics Committee (CEP) of the Federal University of Piauí for ethical review. The study was approved under opinion number 5,767,341 (CAAE: 63555522.0.0000.5214).

RESULTS

Among the 84 women interviewed, 50 (59.5%) were in the 18–30 age group, 47 (56.0%) were without a partner, 58 (69.1%) self-reported as mixed-race, 54 (64.3%) had up to a high school education, 61 (72.6%) were Catholic, 56 (66.7%) had no paid occupation, 44 (52.4%) had a family income equivalent to one minimum wage or more, 43 (51.2%) resided with 3–4 other people, and 76 (90.5%) were from Teresina, Piauí (Table 1).

Table 1. Sociodemographic characteristics of women of reproductive age participating in the study. Teresina, PI, Brazil, 2023.

Variables	n	%
Age group (years)		
18-30	50	59.5
31-40	22	26.2
31-53	12	14.3
Mean / IQR*	28	22-35.5
Marital status		
With a partner	37	44.0
Without a partner	47	56.0
Race/Color		
White	7	8.3
Black	18	21.4
Mixed-race	58	69.1
Asian	1	1.2
Educational level		
Primary Education	17	20.2
High School Education	54	64.3
Higher Education	13	15.5
Religion		
Non-Catholic	23	27.4
Catholic	61	72.6
Paid occupation		
No	56	66.7
Yes	28	33.3
Income (minimum wages)		
< 1	40	47.6
1 or +	44	52.4
Origin		
Teresina (Capital)	76	90.5
Interior of Piauí	5	6.0
Other States	3	3.5
Number of people living with you		
1-2	18	21.4
3-4	43	51.2

5 or +	23	27.4
Total	84	100.0

Legend: *IQR: interquartile range.
Source: Direct research (2023).

When verifying the association between sociodemographic characteristics, lifestyle, and the use of contraceptive methods, a predominance of contraceptive use was observed in the 18–30 age group with 37 women (74.0%), those without a partner (70.4%), those with 10–12 years of education (70.4%), those self-reported as mixed-race/black (45.6%), Catholics (73.8%), those without a paid occupation (71.4%), those with an income of one minimum wage or more (68.2%), those residing in Teresina, PI (72.4%), those living with 3–4 people (72.1%), non-smokers (69.6%), alcohol consumers (75.6%), and non-users of illicit drugs (68.7%) (Table 2).

Table 2. Association between sociodemographic characteristics and lifestyle with contraceptive use among women of reproductive age participating in the study. Teresina, PI, Brazil, 2023.

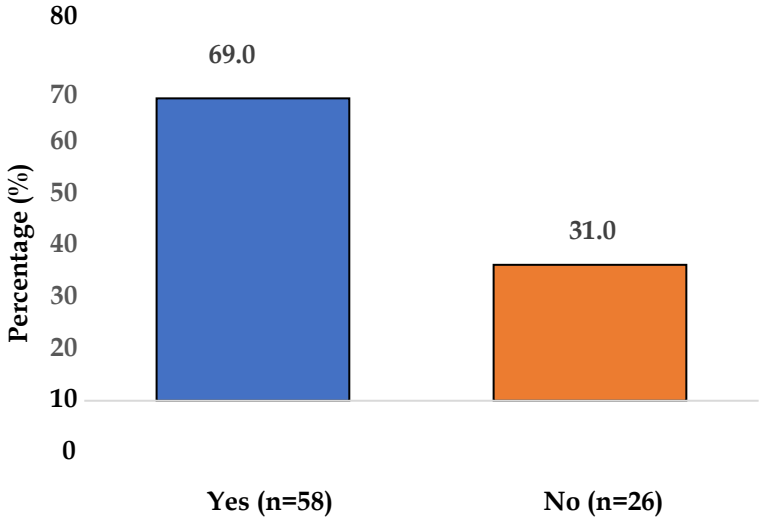
Variables	Contraceptive use		PR (95% CI)	p-value[a]
	Yes n (%)	No n (%)		
Age group (years)				
18-30	37 (74.0)	13 (26.0)	1.0	
31-40	16 (72.7)	6 (27.3)	0.98 (0.72-1.33)	0.911
31-53	5 (41.7)	7 (58.3)	0.56 (0.28-1.13)	0.105
Marital status				
With a partner	25 (65.6)	12 (32.4)	1.0	
Without a partner	33 (70.2)	14 (29.8)	1.03 (0.78-1.39)	0.797
Education (years)				
Up to 9	10 (58.8)	7 (41.2)	1.0	
10-12	38 (70.4)	16 (29.6)	1.20 (0.77-1.85)	0.421
13 or +	10 (76.9)	3 (23.1)	1.31 (0.79-2.16)	0.293
Race/Color				
White	2 (28.6)	5 (71.4)	1.0	
Mixed-race/Black	35 (45.6)	42 (54.5)	1.23 (0.63-2.38)	0.544
Religion				
Non-Catholic	13 (56.5)	10 (43.5)	1.0	
Catholic	45 (73.8)	16 (26.2)	1.30 (0.88-1.93)	0.182
Paid occupation				
No	40 (71.4)	16 (28.6)	1.0	
Yes	18 (64.3)	10 (35.7)	0.91 (0.65-1.24)	0.524
Income (minimum wages)				
< 1	28 (70.0)	12 (30.0)	1.0	
1 or +	30 (68.2)	14 (31.8)	0.97 (0.73-1.30)	0.858
Origin from the capital, Teresina				
No	3 (37.5)	5 (62.5)	1.0	
Yes	55 (72.4)	21 (27.6)	1.93 (0.78-4.97)	0.157
Number of people living with you				
1-2	12 (66.7)	6 (33.3)	1.0	
3-4	31 (72.1)	12 (27.9)	1.08 (0.74-1.58)	0.685
5 or +	15 (65.2)	8 (34.8)	0.98 (0.63-1.53)	0.923
Smoking				
No	55 (69.6)	24 (30.4)	1.0	
Yes	3 (60.0)	2 (40.0)	0.86 (0.41-1.80)	0.692
Alcohol				

No	27 (62.8)	16 (37.2)	1.0	
Yes	31 (75.6)	10 (24.4)	1.20 (0.90-1.61)	0.209
Illicit drug use				
No	57 (68.7)	26 (31.3)	-	
Yes	1 (100.0)	-	-	1.000[b]
Total	**58 (69.0)**	**26 (31.0)**	**-**	

Legend: PR: prevalence ratio; 95% CI: 95% confidence interval; [a]: Wald chi-square test. [b]: Fisher's exact test.
Source: Direct research (2023).

Regarding the prevalence of contraceptive method use among women of reproductive age, it was observed that 69% of the interviewees use some form of contraception.

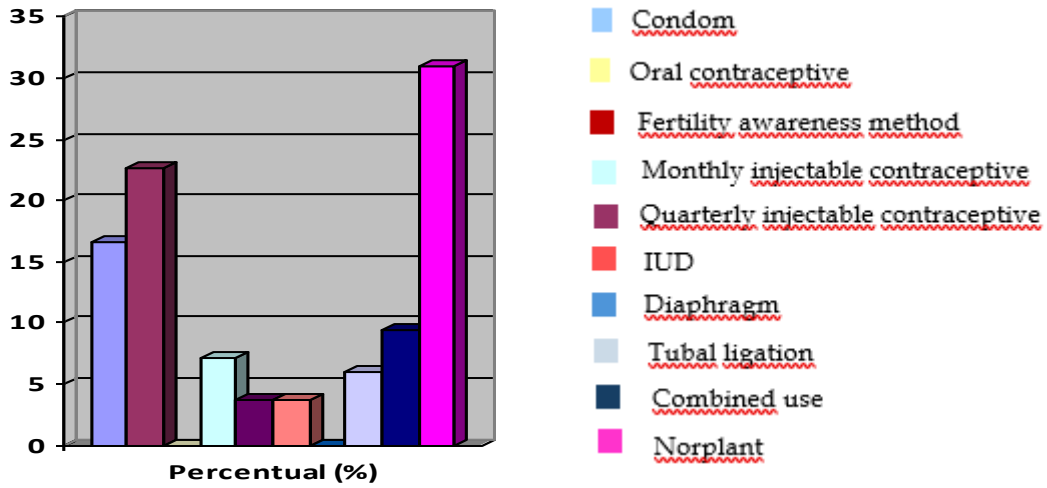
Figure 1. Prevalence of contraceptive method use among women of reproductive age participating in the study. Teresina, PI, Brazil, 2023.



Source: Direct research (2023).

The specific types of methods used by women of reproductive age in Teresina, PI, are presented below. The oral contraceptive pill ranked first (22.6%), followed by condoms (16.6%), monthly injectable contraceptives (7.1%), tubal ligation (6.0%), quarterly injectable contraceptives (3.65%), and intrauterine devices (IUDs) (3.65%). Notably, 9.5% of the women used more than one contraceptive method (Figure 2).

Figure 2. Prevalence of the most frequently used contraceptive methods among women of reproductive age participating in the study. Teresina, PI, Brazil, 2023.



Source: Direct research (2023).

It was identified that the use of contraceptive methods among women of reproductive age is strongly associated with menstrual cycle regularity (74.3%) and a multiplicity of sexual partners within the last six months (74.0%), indicating a combined influence of biological and behavioral factors on reproductive choices (Table 3).

Table 3. Predictive factors for contraceptive use among women of reproductive age participating in the study. Teresina, PI, Brazil, 2023.

Variables	Prevalence of contraceptive use (%)	PR (95% CI)	p-value[a]
Has menstrual cycles			
No	20.0	1.0	
Yes	74.3	3.45 (1.01-11.8)	0.049
Number of sexual partners within the last 6 months			
None	36.4	1.0	
1 or +	74.0	2.05 (1.01-4.17)	0.047

Legend: PR: prevalence ratio; 95% CI: 95% confidence interval. [a]Wald chi-square test.
Source: Direct research (2023).

DISCUSSION

According to the 2022 demographic census, Brazil had a population of 203.1 million, of which 104.5 million (51.5%) were women; 45.3% self-reported as mixed-race, a rate that rises to 59.5% in the Brazilian Northeast. Regarding education, only 16.7% of mixed-race women between 18 and 34 years of age completed high school.[7] In alignment with these national data, this study observed a predominance of mixed-race women with low educational levels registered in the healthcare service.

The study entitled "Birth in Brazil" demonstrated through statistical and epidemiological data that more than half of Brazilian women do not plan their pregnancies; furthermore, when planning does occur, these individuals belong to a socioeconomic group characterized by a high level of formal education, age less than 35 years, and white self-reported race.[8] Socioeconomic criteria are decisive factors in guaranteeing equitable access to healthcare services. Women in situations of greater vulnerability face heightened barriers to accessing contraceptive methods and, consequently, an increased risk of unplanned pregnancy, which can impact maternal and child morbidity and mortality.[8]

A correlated sociodemographic pattern exists between access to and use of contraceptive methods and family reproductive planning. The context presented reveals that women with more years of formal

education, who are financially stable or have an income greater than one minimum wage, and who are in stable marital relationships, are more informed and use contraceptive methods more frequently.

The inability to achieve reproductive autonomy perpetuates what Diane Pearce conceptualized in 1978 as the "Feminization of Poverty". This concept refers to the increasing number of women living in poverty, particularly female heads of households with dependent children under their custody—not by choice, but due to partner abandonment and the sole responsibility for family sustenance.[8]

Faced with this reality, it is inferred that paradigms and stereotypes still divide and demarcate the population, creating a major public health and economic issue for Brazilian society. In light of this discussion, gaps remain to be filled so that public health policies are not only accessed and adhered to by a segment of the population, but rather that society as a whole participates in this construction and growth, especially regarding vulnerable and underserved women.

According to consolidated data from the 2006 National Demographic and Health Survey (PNDS), the non-use of contraceptive methods by a substantial portion of the female population who did not wish to become pregnant increased considerably in Brazil. Notably, having prior children was highlighted as a motivating factor for not desiring a pregnancy.[9]

Consequently, a considerable portion of women who do not want to become pregnant do not use contraceptive methods, which may indicate that they are not being "supported to achieve their reproductive preferences".[10] From this, low adherence to contraceptive use is observed even when there is no current desire for pregnancy. In this sense, an ambivalence exists regarding contraceptive use: while these women do not wish to become pregnant, they either do not use any contraceptive method or use them inconsistently or inadequately. This can generate reproductive vulnerability, highlighting a disconnection between reproductive intention and practice.(11)

Given this scenario, despite the availability of diverse contraceptive methods, family planning remains deficient among women of reproductive age. Because they are not effectively reached by strategic family planning interventions, they face an increased risk of unintended pregnancy and, in some cases, STIs.[8]

According to the 2006 PNDS report, a primary data source on reproductive health, the prevalence of contraceptive method use was 67.8%, indicating that more than half of the female population used some form of contraception.[9] Initiatives to improve access to contraceptive methods were widely implemented in Brazil over the last decade, including free distribution through the Unified Health System (SUS).[12]

However, analyzing the data obtained in this study raises questions regarding whether national realities and public policies are aligned and effective regarding family and reproductive planning. The study conducted with reproductive-age women in Teresina, PI, showed a contrasting reality, wherein 26 (31%) women did not use any contraceptive method, thereby exposing the vulnerability that persists within the realm of family and reproductive planning.

Research analyzing the prevalence of contraceptive use in Brazil highlights significant regional differences. In the Central-West region, surgical methods predominate (34.4%), followed by oral contraceptive pills (32.0%). In the North and Northeast regions, sterilization is also prominent; however, the North region shows a higher utilization of condoms (23.6%) compared to oral contraceptives (16.5%). In the South region, oral contraceptives are the most frequently used method (44.7%), followed by condoms (13.8%) and dual protection (13.6%), while surgical methods occupy the fourth position (13.4%), demonstrating distinct patterns of choice and access.[13]

These disparities in contraceptive access are a recurring theme, as discussed at the 2012 London Summit on Family Planning, which established the Family Planning 2020 (FP2020) initiative and the 120×20 goal. This milestone aimed to enable 120 million additional women and adolescents in 69 low-income countries to use modern contraceptive methods by 2020, which is fundamental to advancing the Sustainable Development Sustainable Goals by ensuring universal access and satisfying reproductive health demands.[14]

This study found that the methods most frequently used by the women managed at the service in Teresina, PI, were condoms (26.2%), pills (23.8%), monthly injectables (7.1%), and tubal ligation (6.0%). This aligns with prevalence patterns repeated in several Brazilian states and regions, prompting reflection on the underlying motives and influences on individual female decision-making. Contraceptive coverage indicators are highly relevant for formulating public policies that effectively serve women of reproductive age, emphasizing the real need for reproductive planning to positively influence maternal and child health and reduce morbidity and mortality.[15]

A study conducted across all regions of Brazil showed that the non-use of contraceptive methods is associated with women in situations of socioeconomic vulnerability and fragility, mirroring the findings of the population surveyed in this study, where a significant proportion of the total interviewees (31%) did not use contraceptives.[16]

Established in 2007, the National Family Planning Policy mandates free access to condoms, oral and injectable contraceptives, IUDs, surgical sterilization (tubal ligation and vasectomy), and pregnancy diagnostic tools. Nevertheless, difficulties in effective access to these methods persist in Brazil. Our statistical data indicate that only 3 women (3.6%) used an IUD, 5 (6.0%) underwent tubal ligation, and 9 (10.7%) utilized monthly or quarterly injectable contraceptives, demonstrating that policy implementation still faces significant limitations.

A regional analysis of modern contraceptive prevalence in Latin America and the Caribbean reveals significant contrasts: Haiti (31.3%) and Bolivia (34.6%) present the lowest rates, with wide inequalities observed in Bolivia and relative homogeneity in Haiti. In contrast, Brazil, Colombia, Costa Rica, Cuba, and Paraguay demonstrate a prevalence greater than 70%, which is associated with lower socioeconomic and educational disparities.[17]

The utilization of long-acting reversible contraceptives (LARCs) remains limited, staying below 10% in 17 of the 23 countries evaluated, and showing higher significance only in Cuba, Colombia, Mexico, Ecuador, Paraguay, and Trinidad and Tobago. Notably, in Mexico, long-acting methods surpass short-acting ones, indicating a preference for more durable contraceptive strategies. These patterns suggest that regional factors—including access policies, sex education programs, and healthcare infrastructure—strongly influence contraceptive choice and use, highlighting the need for targeted public policies to reduce inequalities and expand access to LARCs in low-prevalence countries.[17]

Furthermore, recent studies confirm that experiencing a prior pregnancy motivates women to use contraceptive methods, partly due to a cultural framework that assigns the responsibility of contraception to women.[16] In this regard, concerning predictive factors for contraceptive use, women with active menstrual cycles have a greater stimulus to utilize some form of method. Consequently, these women may deprioritize protection against STIs, as only 20% of those without active menstrual cycles use a protective method.

It is also considered that having one or more sexual partners is a predictive factor for contraceptive utilization. This occurs due to a heightened perceived probability of pregnancy or contracting a sexually transmitted infection.

Overcoming inequalities in healthcare service coverage is a determinant factor for achieving universal health coverage. In this context, reproductive health services are part of a minimum package of essential, evidence-based interventions that must be consistently available across all health systems to ensure comprehensive and effective population care.[18]

The limitations of this study include the small sample size, which restricts a comprehensive analysis of reproductive planning across the entire municipality; however, these results reveal insights that can guide future research.

Accordingly, the contribution of this study lies in providing an empirical foundation for developing evidence-based guidelines and advancing discussions on sexual and reproductive health.

CONCLUSION

The study identified a significant association between the use of contraceptive methods and factors such as menstrual cycle regularity and the number of sexual partners. Women with regular cycles tended to opt for methods aligned with cycle predictability, whereas those with irregular cycles preferred methods with higher contraceptive efficacy. Having multiple partners was a predictor for the use of barrier methods. These results highlight the influence of biological and behavioral factors on contraceptive choices, while further underscoring the role of social vulnerability conditions as an intervening variable.

CONTRIBUITIONS

Study conception or design: Pereira LC, Faria LLF, Ferreira MS. Data collection: Faria LLF, Ferreira MS. Data analysis and interpretation: Pereira LC, Faria LLF, Ferreira MS. Drafting the article or critical revision: Pereira LC, Faria LLF, Ferreira MS, Silva LA, Sales JCS. Final approval of the version to be published: Pereira LC, Silva LA.

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