

ORIGINAL
VERSION 2: PEER REVIEW - APPROVED

Impact of the COVID-19 pandemic on the use of contraceptive methods, Chile

Impacto de la pandemia por COVID-19 en el uso de los métodos anticonceptivos, Chile

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ABSTRACT

Introduction: Daily life was affected during the COVID-19 pandemic, so there were difficulties in getting inputs (merchandise, job, services, etc.), and obtaining contraceptives were specifically affected.

Aim: describe the impact of the pandemic as regards the use of methods of contraception in women aged 18-23 living in Viña del Mar.

Methods: This study is cross-sectional, continuous quantitative, a non-probabilistic sampling denominated "snowball". Women living in Viña del Mar City were surveyed, and the sample size amounts to 90 persons, with a cohort point ranging from 18 to 23 years.

Results: 85 % of surveyed women are students. The more frequently used methods of contraception are the pill and the external condom. During the pandemic (2020, 2021, 2022), 12,87 % of them left their method of contraception, whereas 17,76 % changed it.

Conclusion: The pandemic is a determining factor in adherence to methods of contraception. Even though the results we obtained in this study are positive as compared to other pieces of research, it must be considered that interrupting them entails a violation of sexual and reproductive rights, which must be guaranteed despite being in a crisis.

Keywords: Contraceptive Method; Pandemic; Sexual And Reproductive Health.

RESUMEN

Introducción: la vida cotidiana se vio afectada durante el periodo de pandemia por COVID-19, por lo que se contempló una dificultad para conseguir insumos (mercadería, empleo, servicios, etc.), ahondando específicamente en la obtención de los anticonceptivos.

Objetivo: describir el impacto de la pandemia en relación con uso de métodos anticonceptivos en mujeres entre los 18 y 23 años que residan en Viña del Mar.

Métodos: el estudio es de tipo cuantitativo continuo, de corte transversal, es un muestreo no probabilístico, denominado "bola de nieve". Se realizó una encuesta a mujeres residentes de la ciudad de Viña del Mar, el tamaño de la muestra consta de 90 personas en total, con un punto de cohorte entre los 18 y 23 años.

Resultados: el 85 % de las encuestadas son estudiantes. Los métodos anticonceptivos más utilizados son la pastilla y el condón externo. Durante la pandemia (2020, 2021, 2022) el 12,87 % abandonó su método anticonceptivo, mientras que el 17,76 % lo cambió.

Conclusión: la pandemia es un factor determinante en la adherencia a métodos anticonceptivos, a pesar que

los resultados obtenidos en este estudio son positivos en comparación a otras investigaciones, se debe considerar que la interrupción de estos, supone una vulneración en los derechos sexuales y reproductivos, lo cual se debe garantizar a pesar de estar en crisis.

Palabras clave: Método Anticonceptivo; Pandemia; Salud Sexual y Reproductiva.

INTRODUCTION

Sexual and reproductive health in Chile has constantly evolved from time to date. It is represented in the national policies on sexual and reproductive health (2018), which determine that, from 1930 to 1971, the use of methods of contraception increased from 6 % to 13,7 %; afterwards, from 1990 to 2012, the figures rose to 31,6 % and 38,7 %⁽¹⁾; Miles corporation (2016) states that: “According to the Statistics and Information on Health Department (DEIS) of MINSAL, the number of women of childbearing age using methods of contraception (MoC) went from 600 374 women in 1990 to 1 385 901 in 2014, which shows an important increase (of 123 % approximately)”⁽²⁾.

Therefore, we can mention that the evolution has manifested itself from the scientific studies, which have favored a wider range of methods of contraception (MoC) for both men and women, such as the internal condom, also known as the female condom, different kinds of male condoms (with flavors, shapes, colors, etc), pills with new progestin, among others; to the promotion of rights for the individuals, such as the right to autonomously decide whether one wishes to start one’s sexual life or the wish to reproduce or not.

In relation to the above, sexual and reproductive health is understood as the fact that every person has the right to fully and safely live his/her sexuality fully and safely.⁽³⁾ In addition, we must consider that MoC are implemented to hinder possible pregnancy at the moment of the sexual intercourse, either by preventing ovulation or inhibiting, inactivating, or even preventing the sperm from implanting in the ovule.⁽⁴⁾

But, what happens if this is affected?, according to Maguiña Vargas et al.⁽⁵⁾, at the close of 2019, there was a pandemic outbreak caused by a virus denominated COVID-19 that spread from China into the world, making governments, specifically Chile, take drastic measures, such as quarantine for all persons, i.e. people had to stay home and could not go out. So there were difficulties in getting inputs (merchandise, job, services, etc.), and people have therefore been hindered from having access to MoC. They could probably have to resort to changing or leaving them.

The research question posed in this article is as follows: how has the pandemic affected the use and disuse of the methods of contraception in the young adult women living in Viña del Mar?

METHODS

Study design: this study is cross-sectional, continuous quantitative, a non-probabilistic sampling denominated snowball sampling, i.e. to gather subjects meeting our requirements and, in turn, to request them to help us reach more people and comply with an appropriate number of surveyed persons.

Population and Sample: the population targeted by our research was made up of women of childbearing age living in Viña del Mar City. The sample size amounts to 90 persons, considering 15 persons per age, from 18 to 23.

Criteria for inclusion: persons with a uterus, 18 to 23 years old and living in Viña del Mar municipality who are using or have used any method of contraception during the COVID-19 pandemic (years 2020, 2021 and 2022).

Techniques and procedures: data were obtained in a single moment when the survey was conducted in October 2022, data is obtained in one go in the period above, the characterization of participant women being established concerning certain social determinants by using Stata and Excel for numeric and per cent calculations and p-value hypothesis test; besides, to know the change or abandonment of the method of contraception in the years 2020, 2021 and 2022 and the reasons giving rise to these changes, via numeric, per cent data and P-value hypothesis test. All were based on a Google form, where women who were using any method of contraception in the years of study participated. In order to determine the reasons for the change or disuse of methods of contraception during the COVID-19 pandemic, we used variables such as age, educational level, socioeconomic level, economic activity, social security, health system caring for them, way of access to MoC, contraceptives used in the years 2020, 2021 and 2022, among others.

Ethical safeguards: Before conducting the survey, we put in writing that participation in the survey is voluntary and the answers are confidential, and for academic purposes, so the privacy of participants will be safeguarded so that, this way, any damage is prevented, all this by applying informed consent.

We safeguard the principles of bioethics and autonomy by leaving it to one’s voluntary choice whether to participate or abandon the survey at any moment, in addition to the fact that the women answer the questions according to their criteria and determinations.

The principle of beneficence and non-malice is shown by seeking through this piece of research to benefit users as much as possible and reduce any possible damage and sequels since this piece of research is in favor of finding out what happens with the use or disuse of MoC during the time of the pandemic and how to improve those situations, never to embarrass or humiliate the surveyed women.

RESULTS

According to the p-value, the variables “age” about “educational level”, “socioeconomic level”, “economic activity”, and “security” are not statistically significant as their p-value is > 0,05 (table 1).

Table 1. Characteristics of the women surveyed

Variables	Age												p
	18		19		20		21		22		23		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Educational Level													
Incomplete High School Education	2	13,3	0	0	0	0	0	0	0	0	0	0	0,68
High School Education complete	11	73,3	5	33,3	4	26,67	2	13,3	3	20	4	26,67	
Technical education incomplete	0	0	0	0	0	0	1	6,67	0	0	0	0	
Technical education complete	0	0	2	13,3	0	0	1	6,67	2	13,3	0	0	
Higher education incomplete	1	6,67	8	53,3	11	73,3	11	73,3	9	60	9	60	
Higher education complete	1	6,67	0	0	0	0	0	0	1	6,67	2	13,3	
Socioeconomic level (based on monthly family income)													
Income less than \$300 000	2	13,3	2	13,3	3	20	0	0	2	13,3	2	13,3	0,94
Income between \$300 001 - \$400 000	2	13,3	4	26,67	3	20	3	20	1	6,67	1	6,67	
Income between \$400 001 - \$500 000	2	13,3	2	13,3	2	13,3	3	20	7	46,67	3	20	
Income between \$500 001 - \$600 000	0	0	2	13,3	1	6,67	1	6,67	1	6,67	1	6,67	
Income over \$600 001	9	60	5	33,3	6	40	8	53,3	4	26,67	8	53,3	
Economic Activity													
Employee	0	0	1	6,67	1	6,67	2	13,3	0	0	1	6,67	0,96
Unemployed	0	0	1	6,67	1	6,67			1	6,67	1	6,67	
Student	14	93,3	12	80	13	86,67	13	86,67	13	86,67	12	80	
Pensioned (e.g. alimony)	0	0	0	0	0	0	0	0	0	0	0	0	
Other status	1	6,67	1	6,67	0	0	0	0	1	6,67	1	6,67	
Previsión													
FONASA	7	46,67	11	73,3	10	66,67	8	53,3	11	73,3	9	60	0,82
ISAPRE	5	33,3	1	6,67	4	26,67	4	26,67	2	13,3	5	33,3	
Other	3	20	3	20	1	6,67	3	20	2	13,3	1	6,67	

Regarding adherence to the MoC during the years of the pandemic, 32 persons (36 %) changed or abandoned the MoC in 2020, while 24 persons (27 %) did it in 2021, and 27 women (30 %) did it in 2022.

According to the p-value, the variable “change or abandonment of MoC” with “age” and “reasons for the change or abandonment” is not statistically significant as their p-value is > 0,05 (Table 2).

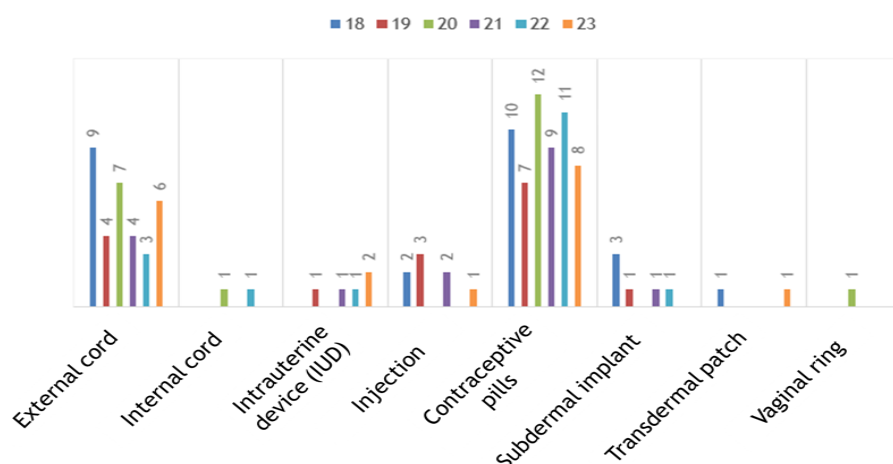
Concerning the MoC most used during the pandemic, pills predominate with 63,3 %, where 20-year-old women are the ones that prevail with 21,1 %, the same as the pills with the external condom with 36,67 % of all surveyed women, taking into account that the women making more use of this method are the 18-year-old users with 27,27 % (Graph 1).

As for the socioeconomic level of young women concerning contraceptives, we can point out that, regardless of their income range, the primary methods they use continue to be pills and external condoms. Besides, concerning economic activity, in 75 % of the methods above contraception, most of them are students. At the

same time, in the case of the internal condom and the injection, there is more variability in the economic activity of their users.

Table 2. Adherence to MoC during the pandemic

Variable	Change or abandonment MoC						p valor
	2020		2021		2022		
	No.	%	No.	%	No.	%	
Age							
18	6	6,6	2	2,2	4	4,4	0,8
19	5	5,5	2	2,2	3	3,3	
20	3	3,3	1	1,1	3	3,3	
21	6	6,6	5	5,5	5	5,5	
22	6	6,6	7	7,7	6	6,6	
23	6	6,6	7	7,7	6	6,6	
Reason for change							
Economic	7	21,8	4	16,6	5	18,5	0,9
Accessibility	6	18,7	2	8,33	4	14,8	
Sexual abstinence	6	18,7	4	16,6	3	11,1	
Family planning	1	3,1	2	8,33	2	7,4	
Other reason	13	40,6	12	50	15	55,5	



Graph 1. Prevalence of contraceptive use, women 18-23 years old, Viña del Mar 2020-2022

Finally, it is important to stress that most of the methods of contraception are obtained on one's own, emphasizing that the most used contraceptives are pills 85,9 % and the external condom with 75,7 %. In the case of the injection and the subdermal implant, they are obtained mainly from the CESFAM (Family Health Centers). According to the p-value, the variables "method of contraception" about "age", "socioeconomic level", "economic activity", "security", and "access to MoC in the period of the pandemic" are not statistically significant as their p-value is > 0,05.

75,5 % get their method of contraception on their own, while only 24,4 % acquire it through the CESFAM (Family Health Centers). It is essential to mention that only 30,3 % of the surveyed women who are FONASA (National Health Fund) are cared for by the public system and access their method of contraception via the CESFAM. In comparison, 48,8 % of the surveyed women who are FONASA are cared for in the private system and get their method of contraception on their own.

As regards the surveyed women who acquire their method of contraception on their own, 82,3 % get financial support to obtain it, either one-half or completely, with 16 % and 83,9 %, respectively. Mother/father are the main persons financing or contributing to the method of contraception with 85,7 %.

According to the p-value, the variable "security" in relation to "health system caring for her", "way to

access the MoC”, “financial contribution to get it on one’s own”, and “person contributing financially” is not statistically significant as the p-value is $> 0,05$.

DISCUSSION

One of the most relevant findings of this study shows that most of the surveyed population did not change their method of contraception during the pandemic, so we can determine that sexual life, specifically those aspects relating to protection from unwanted pregnancy and STIs (sexually transmitted infections), remained stable or equal to how it was before the pandemic.

This contrasts with what was stated by Lampert when he established that 74 % of women (Chilean) had problems accessing MoC during the pandemic, either due to lack of stock, increase in price or failure by the family health centers to deliver the medicaments.⁽⁶⁾

Nevertheless, this counterpoint is precisely due to one of the limitations of this piece of research, the one relating to the sample size or participants in the study, since, according to the Census taken in 2017, the population of women living in Viña del Mar City and being 15-24 years old is approximately 28 257,⁽⁷⁾ while the selected sample amounts to 90 participants; therefore, there is a significant numeric difference as compared to the population included in the census.

Despite the above, it is necessary to emphasize that the population that did say they had changed or abandoned their MoC due to economic or access problems did it in the first year of the COVID-19 pandemic, i.e. 2020, as compared to the two following years of the previous outbreak.

This bears a relation to the study conducted by Duarte-Anselmi.⁽⁸⁾ who showed that, during the first months of the pandemic, there was a decrease in the use of assistance relating to sexual and reproductive health, the leading cause is stated to be the rearrangement of health services and sanitary personnel due to the increase in hospitalizations and the demand for tertiary-health-level care for COVID-19.

Another result of this study was the identification of the fact that 75 % of young adult women acquiring contraceptives on their own get financial support from their parents, their partner or a relative to purchase it, which is directly related to the economic dependence of the young at this age, as per the National Youth Survey, where 50 % of the surveyed young people answered that their monthly income comes from their parents. Another 15 % receive contributions or aid from their partner.⁽⁹⁾

However, this can be considered a beneficial factor to promote the use of MoC since it is established that, since adolescence, the young tend to nonuse of contraceptives for several reasons such as being out of money, feelings relating to shame about being discovered by their parents and lack of communication with their partner,⁽¹⁰⁾ so we can establish that the subvention of the MoC, especially the one given by their parents, creates a safe space facilitating family planning and preventing unwanted pregnancy.

For their part, the surveyed women evidenced that the MoC most used during the pandemic are the pills and the external condoms, which share the common fact of non-dependence of the operator, i.e. they can be administered or used without needing health personnel, unlike injectable contraceptives, for instance.

This situation contrasts the evidence presented about factors favoring adherence to pharmacological treatments, which mentions that the highest rates of this issue are found in those whose routes of administration require direct administration and basic levels of supervision.⁽¹¹⁾ On the other hand, it does coincide with what has been presented in studies that state that contraceptive pills and condoms are the main methods to regulate fertility in Chile.^(12,13)

Another relevant finding mentioned in the results relates to the preference of the surveyed women for the private health system rather than the public one, where it highlights the fact that the users of FONASA (National Health Fund), who have benefits and free assistance at CESFAM (Family Health Centers), also choose the private system as the way to be cared for, which relates much to the sensation of lack of protection felt by the users of FONASA, who have pointed out that, despite the free health care or the low costs of assistance, they perceive a vital degree of dissatisfaction relating to the long hours of waiting, little availability of specialists, poor attention paid by government officials, among others.⁽¹⁴⁾

CONCLUSIONS

As a way of conclusion, we take up the dilemma relating to the effects of the pandemic on health since it caused several global problems. There is no way to determine with certainty whether the pandemic directly affected the accessibility to methods of contraception during this period since, according to the results of the survey, there were not many cases evidencing that the pandemic had direct repercussions on this. However, it is also important to consider the existing cases to improve the quality of care in the health system, mainly by increasing the regularization of the entry of MoC to the country, where the State plays a fundamental role, specifically the Ministry of Health (MINSAL), whose duty is both to deliver varied and high-quality resources for the needs of the different female users and to continue with the regular assistance relating to avoiding unwanted pregnancy, reducing perinatal morbidity and mortality, preventing any violation of the rights of

women, among others. This is why, for future research, a more significant sample and more specific questions can be considered.

Also, we should take into account that Chile did not have a pre-established protocol to safeguard what happened, i.e. the country was not ready to face what a pandemic entails, so stress should be laid on the importance of both making public policies on the sexual and reproductive rights and creating a contingency plan to face catastrophes, to guarantee the continuity of comprehensive-health care for women in the sexual sphere and to prevent cases such as the polemics above.

REFERENCES

1. Política Nacional de Salud Sexual y Salud Reproductiva. Minsal Chile. 2018. https://diprece.minsal.cl/wrdprss_minsal/wp-content/uploads/2018/03/POLITICA-NACIONAL-DE-SALUD-SEXUAL-Y-REPRODUCTIVA-..pdf
2. Corporación Miles. Salud Sexual, Salud Reproductiva y Derechos Humanos en Chile. Mileschile.cl. 2016. http://www.mileschile.cl/documentos/Informe_DDSSRR_2016_Miles.pdf
3. Agencia de las Naciones Unidas para los Refugiados. Salud sexual y reproductiva. UNHCR. 2022. <https://www.acnur.org/salud-reproductiva.html>
4. Fuente Wikipedia. Métodos Anticonceptivos: Sin Hijos Por Eleccion, Metodo Anticonceptivo, Historia de La Anticoncepcion, Pildora del Dia Despues. Books LLC, Wiki Series; 2011.
5. Maguiña Vargas C, Gastelo Acosta R, Tequen Bernilla A. El nuevo Coronavirus y la pandemia del Covid-19. Rev Medica Hered. 2020;31(2):125-31. <http://dx.doi.org/10.20453/rmh.v31i2.3776>
6. Lampert MP. Covid-19 y anticoncepción: Regulación y acceso. Bcn.cl. 2020. https://obtienearchivo.bcn.cl/obtienearchivo?id=repositorio/10221/29221/1/BCN_regulacion_y_acceso__anticoncepcion_en_Chile_FINAL.pdf
7. Institución Nacional de Estadísticas. Censo de Población y Vivienda. INE Chile. 2017. <https://www.ine.cl/estadisticas/sociales/censos-de-poblacion-y-vivienda/censo-de-poblacion-y-vivienda>
8. Duarte G, Flores M, Morales MB, Merino C. Efectos en el cuidado de la Salud Sexual Reproductiva en la comuna de Puente Alto-Chile, en contexto de pandemia por SARS-CoV-2: Estudio descriptivo. Osf.io. 2020. <https://osf.io/gjbf2/>
9. INJUV. 9na Encuesta Nacional De Juventud - Informe General De Resultados. injuv.gob.cl. 2018. https://www.injuv.gob.cl/sites/default/files/ix_encuesta_nacional_de_la_juventud_2018.pdf
10. Fétis G, Bustos L, Lanás F, Baeza B, Contreras J, Hebel E, et al. Factores Asociados al Uso de Anticonceptivos en Estudiantes de Enseñanza Media de la Comuna de Temuco. Rev Chil Obstet Ginecol 2008;73(6):362-9. <http://dx.doi.org/10.4067/S0717-75262008000600002>
11. Honorato J. Adherencia al tratamiento farmacológico. Neumologiaysalud.es. 2015. <http://www.neumologiaysalud.es/descargas/R8/R81-6.pdf>
12. INJUV. El Descenso de la Fecundidad Adolescente en Chile: Antecedentes, Magnitud, Determinantes y Desigualdades. Gob.cl. 2020. <https://www.injuv.gob.cl/sites/default/files/estudioembarazo.pdf>
13. Mella C, Oyanedel JC, Vargas S, de Ugarte N. Salud Sexual en Chile: Una Aproximación Descriptiva al Comportamiento y la Satisfacción Sexual de los Chilenos. Rev Chil Obstet Ginecol. 2015;80(4):289-96. <http://dx.doi.org/10.4067/S0717-75262015000400003>
14. Valenzuela P, Pezoa M, De Salud AS, Conocimiento B, Evaluación B, De UCC, et al. Estudio de opinión a usuarios del sistema de salud, reforma y posicionamiento de la superintendencia de salud. Gob.cl. 2015. https://www.supersalud.gob.cl/documentacion/666/articles-12432_recurso_1.pdf

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest.

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SECTION NOT TRANSLATED

Note: In order to avoid misinterpretation or misunderstanding of the reviewers' and/or editors' comments, this section was not translated.

OBSERVATIONS DERIVED FROM PEER REVIEW, PUBLISHING PROCESS AND AUTHOR'S RESPONSE**Observaciones de la Revisión por Pares:**

Revisor 1/2: Prof. MSc. William Alves Dos Santos, Anhanguera Educacional (Brasil)

Las observaciones del revisor se realizaron en forma de comentarios, por lo que se han colocado los párrafos o frases donde se han colocado los comentarios con la finalidad de contextualizar la observación.

1. En la frase “La población objetivo de la investigación fueron mujeres, dentro del periodo fértil, que viven dentro de la ciudad de Viña del Mar. Mientras que el tamaño de la muestra consta de 90 personas en total, considerando un punto de cohorte entre los 18 y 23 años (15 personas por edad).” ¿Las 15 personas por edad, se eligieron para 18 hasta 23 años? Fueran 15 personas de 18 años, 15 personas de 19 años... Escribir mejor esta población.
2. En la frase “¿Las 15 personas por edad, se eligieron para 18 hasta 23 años? Fueran 15 personas de 18 años, 15 personas de 19 años... Escribir mejor esta población.” ¿Han hecho los datos durante los tres años, y no tuvieran retiradas de participantes? ¿Han hecho los datos una vez solamente por año? ¿Cuáles fueran los criterios de análisis de datos? ¿Cuáles son los sistemas utilizados para análisis de datos?
3. En la frase “En primer lugar, el total de la población encuestada son mujeres jóvenes entre 18 y 23 años, contando con 15 participantes por cada edad, con un total de muestra de 90 personas. Además, al momento de realizar la encuesta, si bien no se excluyeron a personas extranjeras, el alcance de la encuesta llegó solo a mujeres de nacionalidad chilena.” Sugiero poner los criterios de exclusión y de elección en el acápite de Métodos.
4. Sobre la Tabla 2. ¿Cuántos estudiantes abandonaran y cambiaran los métodos contraceptivos? Escribir en resultados.
5. En el párrafo “En relación con los MACs más utilizados durante la pandemia, predominan las pastillas con un 63,3%, en donde las mujeres de 20 años son las que prevalecen con un 21,1%; al igual que las pastillas con un el condón externo con un 36,67% del total de las encuestadas, tomando en cuenta que las que más utilizan este método son las usuarias de 18 años con un 27,27%.” Sugiero que esa información podría ser mejor vista en gráfico también.

Revisor 2/2: Mg. Jorge Alfredo Devia Castro, Universidad de Chile (Chile)

Las observaciones del revisor se realizaron en forma de comentarios, por lo que se han colocado los párrafos o frases donde se han colocado los comentarios con la finalidad de contextualizar la observación.

1. En la frase “Por añadidura, es que se debe tener en cuenta que los MACs, son implementos que dificultan un posible embarazo al momento del encuentro sexual, ya sea, impidiendo la ovulación, inhibiendo, inactivando o incluso impidiendo que el esperma se implante en el óvulo 4.”: Pensado en que la definición te permite comprender el concepto de MACs (Anticonceptivos) quizás es mejor describirlo posterior a nombrar la sigla, y de esta forma sea más fácil comprender la función que tienen los tipos de MACs que nombrar los tipos posteriormente.
2. En la sección de Población y Muestra: Sugiero exponer los criterios de inclusión y exclusión del estudio, para comprender la elección de la muestra.
3. En la sección de Técnicas y procedimientos: Describir el método de análisis de los datos.
4. En la frase “Además, al momento de realizar la encuesta, si bien no se excluyeron a personas extranjeras, el alcance de la encuesta llegó solo a mujeres de nacionalidad chilena.”: Sugiero agregar los criterios de inclusión y exclusión para conocer el manejo de la muestra.
5. En el párrafo “Según P-valor la variable “cambio o abandono de MAC”, en relación con “edad” y “razones del cambio o abandono” no son estadísticamente significativas al tener un P-valor > 0,05).”: Respecto a la tabla n° 2, es difícil comprender los resultados ¿Cuál es el total de encuestados que cambio o abandono? ¿En el caso de los encuestado de 18 años, los 12 encuestado corresponde al total que abandonaron durante los 3 años? ¿Son 12 encuestadas de las 15 que nombraron en el inicio? ¿Existirán encuestadas que abandonaron en un año, ingresaron al año siguiente y después nuevamente abandonaron? Quizás en esa parte sugiero dar una vuelta a

los datos de la tabla para que sea más fácil comprenderlos.

6. En el párrafo “En relación con los MACs más utilizados durante la pandemia, predominan las pastillas con un 63,3%, en donde las mujeres de 20 años son las que prevalecen con un 21,1%; al igual que las pastillas con un el condón externo con un 36,67% del total de las encuestadas, tomando en cuenta que las que más utilizan este método son las usuarias de 18 años con un 27,27%.”: Faltan estos datos para conocer los resultados, sugiero agregar tabla o grafico con esta información.

7. En la frase “Además, cabe mencionar que la actividad económica, en el 75% de los métodos anticonceptivos ya mencionados, son en su mayoría estudiantes, mientras que en el caso del condón interno y la inyección existe una mayor variabilidad en la actividad económica de sus usuarias.”: Faltan estos datos para conocer los resultados, sugiero agregar tabla o grafico con esta información.

8. En la frase “En el caso de la inyección y el implante subdérmico son obtenidos en su mayoría desde el CESFAM.”: Sugiero revisar las siglas, ya que no todos comprenden a que se refieren: CESFAM, FONASA, ISAPRE.

9. En la frase “La principal persona que aporta o financia el método anticonceptivo son madre/padre con un 85,7%.”: Sugiero agregar una tabla para comprender la naturaleza del resultado.

Respuesta a los revisores por parte de los autores:

Los autores no emitieron carta de respuesta a los revisores y/o editor, sin embargo, aceptaron las recomendaciones y se realizaron las correcciones necesarias.