

Federal University of Rio de Janeiro State

Journal of Research
Fundamental Care OnlineISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Gravidez não planejada e fatores associados à participação em programa de planejamento familiar

Unplanned pregnancy and the factors associated with the participation in the family planning program

Embarazo no planeada y factores asociados a la participación en el programa de planeamiento familiar

Christiane Borges Evangelista ¹, Márcia Barbieri ², Patrick Leonardo Nogueira da Silva ³

ABSTRACT

Objectives: To identify the prevalence of unplanned pregnancy and the factors associated with the participation in the family planning program among pregnant women enrolled in the teams of the Family Health Strategy. **Method:** Transversal study performed in 2010, with a sample of 394 pregnant women. Data collection took place initially a screened of the women with unplanned pregnancy and then was applied to an instrument with issues related to family planning program. The magnitudes of the associations between variables were evaluated by the *odds ratio*. **Results:** It was observed the prevalence of 58% of unplanned pregnancies. Most women had not participated in the family planning program despite it being available. There was a statistically significant association between the participation in the program, age, method type and the place of obtaining it. **Conclusion:** The prevalence of unplanned pregnancy and factors associated with the family planning in this population point to low efficiency and adherence to the program in the Family Health Strategy. **Descriptors:** Unplanned pregnancy, Family planning, Family health strategy.

RESUMO

Objetivos: Identificar a prevalência de gestação não planejada e os fatores associados à participação em programa de planejamento familiar entre grávidas cadastradas nas equipes da Estratégia Saúde da Família. **Métodos:** Estudo transversal, realizado no ano de 2010, com amostra de 394 gestantes. Para coleta de dados, foi aplicado um instrumento com questões associadas ao Programa de Planejamento Familiar. As magnitudes das associações entre as variáveis foram avaliadas por meio do *odds ratio*. **Resultados:** Observou-se prevalência de 58% de gravidezes não planejadas. A maioria das mulheres não havia participado do programa apesar do mesmo estar disponível. Verificou-se associação estatisticamente significativa entre a participação no programa de Planejamento Familiar, a faixa etária, o tipo de método e o local de obtenção do mesmo. **Conclusão:** A prevalência de gestação não planejada e os fatores associados ao Planejamento Familiar nesta população apontam para baixa eficiência e adesão ao programa na Estratégia Saúde da Família. **Descritores:** Gravidez não planejada, Planejamento familiar, Estratégia saúde da família.

RESUMEN

Objetivos: Identificar la prevalencia de embarazos no planificados y los factores asociados con la participación en el programa de planificación familiar entre las mujeres embarazadas inscritas en los equipos de Estrategia de Salud de la familia. **Métodos:** Estudio transversal realizado en 2010, con una muestra de 394 mujeres embarazadas. Para la recolección de datos se llevó a cabo mujeres examinadas inicialmente con el embarazo no planificado y luego se aplicó a un instrumento con temas relacionados con el programa de Planificación Familiar. Las magnitudes de las asociaciones entre las variables se evaluó mediante la *odds ratio*. **Resultados:** La prevalencia de 58 % de los embarazos no planificados. La mayoría de las mujeres no habían participado en el programa a pesar de estar disponible. Una asociación estadísticamente significativa entre la participación en el programa de planificación de la familia, la edad, el tipo de método y lugar de lograr el mismo. **Conclusión:** La prevalencia de embarazos no planificados y los factores asociados a la Planificación de la Familia llaman la atención sobre la baja eficiencia y la adherencia al programa de en la Estrategia de Salud de la Familia. **Descritores:** Embarazo no planeado, Planificación familiar, Salud de la familia.

¹ Nurse, Master Professor of the Department of Nursing at the State University of Montes Claros/UNIMONTES, Montes Claros (MG), Brazil. Email: chrisborevan@yahoo.com.br ² RN, PhD Professor, Department of Federal University of Sao Paulo Nursing/UNIFESP, São Paulo (SP), Brazil. Email: mbarbieri@unifesp.br ³ Nurse, Specialist in Family Health and Didactics and Methodology in Higher Education, State University of Montes Claros/UNIMONTES, Montes Claros (MG), Brazil. Email: patrick_mocesp70@hotmail.com

INTRODUCTION

In Brazil, the Ministry of health declares that family planning (FP) should be treated within the context of reproductive rights has as main objective to ensure women and men a basic right of citizenship, stipulated in the Brazilian Constitution: the right to have the children they want or do not have.¹ However, the FP does not constitute simple matter anywhere. In developing countries, the difficulties regarding the size of offspring and on the use of contraception to prevent an unplanned pregnancy are difficult to resolve and may bring serious consequences to existing social problems.²

It is considered as unplanned pregnancy all pregnancy which was not programmed by the couple or the woman, she may be undesirable, when it contrasts to the wishes and expectations of the couple, or inappropriate when it occurs in a moment considered favorable.³ The design of unplanned pregnancy would be due to an oversight by omission, inability or difficulty in the use of contraceptives, requiring the person in order to avoid it, predict risks associated with the exercise of sexual life.⁴

Data from the National Survey of Demography in Health (NSDH), held in 2006 in Brazil, show that of the total number of births occurring in recent years, only 54% were planned for that moment. Among the remaining 46%, 28% were desired for later and 18% were definitely unwanted.⁵ The unplanned pregnancy may be regarded as a problem that can be prevented if not mostly, at least in part, since a broad access to contraceptive methods should be on the agenda of the basic attention to health in all Brazilian municipalities fulfilling the law n° 9.263, which regulates article 226 of the Federal Constitution and entitles the FP to any Brazilian citizen.⁶

In Montes Claros, in spite of the FP program being developed within the routine activities of the basic attention, one senses great occurrence of unplanned pregnancies among the population served, what's next for leading discussions between professionals of this level of attention. Thus, the objective of this study was to identify the prevalence of unplanned pregnancy, as well as the factors associated with participation in the FP program among pregnant women enrolled in the teams of the Family Health Strategy (FHS) of the urban area of the municipality of Montes Claros/MG.

METHOD

This is an observational study and cross cutting, performed with pregnant women enrolled in the teams of FHS in the municipality of Montes Claros, situated to the North of the State of Minas Gerais. The city, which is the main regional urban pole, it has a population of more than 360 thousand inhabitants and counted at the time of the survey with 49 teams from FHS, being 44 in the urban area and five in the countryside, representing a coverage of approximately 50% of the population.

The survey was conducted in 30 of the 44 teams from urban area, being the sampling technique used the conglomerate, on which were drawn teams that served as a field for data collection. The sample size was calculated using the formula below, being the level of confidence used 95%, the estimated prevalence of 46% and the absolute accuracy desired around 5%, which obtained a sample size of at least 392 pregnant women.

$$n = (z^2 \cdot P \cdot q) / d^2$$

After the selection of the areas, was carried out survey of pregnant women in the teams and drawn around 13 pregnant women in each, making a total sample of 394 women who represented 27% of the total universe of pregnant women registered in the teams of FHS in the municipality. The data were collected in the months of January to June 2010, through structured interview, in the homes of pregnant women, or on the occasion of prenatal consultation in basic unit. Initially using a screening tool, women were identified who were going through an unplanned pregnancy, and consequently the prevalence of the event in the FHS.

Then, in pregnant women identified other instrument was applied, consisting of questions with information about demographic, socioeconomic variables, knowledge about the FP program and participation in it, in addition to questions about the use and access to contraceptive method (MAC). The data collected were transported and analyzed in a database constructed through the SPSS (Statistical Package for the Social Science) version 17.0.

For description of variables used, simple frequency distributions were used and relative. Next, bivariate analyses were conducted by means of binary logistic regression, in which the variable "participation in the FP" was considered and the other dependent variables were considered independent. The magnitudes of associations between dependent and independent variable were evaluated through the Odds Ratio (OR) with their respective 95% confidence intervals.

Pregnant women in the study agreed with the completion of the interview through the informed consent. The survey obeyed to ethical precepts established by Resolution 196/96 of the National Health Council in which regulates research involving human beings.

The research project has been assessed and approved by the Research Ethics Committee of the Federal University of São Paulo (CEP UNIFESP), under the opinion embodied paragraph nº. 0748/2009.

RESULTS AND DISCUSSION

The results showed that of the 394 pregnant women surveyed, 58,9% (232 women) had not planned pregnancy, were between the ages of 13 and 46 years, averaging 24,7 years and higher prevalence in the age group between 25 and 29 years (28,4%), followed by 13 and 19 years (25,4%). The majority had fixed companion, had schooling between the high school and middle school (94,4%), non-remunerated activities practiced (69,4%) and had household income of up to one minimum wage (65,1%). About the profile the same reproductive, most women was, had no history of Primiparous abortion and had an average of 1,16 children alive.

Tables 1 and 2 show the distribution of pregnant women who didn't plan the pregnancy, as the participation or not in the program of FP the FHS, the alleged reasons for not participating and some features related to those who participated.

Table 1 - Distribution of pregnant women seen by FHS not planned pregnancy, participants or not FP program and the reasons for non-participation. Montes Claros, Minas Gerais, Brazil, 2010.

Variables	n	%
Participants	110	47,4
Non-participants	122	52,6
Reasons for non-participation:		
I didn't know the program	49	40,2
Not interested	25	20,5
Lack of time due to domestic service	21	17,2
Incompatible time	12	9,9
Other reasons	15	12,3

Source: Field research, Montes Claros, Minas Gerais, Brazil, 2010.

FHS = The Family Health Strategy

FP = Family Planning

Table 2- Characteristics associated with participation in the program of FP in pregnant women seen by FHS not planned pregnancy. Montes Claros, Minas Gerais, Brazil, 2010.

Variables	n=110	%
How long had participated in the program FP		
Less than a year	46	41,8
One to two years	35	31,8
Three years or more	29	26,4
Participation in educational activity		
Yes	97	88,2
No	13	11,8
Participation in medical consultation		
Yes	58	52,7
No	52	47,3
Participation in nursing consultation		
Yes	66	60,0
No	44	40,0

Guidance on the use of MAC		
Yes	99	90,0
No	11	10,0
Received the MAC ¹		
Yes	80	75,5
No	27	24,5
Made use of MAC		
Yes	74	67,3
No	36	32,7
MAC available on pharmacy reference ^{1,2}		
Yes	37	52,1
No	34	47,9

Source: Field research, Montes Claros, Minas Gerais, Brazil, 2010.

MAC = Contraception/contraceptive method

¹ Excluded natural methods

² Only for those who made use of methods

It can be seen that despite little difference between the group of women who had participated at the FP program, the non-participation was most prevalent, the more reason alleged ignorance about the same.

In the group of women active in the FP program, it was observed that participation occurred less than a year ago and that, among the activities offered by the program, if it included participation in health education in basic units, among others as Table 2 shows.

When questioned in relation to having received some kind of MAC through its participation in the program, the majority of pregnant women (75,5%) stated that at the time had access to the same. This percentage decreases, the question about its use (67,3%) and on the availability of the same in the pharmacy of reference of the FHS (52,1%) in the run-up to pregnancy.

The data from Table 3 present kinds of MAC used according to the participation in the FP program. It is observed that in both groups, the oral hormonal method was the most commonly used, followed by the male condom, which had greater prominence in the Group of women who did not take part. There is also the monthly injectable hormonal was most commonly used by women participating in the program of FP.

Tabela 3 - Participation in the programme distribution FP depending on the type of contraceptive method used in women served by FHS not planned pregnancy. Montes Claros, Minas Gerais, Brazil, 2010.

MAC type used	Participated in the Program FP					
	Yes (n=74)		No (n=67)		Total (n=141)	
	n	%	n	%	n	%
Oral hormone	41	55,4	36	52,0	77	54,6
Monthly injectable hormonal	12	16,2	01	3,0	13	9,2
Male condom	18	24,3	28	41,0	46	32,6
Natural methods	03	4,1	02	4,0	05	3,5

Source: Field research, Montes Claros, Minas Gerais, Brazil, 2010.

ESF = The Family Health Strategy

MAC = Contraception/contraceptive method

FP = Family Planning

Table 4 shows the participation of pregnant women in the program of PF as independent variables. It is observed that the variables significantly associated with the participation of pregnant women in the service of FP were: age group ($p = 0,016$), MAC type used ($p = 0,044$) and place of obtaining the MAC ($p = 0,000$). It turns out that the non-participation in the FP program among women aged between 13 and 19 years is greater than that observed among women over the age of 19 years and approximately twice among

women who reported condom use or natural method, when compared with those who reported using oral/injectable hormone. Non-participation in the program of FP is most prevalent (OR = 6,29) among women who acquire the MAC in common or popular pharmacies, when compared with those who receive in reference of Pharmacy Basic Health Units (BHU).

See also by 4 Table than the other variables studied as: education, marital status, income and knowledge on how to use the MAC were not significantly associated with participation in the FP program.

Table 4- Participation in the FP program according to socio-demographic variables and program-related. Montes Claros, Minas Gerais, Brazil, 2010.

Variables	Participated in the Program FP				OR (IC/95%)	Value -p
	Yes (n=110)		No (n=122)			
	n	%	n	%		
Age group						
Over 19 years	90	81,8	83	68,0	1,00	0,016
13 to 19 years	20	18,2	39	32,0	2,11 (1,14-3,92)	
Schooling						
Fundamental	51	47,0	50	41,0	1,00	0,379
Middle/Upper	59	53,0	72	59,0	0,79 (0,47-1,34)	
Marital status						
Fixed companion	94	85,5	100	82,0	1,00	0,474
Without fixed companion	16	14,5	22	18,0	1,29 (0,64-2,61)	
Income						
Less than one minimum salary	27	24,5	23	18,8	1,00	0,810
A minimum wage	48	43,7	59	48,4	1,08 (0,60-1,95)	
More than one minimum wage	35	31,8	40	32,8	0,75 (0,36-1,53)	
Made use of MAC						
Yes	74	67,3	67	54,9	1,00	0,054
No	36	32,7	55	45,1	1,69 (0,99-2,88)	
MAC type who wore ¹						
Oral/injectable hormone	53	71,6	37	55,3	1,00	0,044
Condom/natural method	21	28,4	30	44,7	2,05 (1,02-4,11)	
Knowledge on how to use the MAC ¹						
Correct	33	45,2	23	34,3	1,00	0,214
Incorrect	41	54,8	44	65,7	1,54 (0,78-3,04)	
Place of obtaining the MAC ^{1,2} (excluded natural MAC)						
Basic health unit	44	62,0	13	20,0	1,00	0,000
Popular/common pharmacy	27	38,0	52	80,0	6,29(2,91-13,58)	

Source: Field research, Montes Claros, Minas Gerais, Brazil, 2010.

Fp = Family Planning

MAC = Contraception/contraceptive method

¹ Only for those who were using MAC

² A person did not respond

The prevalence of unplanned pregnancy found in the municipality (58%) turned out with higher indices when compared to national survey of demography and health (46,0%)⁵ and serves of alert since it is estimated that every year, 80 million women in the world experiencing an unwanted pregnancy and 60% do not evolve until its end, and the occurrence of this phenomenon responsible for an additional risk in the number, abortion-related morbidity and mortality.⁷

Thus, the prevention of unplanned pregnancy should be crafted from primary health care with the citizens to guarantee sexual and reproductive rights, through the FPÇ, so that access to information and the MAC are facilitators of factors on women's control over their bodies and in decision-making as regards reproduction.⁸ Wondersso before the percentage found the extent to which this right has been exercised by women of the study.

The profile of pregnant women found, points to large percentage of young women and adolescents, corroborating with other studies which showed that the population of pregnant women in Montes Claros and the Brazil is composed mostly by young women.^{5,9} These data represent a higher risk to this population, since teenage pregnancy can entail in maternal and perinatal adverse outcomes such as increased risk of operative deliveries, prematurity, low birth weight of newborns, increased maternal and neonatal morbidity and mortality and school-leavers,¹⁰ situations that can be further aggravated in the case of an unplanned pregnancy.

Regarding marital status, the prevalence was in women who reported having a steady partner. Studies show that regular use of MAC, as the condom is influenced by the stability in the relationship, wherein said women "monogamous" or stable unions tend to be more exposed to risks of contracting sexually transmitted diseases,¹¹ which may be applied to the risk of an unplanned pregnancy and is in line with research, since the majority of women reported having this feature.

On the distribution of pregnant women who participated or not FP program, the small difference between the two groups, leads to infer that the participation in such activity, practically does not influence the possibility of preventing an unplanned pregnancy, a fact that can be considered worrisome.

In relation to non-participation in the program of FP, ignorance, followed by lack of interest, emerges as the main motive claimed, corroborating with study in Rio de Janeiro that pointed out the unawareness of the dynamics of attendance in FP and the disinterest as the main reasons for not joining the program of reproductive planning.¹² Furthermore, one realizes that the grounds alleged suggest difficulties in publicizing the program offered and/or lack of awareness of the community regarding his importance.

The characteristics associated with the FP program informed by women who participated, showed that, at the time of the interview, the majority of pregnant women had participated in more than two years of the same, demonstrating that even having received some type of assistance in reproductive health in recent years, still got pregnant without planning during this period. On the participation in educational activity, the result despite positive, with significant participation of women, becomes contradictory, with the likely not incorporating information received in the exercise of their reproductive rights, which would be object of educational activity in FP.

Health education guaranteed by law 9.263 must provide conditions for people to develop the sense of responsibility, both for their own health and the health of the community, changing social, political and cultural behaviors, arousing the user for planning your family in its completeness, seeking to mobilize it to commit to his partner in the exercise of that right.¹³ However the results indicate that the information acquired through this program in the municipality are not being sufficient for proper choice and the proper

use of birth control, or has not been seized by the users who continue to get pregnant without planning.

The results reveal through the expressive participation in educational activity greater emphasis on guidance on group compared to individual guidance through consultations. Another point was the largest participation in nursing consultation compared to doctor, converging with the results of other studies in which, among the professionals of the team, the nurse is what carries out the activities of FP, among them, the query.¹³

On the guidance regarding use of the MAC, 90% of women reported having received. It is a given concern, since all got pregnant without planning, even though it was targeted. Value that decreases when checked the percentage of women who received the method chosen (75,5%) and in which reported that used the same (67,3%) before they got pregnant. These figures make us reflect on the fact that more than half of the women who participated in the FP, was using any contraceptive method when you got pregnant, coinciding with studies on abortion in Brazil show that adult women who had her pregnancy aborted, made use of any contraceptive method.¹⁴

When checked the availability of the method reference in the pharmacy, it was realized that almost half of women reported that this was not available in pharmacies of UBS, undermining thus the reproductive planning by constraint on giveaway of the methods and coinciding with studies conducted in the last decade which highlight the restricted offer and irregularity in the provision of contraception in Brazil.¹⁵⁻⁶

In relation to the MAC used by women, it was realized little diversity among them being the oral hormone as used both by the Group of women who participated in the program of FP, as by the Group of non-participants. Among the prominent methods in each of the groups noted that the monthly injectable was the most used by the participants and the latex male condom by non-participants of the program of FP. Several studies demonstrate the widespread use of the pill and male condom as a method of fertility regulation by Brazilian women.¹⁷ On the use of natural methods, the percentage remains almost the same in both groups.

The results of this study are subsidies in the literature studied since despite the wide use of oral hormonal contraceptives making them the most effective reversible methods and easy access used in the world, the need for daily intake leads to frequent forgetfulness, increasing the rate of contraceptive failure and resulting in difficulties related to adherence to method.¹⁸ Thus it can be inferred that women who used this method and pregnant may have experienced such difficulties.

Another aspect studied was the association between women's participation in the program of FP and socio-demographic variables, use and location of production of contraceptive methods. It was found that younger women (13 and 19 years) were less likely to participate in the FP in the municipality researched towards women above that age.

The fact showed that the young teenagers seeking less the FP service available in the municipality and may be associated with the fact that the same do not feel comfortable or safe for such participation, which represents a problem, as this was one of the most prevalent age group in the study. Study on FP in several Brazilian cities demonstrated that spite of professionals and health managers recognize the need of the population to meet

adolescent and use contraception to prevent unplanned pregnancy in this age group, these have made it very clear what little service organization of FP to this group.¹⁹

Today, the Ministry of health discusses the use of the term reproductive planning in place FP, with the defense that this is a broader concept, since a teenager, for example, can do individually or with a partner the choice of whether or not you have children, a family independent.⁸ This new approach that is not yet observed in the municipality could improve adherence and attract more young people and adolescents to control programs fecundity offered by FHS, leaving them more comfortable to exercise their sexual and reproductive rights.

It was noticed that there was a statistically significant association in the type of contraceptive method and the participation in the FP, where it appeared that the Group of women who did not participate in the program were more likely to use a condom or the natural method, as a means of fertility control, when compared to oral or injectable contraceptive, as well as having a better chance of acquiring the method in common pharmacy instead of pharmacies of reference of the FHS. The fact may be explained by the wide dissemination of condom use in the media, in addition to the possible ease of use and purchase at pharmacies and supermarkets, which is good, because the population concern points even though access to FP program seek to use method that protects them also of STDs.

CONCLUSION

The present study showed that both the unplanned pregnancy as the effective deployment of FP programs as the target audience is one of the greatest challenges in the field of sexual and reproductive health in the primary care level, once suggested a low efficiency and adherence to such programs in reproductive planning of this population, especially of younger women.

Therefore it is suggested that further studies should be made in order to deepen the factors associated with unplanned pregnancy in order to prevent them, mainly in areas covered by the FHS where women should have greater access to the control of their fertility.

It is understood that despite the limitations of the study because it is a local study, the research may serve as a reference for other in the area of reproductive planning, in addition to offering subsidies, so that the managers and teams of FHS can reflect, plan and implement actions in order to get better qualification of existing programmes, in order to guarantee women their sexual and reproductive rights.

REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Políticas de Saúde. Área Técnica de Saúde da Mulher. Assistência em planejamento familiar: manual técnico. 4a ed. Brasília: Ministério da Saúde; 2002.
2. Lima BGC. Mortalidade por causas relacionadas ao aborto no Brasil: declínio e desigualdades espaciais. *Rev Panam Salud Publica*. 2000;7(3):168-72.
3. Gipson JD, Koenig MA, Hindin MJ. The effects of unintended pregnancy on infant, child, and parental health: review of the literature. *Stud Fam Plan*. 2008;39:18-38.
4. Lima CTB, Feliciano KVO, Carvalho MFS, Souza APP, Menabó JBC, Ramos LS et al. Percepções e práticas de adolescentes grávidas e de familiares em relação à gestação. *Rev Bras Saúde Mater Infant*. 2004;4(1):71-83.
5. Brasil. Ministério da Saúde. Centro Brasileiro de Análise e Planejamento. Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher, 2006. Brasília: Ministério da Saúde; 2008.
6. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde Sexual e Saúde Reprodutiva. Cadernos de Atenção Básica, n. 26. Brasília: Ministério da Saúde; 2010.
7. Singh S. Hospital admissions resulting from unsafe abortion: estimates from 13 developing countries. *Lancet*. 2006;368(9550):1887-92.
8. Brasil. Ministério da Saúde. Departamento de Ações Programáticas Estratégicas. Direitos Sexuais e Direitos Reprodutivos e métodos anticoncepcionais. Brasília: Ministério da Saúde; 2006.
9. Goldenberg P, Figueiredo MCT, Silva RS. Gravidez na adolescência, pré-natal e resultados perinatais em Montes Claros-MG. *Cad Saúde Pública*. 2005;21(4):1077-86.
10. Belo MAV, Silva JLP. Conhecimento, atitude e prática sobre métodos anticoncepcionais entre adolescentes gestantes. *Rev Saúde Pública*. 2004;38(4):479-87.
11. Guedes TG, Moura ERF, Paula NA, Oliveira NC, Vieira PR. Mulheres monogâmicas e suas percepções quanto à vulnerabilidade à DST/HIV/AIDS. *J Bras Doenças Sex Transm*. 2009;21(3):118-29.
12. Heilborn ML, Portella AP, Brandão ER, Cabral CS. Assistência em contracepção e planejamento reprodutivo na perspectiva de usuárias de três unidades do Sistema Único de Saúde no Estado do Rio de Janeiro, Brasil. *Cad Saúde Pública*. 2009;25(supl 2):269-78.
13. Moura ERF, Silva RM. Informação e planejamento familiar como medidas de promoção da saúde. *Ciênc Saúde Coletiva*. 2004;9(4):1023-32.

14. Brasil. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Ciência e Tecnologia. Aborto e saúde pública no Brasil: 20 anos. Brasília: Ministério da Saúde; 2009.
15. Costa AM, Guilhem D, Silver LD. Planejamento Familiar autonomia das mulheres sob questão. Rev Bras Saúde Mater Infant. 2006;6(1):75-84.
16. Nagahama EEI. Avaliação da implantação de serviços de saúde reprodutiva no município de Maringá, Paraná, Brasil. Cad Saúde Pública. 2009;25(2):279-90.
17. Santos-Pierre LA. Assistência em Planejamento Familiar em um Programa de Saúde da Família no município de Ribeirão Preto [Dissertação]. Ribeirão Preto: Escola de Enfermagem de Ribeirão Preto; 2008.
18. Bahamondes L, Pinho F, Melo N, Oliveira E, Bahamondes MV. Fatores associados à descontinuação do uso de anticoncepcionais orais combinados. Rev Bras Ginecol Obstet. 2011;33(6):303-9.
19. Osis MJD, Faúndes A, Makuch MY, Mello MB, Souza MH, Araújo MJO. Atenção ao planejamento familiar no Brasil hoje: reflexões sobre os resultados de uma pesquisa. Cad Saúde Pública. 2006;22(11):2481-90.

Received on: 17/03/2014
Required for review: No
Approved on: 29/10/2014
Published on: 01/04/2015

Contact of the corresponding author:
Patrick Leonardo Nogueira da Silva
Avenida Doutor Sidney Chaves, 1171, Apto 102, Bloco H
Bairro Edgar Pereira - CEP: 39400-648 - Montes Claros (MG), Brasil.
E-mail: patrick_mocesp70@hotmail.com