

Women's health and its (numerous) challenges in contraception

La salud de la mujer y sus (numerosos) desafíos en materia de anticoncepción

A saúde da mulher e seus (inúmeros) desafios na contracepção

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Abstract

This article aimed to obtain information about the current sociocultural behavioral barriers and investigate the variables related to the use of contraceptives. Integrative literature review through the Virtual Health Library platform carried out from May to July 2022. Fifteen articles that met the determined inclusion criteria were analyzed. Among the selected articles, national and American studies covered 26.6% of the theoretical framework used and the focuses mainly emphasized social factors, attributed as determinants for the choice and correct use of contraceptive methods. There was a need to develop reproductive planning strategies in health services, which encourage the involvement and co-responsibility of men in the couple's reproductive health to reduce the gender disparity accentuated over the years by exclusively female responsibility for fertility.

Descriptors: Contraception; Feminism; Pregnancy; Family Planning; Women's Health.

Resumén

Este artículo tuvo como objetivo obtener información sobre las barreras conductuales socioculturales actuales e investigar las variables relacionadas con el uso de anticonceptivos. Revisión integrativa de la literatura a través de la plataforma Biblioteca Virtual en Salud realizada de mayo a julio de 2022. Se analizaron quince artículos que cumplieron con los criterios de inclusión determinados. Entre los artículos seleccionados, los estudios nacionales y americanos cubrieron el 26,6% del marco teórico utilizado y los enfoques enfatizaron principalmente los factores sociales, atribuidos como determinantes para la elección y uso correcto de los métodos anticonceptivos. Era necesario desarrollar estrategias de planificación reproductiva en los servicios de salud, que fomentaran la participación y la corresponsabilidad de los hombres en la salud reproductiva de la pareja, con el fin de reducir la disparidad de género acentuada a lo largo de los años por la responsabilidad exclusivamente femenina de la fertilidad..

Descriptorios: Anticoncepción; Feminismo; Embarazo; Planificación Familiar; Salud de la Mujer.

Resumo

O presente artigo teve como objetivo obter informações sobre as barreiras comportamentais socioculturais vigentes e investigar as variáveis relacionadas ao uso de anticoncepcionais. Revisão integrativa da literatura através da plataforma Biblioteca Virtual em Saúde realizada de maio a julho de 2022. Foram analisados quinze artigos que atenderam aos critérios de inclusão determinados. Dentre os artigos selecionados, os estudos nacionais e estadunidenses contemplaram 26,6% do referencial teórico utilizado e os enfoques enfatizaram, principalmente, os fatores sociais, atribuídos como determinantes para a escolha e uso correto dos métodos contraceptivos. Constatou-se a necessidade de desenvolvimento de estratégias de planejamento reprodutivo nos serviços de saúde, que estimulem o envolvimento e a corresponsabilização do homem na saúde reprodutiva do casal, de forma a reduzir a disparidade de gêneros acentuada ao longo dos anos pela responsabilização exclusivamente feminina sobre a fecundidade.

Descritores: Anticoncepção; Feminismo; Gravidez; Planejamento Familiar; Saúde da Mulher.



Introduction

The advent of sexual and reproductive rights marked significant advances throughout history, gaining momentum with feminist movements as women were traditionally responsible for the roles of housewife and mother. This social construct long dominated their lives, often compelling them to forsake their desires to meet societal expectations¹⁻³.

In addition, women were also responsible for contraception, while men had the sole responsibility of providing for the household, significantly minimizing their participation in the sphere of reproduction and highlighting existing asymmetries. Furthermore, the disparity in the number of contraceptive methods available for women compared to men underscores this issue, as if pregnancy and contraception did not equally affect men²⁻⁴.

There were countless battles to establish the public policy for women's health care that exists today. Such achievements have enabled the recognition and expansion of rights for the female population, allowing them to make decisions about their sexual and reproductive health without discrimination. Family planning, for example, is intrinsically linked to women's health, as it ensures a healthy reproductive life by preventing abortions, unwanted pregnancies, and the risks associated with childbirth²⁻⁴.

Contraceptive practice involves a series of profound decisions and logics across multiple domains of life, requiring analysis of behaviors and representations related to contraception, motherhood, marriage, family, pleasure, and sexuality. This process must consider the availability of services and methods to ensure that the entire process is conscious and voluntary. It is pertinent to highlight that social, cultural, and religious factors strongly influence the adoption of fertility regulation methods³.

In this context, it is pertinent to recall that the National Family Planning Policy, established in 2007, encompasses both conception and contraception actions, prioritizing access to contraceptive methods for both men and women. In other words, it ensures greater security regarding individuals' personal choices and aids in the prevention of sexually transmitted infections (STIs), which affect more than 1,000,000 people globally each day³.

Thus, numerous structural, sociocultural, and informational barriers influence contraceptive practices. The prevailing belief that men have greater sexual needs and are unable to control their 'impulses' is associated with the conviction that women should use contraceptive methods because pregnancy occurs in their bodies, reinforcing the idea that the responsibility should be female. Consequently, this perpetuates the decreased participation of men in this context^{1,2}.

Consequently, reflecting on the perceived influence of gender relations on contraceptive activities, it was deemed essential to obtain information on existing sociocultural behavioral barriers and to investigate variables related to contraceptive use. This approach aims to infer multiple forms of implementation, articulation, and

Methodology

The research method used pertains to an integrative review study, which compiles existing literature on a specific topic, enabling the synthesis and evaluation of previously produced scientific content on the subject. This methodology follows specific steps for the selection of articles, which are outlined below⁵.

Firstly, the research guiding question was formulated: "How does society deal with contraception and what information does it possess about its methods?". Subsequently, articles related to the topic were sought in the literature from May to July 2022. For this purpose, the Virtual Health Library (BVS) platform of databases was utilized, employing the following Medical Subject Headings (MeSH): Women's Health, Contraception, and Pregnancy. Finally, the Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Health Sciences Literature (LILACS), and Nursing Database (BDENF) were accessed.

Afterward, the following inclusion criteria were established: articles published between 2017 and 2022, with unrestricted access to the full text, and available in Portuguese, English, or Spanish. Duplicate articles and those that did not align with the research theme upon review of their titles and abstracts were excluded.

By using the descriptors, 1580 articles were identified. Following the exclusion criteria, 94 texts were discarded due to being in languages other than those previously determined, 1275 articles were excluded because their publication time exceeded the stipulated limit, 4 were due to lack of full-text availability, 121 after a full review of their titles and abstracts, 2 were reviews, 13 were deemed unrelated to the theme, 26 were accessible only through paid means, and 30 were excluded after full-text assessment, resulting in a total of 15 eligible articles.

To organize the information, the final stage involved creating the flowchart of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist, aiming to illustrate the process of selecting the bibliography used (Figure 1).

In summary, a qualitative assessment was conducted, aiming to understand the motives and behaviors of the phenomena, thus ensuring the quality of the research data. The main objective was to highlight the female population as the dynamic subject of the study, advocating for researchers' closer proximity to the studied phenomenon and considering its particularities.

Results

Following a comprehensive reading of the selected articles, a table was developed containing the title, authors, year, database, level of evidence - under the Center for Evidence-Based Medicine Oxford scale - and a synthesis of the results obtained to facilitate data extraction from the studies (Chart 1).



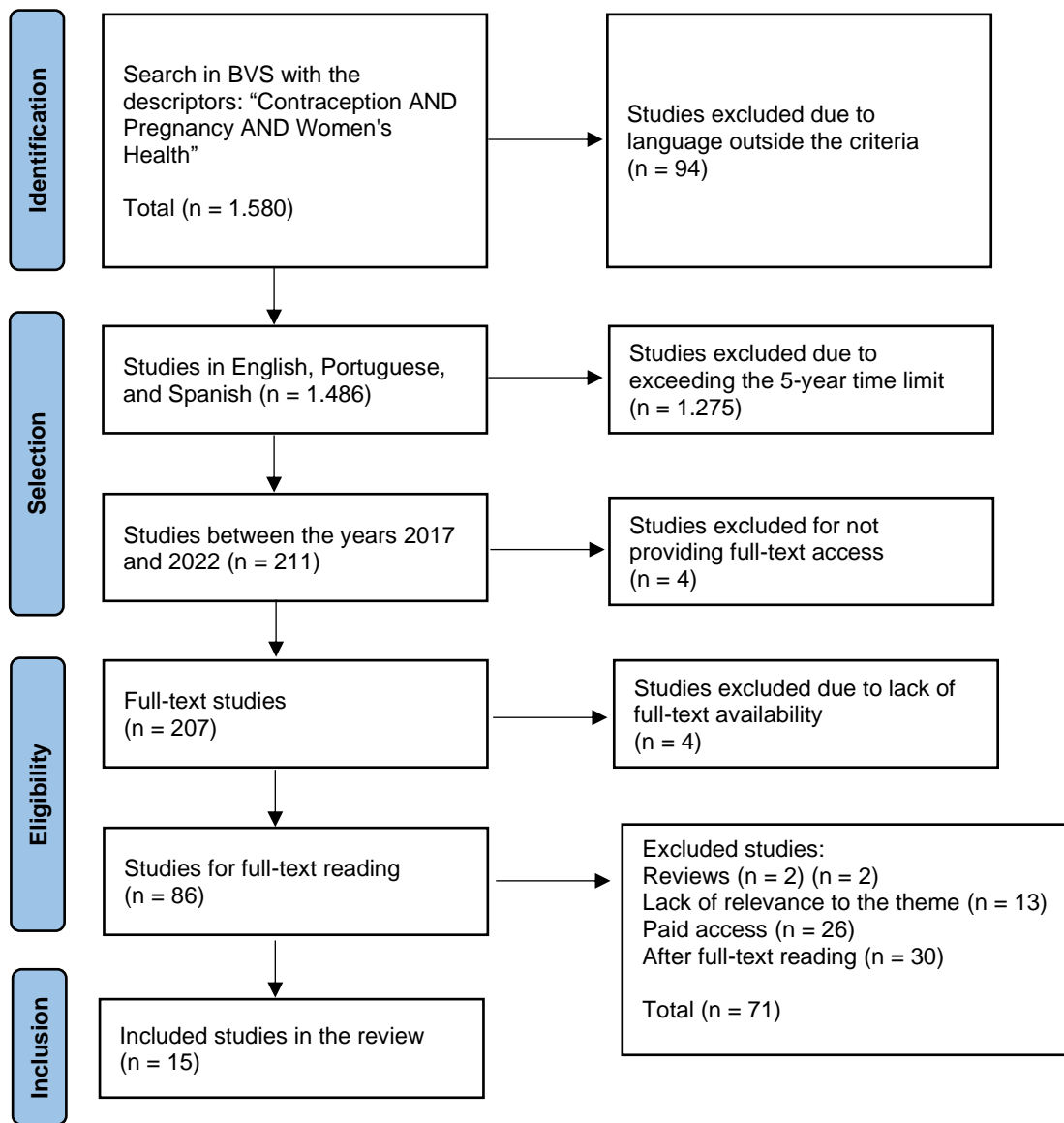


Chart 1. Summary of results. Rio de Janeiro, RJ, Brazil, 2022

Title	Authors	Year	Database	Level of evidence	Summary of results
"This is not my decision; I have no alternative". Perceptions and experiences of marriage age and family planning among Syrian women and men: a primary care study	Pinar Dener e Kadriye Şahin.	2021	MEDLINE	2A	The most significant factors affecting family planning approaches and contraceptive methods used by women in this study were: education, traditions, economic situation, and religious beliefs.
"Those are things for married people" exploring parents'/adults' and adolescents' perspectives on contraceptives in Narok and Homa Bay Counties, Kenya	Jeferson Mwaisaka, Yohannes Dibaba Wado, Ramatou Ouedraogo, Clement Oduor, Helen Habib, Joan Njagi e Martin W. Bangha.	2021	MEDLINE	3B	Four main themes emerged from the discussions: perceptions of adolescent sexuality and risk prevention; conceptions of contraception among nulliparous adolescents - fear of infertility, malformation, and sexual libertinism; post-pregnancy contraceptive considerations; and thinking differently: divergent views on contraceptives and discussions between parents/adolescents.
Articulações entre contracepção, sexualidade e relações de gênero	Cristiane da Silva Cabral.	2017	LILACS	2A	The proposed reflections emphasize the need to consider gender asymmetries and the biographical, contextual, and cultural mediations underlying the processes that generate a reproductive event.



Attitude of married women towards contraceptive use in Ilorin Metropolis, Kwara State, Nigeria	Lateef Omotosho Adegboyega.	2019	MEDLINE	3B	There was no significant difference in the attitude of married women towards contraceptive use based on age and education level in the metropolis of Ilorin.
Behavioral barriers to the use of modern methods of contraception among unmarried youth and adolescents in eastern Senegal: a qualitative study	Nicki Cohen, Finou Thérèse Mendy, Jennifer Wesson, Amanda Protti, Carol Cissé, Elhadji Babacar Gueye, Lydia Trupe, Rosii Floreak, Dana Guichon, Karina Lorenzana e Alison Buttenheim.	2020	MEDLINE	3B	The analysis yielded five main findings about unmarried youth: they avoid making decisions about contraception because it causes discomfort, they perceive modern methods as inadequate for their use, they excessively rely on their ability to prevent pregnancy through traditional and folk methods, they overestimate the social and health risks of modern contraceptive methods, and they do not plan for the use of modern contraceptive methods before each sexual encounter.
Bias in Contraceptive Provision to Young Women Among Private Health Care Providers in Southwest Nigeria	Maia Sieverding, Eric Schatzkin, Jennifer Shen and Jenny Liu.	2018	MEDLINE	3B	Most study participants reported using condoms as the most common method. There was significant concern about fertility loss among unmarried women using hormonal contraceptives.
Complex samples logistic regression analysis of predictors of the current use of modern contraceptive among married or in-union women in Sierra Leone: Insight from the 2013 demographic and health survey	Pascal Agbadi, Tagoe Twumwaa Eunice, Agyemang F. Akosua e Seth Owusu.	2020	MEDLINE	2B	Approximately 18.1% of women of reproductive age were currently using a modern contraceptive.
Contraception for married adolescents (15– 19 years) in India: insights from the National Family Health Survey-4 (NFHS-4)	Ilyaa Singh, Ankita Shukla, Jissa Vinoda Thulaseedhara e Gurpreet Singh.	2021	MEDLINE	2B	The acceptance of modern contraceptives was low among individuals with no education, those residing in rural areas, practitioners of the Hindu religion, women in the poorest wealth quintile, women without children, and those without access to healthcare professionals.
COVID-19's impact on contraception experiences: exacerbation of structural inequities in women's health	Nadia Diamond-Smith, Rachel Logan, Cassondra Marshall, Chiara Corbetta-Rastelli, Sirena Gutierrez, Aliza Adler e Jennifer Kerns.	2021	MEDLINE	2B	In July 2020, 51.5% of respondents seeking contraception reported barriers to access. Most study participants reported not using their preferred contraceptive method due to the impacts of COVID-19.
Demanda por contracepção no Brasil em 2006: contribuição para a implementação das preferências de fecundidade	Angelita Alves de Carvalho.	2019	LILACS	1A	An unmet need for family planning was estimated at 8.3% among married/cohabiting women aged 15 to 49 years old.
More Than a Physical Burden: Women's Mental and Emotional Work in Preventing Pregnancy	Katrina Kimport.	2018	MEDLINE	2B	In the United States, the responsibility for preventing pregnancy in heterosexual relationships disproportionately falls on women.
O conhecimento e uso de métodos anticoncepcionais por mulheres nordestinas	Ângela Walverly Pinheiro Silva, Marília Abrantes Fernandes Cavalcant e Ellany Gurgel Cosme do Nascimento.	2021	LILACS	3B	Limited knowledge was observed regarding the variety of existing contraceptive methods available in Primary Care and their respective side effects, the high prevalence of early pregnancy, the decision-making process for contraceptive methods centered on women, the fragility in the guidance provided by Family Planning Policy, and the polarization of the use of oral hormonal contraceptives, condoms, injectables, and tubal ligation.
Participação do homem no planejamento reprodutivo: revisão integrativa	Isabela Lima Nogueira, Simone Mendes Carvalho, Florence Romijn Tocantins e Mary Ann Menezes Freire.	2018	BDENF/ LILACS	2A	The control of a woman over her own fertility is considered one of the main pillars of the empowerment process, consequently placing upon the female the consequences of a potential unwanted pregnancy.



The history of universal access to emergency contraception in Peru: a case of politics deepening inequalities	Cristina Puig Borràs e Brenda I. Álvarez.	2018	MEDLINE	4	An absence of a scientific evidence base was noted, alongside a strong influence of groups opposing reproductive rights and women's autonomy at the highest levels of policy formulation. Moreover, there was a lack of coherence in public health policies as a means of building healthier and more equitable societies.
Unmet need for family planning services among young married women (15-24 years) living in urban slums of India	Kriti Yadav, Monika Agarwal, Mukesh Shukla, Jai Vir Singh e Vijay Kumar Singh	2020	MEDLINE	1B	The reasons found for the lack of access to family planning needs were women's negligent attitude towards planning, opposition from husbands or others, embarrassment/hesitation/shyness in using contraceptives, limited knowledge about family planning methods, and unavailability of these services.

Of the materials used for the elaboration of this integrative review, the majority originated from Brazil and the United States, totaling 26.6% of the literature. The most of selected articles are classified as level of evidence 3B, which pertains to case-control studies, where different groups are identified and compared based on causal attributes^{1-4,6-15}.

Também é perceptível um foco recorrente e significativo no aspecto social, considerado um determinante essencial para a escolha e uso adequado dos métodos contraceptivos, de acordo com os referenciais teóricos utilizados. Entre os resultados, destaca-se a dificuldade de acesso às unidades de saúde, a falta de profissionais qualificados e suprimentos, os estigmas associados à atividade sexual - especialmente entre os jovens -, a falta de conhecimento sobre o sistema reprodutivo, as opções contraceptivas, assim como os custos e a legalidade do uso^{5,11,13,14}.

Discussion

Family Planning (FP) represents a significant achievement for the population, especially for women, who previously lacked any assistance specifically tailored to their needs. The feminist movement played a pivotal role in advocating for reproductive rights that ensure women the freedom and autonomy to exert control over their bodies and make their own choices, breaking away from the subordination of sexuality to reproduction. Thus, the movement advocated for access to contraceptive methods and the formulation of public policies aimed at women's health^{2,7}.

In Brazil, this topic has consistently sparked controversy. Since the 1960s, women have sought to break away from the social role assigned to them by mandatory motherhood, entering the workforce, and expanding their citizenship aspirations. Therefore, regulating fertility, practicing contraception, and fully experiencing sexuality detached from motherhood became desires of this population. This situation has raised the need for policies and information that allow access to contraceptive methods and space for decision-making regarding family planning^{2,9}.

Furthermore, the relationship between health and reproductive rights occurs precisely due to its direct connection with the promotion of public health. This relationship transcends the biological sphere, involving

moral and ethical, geopolitical, sociological, and economic issues, as access to contraception encompasses not only health improvements but also poverty reduction, empowerment of women, consideration of their desires, reduction of morbidity and mortality, and promotion of well-being, encompassing both physical and mental health^{2,5}.

However, one cannot assume that having many children constitutes a negative value, nor can low fertility be equated with ensuring and respecting women's reproductive rights and desires. Considering this, there arose a need to establish a specialized support network capable of efficiently delivering resources and information, while also promoting, valuing, and ensuring reproductive choice for all individuals, respecting their contexts, desires, and personal circumstances³.

Therefore, the Family Planning Policy encompasses actions related to conception and contraception, focusing on access to contraceptive methods for both men and women, ensuring safety in sexual and reproductive choices, and preventing STIs. However, the World Health Organization (WHO) highlights significant limitations in information and availability of methods, which restricts conscious and spontaneous decision-making and suitability for users' profiles, despite the wide range of contraceptive methods available^{3,4}.

Thus, among the supplies offered by the Unified Health System (SUS) through Basic Health Units (UBSs), there are reversible contraceptive methods, which include behavioral methods (basal body temperature, calendar method, and cervical mucus analysis), barrier methods (female and male condoms, and diaphragm), intrauterine devices, and hormonal methods (combined pills, progestin-only pills, injectables, and patches), as well as permanent methods, which include procedures known as tubal ligation and vasectomy³.

In the field of sexual and reproductive planning actions, contraceptive assistance encompasses this process, and, for this reason, it is necessary to offer all the contraceptive alternatives approved by the Ministry of Health in the public health network. Furthermore, it is essential to provide instruction regarding their indications, contraindications, and implications of use, which will ensure that women, men, or couples have the freedom to make a conscious choice of the method that best suits them.



this condition directly affects the health and well-being of all individuals mentioned above^{1,2,5}.

However, although access to contraceptive methods is a responsibility of the State and should be guaranteed to promote the exercise of reproductive rights, the structural and functional fragility of the Family Planning Policy belonging to the Family Health Strategy is evidenced by the significant social, informational, and access gaps mentioned earlier, indicating a significant deficiency in practical terms. It is worth noting that such limitations in access to methods and health services occur mainly in the most underprivileged and/or less educated segments of the population^{1,3}.

It is necessary to emphasize that the existence of other determining conditions in this scenario, which intervene in (non) contraception, transcend the issue of information and access. Thus, social and religious factors exert a strong influence on collective culture, directly affecting fertility regulation. In summary, moral and ethical concepts have a significant impact on individuals' behavior, and for this reason, the practice of contraception remains at times guilt-ridden, distressed, and ambiguous^{1,5,8}.

Notwithstanding, despite reproductive planning being the right of both men and women, it is noticeable that the larger, more actively engaged audience pertains to females, due to the historical, social, and cultural gender construction that still predominantly involves women in contemporary times. Consequently, the practice of contraception sometimes becomes individual and solitary, leaving men in the role of passive spectators of contraceptive decisions and perpetuating gender asymmetries in the sphere of reproduction^{1-3,5,7,8}.

In summary, women and men may choose to use contraception or not, and the reasons for this behavior go beyond information and accessibility. It is indisputable that lack of knowledge along with difficulties in accessing available methods are crucial factors that significantly impact the ability to control fertility. It is worth noting that

Conclusion

It is inferred, therefore, that the major causes of negative impacts on contraception are related to lack of knowledge, correlated with lack of access or opportunity. For this reason, the implementation of the Family Planning Program is of utmost importance for democratizing access to contraceptive methods and providing necessary information to different existing audiences.

It is important to emphasize that existing sociodemographic and economic inequalities directly affect the uneven distribution of demand for contraception in the country. Furthermore, characteristics such as economic status, religion, reproductive experience, and age reinforce inequalities in access to contraceptive methods and, consequently, to fertility planning.

Therefore, it is essential to promote health education, carried out through lectures and conversation circles, to resolve doubts and encourage the conscious choice of users of health networks regarding contraceptive methods. Furthermore, there is an urgent need for the effective availability of these methods under Article 7th of the Constitution, which determines the State's function to make educational and scientific resources available to enable the exercise of this right.

Thus, considering that conception is a natural and sexual outcome between a man and a woman, health services need to have and develop reproductive planning strategies that encourage the involvement and shared responsibility of men in the reproductive health of the couple, aiming to reduce the gender disparity accentuated over the years by the exclusive female responsibility for fertility.

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