

# IUD at the slum: experience of access to reproductive rights in Florianópolis, Santa Catarina, Brazil

DIU no morro: vivência do acesso aos direitos reprodutivos em Florianópolis, Santa Catarina

*DIU no morro: experiencia de acceso a derechos reproductivos en Florianópolis, Santa Catarina, Brasil*

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## Abstract

**Introduction:** The copper intrauterine device (IUD) is an effective contraceptive method, offered by the Brazilian National Health System (SUS), but little used by Brazilian women. Some reasons are: few professionals qualified to insert it, many steps between the desire to use it and insertion and lack of knowledge about the method. **Objective:** The aim of this study is to understand the access and experience of women who inserted the IUD outside the Health Center space, at schools/nurseries in their community in Florianópolis. **Methods:** Health professionals from Agronômica's Primary Care Health Center (PCHC) localized in Florianópolis, Brazil, organized actions on Saturdays between 2022 and 2023. The actions took place in schools of less privileged territories covered by Agronômica PCHC in the communities of Morro do 25/Nova Trento, Morro do Horácio, and Morro do Macaco. These actions aimed to facilitate access for the entire population to some services provided by Primary Health Care, including the insertion of the IUD. This is an exploratory, descriptive research with a qualitative approach. Data were collected from semi-structured interviews. The study participants were women who inserted the IUD during one of the actions and voluntarily demonstrated interest in participating in the research. Of the 40 women who accessed the IUD insertion, 9 completed the interview, which had its audio recorded and transcribed. A thematic analysis was carried out in four phases: pre-analysis; exploration of the material; treatment of results and preparation of a diagram of findings. **Results:** All women interviewed inserted the IUD as a second or third contraceptive method option due to poor adaptation to others, such as pills and injectables. Some were afraid about the hygiene and privacy of the place, but after visiting the adapted rooms they considered it clean and adequate. They also mentioned that the space was more welcoming compared to the PCHC. They all stated that access for IUD insertion was facilitated by the Saturday's actions due to several reasons, such as: time off work; proximity to their homes; Possibility to bring their children and no need to make an appointment. **Conclusions:** Inserting the IUD near the house where these women live and outside of the health center, at the slum at an alternative time to work, favored access to the procedure. Therefore, these actions can be a path to guaranteeing family planning and reproductive rights in Brazil.

**Keywords:** Primary Health Care; Equity in access to health services; Family development planning; Public health; Long-acting reversible contraception.

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## Resumo

**Introdução:** O dispositivo intrauterino de cobre (DIU) é um método contraceptivo eficaz, oferecido pelo Sistema Único de Saúde (SUS), mas pouco usado pelas mulheres brasileiras. Alguns motivos são: poucas profissionais habilitadas para inseri-lo, muitas etapas entre o desejo de usá-lo e a inserção e desconhecimento sobre o método. **Objetivo:** O objetivo deste estudo foi compreender o acesso e a vivência de mulheres que inseriram o DIU fora do espaço do centro de saúde (CS), no espaço da escola/creche de sua comunidade em Florianópolis, Santa Catarina. **Métodos:** As profissionais de saúde do CS Agrônômica em Florianópolis organizaram ações “extramuros” dentro do território, aos sábados, durante os anos de 2022 e 2023. As ações aconteceram nas escolas/creches nos territórios menos privilegiados de cobertura do CS Agrônômica nas comunidades do Morro do 25/Nova Trento, do Morro do Horácio e do Morro do Macaco. Essas ações objetivaram facilitar o acesso de toda a população a alguns serviços disponibilizados pela Atenção Primária à Saúde, entre eles a inserção do DIU. Esta é uma pesquisa exploratória, descritiva com abordagem qualitativa. Os dados foram coletados a partir de entrevistas semiestruturadas. As participantes do estudo foram mulheres que inseriram o DIU durante alguma das ações e voluntariamente demonstraram interesse em participar da pesquisa. Das 40 mulheres que acessaram a inserção do DIU, nove fizeram a entrevista, tendo seu áudio gravado e transcrito. Foi realizada uma análise temática em quatro fases: pré-análise; exploração do material; tratamento dos resultados; e elaboração de diagrama dos achados. **Resultados:** Todas as mulheres entrevistadas inseriram o DIU como segunda ou terceira opção de método contraceptivo por má adaptação aos outros, como pílula e injetáveis. Algumas apresentaram medo quanto à higiene e à privacidade do local, porém após visitarem as salas adaptadas, consideraram-nas limpas e adequadas. Também referiram que o espaço era mais acolhedor se comparado ao CS. Todas elas afirmaram que o acesso para a inserção do DIU foi facilitado pela ação, e isso ocorreu por vários motivos, como: horário de folga do trabalho; proximidade com suas casas; possibilidade de levar seus filhos; e não necessidade de agendamento. **Conclusões:** A inserção do DIU fora do local convencional, por ser mais próximo das casas e em horário alternativo ao de trabalho, favoreceu o acesso ao procedimento. Portanto, essas ações podem ser um caminho para a garantia do planejamento familiar e do direito reprodutivo no Brasil. **Palavras-chave:** Atenção Primária à Saúde; Equidade no acesso aos serviços de saúde; Planejamento familiar; Saúde pública; Contracepção reversível de longo prazo.

## Resumen

**Introducción:** El dispositivo intrauterino (DIU) de cobre es un método anticonceptivo eficaz, ofrecido por el Sistema Único de Salud (SUS), pero poco utilizado por las mujeres brasileñas. Algunas razones son: pocos profesionales capacitados para insertarlo, muchos pasos entre el deseo de utilizarlo y la inserción y desconocimiento sobre el método. **Objetivo:** El objetivo de este estudio era comprender el acceso y la experiencia de mujeres que insertaron el DIU fuera del espacio del Centro de Salud (CS), en el espacio de las escuelas/guarderías de su comunidad en Florianópolis. **Métodos:** Profesionales de la salud de CS Agrônômica en Florianópolis organizaron acciones “extramuros” dentro del territorio, los sábados, durante 2022 y 2023. Las acciones tuvieron lugar en escuelas/guarderías de los territorios menos privilegiados cubiertos por CS Agrônômica en las comunidades del Morro do 25/Nova Trento, Morro do Horácio y Morro do Macaco. Estas acciones tuvieron como objetivo facilitar el acceso de toda la población a algunos servicios brindados por la Atención Primaria de Salud, incluida la inserción del DIU. Se trata de una investigación exploratoria, descriptiva y con enfoque cualitativo. Los datos fueron recolectados a partir de entrevistas semiestruturadas. Las participantes del estudio fueron mujeres que insertaron el DIU durante una de las acciones y demostraron voluntariamente interés en participar de la investigación. De las 40 mujeres que accedieron a la inserción del DIU, 9 completaron la entrevista, cuyo audio fue grabado y transcrito. Se realizó un análisis temático en cuatro fases: preanálisis; exploración del material; tratamiento de resultados y elaboración de un diagrama de hallazgos. **Resultados:** Todas las mujeres entrevistadas insertaron el DIU como segunda o tercera opción de método anticonceptivo debido a la mala adaptación a otros, como píldoras e inyectables. Algunos temían por la higiene y privacidad del lugar adaptado, pero al visitar las habitaciones adaptadas las consideraron limpias y adecuadas. También mencionaron que el espacio era más acogedor en comparación con CS. Todas manifestaron que la acción facilitó el acceso para la inserción del DIU y esto se debió a varios motivos, tales como: horario alternativo; proximidad a sus hogares; posibilidad de traer sus hijos y la ausencia de necesidad de cita previa. **Conclusiones:** La inserción del DIU fuera del CS, por estar más cerca de casa y en un horario alternativo al trabajo, favoreció el acceso al procedimiento. Por lo tanto, estas acciones pueden ser un camino para garantizar la planificación familiar y los derechos reproductivos en Brasil.

**Palabras clave:** Atención Primaria de Salud; Equidad en el acceso a los servicios de salud; Planificación familiar; Salud pública; Anticoncepción reversible de larga duración.

## INTRODUCTION

The copper intrauterine device (TCu380A IUD) is an effective contraceptive method with few contraindications and is offered by the Brazilian Unified Health System (*Sistema Único de Saúde – SUS*). However, it remains underutilized in Brazil. The most recent data, from 2019, provided by the National Health Survey conducted by the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística – IBGE*), indicates that only 4.4% of Brazilian women use an IUD for contraception,<sup>1</sup> a figure that contrasts with the global average of 17%.<sup>2</sup>

Some reasons for this include:

- Few trained professionals are available to insert IUDs, and they are unevenly distributed across the country. For example, according to the SUS Ambulatory Information System (*Sistema de Informações Ambulatoriais do SUS – Tabnet DATASUS*), 77,188 IUDs were inserted in Brazil in 2022 — only 92 procedures were performed in Roraima, while São Paulo accounted for 21,694.<sup>3</sup>
- There are many steps between expressing the desire to use an IUD and its insertion. For example, tests for sexually transmitted infections (STIs) and pregnancy are often required. These procedures can and should be performed during the same appointment as the IUD insertion. A 2012 U.S. study showed that only 54.4% of women returned for a second appointment to have the IUD inserted.<sup>4</sup>
- Lack of knowledge and myths, for example: being an abortive method, causing pain during sexual intercourse, only multiparous women being eligible for insertion, and requiring spousal authorization for insertion.<sup>5</sup>

A national survey on childbirth and birth, conducted between 2011 and 2012 by the *Nascer no Brasil* Research Group of the Oswaldo Cruz Foundation (Fiocruz), estimated that approximately 55% of pregnancies in Brazil are unplanned.<sup>6</sup> The impacts on women include dropping out of school, particularly for adolescents and women undergoing professional training; a higher incidence of depression and anxiety; and fear and conflicts with partners and family regarding acceptance of the pregnancy.<sup>7</sup>

One way to improve this indicator is to guarantee reproductive rights, which are defined as:<sup>8</sup>

*The right of individuals to decide freely and responsibly whether or not to have children, how many children they wish to have, and at what point in their lives; the right to information, means, methods, and techniques to have or not have children; and the right to exercise sexuality and reproduction free from discrimination, imposition, and violence.*

Primary Health Care (PHC), guided by the principles of first contact and comprehensiveness, can play a significant role in bridging the gap between individuals with uteruses<sup>1</sup> and safe contraception. The objective of this study was to understand the access to and experiences of women who had the TCu380A IUD inserted outside of Primary Care Health Center (PCHC) settings, specifically at schools or daycares within their communities in Florianópolis, Santa Catarina.

## METHODS

### Study location: the morro<sup>2</sup>

The Agronômica neighborhood is located in the city of Florianópolis, in Santa Catarina, in the South of Brazil. It is central, but for a long time it was considered only a neighborhood connecting the northern and eastern regions of the city, which brought little investment in infrastructure and housing. It has a very unique landscape, with few flat areas for occupation, which are close to the coast and large avenues. Due to this fact, the neighborhood is formed by a gradient of privileges, in which the further away from the

<sup>1</sup> The term chosen by the researchers to include individuals belonging to the LGBTQQICAAPF2K+ community in the discussion on reproductive rights, since the present study had as its sample only cisgender women.

<sup>2</sup> *Morro* is a Portuguese terminology to refer to slums that are located in a hill.

flat area and the closer to the *morro*, the less access to opportunities,<sup>9</sup> as shown in Figure 1. These *morros* are composed of three communities: Morro do 25/Nova Trento, Morro do Horácio and Morro do Macaco.



**Figure 1.** According to the IBGE 2010 Census, the green area corresponds to the lowest income area, while the pink area represents the highest income area. The yellow locator indicates the health center. This figure is based on Peres's doctoral thesis.<sup>9</sup>

The neighborhood is covered by the SUS through six family health teams (EqSFs). All of them are located in a single PCHC in the flat region of the neighborhood, far from the communities, meaning that its residents often need to use cars or buses to get there (Figure 1).

The population is made up of local residents who date back to the era of resistance to slavery,<sup>10</sup> migrants from the North and Northeast of the country, and Venezuelan and Haitian immigrants. Those who settle in the city come in search of a job or a “better future.” They generally work in domestic and manual labor and have a low level of education.

### **Action: inserting IUDs in the *morro***

The healthcare professionals at Agrônômica PCHC, including the authors of this article, recognizing that the community faced difficulties in accessing the service, organized “outreach” activities in schools and daycare centers within the territory’s communities on Saturdays during the years 2022 and 2023. These actions aimed to facilitate access for the entire population, not just students, to certain services offered by PCHC, such as: updating vaccination records; blood pressure and blood glucose monitoring; dental guidance; prenatal groups; women’s health discussions covering sexual and menstrual health, as well as domestic violence. Contraceptive methods were also discussed from the perspective of autonomous choice. Finally, women interested in the insertion of the TCu380A IUD were referred for the

procedure in adapted classrooms within the schools. These rooms had bathrooms where the subjects could change clothes, and the team provided privacy screens, stretchers, and necessary equipment for the procedure, along with analgesic medication (dipyrone and ibuprofen), since no pharmacy was available on-site. The PCHC also took responsibility for the correct separation and disposal of waste, separating infectious waste (white bag), common waste (black bag), and recyclable waste (blue bag), as shown in Figure 2. After insertion, a follow-up appointment at the CS was scheduled for 30 days later. To allow mothers to participate in these activities, recreational activities were organized for the children — with some community health workers (CHW) assisting in childcare.



**Figure 2.** Adaptation of classrooms for the insertion of the TCU380A IUD.  
Source: personal collection of the researchers.

## Data collection: IUD in the slum?

This exploratory, descriptive research follows a qualitative approach with thematic analysis, according to Yin.<sup>11,12</sup> Data were collected between October 5<sup>th</sup> and November 23<sup>rd</sup>, 2023, both in person and online, through semi-structured interviews. Sampling was spontaneous, based on participants' expressed interest.

The study participants were women who had the TCU380A IUD inserted during one of four events held on March 26<sup>th</sup>, 2022, September 17<sup>th</sup>, 2022, October 22<sup>nd</sup>, 2022, and September 2<sup>nd</sup>, 2023, at the following municipal schools: Osvaldo Galupo, *Núcleo de Educação Infantil Municipal* (NEIM) do Futuro Morro do Horácio, NEIM João Machado da Silva, and NEIM Vó Terezinha, respectively. All participants were over 18 years of age and voluntarily expressed interest in the research after viewing promotional materials on the PCHC social media channels. Following their expression of interest, the responsible

CHW communicated with the primary researcher, who then contacted the participants via messaging app to schedule the date, time, and preferred method of the interview. In-person interviews were conducted in the Agrônômica PCHC auditorium, while online interviews took place via the Google Meet platform. Of the 40 women who had the TCu380A IUD inserted during these activities, nine participated in the study. Although the researchers initially planned to conduct a focus group with the participants, those who attended the scheduled times came individually, leading the researchers to conduct individual interviews instead. Participant recruitment was limited due to ethical restrictions, as the researchers were not permitted to call the women individually to invite them to participate in the interview, and the data collection period was brief. However, some categories of questions, such as “the process of choosing the TCu380A IUD” and “access and the environment at the school and daycare center,” reached sample saturation.

A semi-structured interview, prepared by the researchers, was used for data collection. The interview was divided into two parts: the first focused on sociodemographic information, (age, self-declared race, education level, community of residence, and the specific event attended). The second part included questions related to the ambiance of the school space, the journey leading to the decision to insert the TCu380A IUD, reproductive rights, adaptation to the method, and access to insertion. Each interview lasted between 20 and 30 minutes, was audio-recorded, and fully transcribed. An attempt was made to ask a question about the relationship between planetary health and access to contraceptive methods; however, most interviewees were unable to answer. As a result, the researchers reformulated the question to compare the experiences of inserting the TCu380A IUD at the PCHC *versus* at the school.

## Data analysis

The qualitative data were coded into themes using the method proposed by Yin<sup>12</sup> and further refined through two rounds of coding by the same researcher. The analysis process was divided into four phases:

1. Pre-analysis: floating and repeated reading of the material, and organization of themes by similarity;
2. Exploration of the material: creation of codes and grouping into themes;
3. Treatment of results: making inferences and interpreting the findings;
4. Creation of a diagram summarizing the findings.<sup>11-13</sup>

## Ethical aspects

This research was conducted as part of the final project for the Family Practice residency at the Municipal Secretariat of Florianópolis. It was approved by the Research Ethics Committee of Universidade do Estado de Santa Catarina (UDESC) (favorable opinion no. 6.303.176). Participants joined the study by expressing their interest and signing both the Informed Consent and the Recording Consent Forms.

# RESULTS AND DISCUSSION

## Sociodemographic data

Nine women participated in this study, with an average age of 24.4 years. The majority identified as black and had completed high school, as illustrated in Table 1.

**Table 1.** Sociodemographic characteristics of the participating women (n=9).

Characteristic	Description	Number of participants
Age (years)	20–25	2
	26–30	5
	≥31	2
Self-Declared Race	Black (black and brown)	5
	Indigenous	1
	White	3
Education Level	Incomplete high school	1
	Complete high school	4
	Incomplete higher education	1
	Complete higher education	3

## Diagram

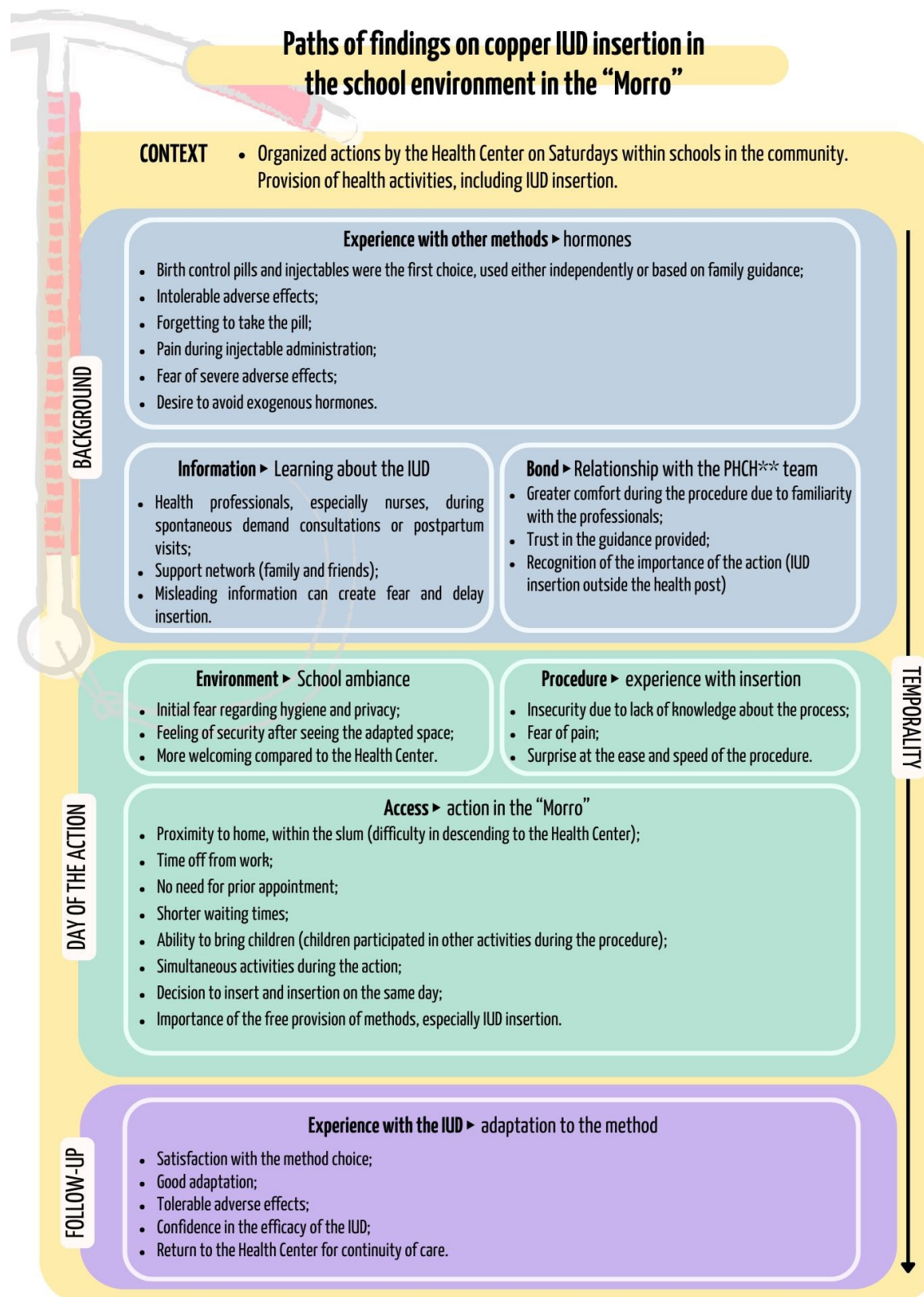
A diagram (Figure 3) was created to summarize the findings of this research. It is divided by temporality (background, day of action, and follow-up), within which the main aspects highlighted by the interviewees are listed (Figure 3).

## Background

During the interviews, participants discussed their prior experiences before inserting and using the copper IUD. All had utilized hormonal contraceptive methods, either injectables or pills, which resulted in intolerable adverse effects (epigastralgia, acne, fluid retention, and headaches) or presented challenges related to poor adaptation for various reasons (forgetfulness, fear of serious side effects, and discomfort during injectable applications). One reason interviewees opted for short-term hormonal methods as their first choice was that they began using these methods independently or with family guidance prior to consulting at the PCHC. A study conducted in Australia indicated that 80% of participants using some form of contraceptive method had started before attending a medical appointment, with sources of information including friends and the internet.<sup>14</sup> This trend contributes to the hormonal pill being the most widely used contraceptive method in Brazil (40,6%).<sup>1</sup>

However, a North American study known as the CHOICE project addressed financial, access, and knowledge barriers to long-acting reversible contraceptives (LARCs). As a result, 76% of participants in a sample of nearly 10,000 women selected some form of LARC (TCu380A IUD, hormonal implants, or subdermal implants).<sup>15</sup> These methods are considered safer, more effective, and associated with lower discontinuation rates over time.<sup>15</sup>

Due to dissatisfaction with their current contraceptive method or during the postpartum period, some patients sought consultations at the PCHC and received guidance from the PHCH team regarding the available methods. This allowed them to learn about the TCu380A IUD and the option for free insertion. The responsibility for informing and guiding patients primarily fell to nurses, who play a crucial role in the care and promotion of women's health within the context of PHC, particularly among populations at higher risk of unplanned pregnancies.<sup>16,17</sup> Other participants continued to seek information from their support networks (family and friends). Positive experiences with the TCu380A IUD among peers often



Caption: \* intrauterine device; \*\* Primary Health Care Center

**Figure 3.** Diagram on the experiences of interviewees regarding the insertion of the TCU380A IUD in the slum. The experiences are divided into “background,” “day of the action,” and “follow-up,” highlighting the main findings. Image designed by Victoria Valle Santos.



accelerated the decision to change methods, while negative experiences could have the opposite effect. Another important factor influencing the decision to insert the TCu380A IUD at the school was the pre-existing relationship with the PCHC. Some women expressed greater comfort with the procedure because they were already familiar with the responsible professionals and trusted the information they received.

## Day of the action

One of the questions posed to participants addressed their perceptions of the school environment. Initially, some expressed concerns about the hygiene and privacy of the location. However, after visiting the adapted classrooms, they found the space to be clean and appropriate, leading them to proceed with the procedure. Notably, two women reported that they found the school environment to be more welcoming compared to the PCHC.

What led women to decide to insert the TCu380A IUD in the school setting was the ease of access for the procedure compared to the “traditional” method performed at the PCHC, and this was due to several reasons. For example: time off from work, as the procedures took place on Saturdays; proximity to their homes — some reported difficulties in “going down the *morro*” to the PCHC; the ability to bring their children; shorter waiting times for service; no need for prior scheduling; and the simultaneous insertion of the TCu380A IUD with other health activities, which increased their motivation to attend. Two women reported that the cost-free service was important for their decision-making. It is known that users of the SUS have a lower rate of use of LARCs compared to those using the private healthcare system. One of the reasons for this is that the TCu380A IUD is the only available model.<sup>2</sup> Additionally, there were instances where the counseling, decision to insert, and insertion occurred on the same day during the organized actions, which simplifies the process and aligns with recommendations to conduct a single visit for the procedure for those who are eligible.<sup>4</sup>

## Follow-up

All participants have either adapted to or are in the process of adapting to the TCu380A IUD. They regarded the adverse effects (increased menstrual flow and cramps) as tolerable and manageable. Some women attended the PCHC for follow-up appointments as instructed. All participants expressed trust in the chosen method and felt secure while using it. One participant noted that her sense of security was enhanced by the ability to “see and feel the IUD,” referring to both the ultrasound examination and vaginal self-examination to check the strings. It is well established that LARCs, including the TCu380A IUD, have a significantly lower discontinuation rate compared to non-LARCs. This finding is supported by the North American study, The Contraceptive CHOICE Project:<sup>18</sup>

*Users of LARCs are more likely to continue using the method compared to non-LARC users at 12 and 24 months (86 versus 55% at 12 months, 77 versus 41% at 24 months).*

Due to their increased effectiveness and high rates of continued use, LARCs should be considered the first-line contraceptive option.<sup>15,18</sup>

## Limitations

It can be inferred that the women who voluntarily participated in the research had a positive prior relationship with the PCHC and were willing to share their experiences. However, it is important to acknowledge that there may be women with different experiences who chose not to disclose them to the researchers.

Another limitation of the study was the low recruitment of participants, as well as the minimal attendance at the focus group. This may be attributed to the extended time interval between the insertion of the TCU380A IUD and data collection, which ranged from 1 month to 1 year and 7 months.

## CONCLUSION

In the context of this research, it was observed that the insertion of the TCU380A IUD outside the conventional setting (PCHC), closer to patients' homes and at times convenient for those who work, enhanced access to the procedure. There were no reports of harm associated with conducting the procedure in adapted locations (schools and classrooms). Therefore, promoting the insertion of LARCs in geographically and socially vulnerable communities could serve as an effective strategy to reduce unwanted pregnancies and ensure family planning and reproductive rights.

Given this, it is essential to expand the portfolio of PHC services to include additional LARCs within the SUS. This would ensure that they are the first option for individuals with uteruses who do not wish to become pregnant.

## CONFLICT OF INTERESTS

Nothing to declare.

## AUTHORS' CONTRIBUTIONS

CGTC: Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Software, Validation, Visualization, Writing – Original Draft, Writing – Review & Editing. MF: Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Software, Supervision, Validation, Visualization, Writing – Review & Editing. ED: Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Software, Supervision, Validation, Visualization, Writing – Review & Editing.

## REFERENCES

1. Instituto Brasileiro de Geografia e Estatística (IBGE). Pesquisa nacional de saúde: 2019: ciclos de vida [Internet]. Rio de Janeiro: IBGE; 2021 [cited on Mar 14, 2023] 132 p. Available at: <https://biblioteca.ibge.gov.br/index.php/biblioteca-catalogo?view=detalhes&id=2101846>
2. Wender MCO, Machado RB, Politano CA. Influência da utilização de métodos contraceptivos sobre as taxas de gestação não planejada em mulheres brasileiras. *Femina* 2022;50(3):134-41.
3. Brasil. Ministério da Saúde. TabNet: Produção Ambulatorial do SUS – Brasil [Internet]. Ministério da Saúde [cited on Mar 22, 2023]. Available at: <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sia/cnv/qauf.def>

4. Bergin A, Tristan S, Terplan M, Gilliam ML, Whitaker AK. A missed opportunity for care: two-visit IUD insertion protocols inhibit placement. *Contraception* 2012;86(6):694-7. <https://doi.org/10.1016/j.contraception.2012.05.011>
5. Russo JA, Miller E, Gold MA. Myths and misconceptions about long-acting reversible contraception (LARC). *J Adolesc Health* 2013;52(4 Suppl):S14-21. <https://doi.org/10.1016/j.jadohealth.2013.02.003>
6. Theme-Filha MM, Baldisserotto ML, Fraga ACSA, Ayers S, Gama SGN, Leal MC. Factors associated with unintended pregnancy in Brazil: cross-sectional results from the Birth in Brazil National Survey, 2011/2012. *Reprod Health* 2016;13(Suppl 3):118. <https://doi.org/10.1186/s12978-016-0227-8>
7. Araújo RLD, Rodrigues ESRC, Oliveira GG, Sousa KMO. Gravidez na adolescência: consequências centralizadas para a mulher. *Temas em Saúde* 2016;16(2):567-87.
8. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Direitos sexuais, direitos reprodutivos e métodos anticoncepcionais [Internet]. Brasília: Ministério da Saúde; 2009 [cited on Jan 26, 2024] 52 p. Available at: <https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/direitos-sexuais-direitos-reprodutivos-e-metodos-anticoncepcionais/>
9. Peres AB. Da passagem à permanência: arquitetura e valorização da paisagem nas transformações do bairro Agronômica - Florianópolis, SC [tese de doutorado]. Florianópolis: Universidade Federal de Santa Catarina, Centro de Filosofia e Ciências Humanas, Programa de Pós-Graduação em Geografia; 2020.
10. Santos AL. Do mar ao morro: a geografia histórica da pobreza urbana em Florianópolis [tese de doutorado]. Florianópolis: Universidade Federal de Santa Catarina, Centro de Filosofia e Ciências Humanas, Programa de Pós-Graduação em Geografia; 2009.
11. Sousa JR, Santos SCM. Análise de conteúdo em pesquisa qualitativa: modo de pensar e de fazer. *Pesquisa e Debate em Educação* 2020;10(2):1396-416. <https://doi.org/10.34019/2237-9444.2020.v10.31559>
12. Yin RK. *Pesquisa qualitativa do início ao fim*. Porto Alegre: Penso; 2016.
13. Polisello C, Oliveira CM, Pavan M, Gorayeb R. Percepção de homens idosos sobre saúde e os serviços primários de saúde. *Rev Bras Med Fam Comunidade* 2014;9(33):323-35. [https://doi.org/10.5712/rbmfc9\(33\)797](https://doi.org/10.5712/rbmfc9(33)797)
14. Claringbold L, Sancí L, Temple-Smith M. Factors influencing young women's contraceptive choices. *Aust J Gen Pract* 2019;48(6):389-94. <https://doi.org/10.31128/AJGP-09-18-4710>
15. Secura GM, Allsworth JE, Madden T, Mullersman JL, Peipert JF. The Contraceptive CHOICE Project: reducing barriers to long-acting reversible contraception. *Am J Obstet Gynecol* 2010;203(2):115.e1-7. <https://doi.org/10.1016/j.ajog.2010.04.017>
16. Harper CC, Stratton L, Raine TR, Thompson K, Henderson JT, Blum M, et al. Counseling and provision of long-acting reversible contraception in the US: national survey of nurse practitioners. *Prev Med* 2013;57(6):883-8. <https://doi.org/10.1016/j.ypmed.2013.10.005>
17. Lacerda LDRC, Paes LG, Siqueira EF, Arma JC, Fonseca CCWDM, Ferreir LBBA, et al. Inserção de Dispositivo Intrauterino por Enfermeiros da Atenção Primária à Saúde. *Enferm Foco* 2021;12(Suppl 1):99-104. <https://doi.org/10.21675/2357-707X.2021.v12.n7.SUPL.1.5209>
18. McNicholas C, Madden T, Secura G, Peipert JF. The contraceptive CHOICE project round up: what we did and what we learned. *Clin Obstet Gynecol* 2014;57(4):635-43. <https://doi.org/10.1097/GRF.0000000000000070>