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RESEARCH

Planejamento familiar: avaliação da qualidade nas dimensões da estrutura, organização e assistência

Family planning: quality assessment on structure dimensions, organization and assistance

Planificación familiar: evaluación de la calidad en las dimensiones de la estructura, organización y asistencia

Érica Santana de Sá Fiuza [1], Jucimere Fagundes Durães Rocha [2], Jair Almeida Carneiro [3], Fernanda Marques da Costa [4]

ABSTRACT

Objective: evaluating the quality of family planning care in the units of the Family Health Strategy in structural, organizational and care dimensions. **Method:** this was a descriptive and quantitative study, which was conducted in 52 Family Health Teams of Montes Claros-MG. Data collection occurred from July to August 2011 using the Assessment Questionnaire of Reproductive Health Services - QASAR. Data were analyzed using Microsoft Office Excel 2007 software to run descriptive statistics. Research approved by the Research Ethics Committee CEP/SOEBRAS: 01667/11 (CAAE:0104.0.445.000-11/SISNEP). **Results:** Family Health Teams investigated received general intermediate rating as the structural, organizational and care dimensions. **Conclusion:** to achieve a good quality it is necessary that the units are appropriate in terms of structure, organization and care procedures. **Descriptors:** Family planning, Health services evaluation, Family health strategy.

RESUMO

Objetivo: avaliar a qualidade da assistência do planejamento familiar nas unidades da Estratégia Saúde da Família nas dimensões estrutural, organizacional e assistencial. **Método:** Trata-se de um estudo descritivo e quantitativo, que foi realizado nas 52 Equipes de Saúde da Família do município de Montes Claros-MG. A coleta de dados ocorreu no período de Julho a Agosto de 2011 utilizando o Questionário de Avaliação de Serviços de Saúde Reprodutiva-QASAR. Os dados foram analisados utilizando o software Microsoft Office Excel 2007 para execução da estatística descritiva. Pesquisa aprovada pelo Comitê de Ética e Pesquisa CEP/SOEBRAS: 01667/11 (CAAE:0104.0.445.000-11/SISNEP). **Resultados:** As Equipes de Saúde da Família investigadas receberam classificação geral intermediária quanto às dimensões estrutural, organizacional e assistencial. **Conclusão:** Para atingir uma boa qualidade faz-se necessário que as unidades se adéquem em termos de estrutura, organização e procedimentos assistenciais. **Descritores:** Planejamento familiar, Avaliação de serviços de saúde, Estratégia saúde da família.

RESUMEN

Objetivo: evaluar la calidad de la atención de la planificación familiar en las unidades de la Estrategia Salud de la Familia en las dimensiones estructurales, organizacionales y de atención. **Método:** se trata de un estudio descriptivo y cuantitativo, que se realizó en 52 Equipos de Salud Familiar de Montes Claros-MG. La recolección de datos tuvo lugar entre julio y agosto de 2011 usando el Cuestionario de Evaluación de Servicios de Salud Reproductiva - QASAR. Los datos fueron analizados utilizando el software de Microsoft Office Excel 2007 para ejecutar la estadística descriptiva. Investigación aprobada por el Comité de Ética en la Investigación CEP/SOEBRAS: 01667/11 (CAAE:0104.0.445.000-11/SISNEP). **Resultados:** los Equipos de Salud Familiar investigados recibieron rating general intermedia cuanto a las dimensiones estructurales, organizacionales y de la atención. **Conclusión:** para lograr una buena calidad es necesario que las unidades sean apropiadas en términos de estructura, organización y procedimientos de atención. **Descriptores:** Planificación Familiar, Evaluación de servicios de salud, Estrategia de salud familiar.

1 Nurse, Graduated from the Health Faculty Ibituruna of Montes Claros, Minas Gerais, Brazil. Email: ericasantanasa@yahoo.com.br 2 Nurse, Specialist in Family Health, Master's Student of Nursing, Teaching at the State University of Montes Claros, Minas Gerais, Brazil. Email: jucimerefdr@yahoo.com.br 3 Physician, Specialist in Family Health, Master in Health Sciences, Doctoral Student of Health Sciences from the State University of Montes Claros, Minas Gerais, Teaching at the State University of Montes Claros and Integrated College Pitagoras of Montes Claros - FIPMoc, Montes Claros, Minas Gerais, Brazil. Email: jairjota@yahoo.com.br 4 Nurse, Specialist in Family Health, Master of Health Sciences, Doctoral Student of Health Sciences at the State University of Montes Claros, Minas Gerais, Teaching at the State University of Montes Claros and Integrated College Pitagoras of Montes Claros - FIPMoc, Montes Claros, Minas Gerais, Brazil. Email: fernandafjjf@yahoo.com.br

INTRODUCTION

Recently, several public policies that aimed to improve the health care of women have been implemented by the Ministry of Health. Among these Family Planning policies should be considered as one of the most important actions in that it allows freedom women while allowing that the design is planned. The freedom to decide the best time for conception should be understood as a basic right of citizenship provided for in the Brazilian Constitution. Within this perspective, services should ensure access to the means to prevent or facilitate pregnancy, clinical and gynecological monitoring and educational activities so that the choices are guided and free.[1]

Family planning is an important aspect of health care; is a theme that transcends the boundaries of individual life and is part of public policy agendas, non-governmental organizations, the feminist social movement and the media a universal right enshrined by the United Nations. Worldwide, governments are investing, discussing and implementing measures in order to give effect to the reproductive and sexual rights of citizens.[2]

The United Nations defines as family planning service those aimed at providing the population with information and means for making reproductive decisions, for self-regulating fertility. Along with the services that meet motherhood, assisted conception, sterilization and others, are the reproductive health care.[3]

In Brazil, the implementation of the Comprehensive Care Program for Women's Health (PAISM), in 1984, incorporated family planning to the actions of comprehensive health care for women. In 2001, the Operational Norm of Health Care (NOAS) of the Ministry of Health (MOH) established, among others, assistance in family planning in the cast of minimum actions that must be implemented in all municipalities.[3]

In health care activities several teams of the family are offered to users for their different needs. Among these actions the care playback sexuality in different age groups is aimed at including universal access and comprehensive care. Currently, assistance to family planning is offered in Brazil by the teams of the Family Health Strategy (ESF), Community Health Agents Program (PACS), Basic Health Units (UBS) and the Mixed Units, ie by primary health care.[4]

The aforementioned health services should provide all contraceptive methods recommended by the Ministry of Health primary care level. Professionals should ensure that users are aware of the alternative contraception and actively participate in the choice of method. As well as reference for other health care levels for access to other contraceptive methods that are not offered in primary care.[4]

It is noteworthy that despite the existence of government policies that establish guidelines and regulates the establishment and implementation of family planning activities in Brazil, there is difficulty in accessing services that provide family planning program, poor

quality of care, the difficulty of integrate actions and the limited supply of contraceptive methods. These inadequacies in care can be expressed by the examples of limited knowledge of the users of contraceptive methods, misuse, lack of continuity and follow-up on management methods, disarticulation between the educational and clinical activities and authoritarian interpersonal relationships between clients and health professionals.[5]

Such situations may indicate incipient quality of family planning services.

For sexual and reproductive rights under the 1988 Constitution being, in fact, respected family planning service should be quality. Thus, it is noteworthy that although the excellence of care remains a major concern in health, few studies about the quality of family planning are available.[6] It can be said then that little has been investigated about deployment strategies and the degree of implementation of family planning programs in public health services. This lack of studies justifies the importance of evaluating family planning in family health teams. It is believed that the results of this study can provide data to guide the development of interventions that aim to improve care for reproductive health.

OBJECTIVE: this study aims to evaluating the quality of family planning in the FHS units in structural, organizational and care dimensions.

METHOD

This is a transversal descriptive, exploratory study with a quantitative approach. The study was conducted in the municipality of Montes Claros in FHS units. Currently the structure of primary care services in the municipality is offered mainly through the 59 FHS, being 52 urban and 7 rural. The study universe consisted of 52 urban FHS registered in Primary Care System (SIAB) studied. These teams are located throughout the urban area being located primarily in the periphery regions of Montes Claros, Minas Gerais City.

Data collection was carried out from July to August 2011 with the family health team. For this we used the questionnaire for Reproductive Health Services Evaluation (Qasar), which was developed by Elizabeth Eriko Ishida Nagahama at the State University of Maringa in 2009.[5] The instrument is divided into three dimensions: organizational, structural and care. Each dimension is made by closed questions with three possible answers which are gradually scored; the score is added and generates a score. In the organizational dimension score between 0 and 33 defines the service as incipient the score between 34 and 66 associated intermediate classification, while the score between 67 and 100 classifies the service as striker. Already in the structural and care dimensions in the score 0-66 refers to the fledgling service, intermediary service 67-132 and 133-200 advanced service. At the end of the evaluation scores of the three dimensions should be added. The services with scores between 0 and 132 will be considered incipient, those scored between 133 and 264 will be classified as intermediate services and those who receive scores between 265 and 400 will be classified as advanced.[5]

In order to achieve the proposed objectives in this study the questionnaire was applied comprehensively to the nurse coordinator of the team and when necessary were held consultations with other team members. In addition, during data collection the researchers were able to see the physical structure for the implementation of family planning, as well as view the material available for groups. Each of visits to health facilities family previously scheduled manner in order to guarantee the availability of the team coordinator.

Data were tabulated in spreadsheets using *Microsoft Office Excel 2007 software for Windows*. For categorical and numerical variables, we used descriptive analysis from the frequencies of calculation, both in absolute terms and in percentage. For classification of family planning care in health facilities of the family study the criteria laid down for analysis of Qasar were applied, as described.[5]

This study is anchored in Resolution number 196/96 of the National Health Council for both the design of this study was submitted to the Ethics Committee of the FUNORTE being approved through CEP/SOEBRAS: 01667/11 (CAAE: 0104.0.445.000-11 / SISNEP) . All study participants signed the Informed Consent.

RESULTS AND DISCUSSION

During the research 51 of the 52 FHS teams located in the urban area of the municipality under study were evaluated, this loss was due to the refusal of one of the coordinators of FHS participate in the study.

The degree of the standings as the quality of the family planning program in FHS's studied is determined by the sum of points obtained in all three dimensions. Thus the data showed that neither team was considered incipient, 40 (78%) were classified as intermediate, while the other 11 (22%) were classified as advanced for structuring of family planning.

Table 1 shows the classification of the degree program quality according to the structural, organizational and care dimensions.

Table 1 - Classification of FHS's according to dimensions of evaluation of the quality of family planning services, Montes Claros, MG, 2011. (n=51)

	Structural Dimension	Organizational Dimension	Assistive Dimension
Classification	N (%)	N (%)	N (%)
Incipient	0 (0)	1 (2)	1 (2)
Intermediate	30 (58,8)	42 (82,3)	39 (76,4)
Advanced	21 (41,2)	8 (15,7)	11 (21,6)

Through the extended evaluation of the quality of family planning program can also assess their sub-dimensions as demonstrated in the tables 2, 3 and 4.

Table 2 - Rating the quality of family planning according to the sub-dimensions of the structural dimension in Montes Claros, Minas Gerais, Brazil, 2011. (n=51)

Classification Sub-dimensions of structural dimension	Incipient N (%)	Intermediate N (%)	Advanced N (%)
Physical Area	2 (3,9)	22 (42,2)	27 (52,9)
Equipments	0 (0)	0 (0)	51 (100)
Contraceptive Inputs	10 (19,7)	24 (47)	17 (33,3)
Human Resources	8 (15,7)	29 (56,9)	14 (27,4)
Educational Material	5 (9,8)	14 (27,5)	32 (62,7)

In Table 2 you can see that in the temporal area almost half 22 (42,2%) are still in an intermediate level of quality, also in the quality of contraceptive supplies and human resources the intermediate level is predominant. In relation to educational material and equipment the quality level was considered advanced.

Table 3 - Rating the quality of family planning according to the sub-dimensions of the organizational dimension in Montes Claros, Minas Gerais, Brazil, 2011. (n=51)

Classification Subdimensions of the Organizational Dimension	Incipient N (%)	Intermediate N (%)	Advanced N (%)
Reference and Counter-Reference For Surgical Contraception	2 (3,9)	10 (19,7)	39 (76,4)
Registering Instrument	1 (2)	44 (86,3)	6 (11,7)
Evaluation Instrument	39 (76,4)	10 (19,7)	2 (3,9)
Services Protocol	5 (9,8)	17 (33,3)	29 (56,9)

Table 3, which shows the sub-dimensions of the organizational dimension it turns out that most teams are evaluated with intermediate quality on the recording instrument. On the other hand, regarding the existence of an assessment tool of family planning service most teams was ranked incipient and more than half have services protocols already in place.

Table 4 - Rating the quality of family planning according to the sub-dimensions of assistance dimension in Montes Claros, Minas Gerais, Brazil, 2011. (n=51)

Classification Sub-dimensions of Assistive Dimension	Incipient N (%)	Intermediate N (%)	Advanced N (%)
Disclosure	0 (0)	0 (0)	51 (100)
Educational group	0 (0)	2 (3,9)	49 (96,10)
Participation of the Technician	33 (64,7)	10 (19,6)	8 (15,7)
Participation of the Community Agent	5 (9,8)	17 (33,3)	29 (56,9)
Medical consultation	5 (9,8)	23 (45,10)	23 (45,10)
Nursing Consultation	0 (0)	13 (25)	38 (75)
Participation of the Psychologist	49 (96)	1 (2)	1 (2)
Participation of the Social Assistant	49 (96)	0 (0)	2 (4)

Table 4 shows that the sub-dimensions of care dimension it turns out that most teams are with advanced quality level for disclosure, held the educational group, involvement of the community health agents and the occurrence of nursing consultation. However, they are quality incipient for the participation of nursing technician, psychologist and social worker in family planning activities.

This work allowed us to know the quality of the family planning program in the health teams of the family in the city of Montes Claros, Minas Gerais, as well as the analysis of such assistance in structural, organizational and care dimensions.

In the municipality under study it was observed that most of the teams was ranked, in general, as intermediate quality 40 (78%) for family planning activities. This result is similar to that observed in a research held in Maringa Parana, who also noted that the majority (91,3%) of the FHS studied were classified as intermediate quality for the structuring of family planning.[5] This situation is worrying, since family planning was incorporated by law the scope of prevention and promoting women's health for 20 years[3] and still is not completely structured and quality.

The evaluation of the family planning program quality dimensions initially evaluated the structural dimension. In this analysis it is observed that in relation to the physical area 58,8% (30) of the teams were classified as having intermediate quality, the rest were categorized as advanced. This evaluation shows that the structural point of view most Montes Claros team is in good standing, in view of the structure to a family planning quality. It is noteworthy that most teams have only partially the minimum structure to carry out the activities envisaged by the program. It was shown in a study that a proper structure with adequate room to carry out family planning activities is important and can promote the quality of such shares.[7]

On this issue the influence of the structure on the quality of family planning, it is emphasized that account and analyze the available resources are relevant actions in family planning, but as a measure to assess quality matters less that the process components and result. Thus, a study conducted in southern Brazil was demonstrated that structural deficiencies can, in fact, imply low quality but adequate structure does not necessarily mean

high quality, but points out that the staff there is potential for full implementation of the family planning service objective of achieving a good quality in this respect.[5]

Even from a structural point of view the availability of equipment was considered advanced in 100% of FHS, ie in the 51 FHS's there is availability of most equipment to assist the family planning program. In this respect it is important to remember that, even though, research has shown that there is availability of most of the material needed to carry out family planning, this fact was not reflected in high quality of the offered service. This reality had already been identified in a previous study that showed that the availability of equipment does not guarantee the proper implementation of family planning.[5]

Another aspect studied in relation to the structural dimension was availability of contraceptive supplies in pharmacies of the FHS. Much of the teams 47% (24) were classified as intermediate quality, or is missing some contraceptive supplies. In a study of doctors in Florianopolis-SC respondents considered the provision of contraceptive methods as one of the most complicated points of family planning activities and that this situation greatly hampered the correct adherence to the method chosen.[8-9] Lack of contraception also It was highlighted as a problem of proper prescription in a study conducted in the city of Rio Branco- AC.[10] In another large study conducted in four cities of Brazil, managers reported difficulties in planning the purchase of inputs of shipments for not knowing when they would reach the Ministry of Health. In addition, it is also pointed out that the excessive "red tape" to purchase inputs in some municipalities echoed in the absence of contraception in health services.[11] The lack of access to the chosen method can be related to a second pregnancy not planned, even among women attending family planning activities.[12]

It is emphasized that a critical aspect in educational activities in family planning refers to the necessary compatibility between information and availability of contraceptive technology. For the choice of method may be, in fact, free, it is necessary to have access to any of the methods on which received information. However, this is not what usually happens in most public family planning services. The most common is that the service has some contraceptive alternatives, so that even if the educational action refers to the full range of contraceptive methods, the access is not reality. This fact is reinforced by the results of this study showed that 19,7% (10) of the teams presents incipient quality for availability contraceptive supplies.[13]

Although the structural sub dimension, specifically on the availability of human resources, 56,9% (29) of the teams were classified as intermediate quality. Given this result, there is the need to hire professionals to complete the teams that eventually are depleted. This result further demonstrates the need for investment in health workers in providing policy in sufficient quantity.[3] In this regard, it is noteworthy that in a previous study carried out in Montes Claros, Minas Gerais municipality had already been evidenced the need for more health professionals in family health teams to work with family planning.[14]

Providing analysis of educational materials for family planning program practices showed that most FHS were categorized as advanced. It is noteworthy that the availability of educational material is essential to contribute to freedom of choice of method.[6] So, the lack of educational materials of good quality can negatively influence the understanding of users of family planning. In research conducted in Ceara, only 34,5% of nurses said they have the

minimum educational material needed for family planning, resembling that observed in the present study.[15]

The organizational dimension, which evaluates items related to procedural evaluation of implementation and structuring of the family planning program most FHS 82,3% (42) were classified as being of intermediate quality. This result differs from that found in the study conducted in Maringa which showed that the quality of the organizational dimension degree was considered unsatisfactory, because 62% of the FHS studied obtained incipient classification.[5]

As for the sub-dimensions of the organizational dimension evaluated criteria are: reference and counter-reference for surgical contraception, recording instrument of shares related to family planning, assessment tool and standardization protocol services. Regarding the existence of reference criteria and against reference for surgical contraception most 76,4% (39) of the FHS were categorized with advanced quality. These teams the nurse said there is a system of reference and counter-reference formalized by the health manager. The found in the present study differs from verified results in another study that examined several Brazilian cities and showed an operating difficulty of a referral and counter-referral for family planning activities, fundamental to rationalize the use of available resources. Although this system has been mentioned by the managers interviewed in the four capitals studied, it was observed that the professionals of BHU and FHS seemed unfamiliar and/or did not give credit to the same.[11]

Another study conducted in eight municipalities in Ceará, also showed that the nurses did not know the reference procedure for surgical planning or did not consider the effective reference system.[16] The survey data this may indicate a breakthrough for the quality of care for planning family, since there is a formal reference and counter reference service system can provide ease of contraception process generating user satisfaction.

Regarding recording instruments of family planning activities, the FHS's were classified as intermediate quality within 86,3% (44) of the teams. The existence of formal registration mechanisms and monitoring of family planning can be a tool to help in the monitoring of users and can be used for active search for missing or even to identify problems in the use and adherence to the chosen method.

Regarding the assessment tools the family planning program 76,4% (39) of the FHS were categorized as incipient, in which case the family planning activities are not evaluated. This assessment should be carried out using the service assessment tools based on indicators such as coverage, the number of missing, pregnancy rate.[17] The use of quality indicators should be a reality for all health services can be important tool for management of problems and intervention for pursuit of quality.[17]

To analyze the implementation of family planning protocol it was found that 56,9% (29) of the FHS were classified as advanced, with a view to have family planning protocol in handy for consultation of professionals, and it is used by professionals of health. Regarding this issue, the need to systematize assistance through the use of family planning protocol is considered essential and can encourage the standardization of program actions.[5]

The care dimension that assesses aspects related to assistance offered to users of family planning program found that 76,4% (39) of the teams were rated at the intermediate

level of quality for family planning. It points out that the quality of care dimension depends on a variety of factors related to human resources, organizational aspects, involvement and participation of staff and others.[5]

Regarding the sub-dimensions of care dimension are considered the items: dissemination, organization of education group, participation in technical nursing and community health worker, access to medical consultation, nursing consultation, consultation with a psychologist and social worker. Regarding the dissemination of family planning assistance it is observed that 100% of the FHS were categorized as advanced, as all teams use the disclosure of assisted family planning as the clientele funding strategy.

On the implementation of educational groups most FHS was classified as advanced 96,1% (49), ie, most teams in study uses the educational group to run family planning activities. These teams should promote, periodically, at least once a month, education groups for family planning.[6] The result of this study differs from that found in Ribeirão Preto in which 90,1% of family health teams performed the service program family planning in the form of individual counseling, educational groups as happened in discontinued form.[6]

The participation of nursing technicians in family planning activities it was found that 64,7% (33) were considered incipient quality, since the technical and/or nursing assistant does not participate in assisted family planning. The non-participation of a trader was justified by lack of training or excess activity in the team.

Regarding the participation of Community Health Agents in family planning activities 56,9% (29) of the FHS are advanced quality, whereas the CHA participates in educational practices in family planning. A study conducted in Ceará has been shown that CHA should act as an interlocutor between the healthcare team and users, informing them about basic aspects of family planning and contraceptive methods during home visits.[16]

Regarding the role of psychology and social assistance in family planning in the city most of the teams was ranked incipient, as the psychologist and social worker professionals are not part of the family health team in the municipality of Montes Claros-MG.

With regard to family planning medical consultation it was found that 45,1% (23) FHS were categorized as being advanced that health care is part of the family planning assistance. As for the nursing consultation on family planning, it turns out that 75% (38) of the teams were framed in the advanced quality standards, ie the nursing consultation is an integral part of family planning assistance.

In a study conducted in several municipalities it was found that users received information on family planning that were offered by a nurse - individually or in groups, or by a doctor during the consultation. It is noteworthy that the consultation is important for the user to know the diversity method and choose a method according to his needs and freely informed.[6,11]

In family planning there are many difficulties to offer, in different locations in Brazil, an attention to quality. There are several bottlenecks in the network, such as deficiencies in infrastructure for assistance as physical area, human resources, equipment, instruments, consumables and educational forms and registration and training of health personnel.[11]

It emphasizes the need to implement mechanisms for monitoring users in the use of contraceptives. It is important to evaluate the use, welfare, adapting the method and

complications and the absence of this could lead to discontinuity and abandonment of contraception and may lead to unwanted pregnancy.[11]

It highlights the need for field studies on the subject in question because it is a relevant issue in public health, as well as to promote the importance of establishing a protocol for monitoring and distribution of inputs for the program in the city. It is hoped that this study a new look to the Family Planning by managers face the bottlenecks identified towards the guarantee of sexual and reproductive rights of the population.

CONCLUSION

Family planning is an important aspect of health care that should not be overlooked. This study identified, in general, the quality of family planning as intermediary. To achieve excellence it is necessary that the FHS, mostly suited to enable them to provide customers with appropriate care and that values human dignity. It should be noted that many of the FHSs investigated obtained intermediate classification in structural dimension pointing to the need to invest in improving the physical structure and equipment availability.

Another important negative aspect was the unavailability of contraceptives inputs. This situation is perhaps the most worrying of all the evaluation because it limits the action of the family planning program and restricts the freedom of choice for users. It is worth mentioning that the care dimension observes the insufficient involvement of a multidisciplinary team that can make that assistance has not the necessary quality.

Finally, it can be said that, in order to achieve higher quality in family planning in the NHS, is required to overcome problems related to the provision of contraceptive methods, as well as the improvement of the activities and the organization of services with regard to educational practices.

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Contact of the corresponding author:
Érica Santana de Sá Fiuza
Rua Pequizeiro, 145 - Canelas
Montes Claros-MG
CEP: 39402603.