Health Behavior Research

Volume 6 | Number 3 Article 2

August 2023

"We have to improve our culture about this": Family planning decision-making among women and men living in Florence, Italy

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Recommended Citation

Amidei, Alyssa; Raff, Taylor; and DeMaria, Andrea L. (2023) ""We have to improve our culture about this": Family planning decision-making among women and men living in Florence, Italy," *Health Behavior Research*: Vol. 6: No. 3. https://doi.org/10.4148/2572-1836.1196

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Abstract

The male condom is the most widely used family planning method in Italy and Southern Europe. Most family planning research is focused on women and, therefore, could be missing significant gender differences in behavior, as male partners play a critical role in decision-making and pregnancy prevention. This study aimed to explore attitudes toward contraceptive methods, including decision-making and desired improvements related to family planning in Italy. Semi- structured interviews with 42 men and women aged 18–50 years (29.1±7.9) living in or near Florence, Italy, were conducted between May and June 2019. Techniques from thematic analysis allowed for a constant comparative approach to contextualize data and identify emergent themes. HyperRESEARCH assisted in data management and analysis. Data resulted in three emerging themes: (1) Family planning decision-making dynamics; (2) Outside sources that influence family planning decision-making; and (3) Desired improvements to family planning. Participants engaged in most forms of family planning methods; however, participants also had knowledge gaps and misinformation about hormonal contraceptive methods' efficacy and long-term health effects. Participants clarified that family, general doctors, and other important persons (i.e., intimate partners) were the primary source of information about family planning methods. Findings offer practical recommendations to guide social marketing and behavior change interventions to increase family planning access among women and men in Italy. Improved messaging strategies could address concerns and knowledge gaps, improving family planning decision-making among couples.

Keywords

Italy, Family Planning, Qualitative, Decision-making

Acknowledgements/Disclaimers/Disclosures

Author Contributions: Andrea L DeMaria conceptualized the study, procured funding, and collected the data. Alyssa Amidei, Taylor Raff, and Andrea L. DeMaria analyzed the data and drafted and edited the manuscript. Acknowledgments: We would like to thank the students who participated in the summer 2019 Purdue University Investigating Women’s Reproductive and Sexual Health Issues in Florence, Italy, study abroad program for their support in data collection and transcription and overall collaboration on the project. We would also like to thank our Florence University of the Arts colleagues for their partnership and project support. Disclosure statement: The authors report no conflicts of interest. Funding: This research was partially funded by the Purdue University Office of Programs for Study Abroad, International Programs (Study Abroad and International Learning Grant and Intercultural Pedagogy Grant). Data availability: The data and corresponding codebook are available on request.

"We have to improve our culture about this": Family Planning Decision-making among Women and Men Living in Florence, Italy

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Abstract

The male condom is Italy's and Southern Europe's most widely used family planning method. Most family planning research is focused on women and, therefore, could be missing significant gender differences in behavior, as male partners play a critical role in decision-making and pregnancy prevention. In this study, we explored attitudes toward contraceptive methods, including decision-making and desired improvements related to family planning in Italy. Semi-structured interviews with 42 men and women aged 18-50 years (29.1 ± 7.9) living in or near Florence, Italy, were conducted between May and June 2019. Techniques from thematic analysis allowed for a constant comparative approach to contextualize data and identify emergent themes. HyperRESEARCH assisted in data management and analysis. Data resulted in three emerging themes: (1) family planning decision-making dynamics, (2) outside sources that influence family planning decision-making, and (3) desired improvements to family planning. Participants engaged in most family planning methods; however, participants also had knowledge gaps and misinformation about hormonal contraceptive methods' efficacy and long-term health effects. Participants clarified that family, general doctors, and other important persons (i.e., intimate partners) were the primary source of information about family planning methods. Findings offer practical recommendations to guide social marketing and behavior change interventions to increase family planning access among women and men in Italy. Improved messaging strategies could address concerns and knowledge gaps, improving family planning decision-making among couples.

Keywords: Italy, family planning, qualitative, decision-making

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Introduction

Numerous family planning methods (i.e., daily vs. non-daily, hormonal vs. non-hormonal) exist today, and research suggests use varies widely, including across Europe (DeMaria et al., 2019; United Nations [U.N.], 2013; U.N., 2019). Women worldwide choose non-daily methods (e.g., vaginal ring, IUD, implant, patch) for convenience and lower failure rates (Black & Kubba, 2014; Teal & Romer, 2013; Winner et al., 2012), but these methods garner low use and acceptance in Italy (Bastianelli et al., 2013; Skouby, 2010). In Italy, 56% of women use some form of contraception, which is slightly lower than the European average of 56.1% (U.N., 2019). The most widely used family planning method in Italy is the male condom, with a prevalence of 19.2%, followed closely by birth control pills at 19.1% (DeMaria et al., 2019; U.N., 2019). Some Italian women note difficulty in obtaining male condoms due to a lack of anonymity and acceptance, and perceived judgment (Crawford & Popp, 2003; Leung & MacDonald, 2018; Ramos-Ortiz, Strube et al., 2020). Additionally, nearly one-fifth of Italian women report

using less reliable methods (i.e., ovulation tracking, withdrawal), which is at much higher rates than other European women (2.5%-5%) (Skouby, 2010). Italy also has one of the lowest rates of emergency contraception use in Europe (2.7%), just behind Germany (Meier, Ball et al., 2020; Montanari et al., 2017). Implants and male sterilization were Italy's least-used forms of contraception with a prevalence of 0.1% and 0.3% respectively (U.N., 2019). Non-hormonal methods may be preferred due to a lack of information about, or concerns around, the long-term health impacts of hormonal methods (Bastianelli et al., 2013; Gribaldo et al., 2009; Hannaford et al., 2010; Iversen et al., 2017; Nappi et al., 2015; Skouby, 2010). Despite the popularity of less reliable contraceptive methods in the country, Italy has the lowest fertility rate (1.24 children per woman) in Europe (The World Factbook, 2023).

There are intrapersonal factors that influence family planning and contraception decisions. Prior studies conducted in Italy and the United States (U.S.) found that the most important criteria for women when deciding what type of family planning to utilize were safety and effectiveness (DeMaria et al., 2019; Meier, Ball et al., 2020; Mestad et al., 2011; Stanwood & Bradley, 2006). Another study conducted in the U.S. expressed that women chose not to use hormonal family planning methods because of the side effects or the fear of side effects. More specifically, women fear that certain hormonal family planning methods (i.e., IUDs) would damage their bodies and affect their future fertility (Payne et al., 2016). The lack of accurate knowledge around these forms of family planning feeds into women's fear in the Payne et al. (2016) study. In a different U.S. study, women viewed these contraceptive methods positively after being briefly educated about hormonal family planning methods (Whitaker et al., 2008). Cost is another factor that affects family planning decisions, with many hormonal methods being offered for free or low cost, often amounting to less than annual barrier method costs, such as male condoms (U.N., 2019). Specific to Italy, some families purposefully utilized some form of contraception to delay becoming pregnant due to economic strains (Carter et al., 2014; DeMaria et al., 2019; Meier, 2015). Another factor is convenience. One study conducted in India found that women were likelier to choose a non-daily IUD over a daily birth control pill, especially women traveling or busy, as the IUD was seen as more convenient (Jain et al., 2016). In addition to intrapersonal factors, there are also interpersonal factors that influence family planning decision-making. It is important to understand the role that men have in family planning decision-making because their experiences and knowledge surrounding contraception differ from women. According to multiple U.S. based studies, men typically have limited knowledge about the different types of family planning (Cohen et al., 2012) and often face limited access to certain forms of family planning methods, including methods like emergency contraception (Bell et al., 2014; Nguyen & Zaller, 2010). Additionally, some men feel they should be able to access contraception and support choices (Nguyen & Zaller, 2009), although this may be complicated by men's support for women's bodily autonomy (Brown, 2015; James-Hawkins et al., 2019). Additionally, social networks affect women's decision-making (Payne et al., 2016); for example, participants in one study expressed negative attitudes toward IUDs because of misinformation through social networks (Payne et al., 2016).

Community and societal aspects also play an important role in family planning decision-making according to studies conducted in Italy (DeMaria et al., 2019;

Dereuddre et al., 2016; Meier, Carter et al., 2020; Ramos-Ortiz et al., 2020; Tafuri et al., 2010). For example, gender dynamics are closely tied to contraceptive use, with a positive correlation between gender equality and modern contraceptive methods (DeMaria et al., 2020; Dereuddre et al., 2016; Ramos-Ortiz, Strube et al., 2020). People who identify as male are more likely to use condoms than those who identify as female (Tafuri et al., 2010). In addition to gender dynamics, Italians are influenced by religion when making decisions regarding family planning methods due to the Catholic Church's large presence in Italian culture. With Catholicism so present in Italian culture, religion also influences politics in the country, resulting in reproductive health policies that align with the current climate (Meier, Carter et al., 2020). Barrier methods, such as the male condom, may be seen as more natural, and therefore, more acceptable in a religious society (Metcalfe et al., 2016). Gender dynamics, religion, cost, and other previously mentioned factors all influence how people decide about family planning methods. Some aforementioned studies were conducted in locations with different cultures and demographics than Italy but can still provide insight about trends in family planning decision-making. This highlights the need for more research on this topic in Italy.

Study Purpose

Gaps in the literature persist regarding family planning methods in Italy, particularly perspectives that include both men’s and women’s narratives. Italy is a noteworthy case for understanding the role of family planning in men’s and women’s lives due to its low birth rate. The primary purpose of this research was to identify family planning methods and decision-making regarding family planning in women and men who reside in or near Florence, Italy, via in-depth interviews. Exploring Italian women’s and men’s reasons and attitudes regarding different family planning methods may illuminate their needs and concerns and provide opportunities for others to address them effectively.

Methods

Recruitment

The study was part of a larger project investigating women and men’s healthcare product access and behaviors in Italy and explored women and men’s experiences with family planning. Participants were recruited through emails, snowball sampling (Berg & Lune, 2012), and social media postings. Throughout the Florence city center, flyers, in both Italian and English, were also placed in universities, libraries, shops, and cafés. Additionally, in-person recruitment was used, which involved researchers inviting Italian men and women to participate in the study by engaging with them in public spaces, such as cafés and shops. Researchers conducted 42 English-language interviews in May-June 2019. To be eligible for the study, participants were reproductive-aged (18-50 years), resided in or near Florence, used the Italian healthcare system, and were proficient in conversational English. Men and women who participated in the study were encouraged to refer their qualified family and friends to participate. We used multiple sampling methods to ensure the study included a diverse population of participants and represented Italian men's and women's perceptions, attitudes, and behaviors regarding family planning methods and decision-making.

Interview Procedures

Interviews were conducted in numerous locations based on participants' preferences, lasted 45-60 minutes, and followed a semi-structured format. The format allowed participants to express their perspectives and the researcher to insert, omit, or restructure interview questions based on conversational flow. By doing this, researchers could acquire more in-depth participant descriptions and original ideas. Interviews were audio-recorded after receiving participants' written informed consent. Interview questions are detailed in Table 1. Social cognitive theory aided in interview question development, allowing interviewers to make careful examination of self-efficacy and environmental, social, and internal factors influencing family planning choice. Once the interview concluded, the participants were asked to complete a brief sociodemographic survey to capture participant characteristics (e.g., age, education, marital status, sexual orientation, sexual behaviors). All research materials were collected via interviews and demographic surveys were kept confidential and separate from identifiable information to minimize risk. As a thank you for participants' contributions, all participants received €20 as compensation.

Research Team

Data were collected and transcribed by 16 female undergraduate students and 2 female graduate students as part of an interdisciplinary, research-based women's health study abroad program. Prior to conducting a research interview, students were trained in graduate-level qualitative research methods and had to pass a practice interview experience, with critique by the principal investigator. All interdisciplinary (i.e., nursing, public health, health sciences) research team members were involved in data collection and transcription. The research team members lived in Florence during the data collection period, and thus, were immersed in the community and Italian culture throughout the study. The first author was part of the larger research team and guided the second and third authors and was responsible for all coding and data analysis on this topic. Authors used data tables, code manuals, and mind-mapping to guarantee a complete understanding of data analysis procedures. The last author oversaw and confirmed the procedures and outcomes to ensure adequate research practice and reliability.

Data Analysis

Researchers transcribed interviews verbatim, including observer comments and memos to record verbal and non-verbal information and initial patterns in the data. All interviews were included in the data analysis. Methods from thematic analyses permitted a constant comparative approach to data analysis (Braun & Clarke, 2006). Researchers used HyperRESEARCH 4.0 (Researchware, 2017), a qualitative research tool for coding and theme-mapping, to aid data management and analysis. Following an initial reading of all transcripts, participant words and phrases were used as the foundation for a codebook. Concepts from extant literature were incorporated into the codebook related to the research aims. Open coding was completed by attaching codes to numerous portions of related transcript content. Then, researchers completed axial coding to identify relationships within the data, including broader categories and patterns, which aided in thematic identification (Braun & Clark, 2006). Researchers met frequently to discuss emergent themes. The research team deliberated all themes and discrepancies were resolved via consensus.

Table 1
Interview topics and corresponding questions

Topic	Question
General Routine and Health	• Who do you talk to about health? If not, why not?
Healthcare Access	• Do you go to different locations for different healthcare needs? • What type of healthcare providers do you see? • How easy or hard is it for you to get healthcare when you need it? If hard: what is hard about getting healthcare? • Do you feel like you have easy access to reproductive health needs, like condoms? Other forms of contraception, like birth control pills? Can you share with me why or why not? • Are there any barriers to access or comfort in using sexual or reproductive health services or products? • What, if anything, would you improve about your reproductive/sexual healthcare access?
Condom Use	• Are condoms something you (and/or your partner) currently use? • [If never used] Please tell me a bit about why you have chosen to never use condoms. • Is having condoms typically your responsibility? Your partner’s responsibility? • What are some of the reasons you no longer use condoms? Do your friends typically use condoms? Family members?
Emergency Contraception Concerns	• Have you ever talked about emergency contraception with a partner or someone you know? • Do you have any concerns about emergency contraception? If yes, what are these? • Do you have any health concerns related to emergency contraception? • Where should Italians receive information about emergency contraception? Emergency contraception • policies? • What further information do Italians need about emergency contraception, including policy changes? • What do you think an ideal message about emergency contraception would look like? (e.g., picture, • content, size, colors)

Results

We conducted individual in-depth interviews with 23 reproductive-aged women and 19 men, 29.1 ± 7.9 years of age (range 20-50). The majority (88.1%, *n* = 37) lived in Florence, Italy, during the study period. Most participants expressed that they were in an exclusive, monogamous relationship (61.9%, *n* = 26); others were sexually active but not in a relationship (26.2%, *n* = 11), and some were not presently sexually active (11.9%, *n* = 5). Three participants (7.1%) had been pregnant or had gotten a partner pregnant. Most participants identified as heterosexual (95.2%, *n* = 40); however, two (4.8%) identified as bisexual. Many participants had started or completed a university undergraduate or postgraduate degree (88.1%, *n* = 37); another five (11.9%) had completed high school. Table 2 shows participants' sociodemographic information.

Three primary themes emerged from the data: (1) family planning decision-making dynamics, (2) outside sources that influence family planning decision-making; and (3) desired improvements to family planning. Themes and subthemes are presented with illustrative quotations. Quotes are followed by participant gender and age (e.g. [F, XX] or [M, XX]). It should be noted that "condom" is used when describing the results, rather than male/external or female/internal, as the interview questions did not specify what type of condom.

Family Planning Decision-making Dynamics

Participants described using various family planning methods and prominently preferred condoms or the pill. Other forms of hormonal methods were mentioned, with one participant stating, "*I have an IUD*" (F,38), while other participants preferred not to "*use any kind of contraception*" (F,25) or to opt for natural family planning. Participants described numerous reasons for choosing their preferred contraception.

Circumstances

One reason why participants opted not to use contraception at the time of a sexual event was that the person responsible for the contraception did not have it; thus, the participants moved forward without it. One participant explained, "*Ok, so let me think about the past. Um... actually there is not a precise or specific reason why I, I didn't use in some occasions or some moments condoms. Uh, sometimes happen because he didn't buy it*" (F,25). Another participant echoed this when they stated, "*He didn't have it. Uh sometimes because, um, he didn't want to use them*" (F,25). This also suggests that condoms or other forms of contraception will not be used due to the participant's partner's preference.

For Protection

One reason participants expressed interest in condoms was to "*feel more safe*" (F,20). One participant stated she used a condom "*because I was afraid of getting the diseases*" (F,38). Another participant shared, "*doing sex without condoms, I felt so afraid of it, completely afraid of it, so I tried to avoid, to have sex without condoms*" (F,25). The efficiency that condoms have at preventing pregnancy and the transmission of sexually transmitted infections (STI) provided comfort to participants, thus, making them advantageous.

Concern for Side Effects and Health Impacts

Many participants chose or avoided a certain contraception due to health concerns. Multiple participants shared a desire to use

condoms over other contraception because they are non-hormonal and temporary. One participant stated that he and his partner "*decided to-to use condom instead of pill. Because [I] don't want her to have physical problems sometimes, come from taking pill*" (M,25). Another participant expressed why she preferred condoms, "*I went to my gynecologist and took the pill for a year, but I didn't, I'm not feeling very well. Because taking hormones every day, every day was horrible for me*" (F,20).

Participants expressed fear of the health impacts of contraception, particularly hormonal forms. One participant stated, "*some girls, maybe they don't want to take pill because it's not healthy for their body*" (M,25). He continued, "*I'm concerned about the quantity of hormones*" (M,25), suggesting the participant's belief that taking artificial hormones could harm women. Another participant stated, "*I took it and did not like it, but not because of the problems ended up happening. Problem with, with the pill, but I don't like take hormones*" (F,27), expressing a desire to stay natural due to hormonal impacts on her. Another participant explained:

> "*There's not a specific reason why I'm just uh, I'm just um, actually I-I have a lot of friends that are friends of mine who use the contraception pills, and also still use contraception pills and I saw some hard consequences in their life after, I mean some disease…the period which uh, doesn't come very often, some problems in the hormone balance, actually I'm just little bit afraid of it*" (F,25).

This participant suggested that she has an underlying fear of the long-term impacts of hormonal contraception use. Overall, male participants who did not know much about hormonal contraception expressed worry that it could cause negative side effects in women. Additionally, women expressed fear of the side effects of hormonal methods and wanted to use more natural family planning methods.

Lack of Sexual Health Education

Participants explained that not being educated on the consequences of not using contraception, more specifically condoms, was another reason they did not choose to use contraception. One participant stated:

> "*I had very mature and adult relationships, so with adult men, eh, who knew, who knew absolutely the consequences. I was thinking about the past and perhaps I didn't use them just because I was with uh, with young men who didn't care about it, who didn't wear, or weren't aware about the consequences actually, so perhaps this main reason I didn't use in the past. Because me and my partner were, were not actually uh, confident, I mean confident in the situation, and were at the same time about the consequences*" (F,25).

Participants that were not educated may not have used any form of contraception because they did not understand the importance of them.

Religion

Religion was another aspect that participants considered for not using any form of contraception. One participant shared, "*Because for Catholicism, Catholicism is um, the contraception…is not accepted*" (F,25).

Table 2
Participant characteristics

Characteristic	Value
Gender	
Female	23 (54.8)
Male	19 (45.2)
Age, years	29.1±7.9
Sexual orientation	
Heterosexual	40 (95.2)
Bisexual	2 (4.8)
Marital status	
Single	16 (38.1)
In a relationship and not living with a partner	10 (23.8)
Living with a partner	15 (35.7)
Married	1 (2.4)
Sexual relationship status	
Exclusive/monogamous sexual relationship	26 (61.9)
Sexually active, not monogamous	7 (16.7)
Not currently/never sexually active	5 (11.9)
Having sex with several people	4 (9.5)
Pregnancy	
Have been pregnant/partner pregnant	3 (7.1)
Education	
High school	5 (11.9)
College/undergraduate	28 (66.7)
Postgraduate	9 (21.4)
Employment status	
Employed full time	21 (50.0)
Employed part-time	4 (9.5)
Self-employed	3 (7.1)
Not currently employed	4 (9.5)
Student	10 (23.8)
City of residence	
Florence	37 (88.1)
Other Tuscan towns/cities	5 (11.9)

Note.
Data are presented as mean ± SD or *n* (%).

Peer Influence

A possible reason some participants choose to use a certain form of contraception could be from peer influence. One participant stated, "*Yeah, a lot of my friends don't use condom*" (F,29). Another participant explained, "*I can say a lot of people will take it. Yeah. To say – I know more than – I have more than two or three friends I know that they take the pills*" (F,23). Both participants explain that their friends do not use condoms or use a different form of family planning. This could influence the participants' likelihood of which family planning method they choose to use.

Partner Dynamics

Many participants chose a certain or no contraception because of the dynamic of their sexual relationship. When one participant was asked if she used condoms, she stated, "*No because I have IUD*" (F,38). When a participant was asked if he used condoms, he answered "*Not now, cause my girlfriend start to use…I don't know how to say it in English. The ring?*" (M,45). This indicates that one person's preference of contraception impacts their partner's use of other contraceptive methods.

One participant noted her sexual monogamy as a reason for why she and her partner do not use condoms "*…having just one partner who … like we've both been tested, and my having an IUD, I generally haven't been using them that much*" (F,23). Another participant added, "*at the beginning of a relationships I think [using condoms is] important*" (F,36). Overall, participants were more likely to use condoms at the beginning of a relationship because they do not feel that they know or trust the person they have just met. Participants in a long-term relationship trust their partners and are generally aware of their sexual history; therefore, they feel that they do not need to use condoms.

Sexual Pleasure

Another reason participants opted to use a specific contraceptive method for sexual pleasure. One participant explained how "*sex is better without it*" (F,36) referring to why they do not use condoms. Another participant echoed this when stating, "*I'm enjoying more without it basically*" (M,27). Another participant explained why she uses birth control pills instead of condoms:

> "*I take a pill for three weeks. Then I, I have my period. And I think it's better than condoms because you know the man. It's happier without condom. And you have this security that you don't get pregnant because if you assume the pill, without medicine, or I don't know it's safe*" (F,25).

Male participants were more likely to say they enjoyed sex more without condoms, and female participants were more likely to choose another form of contraception to fulfill their partner's preference.

Outside Influences of Family Planning Decision-making

Mother/Family

Many participants cited their mother as a significant influence when making decisions related to family planning. One female participant shared that when facing a family planning-related decision, "*The first thing uh that I do is calling my mother and asking for a suggestion*" (F,25). Similarly, another participant stated, "*I'm a mama girl, like every Italian, so if I have a problem with the- yeah- with my p-period or uh if uh if I have- I*

got the flu or something I go to my mom to ask what to do" (F,23). Strengthening this participant's point, another participant stated:

> "*My mother one night was like, 'Come here' and you say 'You know what you have to do? We're gonna talk about it.' And I was like, 'Oh no, please don't talk about it.' And so, she's saying 'No, you have to be healthy, you have to protect yourself. Don't ever trust somebody else, trust only yourself and after a time you can find if the person is really trusted or not.' And… but we don't talk about it. Like, my mother is a scientist, so if I ask some question… it's really… she explain everything like, really clearly…*" (F,20).

Overall, women seemed to value their mother's opinion more than anyone else's regarding family planning decision-making.

On the other hand, male participants were much less likely to note their mother as an influence than female participants. Some of the male participants viewed their parents as an influential group, but none specified only their mother as an influence without mentioning their father. When referring to who would influence family planning decision-making, one participant stated, "*I think that the most effective would be parents*" (M,25). Another male participant expressed that his parents didn't influence his family planning decisions when he stated, "*Our grandparents doesn't [sic] speak about it with our parents and so they don't do that with us*" (M,21). This suggests that a cultural norm surrounding how family planning is discussed has been present from generation to generation. It is also evident that that norm depends on the relationship dynamics between a parent and their child and is impacted by the child's gender.

Friend/Partner

Friends and romantic partners also were recognized as influences that impact participants' family planning decision-making. One participant valued her partner's opinion about her health decisions by stating, "*I talked to my husband*" (F,28). Another participant expressed:

> "*I think it's, first of all, it's my body, so I have to choose what I want to do. But I think I have to discuss it with my boyfriend. So, because he was – he had sex with me, it wasn't only me to have sex with him, but he was there too*" (F,20).

This participant believes she has the right to decide on her family planning methods, specifically whether she should take emergency contraception. However, the participant also believes the partner was part of the initial act and, therefore, should have some influence over the final decision.

Two male participants answered when asked who they talk to about decision-making regarding family planning as, "*my girlfriend a lot*" (M,29) and "*with my girlfriend*" (M,28). When one participant was asked if he discussed family planning decisions with his girlfriend, he responded, "*Well, of course. Because she has to… to use*" (M,25), referring to using contraceptive methods. This participant then shared, "*But also, with my friends. We used to talk about it once in a while when something happened and also to have another point of view*" (M,25).

Female participants agreed that friends influence family planning decisions. One participant stated:

> "*I talked a lot with my friends about health because thankfully, we're all most of my friends are also like, really interested and intrigued and kind of like*

wellness and health and spirituality. We all kind of agree that they're all connected" (F,27).

Another woman echoed this notion by saying, "*I mean, uh with my friends, my girlfriends, I mean, we have we are more like connected to that talk about these women feelings, ya know?*" (F,26).

Overall, both male and female participants saw romantic partners and friends influencing family planning decision-making. Romantic partners often were involved in the discussion because of their inside connection to the family planning decision, while friends were involved due to their outside viewpoints. Female participants seemed more likely to talk to friends because they shared similar views rather than from another perspective.

Healthcare Provider

Most participants indicated that their healthcare provider did not primarily influence family planning decision-making. Men, in particular, were hesitant to talk to their doctor about anything. One participant shared, "*Okay, so I always uh, grew up in this environment with this perspective. Try to... it sound not so good but try to use the... take the doctor the less you can. Unless you are dying*" (M,28). Another male participant echoed this hesitancy by saying, "*Uh if, uh, I'm sick and continue to, to be, I call my doctor and say 'Doctor I-I'm sick from two days, three days, what I can take? What I can do?'*" (M,20), implying he will see his doctor only if he is sick for an extended period.

Female participants were more likely than male participants to seek out their doctor regarding family planning; however, doctors still were not seen as more influential than other sources of information. Some female participants stated that they talk to "*the gynecologist I see- I see him once a year*" (F,38) and "*to my woman's doctor, the gyna-gyna [gynecologist]*" (F,20). Many participants shared the consultorio, the Italian term equating to a reproductive health clinic, as a place to discuss family planning topics. One woman shared the different types of problems a doctor at a consultorio may address:

> "*You can go and you can ask. And there's a lot of obstetricians there that also do help younger people. It's funny because consultorio until you are a certain age is just there to find out about emergency contraception this and that and after a certain age it becomes, 'how do I get pregnant' [OC: mimicking desperate voice], 'Please help I'm old.'*" (F,35)

Internet

There were mixed responses from participants about whether the Internet should influence family planning decision-making, although many participants admitted that they are influenced by it. Some participants saw the Internet as a helpful tool because it is a fast process to find information there and easy to navigate. One participant stated, "*All of us we have uh Google. So, it's easier now. If I have a problem, I can find the solution and the information if I want*" (F,36). Another participant preferred to use the Internet as a source of family planning information because "*you don't have to speak with people if you don't want to say something about these arguments, so you just open a website, an-an official one*" (M,25).

Other participants saw the Internet as an unreliable influence they use too often, and that causes them unnecessary worry. The Internet influenced one participant to be fearful of emergency contraception:

> *I've read a lot of different concerns on the Internet about the morning after pill, so I*

> *was just little bit nervous but, and then I said 'ok stop it, I have to cancel and hide all of these pages', and then went to no one I didn't read anything else about the morning after pill and... I, I, I tried to relax* (F,25).

Another participant stated, "*I have to say that too much time I go on the net [Internet] to check some-something that you shouldn't do that*" (M,28). The two most recently quoted participants realized that the Internet could be a source of misleading medical information. However, they still could not prevent themselves from seeking and being influenced by it.

Desired Family Planning Improvements

Participants expressed a desire for more acceptance and access to family planning methods. One participant clarified this expectation by stating, "*the cities in Italy are not so open mind[ed] or we are... we have to improve our culture about this*" (F,29). Participants would like Italy to be a place where "*you cannot judge people*" (F,28). A participant shared, "*Life happens so it's important that they are given the chance to choose*" (F,38), referring to using contraceptive methods.

Participants believed providing more access to contraceptives would normalize family planning and make it more acceptable. One participant expressed, "*the condom, it's like the water. I think that you must find them in every place*" (M,45). Another participant echoed this by stating that condoms should be:

> "*Everywhere, always, for free: at school, at work, you know, at the cash desk at McDonalds, you know, like everywhere. Um, make it something extremely normal and especially free. And I think that would solve so many problems with especially young girls, you know, having problems or, or having to use the, the emergency pill so often, and we should normalize it by making it free, like making it very… like everywhere you get one with your coffee, you know?*" (F,33).

If condoms were available in everyday places, participants believe condoms themselves would become a regular part of life. By extension, this would increase acceptance of family planning decisions more generally.

Sex Education in Schools

Many participants expressed there is a lack of sex education in Italy that leads to a lack of knowledge surrounding family planning. One participant shared, "*There are no sexual um lessons, so actually uh, things happen also because, uh there is no education in this field. So kids, children, I mean not adult people, uh, teenager, are not aware about the system*" (F,25).

There was a general acknowledgment that sex education was taught in some schools in a general format, but the teachers avoided specific details and lacked consistency. One participant stated, "*The school talk about something, but very general and not specific. So, uh maybe in this schools kind of thing uh, there is something like lesson about the, the health*" (M,20). Another participant shared, "*There are not so many teachers that talk about this kind of thing that are important. So, at school definitely at school*" (F,29), referring to where medical information should be spread. Yet another participant echoed this perspective:

> "*I feel that sex ed in a more you know impactful way should be taught at schools and not just you know just putting uh condoms on cucumbers but explaining contraceptives explaining the effects on*

> *the woman's body explaining you know different types of sexually transmitted diseases and you know everything that goes into you what know the risks and benefits of you know an act of sexual life mean*" (M,30).

Participants felt that a more in-depth approach to sexual education would benefit the school-aged population and increase awareness about sexual health.

Sexual Health Advertising

According to participants, sexual health information is not commonly advertised in Italy. One participant expressed that their medical information "*mostly are from Internet, from my researching"* and shared *"there can be more information*" (M,25) from other sources outside of the Internet. Another participant stated, "*Like with the school, with the newspaper, with social media, they have to be more…informative*" (F,29), showing that the small amount of sexual health information advertised is vague and does not provide enough information.

Participants were allowed to share the improvements they would make regarding sharing sexual health information in Italy, and many wanted to see this information in public. Participants wanted to see sexual health information on "billboards" (M,29), (M,32), and in "awareness pamphlets" (M,30). One participant clarified:

> *"I would say on public transportation, like little posters, or maybe reminders for the population on like news apps, so you scroll down the articles and "health tip of the day" or "health tip of the week." I think that would be great. And not only for sexual health, but also for any other…anything else that changes in the healthcare system, like people should really be aware of it"* (M,32).

This participant wanted sexual healthcare information to be spread like all medical information, implying that it should not be stigmatized based on its content.

Discussion

Three themes emerged from the 42 semi-structured interviews conducted: (1) family planning decision-making dynamics, (2) outside sources that influence family planning decision-making, and (3) desired improvements to family planning. Interviewing both men and women about their family planning decision-making is unconventional and produced novel findings including gender differences not seen elsewhere in the literature. An original finding from this research is the varying role of an individuals' mother on family planning decision-making. Women explicitly stated the importance of their mother when making family planning decisions, and men only signified the importance of the dual parental impact (both their mothers and fathers together) on their family planning decision-making.

Participants' choices in this study correspond with the previous research that Italians used more traditional forms of contraception like condoms, the birth control pill, and natural family planning methods more prudently than more long-term forms of contraception that require insertion, like IUDs and implants. The preferences could allude to an underlying influence on Italian men and women's attitudes towards different family planning methods (DeMaria et al., 2019). Past research shows that intrapersonal and interpersonal factors like safety, effectiveness, side effects, fear, convenience, and social networks influence women's decisions regarding family planning methods (Jain et al., 2016; Mestad et al., 2011; Payne et al., 2016; Stanwood & Bradley, 2006). Additionally, factors like gender dynamics,

religion, and economic factors influence how people make decisions regarding family planning (Carter et al., 2014; DeMaria et al., 2019; Meier, Carter et al., 2020; Ramos-Ortiz, Meier et al., 2020; Ramos-Ortiz, Strube et al., 2020; Tafuri et al., 2010). These correspond to factors that influenced our participants' decision-making regarding family planning. Factors like condoms being less invasive and the fear of sex without a condom influenced participants' decisions to prefer condoms over other family planning methods.

On the other hand, participants choose to use non-condom family planning methods because of influence from factors like the preference for other forms of contraception, long-term relationships, trust in a partner, more pleasure without condoms, fear of the healthiness of some forms of contraception, and misinformation. Additionally, the responsibility of obtaining contraception, the participant's partner's preference, and religion influenced participants to use no family planning methods. In this study, women were likelier to express that men were more responsible for having a condom (DeMaria et al., 2020; Ramos-Ortiz, Strube et al., 2020; Tafuri et al., 2010). However, both genders expressed that although the male should have the condom, they are ultimately responsible for contraception.

Participants in this study recognized family members, friends and partners, healthcare providers, and the Internet/media as outside sources that influence decision-making regarding family planning, as suggested by past studies (DeMaria et al., 2019; Meier, Carter et al., 2020; Ramos-Ortiz, Meier et al., 2020). Both male and female participants named these influences; however, women were more likely than men to discuss family planning with their mothers and a healthcare provider. Healthcare providers were seen as less significant influencers than the others mentioned, a finding that differs from a previous study that found doctors to be the most significant influencers of family planning methods (Johnson et al., 2013). However, other research validates that only a small number of individuals see healthcare providers as a primary influence (Hirth et al., 2020; Nappi et al., 2014). The Internet/media, friends, and family were also found to influence family planning decision-making in past research, which matches our results (Hirth et al., 2020; Johnson et al., 2013; Nappi et al., 2014). Apart from healthcare providers, these sources of influence are not necessarily well-educated on family planning methods. Therefore, these results stress the public's need for accurate health information, so these influencers can provide evidence-based family planning advice.

Participants in our study wanted family planning topics to be accepted and normalized in public settings, schools, and advertising to increase awareness of different family planning options. Italy is one of a few countries that do not require any sex education to be taught in schools. Research shows only 12 out of 20 regions in Italy have at least one sex education program; there was no sex education program in Tuscany, the region where this study was conducted (Lo Moro et al., 2023). A desire for an increase in sex education also was shown in previous research (Olivari et al., 2016; Sharma et al., 2018). According to a systematic review of research published on outcomes of sex education in Italian schools, providing sex education increases knowledge of contraceptives, increases the perception of risk related to not using contraceptives, makes adolescents more likely to discuss sexual issues with their parents, and ultimately, increases contraceptive use (Lo Moro et al., 2023). Studies from other parts of the world also report a desire for an increase in acceptance and advertising surrounding family planning, particularly by

using popular culture, television, and social networks as tools (Dansereau et al., 2017; Sharma et al., 2018; Shrestha et al., 2014), indicating a widespread interest in the same improvements that this study’s participants desired. Normalizing family planning topics in education and media is essential for people to obtain the most accurate and current information possible. Normalization also allows people to share their family planning needs and obtain feedback from outside influences without fear of judgment, empowering them to make the best decision.

Strengths and Limitations

The study results provide an increased understanding of family planning methods in a novel set of participants – men and women living in and around Florence, Italy. The research highlights gender differences in family planning decision-making while improving family planning education, access, and advertising. By conducting qualitative research, in-depth and detailed responses to study questions were able to be answered so that gender differences could be examined with context included. Staff at the partnering Italian university reviewed all protocols and research outputs for accuracy and cultural appropriateness. The study’s sample size has informational power and aligns with our study aims and thematic analysis procedures (Malterud et al., 2016).

This study has limitations due to the geographical location and specific demographics of the participants (e.g., employment and residence status, marital status, heterogeneity of the sample). Due to these limitations, our findings might not be generalizable to the entire population. Additionally, thoughts vocalized by participants might have differed from their actual feelings and opinions. To mitigate potential social desirability bias, participants were reassured there were no right or wrong answers and assured that all responses would remain confidential (Berg & Lune, 2012). Participants were interviewed in English and not their native language, which may have caused inconsistencies in the results. Additionally, individuals who speak a second language well enough to be interviewed may have a higher socioeconomic status, which might have introduced selection bias into our sample. Conducting interviews in English also might have resulted in a limited vocabulary; therefore, some insights on family planning methods and decision-making might have been misunderstood or excluded in the interviews. All interviews were conducted by female students between the ages of 18 and 26, which might have influenced the research data's direction, flow, and content. Participants might have used the interviewers’ gender identities as a cue for how to orient their narratives; however, some research suggests that men may feel more likely to open up during qualitative interviews conducted by women (Olivari et al., 2016). Although all interviewers participated in the same training process, inconsistencies could exist between their interview methods, which could have influenced results. Additionally, intercoder reliability was not captured. Nevertheless, the findings illuminate unique insights related to family planning methods, decision-making regarding family planning, and necessary improvements.

Implications for Health Behavior Research

As this research highlights gender differences in family planning decision-making and the influence one’s partner has on family planning decision-making, understanding these dynamics can be useful in tailoring contraceptive-related messaging to individuals of different genders. These findings also underline the importance of

including men in family planning conversations. Health professionals play vital roles in family planning decision-making. Therefore, they can use these results to improve patient care and to publicize accurate family planning information, including discussing family planning with their male patients. The information on what forms of family planning methods individuals choose and why they choose them can help practitioners understand this topic and see the decision-making process from their patients' perspectives. Health professionals will be especially helpful in addressing the desired improvements to family planning discussed above. Doctors can do their part by providing educational materials to their patients and by putting helpful brochures in their waiting rooms. Public health professionals can consider these results when developing and implementing public health campaigns.

Italy's low birth rate makes it a fascinating country to study family planning because it uses more traditional forms of family planning methods than other countries with more modern forms of family planning and higher birth rates. This study provides insight into family planning perceptions of men and women in Florence, Italy. By understanding how men and women make family planning decisions, progress can be made toward ensuring their needs and concerns can be met. Additionally, by addressing men's and women's contraception-related safety concerns and improving knowledge of and access to family planning methods, one can ensure that Italians can maintain autonomy in reproductive health decisions and achieve desired family planning objectives.

Future research should investigate family planning decision-making in other locations in Italy and other countries to identify similarities and differences in chosen family planning methods and influences. Individuals of other genders also should be included in future research to ensure inclusivity and to ensure that researchers have a more complete picture regarding gender dynamics in family planning decision-making. This future research would make the results more generalizable. Additionally, research should be done to identify and reduce misinformation surrounding family planning methods, so all individuals have access to accurate and current family planning information. Regarding the improvement of family planning education, access, and advertising, research should be done to determine how their implementation affects family planning decision-making, identify potential consequences, and determine which strategies are most effective at improving relevant outcomes such as consistent contraceptive use.

Discussion Questions

This study highlighted gender differences in family planning decision-making. How can understanding these gender differences be used to develop public health interventions?

Participants in this study suggested improving sex education in schools and increasing advertisement of sexual health information as potential ways to reduce the spread of sexual health misinformation. What suggestions do you have for reducing the spread of sexual health misinformation?

Ethical Approval

The Brown University institutional ethics review board approved the study protocol, which included a letter of support from the in-country Italian partner institution. The study abided by all appropriate human participant research ethical standards.

Conflict of Interests

All authors report no conflicts of interest.

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