

**Reproductive planning in health guidelines: an integrative review**  
**Planejamento reprodutivo nas orientações em saúde: revisão integrativa**  
**Planeamiento reproductivo en las orientaciones en salud: revisión integrativa**

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This study aims to identify, in national literature, the health guidelines on reproductive planning. This is an integrative review carried out in April 2017 on the databases SCIELO, LILACS, BDNF and MEDLINE. The research included original articles which had health guidelines on reproductive planning and were published in 2011 or later in English, Spanish, or Portuguese. 10 articles were analyzed, from which three categories emerged: "The role of professionals in reproductive planning", in which the focus on the idea that contraception as a woman's responsibility was reduced; "Health education from school/adolescence", aimed at the prevention of sexually transmitted health problems and early pregnancy; and "Contraceptive methods as synonymous with reproductive planning", a category in which reproductive planning was reduced to contraceptive measures. Educational actions that cover the needs of the user in their entirety, including their conscious and autonomous choice when it comes to their reproductive planning, are evidently needed, both from the perspective of health professionals and from that of users of the service.

**Descriptors:** Family planning (Public Health); Reproductive rights; Health education.

Este estudo tem como objetivo identificar, na literatura nacional, as orientações em saúde sobre planejamento reprodutivo. Trata-se de revisão integrativa realizada no mês de abril de 2017 nas bases SCIELO, LILACS e BDNF e MEDLINE. Incluíram-se artigos originais publicados a partir de 2011, em inglês, espanhol ou português, que contemplassem orientações em saúde sobre planejamento reprodutivo. Foram analisados 10 artigos, que evidenciaram três categorias: "O papel dos profissionais no planejamento reprodutivo", com enfoque reduzido à contracepção como responsabilidade da mulher; "Educação em saúde desde a escola/adolescência", direcionada à prevenção de agravos sexualmente transmissíveis e da gravidez precoce; e "Métodos contraceptivos como sinônimo de planejamento reprodutivo", reduzindo o planejamento reprodutivo à contracepção. Evidencia-se a necessidade de ações educativas, tanto aos profissionais de saúde como aos usuários dos serviços, que contemplem as necessidades do usuário em sua integralidade, direcionadas à escolha consciente e autônoma quanto ao seu planejamento reprodutivo.

**Descritores:** Planejamento familiar; Direitos sexuais e reprodutivos; Educação em saúde.

Este estudio tiene como objetivo identificar en la literatura nacional las orientaciones en salud sobre planeamiento reproductivo. Se trata de una revisión integrativa realizada en el mes de abril de 2017 en las bases SCIELO, LILACS y BDNF y MEDLINE. Se incluyeron artículos originales publicados a partir de 2011 en inglés, español, o portugués, que contemplasen orientaciones en salud sobre planeamiento reproductivo. Fueron analizados 10 artículos que evidenciaron tres categorías: "El papel de los profesionales en el planeamiento reproductivo", con enfoque reducido a la contracepción como responsabilidad de la mujer; "Educaçión en salud desde la escuela/adolescencia", dirigida a la prevención de agravamientos sexualmente transmisibles y del embarazo precoz; y "Métodos contraceptivos como sinónimo de planeamiento reproductivo", reduciendo el planeamiento reproductivo a la contracepción. Se evidencia la necesidad de acciones educativas, tanto a los profesionales de salud como usuarios de los servicios, que contemplem las necesidades del usuario en su integralidad, dirigidas a la elección consciente y autónoma en cuanto a su planeamiento reproductivo.

**Descritores:** Planificación familiar; Derechos sexuales y reproductivos; Educación en salud.

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## INTRODUCTION

The constant changes in society's paradigms from the perspective of the traditional family, and the emergence of forms of family organization such as the elderly homes and young adults with no children; the weakening of marriage relationships with the growth of separations and divorces; the increase in the number of couples without children; and the decrease in the number of children in nuclear families, restating the need for discussions about strategies of reproductive planning and Sexual and Reproductive Rights (SRR)<sup>1</sup>.

Reproductive planning is highlighted by the Ministry of Health (MS) as the most appropriate term to address issues regarding family planning, since it is based on respect for the SRR. It involves the expansion of targeted actions directed only to the offer of methods and techniques for conception and contraception, contributing to the shift in the managerial focus inherent to the expression familiar planning<sup>2</sup>.

Primary Health Care (PHC) has the role of promoting health and preventing health problems to the population, and is the preferred starting point for the development of guidelines on reproductive planning. However, if these professionals have a reductionist view of SRR, they end up disseminating incongruous information and undermining the population's right to access it<sup>2</sup>.

Studies show that health units are not places of professional training on the subject, reflecting on poor health education; furthermore, there is a lack of interest in clarifying and encouraging the user to use different methods of planning, or those that are more appropriate for each individual, and users are directed to conventional methods<sup>3,4</sup>.

Concerning the professionals who implement the actions advocated by the health policies, this is a field of interest for nursing, since it is imbued with health education activities in Primary Care (PC), and together with other health professions, has, in its speech, a controlling tone<sup>5</sup>.

The MS highlights that health professionals at PC must seek to understand users' expectations regarding reproduction, and to promote the achievement of their goals, always respecting their choices<sup>2</sup>.

Health services should offer individual educational actions to couples and groups, as well as access to information, means, methods, and techniques available for regulating fertility in a free and informed way, guaranteeing equal rights to women, men, or couples.<sup>2</sup>

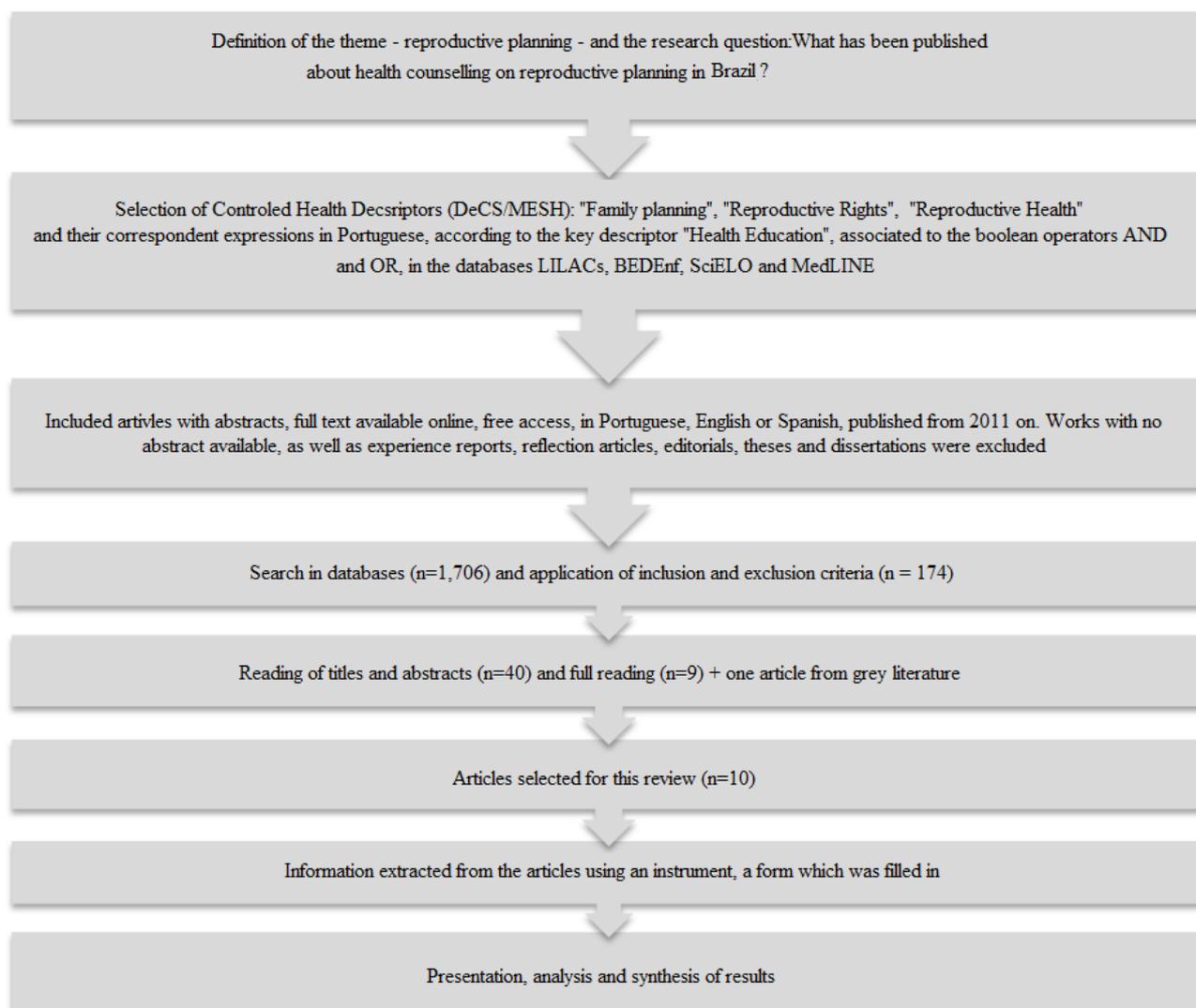
Considering the evolution of public health policies about reproductive planning as a sexual and reproductive right, it is necessary to verify if there have been changes in the focus of professional actions. This study aims to identify, in national literature, the health guidelines on reproductive planning.

## METHOD

This study is an integrative review of the literature regarding the guidelines on health in the reproductive planning, a type which enables the synthesis of multiple published studies with general conclusions about a particular field, making it easier to make decisions about a specific subject and perfecting the practice being developed<sup>6,7</sup>.

The research question of this study was: What has been published about health counselling on reproductive planning in Brazil?

To develop the study, the steps recommended by the Prisma checklist was followed, as highlighted in Image 1.



**Image 1.** Flowchart of the methodological path for the selection of articles. Curitiba, PR, Brazil, 2017.

Since this is an integrative review, it was not submitted to the Ethics Committee for Human Research. However, both for the analysis of the results and for subsequent dissemination, it is important to follow ethical precepts according to resolution CNS 466/12, which deals with the ethics of scientific research.

In the elaboration of the categories, for thematic proximity issues, some articles have been included in more than one

category, so that participating in a category did not exclude the article from others.

## RESULTS

The review was composed of 10 national studies presented in Table 1. The highest concentration of publications was in 2016 (30%); the southeast region was the most represented (40%); most journals were rated Qualis B2 (50%); there was a predominance of studies in the field of nursing (60%); most studies were qualitative (60%).

**Table 1.** Studies according to title, design and main results. Curitiba, PR, Brazil, 2017.

Title	Design	Main results
Pregnancy of adolescents in Family Health Units <sup>8</sup>	Qualitative descriptive study, conducted in a USF with three pregnant adolescents, through a semi-structured interview. A genogram and an ecomap of each teenager were prepared.	Pregnant adolescents are aware of the existence of contraceptive methods, and their knowledge on the subject was obtained at school, from friends and magazines. Oral contraceptives and male condoms were the most cited. The study highlighted the importance of the performance of health professionals in promoting access to sexual and reproductive education for adolescents, to break with their risk behaviors.
Orientações de saúde reprodutiva recebidas na escola - uma análise da Pesquisa Nacional de Saúde do Escolar nas capitais Brasileiras e no Distrito Federal, 2009 <sup>9</sup>	A survey of the population carried out via cluster sampling in two stages, with 9th year students from public and private schools in the 26 capitals of Brazilian states and the Federal District.	89.4% of private school pupils and 87.5% of those from public schools reported having received school guidance on sexually transmitted diseases; regarding teenage pregnancy, there were no differences between private and public schools; and regarding information on the free purchase of condoms, the highest frequency was in public schools. It was found that the theme has been addressed in schools and can contribute to the change of behaviors related to sexuality.
Sexual and Reproductive Rights in school: Qualitative Assessment of a Pilot Study <sup>10</sup>	Intervention study through a psychological-educational program, with experiential and informative activities, designed to generate reflection, awareness and changes in information, beliefs and behaviors.	Many topics were addressed, among which were bodily transformations, teenage pregnancy, contraceptive methods, sexually transmitted diseases, self-knowledge, diversity and difference, life plans and gender, and sexual and reproductive rights. Teachers received information about sexual and reproductive rights. This experience favored self-care, the creation of healthy and respectful relationships, favoring information especially to those adolescents whose families are not open to discuss with the subject.
Sexuality and Reproduction: Discussing the gender and integral attention in Primary Health Care <sup>11</sup>	Excerpt of a multicentric research aimed at investigating the relationship between men and PHC services in cities of four Brazilian states (PE, RJ, RN and SP).	The study found that in the ESF units included, males are often not present and their presence is not sought after. Healthcare regarding practices of prevention and promotion of reproductive and sexual health is a responsibility left to women. Health actions on the subject are restricted to contraception, and the focus of sexuality is on the distribution of the condom and oral contraceptives, tasking the woman to use this methods and pass the information to the partner.
Sexual and reproductive rights: professional perception of Primary Health Care <sup>12</sup>	Descriptive study with a qualitative approach, from an ethnographic perspective. By means of a field journal, according to the observations during the development of the course "Women's Healthcare Program - Contraception" (PAISM), and the observation of the educational contraception groups in the participants' workplaces.	The knowledge of participants about sexual and reproductive rights was found to be limited, even after the course was completed. Choice of contraceptive methods, choice of sexual partner, and access to information or guidance on STDs prevention or contraception were understood as rights. Regarding contraception, most participants believed that reproductive rights included planning of the number of children. Themes such as conception, abortion, sterilization, the debate surrounding the medicalization of the female body, and the abusive use of technology were not included by the participants. The study showed the need for emphasis on continuing education, since empowerment alone sometimes does not guarantee that a process of reflection and transformation of opinions and practices will take place.
Direitos sexuais e reprodutivos: Influências dos	Qualitative study carried out in Bahia, in six Family Health Units (USF). Semi-structured interviews	Educational materials assist in the process of communication with users, favoring a horizontal approach, essential for the empowerment of the users and the construction of their autonomy through a more participative educational process.

materiais educativos impressos no processo de educação em sexualidade <sup>13</sup>	were carried out, with a sample made up of 2 users from the family planning service and one nurse from each chosen unit.	The influence of the biomedical model was highlighted by the relevance of educational materials aimed at obtaining information about sexually transmitted infections (STIs). Incoherences were found between the report made by the professionals and what was observed in practice, especially during the consultations of reproductive planning. With regard to learning, it was clear that the material alone does little to promote health.
Intersectoriality as a strategy to promote the sexual and reproductive health of adolescents <sup>14</sup> .	Qualitative and descriptive-exploratory field research, developed in twenty state schools of a municipality of the interior of São Paulo, with principals, coordinators, and teachers.	Educational materials and a broad approach to care were shown, as tools to develop more critical individuals. This approach should be developed in addition to the cross-sectional ones, in which contents are articulated with the subjects scheduled in the syllabus. This way, sexuality would be discussed by most teachers, according to the needs of students in relation to current subjects, conforming to what is stated in the educational policy for sexual orientation in schools. It is necessary to value existing preventive policies and intersectoriality for this type of care.
Direitos sexuais e reprodutivos na atenção básica: educação em saúde grupal sob a ótica da enfermeira <sup>15</sup>	Qualitative study with 20 nurses in 13 health units of Family Health Strategy.	Some testimonies were found to reduce SRR to family planning (FP) and contraception (most common methods and distribution) associated only to women. It has also been found that the lack of educational resources and services is a difficulty. Regarding educational actions, this one was listed as an exchange of knowledge, being identified by the study as a traditional educational form.
Processo de readequação de um planejamento familiar: construção de autonomia feminina em uma Unidade Básica de Saúde no Ceará <sup>16</sup>	Experience report by nursing undergrads about restructuring a new model of family planning in a PHC unit in the state of Ceará.	Before the proposal the users were used to reuse the same recipe and method without further guidance. After the meetings, they were more interested, confident, and autonomous, as they became aware of the effects of contraceptives on the body and of the diseases that are preventable due to the use of the condom as a barrier. However, the study also shows limited knowledge about SRR, focusing FP on contraception and birth control. In addition, it did not advance gender discussions, entrusting the woman with responsibility for the FP.
Temas abordados nos grupos educativos de saúde sexual e reprodutiva: uma revisão integrativa <sup>17</sup>	Comprehensive review of the literature on group education topics that refer to the promotion of sexual and reproductive health for women and men.	The predominance of publications in the area of nursing, with educational groups targeted at women, teenagers, and health professionals, regarding: contraception, sexually transmitted diseases, and AIDS; sexuality; family planning; anatomy and physiology of the reproductive organs; and sexual and reproductive rights. Strategies are needed for the inclusion of the male population; evaluation of activities and broadening of the theme; including reproductive and sexual needs to family planning; and actions that address infertility.

After a thorough reading of the articles, common themes emerged, listed in three categories: *The role of professionals in reproductive planning; Health education from school/adolescence; and contraceptive methods as synonymous with reproductive planning.*

## DISCUSSION

### *The role of professionals in reproductive planning*

The publications that made up this category addressed the relationship of health professionals with reproductive planning and sexual and reproductive rights, highlighting the nurse as an actor responsible for the implementation of education on sexual and reproductive health<sup>11-13, 15-17</sup>.

Four of the articles <sup>11,15-17</sup> found that the guidance concerning the subject, both for individuals and groups, is offered by nurses and directed solely at women, who are sometimes tasked to take the healthcare guidance or knowledge to the partner/husband, since it is difficult for the professionals to get these guidelines to directly to the men.

A study raised concerns about this issue <sup>11</sup>, showing that it is difficult to get men involved in primary attention as a form of injury prevention (against STIs, for example), or to have a lead role in reproductive planning, as much women do.

On the other hand, they identified the lack of attempts and strategies from primary care professionals to include men in said care, indicating little interest in changing this reality<sup>11</sup>. The article exemplified the fact that female users who sought the unit for the collection of condoms or due to pregnancies were directed to participate in the group of reproductive planning or to a private consultation, while men, who also attended the unit to treat hypertension and diabetes, for example, were not presented in the same care. The same study states that users who seek physicians complaining from STIs were referred to experts, that is, away from primary care<sup>11</sup>.

Two articles found gaps in the guidelines of professionals, not covering issues such as abortion, sterilization, sexual violence, medicalization of the female body, conception or infertility <sup>12,17</sup>.

Many articles that focused on the professionals highlighted the importance of empowering, them so that they can have more knowledge on how to follow on the ministerial guidelines on SRR<sup>15,16</sup>. Other studies have stated that training alone does not guarantee that the professional will reflect and transform their practice, being it necessary to also have focus on permanent education, aiming to achieve a process that can guide the professional practices <sup>12,13</sup>.

Regarding the exposure to reproductive planning concepts during in professional training, the printed educational materials were highlighted as tools that help

in health education, both according to professionals and users. However, the educational actions, even those that use effective and different strategies, are still focused on guidance about contraceptive methods and should address aspects related to sexual and reproductive health – such as information on human sexuality, sexually transmitted infections, or even maternity and paternidade<sup>13</sup>.

#### *Health education from school/adolescence*

In this category, the articles dealt with the knowledge of adolescents <sup>8</sup>, sexual health in schools <sup>10</sup>, sexual health programs <sup>14</sup>, and pregnancy in adolescence<sup>9</sup>. They addressed issues concerning healthy sexual practices, use of contraceptives, condoms, and prevention of STIs and early pregnancy, linking sexual and reproductive health to these factors. Only one article dealt more extensively with the subject RSS, discussing issues such as the sexual act, orgasms, masturbation, homosexuality, abortion, self-knowledge, diversity and difference, and gender issues<sup>10</sup>.

When addressing pregnant adolescents, it was found that they had knowledge about contraception and access to contraceptives, but seemed to have a magical idea according to which pregnancy would not happen to them<sup>8</sup>. Other articles were mostly found to deal with issues concerning sexual health, pregnancy prevention and STIs, and contraception. There is a concern about prevention in relation to sexual health guidelines for adolescents, mainly of STI's and early pregnancy<sup>9,14</sup>.

#### *Contraceptive methods as synonymous for reproductive planning*

Among the 10 articles analyzed, all addressed the subject of contraception. From them, 5 studies restricted SRR to a discussion on contraception, merely alluding that the groups or the guidelines should cover aspects related to the SRR. The examples cited can include: information on human sexuality, sexually transmitted diseases, or even maternity, and paternity<sup>11,12,15,17</sup>.

An article deals with reproductive planning, but not in its entirety, reducing it to

the right of the couple to choose the best contraceptive methods, in addition to assigning to women the responsibility to carry that out<sup>16</sup>. Another important point in this article is that it was written by students from the nursing internship, demonstrating the importance of knowledge of public policies during graduation and the need for discussions on gender and sexuality<sup>16</sup>.

Another publication addresses sexuality and the knowledge of contraceptive methods by adolescents, and considered pregnancy plans of married adolescents as risk behavior<sup>8</sup>.

The term SRR was identified as mostly focused around the sexual health of adolescents, directed at the themes: guidelines on sexual health, STIs/Aids, prevention of pregnancy, and acquiring free condoms at schools, as advocated by the Program Health at School (PSE)<sup>9,14</sup>.

Health education in the field of sexual and reproductive health has been standing out within the framework of primary care public policies, and the nurse is, in most cases, the professional who is at the center of this practice. From the analyzed articles that focused on the professionals, all brought the nurse as a fundamental professional for education in reproductive planning<sup>13, 15, 17</sup>.

It was also identified that there is a gender issue involved in reproductive planning. First in the dissemination of knowledge, by targeting women to integrate health education groups on reproductive planning, while men have little to no participation, without there being initiatives on the part of professionals to include them in the practice.

Regarding this aspect, there are two main issues. The first is the fact that to charge women with the responsibility of reproductive planning, contraception, and prevention, in addition to making them responsible for including the partner in healthcare; the second is the fact that men's demands in sexual and reproductive health end up ignored<sup>11,16,17</sup>.

The Technical Manual of Family Planning of the MS includes, as a function of the PC professionals, reaching out to users of

the basic units, including those searching for other services, for the promotion of the educational practice in Reproductive Planning - not only with regards to the issue of contraception, but focused on integral women's health<sup>18</sup>.

Similarly, the family planning protocol of the program "Mãe Curitibana" describes as a target population of the Planning Program women/men of childbearing age, but adds that the priority population are women with reproductive risk<sup>19</sup>, demonstrating in official government documents the approach focused on the female user.

On the other hand, the Primary Care booklet No. 26 presents a broader view, adding men as integral parts of reproductive planning, and part of the SRR<sup>2</sup>. Therefore, it can be seen that the health policies still reflect gender issues, and that new studies should include strategies for health professionals to deal with these challenges, including lifting prejudices according to which educational groups are only for women, as men also need to learn about their own bodies, as well as the female body, and other aspects about SRR<sup>13,16,17,20</sup>.

In relation to teenagers, a good portion of articles addressing this subject focused on the prevention of pregnancy and STI's, showing concern with sexual and reproductive health education, mainly on the issue of prevention. On this issue, a project mentioned above can be cited, the "Health and Prevention in Schools", from 2005, conducted by the Ministries of Education and Health, together with UNESCO and UNICEF. Its proposal is the promotion of sexual health and reproductive health, in order to reduce the vulnerability of adolescents and young people to STI's and HIV infections, and unplanned pregnancy, through the articulation of the schools and the PHU for the development of actions. The project also prescribes the possible distribution of condoms in schools and the participation of the community<sup>21</sup>.

In Brazil, 55% of pregnancies occur without planning<sup>22</sup>. About 20% of them, among adolescents under 19 years of age<sup>23</sup>. Social factors such as low income and

schooling are determinant for unplanned pregnancies among pregnant women<sup>24</sup>, as well as the first sexual experience of women without the use of adequate contraceptive methods<sup>25</sup>.

With the increasingly early onset of sexual life, it is necessary that, in addition to knowing which contraceptives are available, these methods meet the needs of this population. In the face of the highest reproductive risks of adolescents under unfavourable socio-economic conditions,<sup>24,25</sup> actions are necessary to break with this cycle of perpetuation of poverty, since teenage gestation leads to school or university abandonment, little to no understanding and information about contraceptive methods and their correct use, and less potential for negotiation of condom use with the partner<sup>24</sup>.

Adolescents and young people (aged 10 to 24) need to seek the knowledge of their own bodies, understand their feelings. This population is embedded in a culture of "narcissism"<sup>2</sup>, and in this aspect, it is necessary to incorporate ethical values, and in sexual terms, ethical means something which is good both ways, that caters to the interest of the two parties, without violence, respecting, tolerating differences, valuing life, and living with dignity<sup>2,26,27</sup>.

Adolescents and young people have the right to receive sexual and reproductive education and to have access to health services, which in turn should help them to deal with sexuality in a positive and responsible way, in addition to teach them about prevention and personal care<sup>2,26,27</sup>.

As a result, health education actions with information which is spread horizontally, through a joint construction based on the demands of adolescents, which contemplate their future perspectives, broaden the understanding regarding reproductive planning and reproductive health<sup>24,28</sup>.

In this perspective, a study carried out in Mexico, which sought to develop and implement a nursing program on sexual and reproductive education with adolescents and their families, has highlighted the potential to include parents and teachers in educational

actions with young adults and adolescents<sup>29</sup>, since intersectoral actions to raise awareness among young people before the onset of sexual practices are more effective<sup>30</sup>.

To do this, spaces are necessary to discuss themes according to the needs of these adolescents, eschewing the traditional programs traditional covered in schools, which are directed only at guidance in the biological aspect and/or at the way it is best to use contraceptive methods. It is necessary to consider a discussion of "life projects, in addition to the desires and fears of young people on sexuality, as a way to make their actions more effective"<sup>31:19</sup>.

However, among the selected articles, we found the predominance of discussions focused on issues about sexual practice, use of contraceptives, condoms, prevention of STI's and early pregnancy, discussions that did not include aspects of the body, ethics, gender, and others. Only one article<sup>10</sup> proved to be comprehensive on the issue of SRR, discussing topics such as first sexual experiences, virginity, sexual intercourse, orgasms, masturbation, homosexuality, teenage pregnancy, contraceptive methods, abortion, AIDS and sexually transmitted diseases, self-knowledge, diversity and difference, projects of life and gender, sexism and hetero-sexism, sexual and reproductive rights, and assertive social skills in gender relations.

This article<sup>10</sup> showed that it is possible to address wider questions of SRR, in addition to what the Prevention Project in schools recommends,<sup>21</sup> and that SRR includes issues other than reproduction and prevention, such as body knowledge, sexuality, gender, and rights.

The results did reiterate the difference between the existing discourse and the practice of the professional nurse, and it was found that these professionals work with spontaneous demand regarding reproductive planning, without reflecting about "doing", ignoring, in a way, female autonomy, that women are capable of deciding for themselves<sup>32-34</sup>.

There were limitations in the concepts of reproductive planning, which

were mostly associated to the practice of contraception and sexual and reproductive rights, and the right of avoiding children. Within this context, health professionals did not associate SRR with themes such as conception, abortion and sterilization<sup>2</sup>.

Another study<sup>35</sup> with 11 staff nurses of PC showed that two of them mentioned the right to bear children and the role of the state to enforce it, as guaranteed by Law nº 9.263 from 12 January 1996, which defines Family Planning as "the set of actions for regulation of fertility which guarantee equal rights to establish, limit, or increase offspring by the woman, the man, or the couple".

A type of approach professionals could consider is the communication via telephone. In a study<sup>36</sup>, midwives approach users by telephone to identify their Reproductive Life Plan (RLP), through questions about the personal expectations of the users in respect to their reproductive health, involving questions about pregnancy, desired number of children, ages of first and last pregnancy, issues of fertility and infertility, contraception and conception, and from then on, assisting the users in the access to contraception or conception.

In the same study, the participants also receive previous guidance regarding primary reproductive health, such as lifetime of an egg, the beginning and end of the woman's fertility, and the importance of using folic acid, information to help their decision-making processes<sup>36</sup>.

The inclusion of guidelines from this broad perspective shows the importance and effectiveness of actions that include women's autonomy, their ability to decide for themselves<sup>26,32</sup>.

## CONCLUSION

Concerning health guidelines on reproductive planning, this study found that professionals sought to promote the sexual and reproductive health of women, imputing to them the duty of reproductive planning, and suppressing the male presence, also responsible for reproductive planning.

Considering this, it is necessary to develop strategies that effect the inclusion of

men in the promotion of sexual and reproductive health in PC, as advocated in ministerial protocols.

Both from the perspective of the professionals and the population, reproductive planning is reduced to contraception, ignoring aspects such as conception, infertility, sexual health of men and women, as well as other aspects of the SRR.

The need for professional training stand out, as does that for in-service education for these professionals. It is necessary for them to identify strategies that promote reflection on current practices.

With regard to adolescents, the government programme for Health at School was found to primarily seek to prevent STI's and early pregnancies. Other aspects of the SRR of adolescents need to be addressed, since they are citizens of rights. In addition, the early sexual practice of young people, associated with contraceptive practices (in addition to emergency contraception, in pill form, for example), leads to the early medicalization of the female body.

In addition, the absence of topics such as abortion and sterilization, and their relationship with practice and theory, should also be studied, since the omission of these themes in cases in which they are permitted by law, as well as abortions or tubal ligations out of the correct context, or without the permission of the individuals involved, constitutes a violation of human rights.

The scarcity of materials on the subject was a limitation to the development of this study, highlighting the gap of knowledge produced in the area and even the lack of health education actions about reproductive planning being carried out by professionals in their practice. As a consequence, it is essential to develop studies that further discuss the theme and can subsidize the training of health professionals so that they can offer a practice that offes an answer to the specific needs of the assisted population.

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#### CONTRIBUTIONS

Ana Maria Alves Kubernovicz Franze, Deisi Cristine Forlin Benedet and Marilene Loewen Wall contributed to the design of the research project, the analysis, and the discussion of the results, as well as in its writing. Silvana Regina Rossi Kissula Souza and Tatiane Herreira Trigueiro participated in the critical review.

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