

INCARCERATED WOMEN: A STUDY OF SEXUAL AND REPRODUCTIVE RIGHTS IN THE SISTER ZORZI WOMEN'S PENAL ESTABLISHMENT

https://doi.org/10.56238/sevened2025.018-021

Rafael Eichler Torres, Eduardo Nogueira Tonhá, Isis Avon Carolino Vanderlei, Rebeca Massaneiro de Moraes, Tiago Andreotti e Silva and Sebastião Junior Henrique Duarte¹

ABSTRACT

The article aims to verify whether there is any type of violation of the sexual and reproductive rights of women deprived of liberty in Mato Grosso do Sul. Sexual and reproductive health is considered as the physical, emotional, mental and social well-being related to sexuality and reproduction, without conditioning procreation. With regard to the population detained in penal establishments, Brazilian legislation provides for conjugal visits, subject to compliance with the requirements established in Resolution No. 23/2021, of the National Council for Criminal Policy. Even if there is regulation, the legal framework is not sufficient for the detained person to be contemplated with the right to exercise their sexual health. The text discusses the deficiencies in the physical structures of cells and other reserved spaces, as well as possible gender inequality. It is concluded that there is a possible violation of sexual and reproductive rights for the majority of women deprived of liberty, considering that only the minority receives conjugal visits, which can be exacerbated by deficiencies in cell structures, which do not have a place reserved for sexual contact, as well as by the legislation that regulates conjugal visits. which is quite restrictive.

Keywords: Prison. Reproductive rights. Sexual and reproductive health. Intimate visit.

¹Dr. in Health Sciences Federal University of Mato Grosso do Sul ORCID https://orcid.org/0000-0003-3161-9669 Lattes: http://lattes.cnpq.br/0424956533542066 sebastiao.duarte@ufms.br



INTRODUCTION

In Brazil, the growing prison population has demanded the restructuring of services that serve this segment of the population. Thus, the Ministry of Health implemented the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP), in accordance with the principles of the Unified Health System (SUS), especially equity, integrality and universality (BRASIL, 2014).

The PNAISP (Brazil, 2014) is structured in the model of the Primary Health Care network, constitutes important access to all health services and serves specific segments, including the female population and its specificities, such as sexual and reproductive health in prison establishments.

The World Health Organization (WHO) defines sexual and reproductive health as physical, emotional, mental, and social well-being related to sexuality and reproduction. That is, it considers the right of people to have a safe sex life and without the conditioning of procreation (WHO, 2018).

From a legal point of view, it is important to mention that sexual and reproductive rights are guaranteed to women deprived of liberty both by the Federal Constitution, which ensures respect for their physical and moral integrity (art. 5, XLIX) and provides for the right to health (arts. 6 and 196), among others (BRASIL, 1988).

As for the norms of International Law, there is the American Convention on Human Rights, which guarantees that "everyone has the right to have his or her physical, psychological and moral integrity respected" and protects private life from arbitrary or abusive interference, and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, concluded in Belém do Pará on June 9, 1994 and promulgated. in Brazil, by Decree No. 1,973, of August 1, 1996, which guarantees women a life free from violence, both in the public and private spheres, among other normative instruments that can be used for the same purpose (BRASIL, 1992; BRASIL, 1996).

The scope of protection of private life in the American Convention on Human Rights is quite comprehensive, including the dignity of the person, the possibility of developing his personality and aspirations, as well as his own identity, and the Inter-American Court of Human Rights included maternity and the decision to have or not to have children (CrIDH, 2012).

More specifically at the international level, but not binding, the United Nations (UN) adopted, on December 21, 2010, the Bangkok rules, which deals with women prisoners and non-custodial measures for women offenders, makes provisions for the protection of the



sexual and reproductive freedom of women deprived of liberty, such as the right to HIV prevention and treatment and the right to conjugal visits (BRASIL, 2016).

In addition to the legal aspects mentioned, the dignity and protection of the moral rights of a human being are also related to the possibility of the person having sexual activities, according to his will. Affection for one's partner also stems, in part, from the intimacy between the couple, which is related to people's well-being (DEBROT et.al., 2017).

Therefore, there is a relationship between sexual freedom and the physical, psychic and moral integrity of people, which is legally protected, and whose protection cannot be denied to women deprived of liberty.

Data from the National Penal Information System (SISDEPEN) recorded in 2022 that the total national prison population was 832,295 people, of these, 45,388 were women and 12,732 prisoners were without conviction, which shows the precariousness of legal assistance. At the time, the capacity of the Brazilian women's penitentiary system had 50,650 vacancies (SISDEPEN, 2022).

Regarding the structure of penal establishments, 82% of them do not have exclusive cells for gay and/or bisexual women and 64% do not have specific places for conjugal visits (SISDEPEN, 2022), which precludes their exercise, even if the woman deprived of liberty has the necessary requirements for good behavior, as provided for in articles 41, X, 55 and 56, II of the Penal Execution Law No. 7,210/84 (BRASIL, 1984).

The National Council for Criminal Policy, which has the competence to propose guidelines for the execution of sentences and security measures (art. 64, I of the Penal Execution Law), has issued several resolutions on the right to conjugal visits, the last one dealing with the matter being Resolution No. 23/2021, recommending parameters for its granting, however, it did not guarantee the right to its implementation. For example, if there are no conditions for the preparation of the place for conjugal visitation, there is an express provision for the possibility of its suspension, according to article 3, paragraph 3 (BRASIL, 2021).

There is, in Resolution 23/2021, a considerable change regarding the treatment of conjugal visits in relation to previous Resolutions. In both Resolution 01/1999 and Resolution 04/2011, conjugal visits were treated as a right, while in Resolution 23/2021 it began to be treated as a perk, in the context of the Penal Execution Law, with a clear setback in the treatment of the subject as a right to be guaranteed to prisoners by the Brazilian State (BRASIL, 2021).



In view of the possibility of overcrowding in some prison institutions, linked to structural deficiencies, there is evidence of violation of the sexual and reproductive rights of women deprived of liberty (ARAÚJO, 2020).

In addition, detention can take more than a decade and depending on the woman's age and her desire to be a mother, it is likely that pregnancy should occur during the period of serving the sentence, however, it is necessary to guarantee conjugal visits, in dignified conditions, so that the punishment of not procreating does not occur, even in a veiled way, which would bring serious damage to the reproductive health of the incarcerated female population (SAMPAIO, 2024).

The PNAISP completed a decade in 2024, it brought advances, mainly by providing the right to health for the inmate population, however, significant challenges persist in the realization of the sexual and reproductive rights of women deprived of liberty, ranging from abandonment by their partners who are free, to the restriction of sexual freedom, as happens in the private environment (PEREIRA et al., 2024).

Thus, taking the relevance of the theme and in order to contribute to studies aimed at the female population in prison, the objective was to verify if there is any type of violation of the sexual and reproductive rights of women deprived of liberty in Mato Grosso do Sul.

METHOD

This is an exploratory, cross-sectional and quantitative study developed at the "Sister Zorzi Women's Penal Establishment (EPFIZ)", the largest women's penitentiary in the state of Mato Grosso do Sul, with capacity for 267 women detainees. It was carried out from March 2024 to March 2025 and is part of the scientific initiation project funded by the Federal University of Mato Grosso do Sul Foundation (UFMS).

EPFIZ's physical facilities aimed at providing health care are composed of a medical and nursing office equipped for clinical and gynecological-obstetric care, a dental office and a warehouse, partially serving PNAISP.

At the time of data collection, there were 305 inmates in a closed regime. All of them were invited to participate in the research, for which a nurse and a nursing technician previously approached the women, through cells, when they promoted health education and the proper guidance regarding contraceptive methods, with a focus on LARCs. Those who were menopausal were excluded.

Before data collection began, the State Agency for the Administration of the Penitentiary System of Mato Grosso do Sul and the Municipal Health Department of Campo Grande, MS, were contacted to request authorization to carry out the research, access to



the detained women, use of the facilities of the women's prison outpatient clinic and the availability of an ultrasonographer. to carry out examinations within the penal establishment.

Data were collected using a structured instrument, developed by the authors. The variables consisted of: characterization (age group, marital status and sexual orientation) and detention (reason for imprisonment and time of incarceration), information about intimate visitation and time of last sexual contact.

The information was collected during the first consultation carried out by the researchers. This took place in a room that guaranteed the privacy of each participant. Initially, the objectives of the study were explained, information about contraceptive methods was reinforced, and the signing of the free and informed consent form was requested. After the researchers filled out the form, the participant was referred to the office to receive the hormonal IUD, as it was the method chosen by them.

The instruments were made available by the team of researchers and the IUD was made available by the Center for Research in Reproductive Health of the University of Campinas, at no cost to the participants. Even though the Ministry of Health does not require ultrasonography to assess the positioning of this device, it was decided to offer the test to each participant, so as not to restrict any access to health services. Thus, the ultrasound took place in the second consultation, about 30 days after insertion, when the adaptation of the female body to the use of the IUD was evaluated.

The data were entered into Excel spreadsheets, later migrated to the Stata 14.1 program. for statistical analysis. The information was presented in descriptive mode and tables and compared in the light of the pertinent literature.

The research was approved by the Research Ethics Committee of the Federal University of Mato Grosso do Sul under opinion number 6.248.266.

RESULTS

The research population was 129 women, however, 21 of them refused to receive the IUD, so the sample had 108 participants. All participants (100%) were in the age group of 18 to 49 years old. The majority (88.5%) declared themselves single. Regarding detention, for 71.3% the reason was drug trafficking, and 42.6% were detained between 1 and 3 years.

Table 1 presents the description of the sexual orientation of the participants.



Table 1. Sexual orientation of 108 women detained in a maximum security prison. Campo Grande, MS, 2025.

Sexual orientation	n	%
Heterosexual	75	69,5
Gay	17	15,7
Bisexual	11	10,2
No preference	5	4,6

Even though most of the participants declared to be heterosexual, the overcrowding in the cells ends up favoring frequent physical contact and, as there is no separation between the sexes, it is likely that there is harassment.

It is noteworthy that none of the cells has a structure for conjugal visits, and there are women who receive visits from their respective partners, as illustrated in table 2, in an improvised place.

Table 2. Situation of the conjugal visit of 108 women detained in a maximum security prison. Campo Grande, MS, 2025.

Intimate visit	n	%
Doesn't receive	98	90,7
Receives or has already received	10	9,3

Even if the percentage of visits by the partner is low, it is necessary to ensure the rights of women deprived of freedom to have sexual contact with those who establish an affective relationship, so that there are no veiled punishments or discriminatory treatment, that is, they have the right, but there are no satisfactory conditions to exercise it.

Table 3 describes the time of sexual abstinence and reveals the time lapse that the participants do not enjoy sexual pleasure.

Table 3. Time of the last sexual contact of 108 women detained in a maximum security prison. Campo Grande, MS, 2025.

Last sexual contact	n	%	average	standard deviation
More than 1 year	58	53,7		
Less than 1 year	48	44,5	1 24	2,03
Don't remember	2	1,8	1,34	2,03

The reality found draws attention to the invisibility of the sexual and reproductive health of women deprived of liberty, a situation that can cause damage to mental health and increase violence among detainees.

DISCUSSION

The characterization of the participants revealed the growing number of women involved in drug trafficking. In other studies, it was found that among the prisoners there are



those who committed crimes influenced by their partners and even family members already involved in the crime, and there are also those with economic and social vulnerabilities, who did not find any other way to maintain their financial subsistence and resorted to criminal organizations (OLIVEIRA, 2021).

Whatever the reason that led women to the universe of crime, it is presumed that all of them were aware of the consequences that their actions could cause, given that illicit drugs are prohibited at the national level and this information travels through society in all social classes. However, the reality is complex due to the exponential increase in the incarcerated population, a situation that requires more effective policies to combat trafficking in Brazil (EUS; OLIVEIRA FILHO, 2024).

Based on the data collected, it can be seen that the minority of women deprived of liberty have received or receive conjugal visits. It is a low percentage, especially if the importance of intimate contact for the physical and mental well-being of the person, as well as for the exercise of their reproductive rights, is considered, but it indicates that, in some way, there is, in the penal establishment researched, the possibility of carrying out intimate visits (BRASIL, 2011).

A possible explanation for the low percentage of visits to women by their partners, in the literature, is related to gender inequality. Male prisons are frequented by their partners, but the reverse does not usually occur (DARIAN; CORDEIRO, 2023).

Such abandonment that women deprived of liberty suffer can be related to several aspects, one of them being the discomfort to carry out intimate visits, either due to security procedures or due to structure. Therefore, it is necessary to provide minimum conditions for these visits, with planning in the construction and maintenance of these spaces in women's prisons (BRASIL, 2011).

It is noticed, however, that in relation to the women qualified to receive conjugal visits (12 who did not declare themselves single), 10 stated that they have already received or receive conjugal visits, and only two did not enjoy this right, totaling 83.33% of women in a relationship who received conjugal visits, despite the conditions offered in the prison, which has a place adapted for the practice.

Thus, it is verified that the absence of a partner with a formalized relationship (marriage or stable union) limits the woman in restriction of freedom to have sexual practice, even due to the limitations provided for in Resolution 23/2021 of the CNPCP, which requires the documentary demonstration of marriage or stable union for the granting of conjugal visits, does not admit the concomitance of registrations and provides for a minimum period of 12 months for the replacement of the partner (art. 2), which ends up



limiting your relationship options. In relation to this point, it is possible to glimpse a violation of the sexual and reproductive right of incarcerated women, who have relationship restrictions, that is, restriction of their right to private life (BRASIL, 2021).

A second aspect that can be extracted from the data collected is that, by allowing the present research to be carried out and the insertion of IUDs in women in prison, the State demonstrates that it is open to the protection of their sexual and reproductive rights. On the other hand, it is evident that this protection is not yet complete, since there is a need for the collaboration of other institutions unrelated to the prison system in question, to carry out part of this activity.

With the openness of the State of Mato Grosso do Sul to allow the interventions carried out, it can be seen that there is political space to increase the satisfaction of the sexual and reproductive rights of incarcerated women.

A third important observation extracted from the data refers to the sexual abstinence of the participants. Most have been without sexual activity for more than a year. As mentioned earlier, sexual practice involves aspects of physical and emotional health. The deprivation of sexual practice can lead to the emergence of psychosomatic symptoms such as anxiety, difficulty socializing, and even violence (BRAGA, et al, 2021).

However, these data, by themselves, do not indicate a violation of the sexual and reproductive rights of incarcerated women, since the reasons for the deprivation of conjugal visits have not been deepened, which is a motivation for other studies.

A fourth analysis that can be performed arises by combining the information that about half of the women had sexual relations less than a year ago, that 69.5% of the women declared themselves heterosexual and 25.9% declared themselves homosexual or bisexual, and that only 9.3% declared having received conjugal visits. Combining this information, it is verified that there is a percentage of 9.3% of heterosexual women who did not receive conjugal visits, but who had sexual contact less than a year ago, which may indicate that sexual contact was contrary to their preference. If there is a situation of sexual acts contrary to the woman's preference, there is a possibility of violation of the sexual and reproductive rights of this population, which needs to be further investigated.

Detention has a pedagogical purpose in view of the violation of the law, however, the problem is not so simple and requires the analysis of the impact of female incarceration in relation to their sexual and reproductive rights, especially when the prison in a closed regime occurs during the gestational period, in which the woman needs to monitor the situation of her health and that of the fetus, however, the penitentiary system, even with the



presence of health professionals, still does not fully meet basic needs (CHAVES; ARAÚJO, 2020).

It is necessary to adopt strategies aimed at women deprived of liberty regarding conjugal visits, so that they are treated with dignity by their partners and by the prison system and that contemplates integral health. To this end, bills and broad discussion with society are necessary (NERIS; SANTANA, 2023), in addition to the effective execution of public policies, with planning and resources, which aim to alleviate such issues.

Even if the woman has committed a crime, the maintenance of family ties favors social reintegration and contributes to the reduction of different forms of violence (FIGUEIREDO; GRANJA, 2020).

With regard to sexuality, it is necessary to recognize the sexual diversity present in penal establishments, in order to enable consensual relations between women to be respected and to occur in a safe way, without discrimination, repression and violence. To this end, a culture of respect and tolerance on the part of the entire community, including prisoners, workers, and visitors, is essential (GONTIJO et al, 2024).

CONCLUSION

The study showed that there is a possible violation of sexual and reproductive rights for the majority of women deprived of liberty, considering that only the minority receives conjugal visits, which may be exacerbated by deficiencies in cell structures, which do not have a place reserved for sexual contact, as well as by the legislation that regulates conjugal visits, which is quite restrictive.

In order to guarantee the right to conjugal visits, the management of the penal establishment decided to build a space outside the cells, so that the inmates can receive conjugal visits. Such a strategy can be replicated in other locations, aiming to ensure the sexual and reproductive rights of women deprived of liberty.

Attention is drawn to the need for debate on sexual and reproductive health within the female prison system, in order to address aspects of human rights, humanization policy and the integral health of this population segment.

7

REFERENCES

- 1. Araújo, M. M. (2020). Assistência à saúde de mulheres encarceradas: Análise com base na teoria das necessidades humanas básicas. Escola Anna Nery, 24(3), Article e20190303. https://doi.org/10.1590/2177-9465-ean-2019-0303
- 2. Braga, G. B., Tavares, D. H., Herreira, L. F., Jardim, V. M. R., & Franchini, B. (2021). Condição de saúde das mulheres no sistema carcerário brasileiro: Uma revisão de literatura. Sanare, 20(1), 115–130. https://doi.org/10.5327/Z1519-16722021000100016
- 3. Brasil. (1984). Lei nº 7.210, de 11 de julho de 1984. Institui a Lei de Execução Penal. Diário Oficial da União. Recuperado em 8 de abril de 2025, de https://www.planalto.gov.br/ccivil 03/leis/l7210.htm
- Brasil. (1988). Constituição da República Federativa do Brasil de 1988. Diário Oficial da União. Recuperado em 8 de abril de 2025, de https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm
- 5. Brasil. (1992). Decreto nº 678, de 6 de novembro de 1992. Promulga a Convenção Americana de Direitos Humanos (Pacto de São José da Costa Rica), de 22 de novembro de 1969. Diário Oficial da União. Recuperado em 13 de abril de 2025, de https://www.planalto.gov.br/ccivil_03/decreto/d0678.htm
- 6. Brasil. (1996). Decreto nº 1.973, de 1º de agosto de 1996. Promulga a Convenção Interamericana para Prevenir, Punir e Erradicar a Violência contra a Mulher, concluída em Belém do Pará, em 9 de junho de 1994. Diário Oficial da União. Recuperado em 8 de abril de 2025, de https://www.planalto.gov.br/ccivil_03/decreto/1996/d1973.htm
- 7. Brasil, Conselho Nacional de Política Criminal e Penitenciária. (1999). Resolução nº 01, de 30 de março de 1999. Recomenda aos Departamentos Penitenciários Estaduais ou órgãos congêneres seja assegurado o direito à visita íntima aos presos de ambos os sexos, recolhidos aos estabelecimentos prisionais. Diário Oficial da União. Recuperado em 13 de abril de 2025, de https://www.gov.br/senappen/pt-br/composicao/cnpcp/resolucoes/1999/resolucaono01de30demarcode1999.pdf
- 8. Brasil, Conselho Nacional de Política Criminal e Penitenciária. (2011). Diretrizes básicas para arquitetura prisional (G. M. Bester, Rev. técnica). CNPCP.
- 9. Brasil, Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas, Coordenação de Saúde no Sistema Prisional. (2014). Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional. Ministério da Saúde. Recuperado em 17 de março de 2025, de https://bvsms.saude.gov.br/bvs/publicacoes/cartilha_pnaisp.pdf
- 10. Brasil, Conselho Nacional de Justiça. (2016). Regras de Bangkok: Regras das Nações Unidas para o tratamento de mulheres presas e medidas não privativas de liberdade para mulheres infratoras. CNJ. Recuperado em 8 de abril de 2025, de https://www.cnj.jus.br/wp-content/uploads/2016/09/cd8bc11ffdcbc397c32eecdc40afbb74.pdf



- 11. Brasil, Conselho Nacional de Política Criminal e Penitenciária. (2021). Resolução nº 23, de 4 de novembro de 2021. Recomenda aos Departamentos Penitenciários Estaduais ou órgãos congêneres seja assegurado o direito à visita íntima a pessoa presa, recolhida nos estabelecimentos prisionais. Diário Oficial da União, Seção 1, 93–94. Recuperado em 13 de abril de 2025, de https://dspace.mj.gov.br/handle/1/14120
- 12. Chaves, L. H., & Araújo, I. C. A. de. (2020). Gestação e maternidade em cárcere: Cuidados de saúde a partir do olhar das mulheres presas em uma unidade maternoinfantil. Physis: Revista de Saúde Coletiva, 30(1), Article e300107. https://doi.org/10.1590/S0103-73312020300107
- 13. Corte Interamericana de Direitos Humanos. (2012). Caso Artavia Murillo et al. ("Fertilização in vitro") vs. Costa Rica, sentença de 28 de novembro de 2012. Recuperado em 10 de junho de 2025, de https://www.corteidh.or.cr/docs/casos/articulos/seriec_257_por.pdf
- 14. Darian, S. N. S., & Cordeiro, T. L. C. (2023). (Des)igualdade de gênero no sistema prisional. Revista Ibero-Americana de Humanidades, Ciências e Educação, 9(10), 341–356. https://doi.org/10.51891/reiah.v9i10.2023.341-356
- 15. Debrot, A., Meuwly, N., Muise, A., Impett, E. A., & Schoebi, D. (2017). More than just sex: Affection mediates the association between sexual activity and well-being. Personality and Social Psychology Bulletin, 43(3), 287–299. https://doi.org/10.1177/0146167216684124
- 16. Deus, L. C. de, & Oliveira Filho, E. W. de. (2023). O aumento da população carcerária feminina no Brasil e a sua relação com o tráfico de drogas. Cognitio Juris, 13(51), 1–14. https://cognitiojuris.com/o-aumento-da-populacao-carcerraria-feminina-no-brasil-e-a-sua-relacao-com-o-trafico-de-drogas/
- 17. Figueiredo, A. C. C., & Granja, R. P. G. (2020). Laços familiares e afetivos-sexuais de mulheres nas prisões brasileiras e portuguesas. Revista Subjetividades, 20(3), Article e10358. https://doi.org/10.5020/23590777.rs.v20i3.e10358
- 18. Gontijo, G. C. S., Souto, H. Z. D. do, Baptista, C. V., Moreira, J. V. S., Pestana, G. de M. M., Moraes, A. G. M. de, & Ferreira, C. A. (2024). Saúde mental da população LGBTQIA+. Revista Foco, 17(4), Article e4960. https://doi.org/10.54751/revistafoco.v17n4-013
- 19. Neris, C. S., & Santana, I. O. de. (2023). A solidão das mulheres no sistema carcerário: Da invisibilidade ao abandono. Revista Científica do CPJM, 2(Especial), 1–15. https://cpjm.com.br/revista/index.php/revistacpjm/article/view/184
- Oliveira, I. M. B. de. (2021). Criminalidade feminina e o relacionamento abusivo no tráfico de drogas. Revista Científica Multidisciplinar Núcleo do Conhecimento, 9(6), 98–109. https://doi.org/10.32749/nucleodoconhecimento.com.br/lei/relacionamentoabusivo
- 21. Pereira, V. S., Nascimento, P. M., Carvalho, A. L. O., Rodrigues, A., Peres, P. L. P., & Azevedo, A. B. (2023). Direitos sexuais e direitos reprodutivos na percepção de mulheres privadas de liberdade. Revista Pesquisa em Fisioterapia, 16, Article e11466. https://doi.org/10.9789/2175-5361.rpcfo.v16.11466



- 22. Sampaio, J. M. F. (2024). Gênero, sexualidade e raça na análise do direito presos à visita íntima. Aracê: Direitos Humanos em Revista, 6(1), 368–379. https://doi.org/10.32813/2527-1466.2023.6.1.368-379
- 23. Secretaria Nacional de Políticas Penais. (2022). Sistema de Informações do Departamento Penitenciário Nacional (SISDEPEN). Levantamento Nacional de Informações Penitenciárias: 13º ciclo. SENAPPEN. Recuperado em 10 de junho de 2025, de https://www.gov.br/senappen/pt-br/servicos/sisdepen/bases-de-dados
- 24. World Health Organization. (2018). Recommendations on adolescent sexual and reproductive health and rights. Department of Reproductive Health and Research. Recuperado em 10 de junho de 2025, de https://bit.ly/34oqJfK