**Reproductive planning and the limiting factors for male participation: an integrative review**

**Planejamento reprodutivo e os fatores limitantes para participação masculina: uma revisão integrativa**

**La planificación reproductiva y los factores limitantes de la participación masculina: una revisión integradora**

*Fabíola Barbosa Cardoso¹, Jones Sidnei Barbosa de Oliveira², Ivana Santos Pinto³, Rodrigo Duarte dos Santos4, Cleuma Sueli Santos Suto5*

**How to cite:** Cardoso FB, Oliveira JSB, Pinto IS, Santos RD, Suto CSS. Reproductive planning and the limiting factors for male participation: an integrative review. REVISA. 2021; 10(1): 39-50. Doi: <https://doi.org/10.36239/revisa.v10.n1.p39a50>



**RESUMO**

**Objetivo:** identificar o que tem sido retratado na literatura acerca da participação dos homens no planejamento reprodutivo e os fatores intervenientes a inserção masculina nos serviços de saúde. **Método:** trata-se de uma revisão integrativa, realizada no período de setembro de 2018, com artigos científicos completos nas bases de dados SciELO, BVS e BDENF, publicados em português (nacionais e internacionais), no período de dez anos (2008-2018). Foram analisados 10 artigos, no qual, 100% destes apresentam uma abordagem qualitativa, com maior parcela publicada no ano de 2014 (50%) e realizada no Brasil (90%). **Resultados:** evidenciou-se que as questões de gênero e masculinidade estiveram mais associadas as principais dificuldades para a participação e inserção dos homens no PR, como a persistência de uma desigualdade de papeis sociais entre o homem e a mulher, historicamente construída por uma cultura patriarcal, no qual, a mulher é tida como a única responsável pelos cuidados de reprodução e dos filhos. **Conclusão:** para uma maior adesão masculina ao PR, é necessário que os serviços se tornem mais apropriados para homens, como já acontece em algumas regiões brasileiras com a flexibilização de horários das unidades, além de capacitar os profissionais para trazer os homens para junto das equipes de saúde, incentivando a desmistificação dos preconceitos, com a finalidade de contribuir para uma participação mais efetiva.

**Descritores:** Planejamento Reprodutivo; Saúde do Homem; Relações de Gênero.

1. Escola Baiana de Medicina e Saúde Pública. Salvador, Bahia, Brazil.

<https://orcid.org/0000-0002-8700-1094>

2. Universidade Federal da Bahia. Salvador, Bahia, Brazil.

<https://orcid.org/0000-0002-1170-2652>

3. Escola Baiana de Medicina e Saúde Pública. Salvador, Bahia, Brazil.

<https://orcid.org/0000-0003-0312-2962>

4. Universidade Federal do Vale do São Francisco. Petrolina, Pernambuco, Brazil.

<https://orcid.org/0000-0003-4156-8527>

5. Universidade do Estado da Bahia. Senhor do Bonfim, Bahia, Brazil.

<https://orcid.org/0000-0002-6427-5535>

**ABSTRACT**

**Objective:** to identify what is portrayed in the literature about the participation of men in reproductive planning and the factors involved in male insertion in health services. **Method:** this is an integrative review, carried out in the period of September 2018, with complete scientific articles in the SciELO, BVS and BDENF databases, published in Portuguese (national and international), in the period of ten years (2008-2018). 10 articles were analyzed, in which 100% of them have a qualitative approach, most of them published in 2014 (50%) and carried out in Brazil (90**%**). **Results**: it became evident that gender and masculinity issues were more associated with the main difficulties for the participation and insertion of men in public relations, such as the persistence of an inequality of social roles between men and women, historically built by a culture. patriarchal, in which the woman is considered solely responsible for the care of reproduction and children. **Conclusion:** for greater male adherence to PR, services need to be more suitable for men, as is already the case in some Brazilian regions with the flexibility of the units' schedules, in addition to training professionals to bring men to the teams. health, promoting the demystification of prejudices, in order to contribute to a more effective participation.

REVIEW

**Descriptors:** Reproductive planning; Men's health; Gender relations.

**RESUMEN**

**Objetivo:** identificar lo retratado en la literatura sobre la participación de los hombres en la planificación reproductiva y los factores involucrados en la inserción masculina en los servicios de salud. **Método:** se trata de una revisión integradora, realizada en el período de septiembre de 2018, con artículos científicos completos en las bases de datos SciELO, BVS y BDENF, publicados en portugués (nacional e internacional), en el período de diez años (2008-2018). Se analizaron 10 artículos, en los cuales el 100% de ellos tienen un enfoque cualitativo, la mayoría publicados en 2014 (50%) y realizados en Brasil (90%). **Resultados:** se evidenció que las cuestiones de género y masculinidad estaban más asociadas a las principales dificultades para la participación e inserción de los hombres en las relaciones públicas, como la persistencia de una desigualdad de roles sociales entre hombres y mujeres, históricamente construida por una cultura. patriarcal, en el que la mujer es considerada la única responsable del cuidado de la reproducción y los hijos. **Conclusión**: para una mayor adherencia masculina a la RP, los servicios deben ser más adecuados para los hombres, como ya ocurre en algunas regiones brasileñas con la flexibilidad de los horarios de las unidades, además de capacitar a los profesionales para traer hombres a los equipos. salud, promoviendo la desmitificación de los prejuicios, para contribuir a una participación más efectiva.

**Received: 10/10/2020**

**Accepted: 22/12/2020**

**Descriptores:** Planificación reproductiva; Salud de los hombres; Relaciones de género.

**Introduction**

Sexual and reproductive rights are recognized as basic human rights, present in national and international documents. Among these documents, the Federal Constitution of 1988 stands out, which on reproductive rights, determines that Family Planning (FP) should be the couple's free decision, being the State's responsibility to provide educational and scientific resources for the exercise of this right, any coercive form is prohibited by official or private institutions.1

Pursuant to Law 9,263 of January 12, 1986, FP is defined as the set of fertility regulation actions that guarantee equal rights to the constitution, limitation or increase of offspring by women, men or couples.2

Historically, FP was basically associated with birth control, in which the distribution of contraceptive methods to control the number of children by families was prioritized, using the economic criterion in defining the amount of offspring.3 However, nowadays, this purely economic conception has been modified, since it also covers the possibility of developing capacities such as deciding on one's own body and sexuality, especially for women, in addition to being able to expand the ways of individuals thinking, planning, feeling and live the act of having children.4

Another change that has occurred is related to the change of the term "Family Planning" to "Reproductive Planning", considering that the right to the regulation of fertility itself is a right of each person, man or woman, and reproductive decisions are not always made in a marital context.5 Thus, it is understood for this research that the most appropriate term to be used is Reproductive Planning (RP).

In Brazil, although the RP is the responsibility of all levels of health care, this service is mainly developed in Primary Care (PC) through the Family Health Strategy (FHS).6 Since this is a strategy that works with guidelines for the definition of registered territory, intersectoral actions, promotion, prevention and health care, providing links of relationship, affection and trust between users and professionals, thus ensuring continuity, resolvability and longitudinality care.1

Thus, it is the role of PC to offer individual and group educational actions, as well as access to information, means, methods and techniques available for the regulation of fertility that do not compromise people's lives and health. This ensures equal rights for women, men or couples, in a context of free and informed choice.1 In this context, the main health professionals involved in RP are doctors and nurses who work serving the community and carrying out important activities such as counseling, educational activities, clinical activities and monitoring of individuals.7

Although many theoretical / legal documents highlight the importance of male participation in the RP, most scientific studies show a greater role for women in these services, and a lack of the presence of men in the same scenario.

This lack can be explained by some reasons, such as male resistance in the search for health services, especially with regard to primary prevention measures. Many injuries could be avoided if men used the services of PC more frequently, such as the fact that men are more vulnerable to diseases, especially serious and chronic illnesses, and die earlier than women.8

Another reason for the removal of men from access to health services is the fact that these users place little value on self-care and illness actions.9 Corroborating this idea, the male clientele perceives health care as something that is not peculiar to masculinity. The authors explain that since the beginning, the formation of masculinity has been guided by a patriarchal cultural process where man is seen as supreme and invulnerable.10

In addition to the cultural variables mentioned above as barriers to men's access to the health system, it is recognized that services, policies and communication strategies still favor health actions for children, adolescents, women and the elderly to the detriment of the population male.8 Thus, men need more significant and specific health care policies to recognize their socio-cultural conditions.11

This is how the National Policy for Integral Attention to Men's Health emerged in 2008 with the aim of promoting health actions that significantly contribute to the understanding of the unique male reality in its different socio-cultural and political-economic contexts.8 The National Policy for Integral Attention to Men's Health, works through 5 thematic axes with the general objective of expanding the access of the adult male population which are: 1. Access and Reception, 2. Sexual and Reproductive Health, 3. Paternity and Care, 4. Prevalent diseases in the male population and 5. Prevention of violence and accidents (12).

Regarding the thematic axis of Sexual and Reproductive Health, the document highlights the importance of seeking to sensitize managers, health professionals and the population in general to recognize men as subjects of sexual and reproductive rights, involving them in actions aimed at this end and, implementing strategies to bring them closer to this issue.12

Male participation in PR has a positive impact in reducing gender inequalities, allowing men and women to share experiences, choices, responsibilities, and consequently, have the possibility to exercise the same rights.13

Despite this and other advantages, there are few published studies that make it possible to analyze more closely the aspects related to male participation in RP, thus justifying the construction of this work. In view of this, understanding man as an indispensable subject for the active construction of the health-disease process, this research aims to identify what has been portrayed in the literature in Portuguese about the participation of men in RP, making it possible to better understand the associated factors male insertion in this service.

**Method**

Integrative review type research. The term “integrative” comes from the integration of opinions, concepts or ideas from the research used in the method.14 This is a type of methodology that enables the ability to systematize scientific knowledge in such a way that the researcher has the possibility of approaching the problem he wishes to appreciate, tracing an overview of his scientific production in order to know the evolution of the theme over time and, with that, visualizes possible research opportunities.15

This review method has a broader approach, as it allows the inclusion of several types of studies for a broader understanding of the analyzed phenomenon.16 Data collection was performed through a search in the Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL) and Nursing Database (BDENF). SciELO and the VHL are considered one of the main research bases in the health area, as well as BDENF, which is specialized in the nursing area. These databases allow the facility to find searches in Portuguese.

The search for the articles was carried out in the period of September 2018, using the descriptors "Family Planning" and "Man", taken from the Health Sciences Descriptors (DeCS). The term “Reproductive Planning” was not found in DeCS, so the descriptor “Family Planning” was used. For the research, the Boolean Operator AND was used in the combination of the descriptors.

The inclusion criteria selected were full texts, available online that were in the Portuguese language, which may be Brazilian or foreign-language research published in the last ten years (2008-2018) that were original / field research in health services. PC and tertiary as hospitals. As an exclusion criterion, we chose to eliminate studies that did not fit the objectives and theme of the proposal, and that were not in the format of articles such as monographs, theses and case studies.

The initial selection in the databases with the combination of descriptors, resulted in a total of 527 surveys, 471 of which belonged to VHL, 29 to BDENF and 27 to SciELO. Of this total, after filtering with the inclusion criteria, 87 surveys remained. All the files were submitted to the initial reading of the titles and abstracts and after similarity with the objective of the proposed work, 10 articles were chosen, which were studied in detail and used for the construction of this research and justified the elaboration of the following categories: 1. Factors related to the gender and masculinity issues and 2. Factors related to institutional barriers.

As this is a literature review research, this study did not need to be submitted to the Ethics Committee on Research with Human Beings, but all ethical precepts related to this type of research were ensured and the authors used in the study were cited. The flowchart below shows step by step the steps for selecting articles.

**Prisma Flowchart**

Elegibility

Seleçtion

Identification

Studies found by searching the Databases using the descriptors.

n= 527

BDENF

n= 471

Scielo

n= 27

VHL

n= 471

Studies selected after inclusion and exclusion criteria

n= 87

-Complete Texts

-Available Online

-Portuguese Language (Brazil or orther coutries)

-Original/field research

-Published in the last 10 years (2008-2018)

Studies evaluated according to eligibility, by reading the titles and abstracts.

Studies eliminated because they did not fit the research objective and / or were duplicated.

n=77

Inclusion

Studies included for this research

n=10

**Results and Discussion**

10 articles were analyzed. All material found was organized in codes according to titles, authors, main results and years of publication, as shown in Chart 1.

Regarding the type of study, 100% of the researches have a qualitative approach. Most articles were published in 2014 (50%), followed by 2016 (20%) and other years 2010, 2013 and 2017 represented by 10% each. With regard to the conditions of this research, it is clear that the texts are current, as 80% of the studies found were published in the last five years. The growth of research that addresses this theme, contributes to the implementation of sexual and reproductive rights for men, aiming that health actions involve men in the choices, use of contraception methods and sharing responsibilities with women.

With regard to the location / region of the surveys, most studies were carried out in Brazil (90%) and only 1 (10%) in Mozambique. The Brazilian regions with the highest publication were the Northeast and the South with 44% each. The Southeast region, on the other hand, presented 11% and the North and Midwest regions did not present publications. Such data are in line with a study carried out on regional scientific collaboration in Brazil between the years 2007 to 2009, in which the North and Center-West regions had the lowest contribution rate.17

As for the professional categories of the researchers, it is clear that the largest portion is represented by professional nurses (50%), followed by doctors (20%) and in 30% of the studies they did not explain what the categories would be. This result is compatible with the structure of the Brazilian health network, since most of the RP consultations are performed at the AB in which the nurse is a member of the team and focuses on performance in programs such as Prenatal, PR, Childcare, among others.

**Table 1.** Presentation of articles regarding titles, authors, results and years of publication. Salvador - Bahia, 2019.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | Title | Author (s) | Results | Year |
| 1 | Male knowledge of contraceptive methods | Soares M.C.S; Souza V.C.D; Costa P.F.A; Paiva R.M.O.A.S; Guerra J.C.A; Freire T.V.V | Respondents do not know about contraceptive methods | 2014 |
| 2 | From decision to results: adult men's narrative about vasectomy | Cícero A.C.V.F.P.P; Mandadori F; Marcon S.S et al. | The participants informed that they had not received information about the surgery from the nurses | 2014 |
| 3 | Partner participation in family planning from a female perspective: a descriptive study | Silva G.S et al | The woman takes contraception as her responsibility | 2013 |
| 4 | Male participation in family planning and its factors | Morais A.C.B; Ferreira A.G; Almeida K.L; Quirino G.S | The factors that hindered the inclusion of men in Family Planning were related to the limited availability of time | 2014 |
| 5 | Male participation in family planning: What women think | Morais A.C.B et AL | The idea of ​​male participation in contraception was summed up only in the act of providing the methods, whether taking them from the health unit or failing them, buying them at the pharmacy. | 2014 |
| 6 | Men's perceptions and experiences about family planning in southern Mozambique | Vânia M.P et al. | A portion of the research participants understand that Family Planning is solely the woman's responsibility. | 2016 |
| 7 | Family planning and men's health in the view of nurses | Casarin S.T; Siqueira H.C.H | The opening hours of most units coincide with the working hours of men, so professional activities are first in the list of male priorities | 2014 |
| 8 | Family Planning and Parenting Roles: the Traditional, Change and New Challenges | Mozzaquatro, C. O.; Arpini, D. M. | In general, women are seen as largely responsible for issues of contraception and childcare | 2017 |
| 9 | Social representations of men about the  family planning | Bezerra M.S; Rodrigue D.P | The speeches tend to trigger the concept of the theme as a reflection of the male function of  supply material needs to maintain its position as provider | 2010 |
| 10 | Knowledge and practices of men before reproductive planning | Coelho A.C.S; Pereira A.L; Nepomuceno C.C | There is still a certain lack of knowledge regarding aspects and rights related to reproductive health. The responsibility of conception / contraception still falls on the female sex. | 2016 |

Through the detailed and complete reading of the texts, it was observed that contents related to two categories emerge: 1. Factors related to gender and masculinity issues and 2. Factors related to institutional barriers. Among the formulated categories, it is clear that the association of gender and masculinity was more associated with the main difficulties for the participation and insertion of men in PR.

**Factors related to gender and masculinity issues**

Throughout human history, men and women had a social formation based on power relations and division of functions.18 In the centuries before the insertion of women in the labor market, this was restricted to the home, children and domestic chores, obeying the impositions of the husband, while the man, was responsible for the external activities and of decision and support of the family. Over the years, these social conformations have been modified through the popular feminist struggle against gender inequality. However, many aspects of patriarchal culture remain today, dictating ways in which men and women view the world and behave.

Thus, the construction of this category was based on the analysis of the articles that mostly revealed that the male public assumes a passive posture in relation to the PR, as it understands that women are the only responsible for the activities that involve pregnancy and contraception19 -26, this misconception is one of the factors limiting male insertion in the PR.

In a study carried out with 16 men in the city of Crato (CE), the participants revealed limited knowledge about the PR, justifying their participation only with the financial support to purchase contraceptive methods from their partners and material resources for the family's subsistence, leaving the responsibility for women to attend consultations and use contraceptives. In the same research, it was observed a low adherence of men with regard to the use of male condoms and little negotiation among couples about the choice of methods, indicating that it occurs unilaterally, with women being responsible for contraception.20

On the other hand, some articles have shown that the users themselves accept the RP as their responsibility19,21,24-25,27, and a minority when asked about the importance of the participation of their partners, said they considered it unnecessary for them to be present at the consultations.21

In this sense, another limiting factor is related to the way men deal with the health aspect. According to the authors, men underestimate self-care and for various reasons such as prejudice, fear, shyness, shame, machismo, among other causes. This reflects in reality “that men seek health services much less than women”, including the PR, with consequent repercussions on the male morbidity and mortality index.23

In this perspective, the fact that many men do not attend health facilities is also related to the feeling of invulnerability that they share. A sensation that integrates the concept of hegemonic masculinity, as the set of aspects, built in a sociocultural form of the figure of the strong, virile man, of power over the weakest (whether women or other men), of courage, power and resistance, that is, a fanciful concept that the male population does not get sick and does not need health care.28

However, they disagree with the previous authors, because for them the concept of hegemonic masculinity must be expanded and does not equate to a model of rigid typologies, since since its beginning in 1980 the definition of hegemonic masculinity has been changing over the decades and changes in multiple masculinity models. Thus, these authors suggest the reformulation of the concept in four areas: a more complex model of the gender hierarchy, emphasizing the agency of women; the explicit recognition of masculinities at the local, regional and global levels; more specific treatment in the contexts of privilege and power; and a greater emphasis on the possibilities of movement towards gender democracy.29

The issue of taboos regarding the use of the male condom and the performance of vasectomy surgery, were also perceived as harmful to male involvement in the RP.19,20,26,30 As shown by a survey conducted in the city of Queimadas (PB), with men registered in a Basic Family Health Unit (BFHU), which showed, through the interviewees' comments, the existence of many fears, taboos and little acceptability about the use of condoms, justified by the participants by the association of the referred method in conjugal relations with their partners as a symbol of infidelity and lack of confidence.19

As for the vasectomy surgical procedure, the indicators show that the absolute number of surgeries is still not satisfactory enough, often due to the stigmas / taboos that permeate it and men only opt for vasectomy as a last resort, when their spouses do not adapt to female methods.19 According to the researchers of a study carried out with 13 vasectomized men, in a surgical sterilization center in Paraná, there was a significant number of users who believed that after performing the procedure their sexuality would be compromised, decreasing your sexual performance. As a method of preparing patients, before surgery, consultations and educational activities were carried out, assisted by doctors and psychologists to eliminate such stigmas.30

**Factors related to institutional barriers**

When talking about the difficulties associated with the participation of the male audience in PR, it is important to emphasize that not only gender issues are involved, but also the institutional barriers of health services have a direct relationship in the results. Institutional barriers are considered to be difficulties for men to access health care services, related to the internal characteristics of the services themselves, whether they are at primary, secondary or tertiary levels. However, in the case of the present study, these difficulties were more encountered in the units of AB.31

Eight articles pointed to the fact that there is little space reserved for men in health services.19-20,22-26,30 According to a survey conducted with nurses from BA, the Basic Health Units are a feminized space, composed basically by professional women and frequented by an essentially female clientele. Such a situation would provoke in men the feeling of not belonging to that space.23

Reaffirming the previous discussion, it is necessary to clarify that the health services are still unable to fulfill the role of transformation, since the offer of health actions in RP, mainly within the scope of BA, is given primarily to women. In addition, the authors state that RP actions are carried out according to users' free demand agenda, with no specific strategies established with goals, objectives or priority actions, designed in the male category.24

Another barrier often cited in the literature, pointed out as an impediment factor, refers to the lack of time, since many men take on extra-family work activities, and the availability times are incompatible with the functioning of health services, especially those belonging to BA. Professional activities are first in the list of male priorities, especially in the case of men with low purchasing power, since the association between being a provider and being a man is still very present in the social imaginary20,23,30, as seen in the category of barriers related to gender issues.

In addition to the lack of time, some studies reported that when the user comes to the health service for the PR, he finds an obstacle when he realizes that the main focus is purely the distribution of methods, mostly female, with little availability of male methods (only condoms and vasectomy), without prioritizing actions such as consultations and health education, and consequently, these further distances the male population.20-21,23,30

Finally, the analysis of the articles found, as an institutional barrier, the lack of professional training on comprehensive health care for men, and with regard to the present work, the male insertion in the RP. Thus, professionals still do not recognize man as an individual capable of promoting self-care and being a protagonist in RP.25

The same problem was identified through the speeches of the vasectomized users, who in no time, the nurse was described as a professional who participated in the process of counseling on vasectomy30, a regrettable finding, since the nurse is one of the main mediators between users and the health service.

**Conclusion**

The results pointed out as the main limiting aspects in relation to gender issues, the non-recognition of the man, by himself and his companions, as responsible for the RP, through the existence of prejudices, taboos, machismo, fear, shame and aspects of masculinity hegemonic. As well as the underestimation of the subjects regarding health care, mainly regarding self-care, promotion and prevention actions.

Thus, it is clear that the hierarchical constructions and patriarchal gender relations, reproduced mainly by the male category, need to be increasingly debated among health professionals and the population, in the search for deconstruction of stereotypes. It is also essential to carry out well-founded and structured health actions (operational and educational), with the objective of integrating man as the protagonist of the PR process.

Regarding institutional barriers, it was possible to identify that PR services are mainly directed to the context of the female audience, making it a more feminized space. The man also considers as an obstacle the incompatibility of the hours of his work with the opening hours of health centers and the lack of preparation of professionals to recognize their characteristics and real needs.

It is understood that, for a greater male adherence to the RP, it is necessary that the services become more appropriate for men, as already happens in some Brazilian regions with the flexibility of the units' hours (night hours, on Saturdays). It is also necessary to train professionals more and more to bring these men to the health teams, encouraging the demystification of prejudices, in order to contribute to a more effective and responsible participation of men in RP.

**Acknowledgment**

The authors did not receive funding for this study.

**References**

1. Compagnoni SM. A (in)constitucionalidade da exigência do consentimento do cônjuge na esterilização voluntária. Monografia apresentada no Curso de Direito, do Centro Universitário UNIVATES, 2018. Disponível em: <https://www.univates.br/bdu/bitstream/10737/1743/1/2017SolangeMunsioCompagnoni.pdf>

2. BRASIL. Lei nº 9.263, de 12 de janeiro de 1996. Regula o § 7º do art. 226 da Constituição Federal, que trata do planejamento familiar, estabelece penalidades e dá outras providências. Brasília: Diário Oficial da União; 1996.

3. Brasil. População, espaço e sustentabilidade: contribuições para o desenvolvimento do Brasil /Miguel Bruno (organizador). Ministério do planejamento, orçamento e gestão. Rio de Janeiro: Escola Nacional de Ciências Estatísticas, 2015

4. Sanches MA, Silva DPS. Planejamento familiar: do que estamos falando? Rev. bioét. (Impr.). 2016;24(1):73-82.

5. Nogueira IL, Carvalho SM, Tocantins FR, Freire MAM. Participação do homem no planejamento reprodutivo: revisão Integrativa. J res fundam care online 2018; 10(1): 242-7. Doi: <http://dx.doi.org/10.9789/2175-5361.2018.v10i1.242-247> ﻿﻿

6. Bezerra INM, Monteiro VCM, do Nascimento JL, Vieira NRS, da Silva RPC, de Alcântara BDC, et al. Ações de educação em saúde e o planejamento familiar: um relato de experiência. Rev Ciênc Plural. 2018; 4(3):82-90.

7. Brasil. Secretaria de Atenção à Saúde. Departamento de Atenção Básica Caderno de Atenção Básica n 26. Saúde Sexual e Reprodutiva. Brasília: Ministério Da Saúde, 2013.

8. Zunta RSB, Barreto ES. Planejamento familiar: critérios para escolha do método contraceptivo. J Health Sci Inst. 2014; 32(2): 173-8.

9. Oliveira CKS, et al. Olhando a saúde do homem. Revista Interdisciplinar em Saúde, Cajazeiras, 6 (1): 85-98. 2019.

10. Oliveira MM et al. A saúde do homem em questão: busca por atendimento na atenção básica de saúde. Ciência & Saúde Coletiva, v. 20, n. 1, p. 273-278, 2015. Disponível em: <https://doi.org/10.1590/1413-81232014201.21732013>

11. Brasil. Saúde do Homem: promoção e prevenção à saúde integral do homem. Brasília: Ministério da Saúde, 2018.

12. Sousa LMM, et al. Revisões da literatura científica: tipos, métodos e aplicações em enfermagem. RPER. 2018; 1(1):46-55. Doi: <https://www.aper.pt/ficheiros/revista/rperv1n1.pdf>

13. Fernandes CS, Angelo M. Cuidadores familiares: o que eles necessitam? Uma revisão integrativa. Rev esc enferm USP. 2016; 50(4): 675-82.

14. Sidoni OJG, Haddad EA, Mena-Chalco JP. A ciência nas regiões brasileiras: evolução da produção e das redes de colaboração científica. TransInformação. 2016; 28(1):15-31. Doi: <https://doi.org/10.1590/2318-08892016002800002>.

15. Nogueira L, Bezerra L. Relações patriarcais de gênero e formação econômico social brasileira: pressupostos e fundamentos. Rev Libertas. 2018; 18(2): 151-69.

16. Coelho ACS, Pereira AL, Nepomucemo CC. Saberes e práticas de homens perante o planejamento reprodutivo. R. Enferm. Cent. O. Min. 2016; 6(3): 2398-409.

17. Morais ACB, Cruz RSBLC, Pinto SL, Amorim LTCG, Sampaio KJAJ. Participação masculina no planejamento familiar: O que pensam as mulheres? Cogitare Enferm. 2014; 19(4): 659-66. Doi: <http://dx.doi.org/10.5380/ce.v19i4.37086>

18. Morais ACB, Ferreira AG, Almeida KL, Quirino GS. Participação masculina no planejamento familiar e seus fatores Intervenientes. Rev Enferm UFSM 2014 Jul/Set;4(3):498-508.

19. Pedro VM, Mariano EC, Roelens K, Osman NMRB. Percepções e experiências dos homens sobre o planejamento familiar no sul de Moçambique. Physis. 2016; 26(4): 1313-33. Doi: <http://dx.doi.org/10.1590/S0103-73312016000400013>

20. Casarin ST, Siqueira HCH. Planejamento familiar e a saúde do homem na visão das enfermeiras. Esc Anna Nery 2014;18(4):662-8.

21. Mozzaquatro CO, Arpini DM. Planejamento Familiar e Papéis Parentais: o Tradicional, a Mudança e os Novos Desafios. Psicol Ciênc Prof. 2017; 37(4): 923-38.

22. Bezerra MS, Rodrigues DP. Representações sociais de homens sobre o planejamento familiar. Rev. Rene. 2010; 11(4): 127-34.

23. Silva GS, Landerdahl MC, Langendorf TF, Padoin SMM, Vieira LB, Anversa ETR. Participação do companheiro no planejamento familiar sob a ótica feminina: estudo descritivo. Online braz j nurs. 2013; 12(4): 882-91.

24. Marques JR JS, Gomes R, Nascimento EF. Masculinidade hegemônica, vulnerabilidade e prevenção ao HIV/AIDS. Ciênc Saúde Colet. 2012; 17(2): 511-20.

25. Conell RW, Messerschmidt JW. Masculinidade hegemônica: repensando o conceito. Rev. Estud. Fem. 2013; 21(1): 424.

26. Cícero ACVFPP, Mandadori F, Marcon SS. Da decisão aos resultados: narrativa de homens adultos acerca da vasectomia. J res fundam care online. 2014; 6(4):1372-83.

27. Aguiar CG, Câmara LMF, Rocha JFD, Carneiro JA, Costa FM. Interferências socioculturais e institucionais no acesso do homem aos serviços de atenção primária à saúde. Revista da Universidade Vale do Rio Verde. 2014; 12(1): 381-90. Doi: <http://dx.doi.org/10.5892/ruvrd.v12i1.1383>

**Correspondent Author**

Jones Sidnei Barbosa de Oliveira

400 Mucio Uchoa Cavalcante Av. ZIP 50730670.

Engenho do Meio. Recife, Pernambuco, Brazil.

[jonessidneyy@gmail.com](mailto:jonessidneyy@gmail.com)