

Male contraception: the view of vasectomy candidates

Contraceção masculina: a visão de candidatos à vasectomia

Anticoncepción masculina: la visión de candidatos para la vasectomia

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ABSTRACT

Objective: to analyze the perception of men, candidates for sterilization, about vasectomy and to identify the reasons that led them to choose the method. **Method:** qualitative descriptive research, carried out with 14 men in a university hospital, in the municipality of Rio Grande/RS, in 2019. Semi-structured interviews were carried out, submitted to content analysis. Study approved by the Research Ethics Committee. **Results:** the average age was 31.8 years, and most had children with the current and former partners. Knowledge about vasectomy was reformed after meeting with a social worker. A known influence was positive in decision making. The protection of the wife's health was one of the reasons for carrying out the procedure. The life history surrounded by childhood violence also serves as an individual motivation. **Conclusion:** an expanded look is needed by health professionals, taking into account the context and the life project in family planning situations.

Descriptors: Vasectomy; directive counseling; men's health; family planning.

RESUMO

Objetivo: analisar a percepção de homens, candidatos à esterilização, sobre a vasectomia e identificar os motivos que os levaram a escolher tal procedimento. **Método:** pesquisa qualitativa descritiva, realizada com 14 homens em um hospital universitário, do município do Rio Grande/RS, em 2019. Foram realizadas entrevistas semiestruturadas, submetidas à análise de conteúdo. Estudo aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** a idade média foi de 31,8 anos, e a maioria tinha filhos com a atual e com ex-parceiras. O conhecimento vago sobre vasectomia foi reforçado após encontro com assistente social. A influência de conhecidos foi positiva na tomada de decisão. A proteção da saúde da esposa foi um dos motivos para a realização do procedimento. O histórico de vida cercado por violência na infância também serviu como motivação. **Conclusão:** é preciso um olhar ampliado, dos profissionais da saúde sobre o tema; considerando o contexto e o projeto de vida do cliente nas situações de planejamento familiar.

Descritores: Vasectomia; aconselhamento diretivo; saúde do homem; planejamento familiar.

RESUMEN

Objetivo: analizar la percepción de los hombres, candidatos a la esterilización, sobre la vasectomía e identificar las razones que los llevaron a elegir el método. **Método:** investigación descriptiva cualitativa, realizada con 14 hombres en un hospital universitario, en el municipio de Rio Grande/RS, en 2019. Se realizaron entrevistas semiestructuradas, sometidas a análisis de contenido. Estudio aprobado por el Comité de Ética en Investigación. **Resultados:** la edad promedio fue de 31.8 años, y la mayoría tenía hijos con las parejas actuales y anteriores. El conocimiento sobre la vasectomía se reformó después de reunirse con un trabajador social. Una influencia conocida fue positiva en la toma de decisiones. La protección de la salud de la esposa fue una de las razones para llevar a cabo el procedimiento. La historia de la vida rodeada de violencia infantil también sirve como una motivación individual. **Conclusión:** los profesionales de la salud necesitan una mirada más amplia, teniendo en cuenta el contexto y el proyecto de vida en situaciones de planificación familiar.

Descriptorios: Vasectomía; orientación directiva; salud de los hombres; planificación familiar.

INTRODUCTION

The need for greater attention to men's health is supported by cultural and epidemiological factors that inform, through comparative studies, an increase in morbidity and mortality^{1,2} and sexually transmitted infections³. When discussing sexual and reproductive health, topic on the agenda, the evidence shows the inequality in the responsibility of men and women to control fertility and exercise sexuality.

It is known that they have an early sexual initiation⁴, however women are responsible for the use of contraceptive methods, a fact justified both because of the reproductive condition and for the self-care linked to the fragile female body⁵. In addition, the participation of men in contraception is usually scarce, justified by the large number of contraceptive methods offered to women, while for men only condoms and vasectomy⁶.

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On the other hand, there are also beliefs that make it difficult to adhere to certain methods such as condoms. Among the main reasons for not using this resource, a study discloses unexpected or unplanned sexual intercourse; the use of other inputs, shame, non-acceptance of the partner and for not liking to use it, in addition to the fantasy linked to penetration, at the time of sexual intercourse^{7,8}. Because it is a practice that requires a good performance, in order not to damage the erection or not having pleasure⁸, they end up opting for unprotected sex. These situations increase the vulnerability to sexually transmitted infections and unplanned pregnancies.

When a man decides to use a certain method, he opts for a vasectomy, as it is a fast, outpatient procedure that makes it possible to enjoy his sexuality without worrying about the possibility of having children⁶. Despite all the fears and myths surrounding the procedure⁹⁻¹⁰, it is widely chosen in regions and countries with high socioeconomic development and gender equality¹⁰.

Therefore, there is an urgent need to break with the vicious circle that makes the use of contraceptive methods by men invisible and give a voice to the male universe about what they think about vasectomy, about their participation in family planning.

Regarding this context, the objective was to analyze the perception of men, candidates for sterilization, about vasectomy and to identify the reasons that led them to choose this method.

LITERATURE REVIEW

Historically, public policies in Brazil have prioritized maternal and child health actions, with attention to men's health being relegated to curative assistance¹⁻³. Only in 2008, in the academic environment and in health services, there was a look at the male gender through the National Policy for Integral Attention to Men's Health¹.

There are five axes to better meet the needs of this public, among them diseases prevalent in the male population, prevention of violence and accidents, access and reception, sexual and reproductive health, paternity and care; the last two axes are directly related to the topic on the agenda, accompanied by the reception.

In the context of family planning, mainly because it is sexuality, the resistance of the male population is justified by the historical and social constructions that legitimized a type of hegemonic masculinity, that is, that men do not cry, they are strong and virile⁷⁻⁸. Thus, with vasectomy, a procedure that involves ligating the ductus deferens, which are the conduits through which sperm pass, the myth of impotence has a negative influence on decision-making.

For men to consider access to health services as also being their right, it is essential that professionals translate the language of health based on the biomedical model, and start to consider individual needs in their multiple singularities.

METHODOLOGY

Qualitative, descriptive study, carried out in the counseling sector for male sterilization in a university hospital, in the south of Brazil. All men who sought the sector were invited to participate in the study, during the period of data collection, between March and May 2019. The service has an open agenda for counselling on vasectomy every Friday morning. Those over the age of 18 were included.

Data collection was performed in a private room that allowed the informant to freely manifest themselves. Each one was approached, before the nursing consultation, and invited to participate in the study. Semi-structured interviews were recorded and later transcribed.

The statements were submitted to content analysis, observing the following steps: pre-analysis, through the formulation of the hypotheses and objectives of the analysis; exploration of the material or coding, by grouping the data into units, which allowed a clear description of the relevant characteristics in the text; treatment of results - inference and interpretation by highlighting the information provided by the analysis¹¹.

Out of all 15 men who sought the sector, only one disagreed with the study, reducing the group to a total of 14 participants. They had their speeches identified by the letter E, followed by the interview number, thus guaranteeing the anonymity of the client. All of them signed the Informed Consent Form. The project received a favorable opinion, by the Research Ethics Committee, number 32/2019.

RESULTS

The age group of the 14 men interviewed varied between 29 and 46 years old, with an average age of 31.8 years old. The number of children with the current partner ranged from zero to four, with a predominance of two. Eight of them had children with both the current and the ex-partner.

Regarding marital status, it varied between single (21.4%), with a stable union (28.6%) and married (50.0%). The time of union with the current partner ranged from 1 to 22 years. Most of the interviewees, 57,1% had completed/incomplete high school, 28.6% had completed/incomplete elementary school and 14.3% had completed higher education.

According to the analysis of the statements, two categories emerged: Men's knowledge and feelings about vasectomy and Motivation to perform the vasectomy.

Men's knowledge and feelings about vasectomy

In this category, we tried to show the arguments of men about vasectomy. They have a rough idea of the procedure, as can be seen in the following reports.

Look, I don't have a lot of information actually. I encouraged myself to do it, but there is little information. (E1)

Look, I have a rough idea, I can't explain it to you. I know that people have a vasectomy, which is a small surgical procedure, that makes a cut, I don't know how to tell you, in the ductus, that makes the sperm pass. Something like that. I don't know if I'm right or not. (E6)

The sources of information were also found, as well as the influence on the decision for the procedure. Most participants cite as a source of information, regarding the method, the social worker, the first health professional that the candidate for the procedure talks to in the counseling sector.

They explained it to me ... the social worker explained to me that it is, like, a "little vein", I think it cuts, something like that. She said it is cut, separated and showed it to me on a paper, it is cut, I don't know how long; you have to do it, I don't know how many days, you have to do another exam to see if it worked, something like that. (E9)

At the first consultation we talk to the social worker, and she explained everything to me. she showed how the procedure was and showed the pictures, how the surgery would be done, which is very simple, easy, and can hurt a little. (E12)

Other sources of information that provided knowledge about vasectomy were friends, family and colleagues. It is observed that talking to someone close to you is a way to be sure, or not, of the occurrence of future problems and their confrontations. These people also proved to be a mean of encouragement and security, through previous experience, alleviating some fears.

My uncle did it here too. [...] He told me that it is simple, that anesthesia is local. You do it and you go home. And that after a week he was fully recovered, it only has a little discomfort in the first few days. (E2)

A cousin of mine did it. He said that it is easy, you do it and everything is normal. To work, for everything, for sexual intercourse and everything is easy. (E7)

Before talking to my friend, I was afraid, maybe afraid about the pain. I'd rather have a little pain and get a vasectomy than take a chance [and have more children]. (E6)

As a result, we found, among most of them, the negative about participation in family planning groups.

I didn't get to participate. As I told you, I work, I only have the weekend to be at home and even there, sometimes, I work from Monday to Monday. Even if I wanted to participate, I don't have time for it. (E7)

Motivation to seek vasectomy

There are three main reasons why the men interviewed chose to perform a vasectomy: protection of the health of the partner/wife; enough number of children; and financial conditions.

Concern about the wife who would undergo sterilization was mentioned, since that is a more complex surgery than vasectomy. The malaise/non-adaptation of the woman to the use of oral and injectable contraceptives was also determinant and, finally, the concern with a possible risk pregnancy.

My partner was going to do it, make the ligament. And since it is more complicated to heal, it cuts seven layers of skin, so I decided to do it. (E14)

The contraceptive is also bad for her [wife]. She has already taken three or four of it and the injection [injectable contraceptive], and she has a lot of bleeding and headache. She was unable to adapt to the contraceptive. (E5)

My wife, in her last pregnancy, had a problem and can no longer have a child, on medical advice. She can get pregnant, but she will be at risk again. (E2)

The number of children was also a predominant factor in men's decision to have a vasectomy, as can be seen in the following reports.

I already have two children, she has one [with him] and neither does she intend to have more. (E1)

In order not to have more children. In order not to worry that they will come looking for me later: it's mine! (E8)

One participant's speech stands out when referring adoption as a future option:

Later, if I think about having another child of mine, I can adopt one. But in a natural way, I don't want it to happen through me. (E6)

In the interviewees' speech, associated with the number of children, there is a concern with the expenses generated to meet the basic needs of the human being.

I can't afford to have more children, so there's no use wanting to put the cart before the horse [he has 2 children]. (E4)

Another reason, also relevant, is the financial. I pay child support for my first child, then there are two more now [he has 3 children]. (E6)

It is difficult for you to keep a child, to give everything that is really necessary. Can you imagine giving what you want? [4 children]. (E).

Other reasons for having vasectomy are highlighted, which appeared in isolation, such as the desire not to use condom during sexual intercourse and a history of intrafamily violence and depression.

We have to use condoms and everything, you know. So, everything becomes very common. It gets bad, it gets a little bad. (E10)

The second reason was mentioned by a 32-year-old man, no children, who sought the service to perform a vasectomy because he was sure he did not want to be a father. It is possible to observe in his statements that the motivation for the procedure is related to a troubled life history in childhood and adulthood, as reported below.

I have been taking medication for depression for a long time now. I am afraid that [...] it will damage [the baby's formation]; it is not a prejudice to have a sick child, it is the future, when I am no longer here, who is going to take care of my son ... am I going to leave him alone? I came from a family, my biological family, with a very sad life, so I was always planning not to have children. I am adopted, I suffered violence, so I don't want to have children because of these situations and a lot of things [...] My life, for now, is all unstructured, having a child now is not in the plans. (E9)

DISCUSSION

Regarding the age group of the 14 men interviewed, most of them were less than 30 years old. As it is the peak of fertile and reproductive age, it is considered that regret can occur in relation to the surgery. On the other hand, a study carried out in a city in Para, with a total of 13 vasectomized men, between 29 and 46 years old, showed satisfaction with the procedure, with no signs of regret in the first six months after surgery¹².

Considering that for sterilization, both male and female, it is necessary to be at least 25 years old, and may be younger in case of having two children, the need for a multiprofessional approach that contemplates the project of future life, the possibility of regret or death of the children is highlighted. Regarding the offspring, it was observed that some men had children with both current and ex-partners, a fact that corroborates the need to confirm decision making. The international literature argues that the higher the level of education and participation of women in the job market, the desire to choose to restrict the number of children is natural, with vasectomy being an option of the couple¹⁰.

It is noteworthy in the results of this study that the participant who had no children was 32 years old, thus, the importance of counseling is emphasized in the face of obstacles that can make the reversal of the procedure difficult. A study that aimed to determine the rate of potency and pregnancy after reversal of the vasectomy identified that the pregnancy occurred only in 63.3% of the couples in which the man had a vasectomy. The age of the woman was also highlighted as a factor that can make pregnancy difficult, regardless of the successful outcome of the reversal¹³.

Regarding the participants' knowledge, a previous superficial knowledge about vasectomy and related to the level of education was observed. Along with it, a study showed that men with a higher degree of formal education had more accurate knowledge and easier to talk about contraceptive methods⁹. Exploring the level of education and the level of knowledge about contraceptive methods is fundamental to the individual approach of the client.

Candidates for vasectomy are usually welcomed by health professionals, in this case, by the social worker, the first professional to inform them about the procedure and the criteria established for sterilization. After this service, the patient is directed to a nursing consultation where the guidelines are reinforced and the procedure is scheduled.

The use of teaching resources, through drawings and pictures, to explain to candidates about the surgical procedure was valuable. Thus, it is emphasized that a good counseling can avoid misinterpretations, in the future, which may interfere negatively in the couple's sexual practices, for example. It is common to think that men do not get sick and do not need to attend health services¹⁴ and that vasectomy causes impotence, as found in a study that analyzed the profile of users who opted for the procedure¹⁵.

It is known that beliefs and myths often make the use and adherence to contraceptive supplies difficult^{7,16}. On the other hand, family can be a safe source in decision making, as reported by the participants, encouraged to perform a vasectomy by friends and relatives. Considering that issues related to virility concern the male population^{6,17}, the participants' search for information from people who have already experienced this in a positive way, acting as sources of encouragement, is evident.

Although the National Policy for Integral Attention to Men's Health is considered a mark that breaks the paradigm of health care focused on women-children-elderly, primary care services still lack attention to men^{14,18,19}. Cultural aspects need to be considered by professionals and services and seen as something that affects the health-disease process and must be valued in the guidelines on self-care.

Regarding the reasons for performing the vasectomy, the concern with the partner was decisive. Taking responsibility for sterilization, despite all fears^{9,15}, is seen as a form of protection for women. Letting her be at risk in face of the possibility of another pregnancy, subjecting her to a sterilization, a procedure with greater risk, is not in the speech of these men. Another fact that justifies this initiative of the participants may be linked to the current scenario in which women are seeking insertion in the job market¹⁰, studying, changing their values and, therefore, being spared by the partner from a surgery that is more uncomfortable and, as a result, requires more time for recovery.

The malaise and non-adaptation of women in relation to the use of oral and injectable contraceptives was also determinant. This reason is recurrent among men who choose vasectomy as contraceptive method^{12,15}. In a study with a total of 199 health students, who used the oral contraceptive pill or another hormonal method (injectable or adhesive) as a contraceptive method, it showed that 66.8% reported one or more side effects, which the most common were bleeding abnormal menstruation, headache, weight gain and skin problems²⁰.

Still as motivational factors for performing the vasectomy, satisfaction with the number of children associated with financial conditions appears in the fragments of the statements. A study conducted along these same lines found that 40% of respondents underwent vasectomy to avoid children¹⁵.

In isolation, one participant highlighted the interest in the procedure in order not to use condoms during sexual intercourse. Considering this, it is observed that his concern is only linked to birth, leaving the prevention of sexually transmitted infections in the background. A study with a sample of 3482 individuals over the age of 18 revealed that 82.2% did not use condom during their last sexual intercourse, with the main reasons being reported for using another contraceptive method and knowing their partner. Still in the same study, a decrease in condom use was noted with the advancing age of the participants, an argument supported by the fact that they have a stable relationship⁷.

Finally, this study showed situations that do not appear in the literature, but that demand total importance on the part of health professionals who carry out family planning. Associated with the context of life surrounded by childhood violence and the need for continuous medication, a young participant plans a life without children. However, there is a certain ambiguity in his speech, because while reporting certainty in the decision, he mentions momentary disruption of the context of life.

Therefore, it is evident that there is an urgent need to broaden the view on the subjects, in family planning, based on the socio-cultural issues that are constructed throughout their lives. Such attention makes it possible to know the wishes of the future father, or a future mother, based on their beliefs and life stories¹⁷. Thus, counseling makes it possible for the health professional to check the family history due to the fact that transgenerational

patterns such as neglect, abandonment, emotional, physical and sexual abuse can impact the decision-making process of having children. That is why applying the nursing process in assisting clients, valuing their basic human needs is important.

CONCLUSION

Based on the results of this study, it is evident that candidates for vasectomy are mostly young adults, especially with elementary and high school education, having children with ex and current partners.

We observed that they had a reasonable knowledge about vasectomy, which is complemented by the social worker, a professional who performs the first screening and sends them to the nursing consultation. Another finding was the influence of acquaintances and relatives, encouraging and minimizing the candidates' fears about the procedure.

Gender issues circumscribe the results of this study. One of them refers to the denial of candidates for vasectomy when asked about participation in family planning groups. The justification about the workload, of not being consistent with the functioning of health services, was almost unanimous. It is necessary to rethink health actions aimed at men, instead of blaming them for not attending the services.

The reasons for performing the vasectomy reveal, mainly, the satisfaction with the number of children associated with the financial expenses demanded by a child. In addition, the protection of the wife's health, as a justification for performing a vasectomy, reinforces the role of the man as the one who is stronger and, therefore, needs to spare his partner from the risks of a sterilization.

The study showed that it is essential to assess the life context of candidates for sterilization, as intergenerational violence, due to traumas throughout life, can lead to a hasty decision not to have children.

The study contributes to the nurse's role in family planning. Although its attributions have not been evidenced, the nursing process stands out as a tool that makes it possible to broaden the view of men's health. The evidence found allows us to infer that sexual/reproductive health is influenced by the cultural context of society, is directly related to education, work, gender, financial conditions, leisure, social media and, therefore, needs to be explored through different perspectives, considering the subjects the protagonists of conscious decision-making.

REFERENCES

1. Ministério da Saúde (Br). Política nacional de atenção integral à saúde do homem: princípios e diretrizes. Brasília (DF): Ministério da Saúde; 2009.
2. Kontopantelis E, Buchan I, Webb RT, Aschcroft DM, Mamas AM, Doran T. Disparities in mortality among 25-44 years old in England: a longitudinal, population-based study. *Lancet Public Health* [Internet], 2018 [cited 2019 Aug 17]; 3: 567-75. DOI: [https://doi.org/10.1016/S2468-2667\(18\)30177-4](https://doi.org/10.1016/S2468-2667(18)30177-4)
3. Pinto VM, Basso CR, Barros CRS, Gutierrez EB. Factors associated with sexually transmitted infections: a population based survey in the city of São Paulo, Brazil. *Ciênc. saúde coletiva* (Online). [Internet], 2018 [cited 2019 Aug 17]; 23(7): 2423-32. DOI: <http://dx.doi.org/10.1590/1413-81232018237.20602016>
4. Gonçalves H, Machado EC, Soares ALG, Camargo-Figuera FA, Seerig LM, Mesenburg MA et al. Sexual initiation among adolescents (10 to 14 years old) and health behaviors. *Rev. Bras. Epidemiol.* [Internet], 2015 [cited 2019 Aug 17]; 18(1): 1-18. DOI: <http://dx.doi.org/10.1590/1980-5497201500010003>
5. Botton A, Cúnico SD, Strey MN. Gender differences in the access to health services: necessary problematization. *Mudanças* [Internet] 2017 [cited 2019 Aug 17]; 25(1): 67-72. DOI: <http://dx.doi.org/10.15603/2176-1019/mud.v25n1p67-72>
6. Nogueira IL, Carvalho SM, Tocantins FR, Freire MAM. Male participation in reproductive planning: an integrative review. *Rev. pesqui. cuid. fundam.* (Online). 2018 [cited 2019 Aug 18]; 10(1):242-7. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/6007>
7. Nascimento EGC, Cavalcanti MAF, Alchieri JC. Adherence to condom use: the real behavior in the Northeast of Brazil. *Rev. saúde pública* (Online). 2017 [cited 2019 Aug 19]; 19(1): 39-44. DOI: <http://dx.doi.org/10.15446/rsap.v19n1.44544>
8. Maciel KNM, Andrade MS, Cruz LZ, Fraga CDS, Paixão GPN, Souza RS. Characteristics of teenage sexual behavior. *Rev. enferm. UERJ*. [Internet], 2017 [cited 2019 Aug 18]; 25:e23496. DOI: <https://doi.org/10.12957/reuerj.2017.23496>
9. Borba CM, Dos-Santos EM, Pires PS, Costa MML. Men and their perceptions on family planning – vasectomy. *Revista enfermagem atual*. [Internet] 2017 [cited 2019 Aug 18]; 82(20):27-33. Available from: <https://www.revistaenfermagematual.com.br/index.php/revista/article/view/300>
10. Jacobstein R. The kindest cut: global need to increase vasectomy availability. *The Lancet* [Internet], 2015 [cited 2019 Aug 18]; 3(2):e733. DOI: [https://doi.org/10.1016/S2214-109X\(15\)00168-0](https://doi.org/10.1016/S2214-109X(15)00168-0)
11. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2011.

12. Cícero ACVFPP, Mandadori F, Marcon SS, Barreto MS. From the decision to the results: narrative of adult men about vasectomy. *Rev. pesqui. cuid. fundam.* (Online). 2014 [cited 2019 Aug 18]; 6(4): 1372-83. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v6.3354>
13. Magheli A, Rais-Bahrami S, Kempkensteffen C, Weiske WH, Miller L, Hinz S. Impact of obstructive interval and sperm granuloma on patency and pregnancy after vasectomy reversal. *International Journal of Andrology* [Internet], 2010 [cited 2019 Aug 18]; 33(5):730-5. DOI: <https://doi.org/10.1111/j.1365-2605.2009.01007.x>
14. Ferreira JIC; Martins ERCII; Ramos RCA; Costa CMA; Alves RN; Lima B. Comprehensive men's health care policy: challenges for nursing. *Rev. enferm. UERJ.* [Internet]; 2016 [cited 2019 Aug 18]; 24(6): 656-62. DOI: <http://dx.doi.org/10.12957/reuerj.2016.7631>
15. Maia CJFS, Santos ECR, Oliveira MJV. User profile that opens by vasectomy in the public health network. *Revista das Ciências da Saúde do Oeste Baiano – Hígia* [Internet], 2018 [cited 2019 Ago 18]; 3(1): 28-41. Available from: <http://www.fasb.edu.br/revista/index.php/higia/article/view/224/237>
16. Santos CMA, Oliveira JDS, Lima SVMA, Santos AD, Góes MAO, Sousa LB. Men's knowledge, attitudes and practice regarding sexually transmitted diseases. *Cogitare enferm.* [Internet], 2018 [cited 2019 Aug 20]; (23)1: e54101. DOI: <http://dx.doi.org/10.5380/ce.v23i1.54101>
17. Carvalho MCMP, Paula CL, Queiroz ABA, Viana RB, Ferreira HC. Men's presence in family planning: experiences and intervention proposals. *Revista enfermagem atual* [Internet], 2018 [cited 2019 Ago 20]; 85(23): 102-7. Available from: <https://revistaenfermagematual.com.br/index.php/revista/article/view/252>
18. Arruda, GO, Corrêa ACP, Marcon SS. Understanding the health needs of adult men: a male perspective. *Rev. Rene.* [Internet] 2018 [cited 2019 Ago 20]; 19:e3290. DOI: <https://doi.org/10.15253/2175-6783.2018193290>
19. Lemos AP, Ribeiro C, Fernandes J, Bernardes K, Fernandes R. Men's health: the reasons for men to reach out to health services. *Rev. enferm. UFPE on line.* [Internet] 2017 [cited 2019 Aug 20]; 11(11): 4645-52. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/231205>
20. Borges MC, Sabino AMNF, Tavares BB. Knowledge on the effects of hormonal contraceptives by students of health area. *Rev. baiana enferm.* [Internet] 2016 [cited 2019 Aug 20]; 30(4):1-11. DOI: <http://dx.doi.org/10.18471/rbe.v30i4.16515>